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Roles, Responsibilities, and Contributions of Medical Social Workers in an Interdisciplinary Team

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This is to certify that the doctoral study by

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Abstract

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MSW, Walden University, 2020

MS, Capella University, 2016

BA, Valdosta State University, 2012

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

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Abstract

In the field of social work, roles, responsibilities, and contributions of social workers within an interdisciplinary team are often undefined. The purpose of this qualitative study was to explore and describe medical social workers' perceptions of their roles, responsibilities, and contributions to an interdisciplinary team. The theoretical frameworks that guided this study are Bronstein's model of interdisciplinary collaboration, Luhmann's systems theory, and Slater's role differentiation. Interviews were conducted with 10 medical social workers who currently or previously worked within an interdisciplinary team to explore medical social workers' perceptions of their roles, responsibilities, and contributions to an interdisciplinary team. Deductive coding and thematic analysis were used as roles, responsibilities, and contributions were the original concepts being explored. Findings indicated that social workers believed their roles to be a patient advocate, care coordinator, case manager, liaison, and patient and family advocate. This study was significant in that defining and understanding the roles, responsibilities, and contributions of medical social workers working in an interdisciplinary team provided information to other disciplines of the value of social workers regarding patient care. As a result, social workers will be able to provide more insight into patients' wants and needs that otherwise may not have been understood. This study may contribute to positive social change as organizations will be able to amend job descriptions of medical social workers to incorporate the utilization of all social work skills to assist other disciplines and patient population in successfully transitioning to the next level of care.

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Dedication

This is dedicated to all the medical social workers striving to navigate and improve the healthcare system. To the medical social workers who relentlessly and tirelessly work to provide other disciplines with necessary education to ensure patients' voices are heard and safe transitions are made to the next level of care.

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Section 1: Foundation of the Study and Literature Review

The field of social work encompasses professionals who are passionate about helping individuals positively function within their environment (National Association of Social Workers [NASW], 2021). The broad definition of social work is narrowed as the different subdisciplines of social work continue to evolve. Medical social work is a subdiscipline where social workers complete biopsychosocial assessments and provide individuals with emotional support (Hassan, 2016). The assessments are used as a premise for locating appropriate community resources before the transition to the next level of care (Hassan, 2016). Medical social workers are frequently employed within a hospital setting (Hassan, 2016); however, they may be employed within other health care agencies such as hospice, psychiatric facilities, outpatient facilities, and home health agencies (Nicholas et al., 2019).

Medical social workers are in high demand to assist with social needs for individuals transitioning from the hospital, transitioning from subacute rehabilitation centers, or providing emotional support for families that need help with goals of care and transitioning for end-of-life care. As social workers embark into the medical social work realm, being involved in an interdisciplinary team is vital to assess the individual from social and medical perspectives (Schot et al., 2020). However, working within an interdisciplinary team with experts in individual fields, the roles of social workers are often undefined and misunderstood (Rowe et al., 2017).

Social workers' primary roles differ depending on the setting. Social workers' main goals within an acute setting are to provide emotional support, counseling, and

collaboration (McLaughlin, 2016). However, social workers who work in an interdisciplinary team are unclear on their roles but also believe their role is secondary to that of the physician (Kobayashi & McAllistar, 2016). Thus, throughout this capstone project, focusing on roles, responsibilities, and contributions of medical social workers was vital to understanding how medical social workers fair in an interdisciplinary team.

Problem Statement

Prior research has shown that the undefined roles of social workers amongst interdisciplinary teams result in a clinician power struggle (Ambrose-Miller & Ashcroft, 2016) and social workers' impressions of being undervalued and disrespected (Marmo et al., 2020). Glaser and Suter (2016) found medical social workers' roles hinged on discharge planning, but social workers also completed biopsychosocial assessments and addressed psychosocial barriers. Discharge planning does occur in an interdisciplinary team; however, social workers' roles and responsibilities are more than discharge planning. Moreover, social workers do not have the opportunity to utilize clinical skills, and professionals (i.e., physicians, nurses, physical therapists, occupational therapists, etc.) misunderstand the purpose of the social worker within the team (Glaser & Suter, 2016). Furthermore, Schot et al. (2020) suggested that knowing social workers' contributions and the effects are essential to the team. The problem is that social workers' roles are often undefined in an interdisciplinary team, leading to social workers' subsequent stress due to the workplace environment.

Although researchers have investigated this issue, there is little to no literature surrounding social workers' contributions, roles, and responsibilities in an

interdisciplinary team. With the literature's barriers and lack of understanding of medical social workers' roles, responsibilities, and contributions, this research study focused on clarifying the three concepts to diminish the gap.

Purpose Statement and Research Questions

The purpose of this qualitative study was to explore and describe medical social workers' perceptions of their roles, responsibilities, and contributions to an interdisciplinary team. The following research questions were used to further the knowledge in medical social work to explore and describe roles, responsibilities, and contributions:

- RQ1: What are medical social workers' perceptions of their roles on an interdisciplinary team?
- RQ2: How do medical social workers describe their responsibilities on an interdisciplinary team?
- RQ3: What are medical social workers' perceptions of their contributions to an interdisciplinary team?

Key Terms

Health care setting: Any treatment facility or community resource providing medical care includes dialysis, oncology, pediatrics, home health, hospitals, long-term acute care, subacute rehabilitation, and skilled nursing facility (Hassan, 2016; Held et al., 2018; Nicholas et al., 2019).

Interdisciplinary/intercollaboration: Professionals from multiple disciplines (i.e., physicians, nurses, dieticians, pharmacy, social workers, etc.) working collectively on mutual treatment goals for clients/patients (Bronstein, 2003; Schot et al., 2020).

Medical social worker: A social worker within a health care setting providing resources and expertise while ensuring proper treatment within the facility and safe transition into the community and social environment (Hassan, 2016).

Nature of the Doctoral Project

The nature of this study was a basic/generic qualitative approach. This approach was suitable for focusing on the roles, responsibilities, and contributions of medical social workers. The study surrounded a specific problem and used an interview protocol to review emerging themes to better understand perceptions (Patton, 2015). The study remained consistent with Luhmann's systems theory (Luhmann & Behnke, 1994; Kihlstorm, 2011), Slater's (1955) role differentiation, and Bronstein's (2003) model of interdisciplinary collaboration.

Understanding perceptions of medical social workers and how they provide insight within an interdisciplinary team will assist with clarifying roles, responsibilities, and contributions of social workers. Semistructured interviews with medical social workers were completed for this qualitative study. The data collected provided information needed to clarify social workers' roles, responsibilities, and contributions in an interdisciplinary team. Providing clarity could result in improving how medical social workers continue to interact and enhance their skills during collaboration.

Significance of the Study

This study was significant in that defining and understanding the roles, responsibilities, and contributions of medical social workers working in an interdisciplinary team provides information to team members from other disciplines of the value of social workers regarding patient care. This research study was distinctive as Heenan and Birrell (2019) concluded that further investigation was necessary for role clarity of social workers in an interdisciplinary team is essential. Contributions also needed to be further investigated, and Marmaldi et al. (2014) provided a foundation on the continued exploration of medical social workers' contributions working in an interdisciplinary team. The responsibilities of medical social workers needed to be further investigated because, as McLaughlin (2016) expressed, social work skills are dismissed, and social workers are perceived as undervalued. Therefore, social workers can provide more insight into patients' wants and needs that otherwise may not be understood. This study will contribute to positive social change as organizations can amend job descriptions of medical social workers to incorporate the utilization of all social work skills to assist other disciplines and the patient population in successfully transitioning to the next level of care.

Theoretical/Conceptual Framework

The theoretical framework for this research was Luhmann's systems theory (Luhmann & Behnke, 1994; Kihlstrom, 2011). The conceptional frameworks for this research were Bronstein's model of interdisciplinary collaboration (2003) and Slater's role differentiation (1955). Luhmann's system theory (Luhmann & Behnke, 1994;

Kihlstrom, 2011) guided how medical social workers contribute to the collaboration. Bronstein's model of interdisciplinary collaboration (2003) showed how collaboration ensues. Slater's role differentiation (1955) guided how roles need to be concrete.

Luhmann's System Theory

Luhmann was a sociologist who believed people could draw conclusions based on settings (Kihlstrom, 2011). Luhmann further developed his system theory with the concept of organization systems, which allows each person in the system to have an identity and be guided for balance and difference (Kihlstrom, 2011). His theory hinges on what is being conveyed, how it is being said, and how it is being interpreted (Luhmann & Behnke, 1994). Luhmann's systems theory focused on communication as a critical aspect when individuals interact (Kihlstrom, 2011). With Luhmann's systems theory concepts of communication, guidance, difference, and identity, the system developed with an interdisciplinary team is its own system with an organization; however, the system is interconnected and must work in tandem with everyone (Kihlstrom, 2011).

Luhmann stated that organization systems is one of two parts of society systems (as cited in Kihlstrom, 2011). The secondary portion of Luhmann's systems theory is classified as interaction systems (Kihlstrom, 2011). The interaction system involves in-person collaboration (Kihlstrom, 2011). Viewed through the society system lens, Luhmann's systems theory provides a foundation for the barriers of communication within an interdisciplinary team to be tackled (Luhmann & Behnke, 1994). Luhmann's theory assisted in the development of subsystems for importance of role clarity (Kihlstrom, 2011). As social workers' roles are undefined, Luhmann's systems theory has

a focus on combining all identities of the social worker into one identity as Luhmann explains “a person can belong to many different systems, which forces individuals to integrate all identities into one” (as cited in Kihlstrom, 2011, p. 290). Being able to have an identity within a system, communication is essential as every voice needs to be heard, understood, and concluding next best steps (Kihlstrom, 2011). Luhmann’s systems theory provides a framework for Bronstein’s model of interdisciplinary collaboration as systems theory is part of Bronstein’s model.

Bronstein’s Model of Interdisciplinary Collaboration

Bronstein’s (2003) model of interdisciplinary collaboration is based on the concepts of role theory, ecological systems theory, services integration, and multidisciplinary theory of collaboration. Combined, Bronstein identified five components for interdisciplinary collaboration: interdependence, professional activities, flexibility, ownership of goals, and reflection. These components intertwine for interdisciplinary teams to be effective.

To further understand Bronstein’s model, an explanation of the five components is necessary. Interdependence focuses on everyone in the team understanding their own role as well as other roles and how they work together along with communication, respect, and time collaborating (Bronstein, 2003). Professional activities refer to tasks that are more effective once completed collaboratively rather than independently (Bronstein, 2003). Social workers’ roles are often blurred with other disciplines as tasks are concerned, Bronstein’s (2003) concept of flexibility is a component of interdisciplinary collaboration as it refers to role-blurring. The component of flexibility

allows for those in an interdisciplinary team to review the information and find a compromise appropriate for treatment (Bronstein, 2003). The component of flexibility also works in hand with ownership of goals to assume responsibility for the success or failure of the task (Bronstein, 2003). Lastly, the component of reflection refers to the team looking back at decisions and outcomes to assess for adjustments in the future (Bronstein, 2003). For medical social workers, understanding other professionals' roles, meeting common treatment goals, being flexible to amending the treatment plan, and respecting others are essential for collaboration (Bronstein, 2003).

Slater's Role Differentiation

Interdisciplinary teams may be as big or small depending on the organization. Slater (1955) developed the concept of role differentiation, based on a hierarchy of importance. Slater indicated that role differentiation conceptualizes guidance, receiving, ideas, talking, and liking. The hierarchy of importance with role differentiation provided a leadership role being appointed (Slater, 1955). Thus, role differentiation within an interdisciplinary team is essential as the "leader" of the team is signified as the physician (Schot et al., 2020).

Once a leader has been determined (likely the physician), other roles are defined within role differentiation based upon ranking order (Slater, 1955). In comparison with interdisciplinary teams, role differentiation would be viewed based on order of importance (i.e., physician, nurse, social worker, dietitian, pharmacy, etc.). Slater (1955) examined ranking order based on popularity. However, popularity is not a component of an interdisciplinary team in healthcare. Therefore, Slater reviewed role differentiation

from the perspective of purposes, goals, and needs. Hence, in Slater's role differentiation, translated in a healthcare setting, physicians are ranked higher as medical issues are addressed primarily, nurses ranked second as they complement and assist with medical issues, and social workers would rank third as they assist in nonmedical issues that are of concern.

Values and Ethics

The NASW (2021) *Code of Ethics* states the following about interdisciplinary collaboration:

> (a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.
>
> (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being. (Section 2.03)

Therefore, social workers are guided by the NASW (2021) *Code of Ethics* on interacting and keeping the client's best interest in mind when communicating in an interdisciplinary team. Interdisciplinary teams work together for a common goal; however, informed consent to share information with other disciplines and family members is still necessary (Reamer, 2018). Ensuring privacy and confidentiality is implemented, social workers

must make clients aware of referrals being sent out for the patient to exercise their right of self-determination (Reamer, 2018). The NASW *Code of Ethics* guides the client's right to self-determination as clients can withdraw consent and decline treatment if cognitively capable of making their own decisions (Reamer, 2018). Hence, social workers must be conscious of the ethical implications and guides when engaging in interdisciplinary collaboration.

Review of the Professional and Academic Literature

To understand medical social workers' roles, responsibilities, and contributions in an interdisciplinary team, I conducted extensive research to review past empirical research pertinent to medical social workers and their purposes within an interdisciplinary team. The previous literature provided information on the roles and responsibilities of social workers; however, it did not provide roles and responsibilities specific to interdisciplinary teams. The literature provided barriers, and lack of understanding of the roles, responsibilities, and contributions were the emerging themes that had yet to be explored. Hence, scholarly articles I located were published within the past 5 years. However, due to the limited literature, some scholarly articles found were older than 5 years.

The databases searched were PsychINFO, SocINDEX with Full Text, Academic Search Complete, and Google Scholar. The keywords searched included *medical social workers*, *interdisciplinary team*, *social workers*, *medical*, *healthcare social work*, *acute care setting or hospital interdisciplinary*, *interdisciplinary rounds*, *home health*, *care*

coordination, *interdisciplinary collaboration*, *contributions*, *healthcare*, *social work*, and *hospice*.

To locate relevant articles with the search criteria, I limited the search with a publication range from years 2013–2021. Results provided from the search criteria varied between 32 and 2,428 articles relevant to the topic. However, once qualifiers were placed on criteria, fewer than 20 articles were located specifically surrounding medical social workers, roles, responsibilities, and contributions within healthcare settings.

Interdisciplinary Team

The concept of interdisciplinary teams was derived from the idea of integrated healthcare (Schot et al., 2020). Integrated healthcare relied on the expertise of a physician, nurse, social worker, dietician, psychiatrist, pharmacy, and other needed disciplines (Fraser et al., 2018; Held et al., 2018). Stanhope et al. (2015) further expressed that integrated healthcare is the combination of behavioral, mental, and physical health all addressed at once as physical health may be affected by behavioral and mental health. Craig et al. (2016) completed a research study focusing on the role of social workers in an interdisciplinary team. It was found that social workers' role in mental health is essential in addressing anxiety and depression as the psychosocial issues were negatively affecting the medical issues of patients (Craig et al., 2016). Addressing the social issues allows patients to learn coping techniques and betterment of overall physical and mental health (Craig et al., 2016).

The importance of interdisciplinary teams with integrated healthcare and the use of interdisciplinary teams bridged the gap, negotiated overlaps, and created spaces for

disciplines to communicate with each other (Schot et al., 2020). Healthcare interdisciplinary teams are important for clients' medical and social well-being. Rumping et al. (2017) described interdisciplinary teams as having the ability to identify and provide clients with necessary services. Interdisciplinary teams' function with focused communication, respect and knowledge of other disciplines, and trust with collaboration (Rumping et al., 2017). Barriers emerge within teams when communication and collaboration are not at their strongest. Van Schaik et al. (2014) discussed interprofessional teams' barriers and found that, for interdisciplinary teams to be effective in any healthcare setting, communication and team cohesiveness were vital. Shoham et al. (2016) expressed that communication ties are essential in interdisciplinary teams. Social workers were known as support personnel, and it was discovered that physicians limited their communication with the social workers (Shoham et al., 2016). Although social workers were support personnel, it was found social workers were considered central to interdisciplinary teams (Shoham et al., 2016). Communication and collaboration were synchronized when there is a guided method for the team (Rizzo et al., 2015).

As interprofessional teams continued to grow in healthcare, providing structure assists with effectiveness (van Schaiek et al., 2014; Rizzo et al. 2015). De Saxe Zerden et al. (2020) explained that social workers' position on an interdisciplinary team within healthcare has become essential. Allowing social workers into the healthcare field provided a resource for addressing issues that may be a factor causing rehospitalization (de Saxe Zerden et al., 2020). The addition of social workers was based on the foundation

of the five concepts of adjustment, assistance, alignment, advocacy, and awareness (de Saxe Zerden et al., 2020). For integrated healthcare to be effective, interdisciplinary teams must use a social worker to address psychosocial issues (de Saxe Zerden et al., 2020). Furthermore, role clarity is consistently an issue throughout social workers working in healthcare and interdisciplinary teams (Fraher et al., 2018). To assist with social workers integrating into healthcare, the ambulatory integration of the medical and social (AIMS) model was developed.

The AIMS model hinges on four concepts of interventions implemented through care coordination: patient engagement, assessment and care plan development, case management, and ongoing care as needed (Rowe et al., 2016). Rowe et al. (2016) discovered that social workers who used the AIMS model with patients had reduced hospitalizations and emergency room visits. Moreover, Rizzo et al. (2015) used the AIMS model to suggest structure of interdisciplinary teams within healthcare. In collaboration with the primary health teams, the AIMS model is most often used when social workers are incorporated (Rizzo et al., 2015). Thus, with the AIMS model, the interdisciplinary team increases their awareness of patients' nonmedical needs and allows social workers to implement skills learned. With increasing numbers of interdisciplinary teams being implemented within health care settings, social workers must have proper training and skills to contribute effectively.

Social Work Skills

Traditional skills of social workers taught through the duration of education are focused on flexibility, active listening, appropriate clinical skills, engagement skills,

behavioral health intervention, and proper treatment planning (Fraser et al., 2018; Held et al., 2018; de Saxe Zerden et al., 2018). Most skills are acquired through education and field experience (Held et al., 2018). Held et al. (2018) expressed that social workers should be provided training during the education process to work in an interdisciplinary team effectively. Nicholas et al. (2019) stated that social workers needed to master eight competencies. These competencies include work ethic, interpersonal skills, accountability, medical terminology knowledge, and comprehension of roles of each discipline (de Saxe Zerden et al., 2018; Nicholas et al., 2019). Communication for social workers is important as Stanhope et al. (2016) expressed social workers' use of motivational interviewing for behavioral health interventions. Delany et al. (2017) described social workers' communication specific to interdisciplinary teams. What, when, where, and how are the topics covered as social workers must be vigilant in what they say, how they say it, when it is said, and where it is said regarding patients, families, and other disciplines (Delany et al., 2017). Although communication is imperative as social workers, being culturally competent is an essential skill for social workers to embody and express during practice.

Being culturally competent guides social workers in implementing work in different settings. Davis et al. (2015) discussed an integrated care model explaining social workers ability to provide behavioral health services amongst different disciplines while being culturally competent. Competence and communication exist for social workers to effectively support clients, families, and the interdisciplinary team (Davis et al., 2015; Delany et al., 2017). Being culturally competent allows social workers to be cognizant

when completing assessments and considering cultural beliefs for developing a treatment plan (Davis et al., 2015). Treatment plans and assessments assist social workers with communicating with other disciplines; therefore, documentation is a key skill social workers must acquire and continue to develop (Davis et al., 2015). As interdisciplinary teams are within healthcare settings, being knowledgeable about healthcare basics is essential for improvement of cultivating skills (Davis et al., 2015).

Social Work Education

Social workers are trained in different areas during school and field placements assist with honing those skills for social workers to move seamless in different positions. Silverman (2018) acknowledged there is a transitional period for social work students to becoming practicing social workers. Amongst the transition, Silverman explained social workers must embrace the concept and skill of organizational empathy. *Organizational empathy* is defined as the ability to understand the environment in which one works (Silverman, 2018). As the COVID-19 pandemic continues, understanding social workers' new normal within work settings is crucial in terms of the organizational empathy (Silverman, 2018; Yu et al., 2021). In accordance with previous social work skills needed, such as active listening, empathy, assessments, and treatment planning (Held et al., 2018; de Saxe Zerden et al., 2018), using additional skills learned from the organization to include disaster processes, donning of proper personal protective equipment, and transitioning to telehealth services (Yu et al., 2021) assists with continued development of organizational empathy (Silverman, 2018).

The concept of interprofessional education (IPE) was introduced to familiarize integrated healthcare to students (Rubin et al., 2018). The IPE implementation in social work programs focused on "values and ethics for interprofessional practice, roles and responsibilities for collaborative practice, interprofessional communication practices, and interprofessional teamwork and team-based practice" (Rubin et al., 2018, p. 20). For social workers, viewing the whole rather than an aspect to understand a patient's difficulties is a key element in using IPE as social workers understand the concept of intersectionality (Rubin et al., 2018). IPE allowed social work educators to include the use of other disciplines to work on communication when interprofessional collaboration is needed (Rubin et al., 2018). Rubin et al. (2018) and Jones et al. (2020) described IPE within the classroom as a venture for students to experience interprofessional collaboration through role play, volunteering at clinics, and active learning through observations. Social work educators who used IPE through the social work coursework allowed for definitive role clarity of social workers; however, social workers must remain competent and confident (Rubin et al., 2018).

Integrating into the healthcare field as a social worker may pose to be difficult without necessary experience. Jones et al. (2020) researched how social work students integrated into the healthcare field assisted with social work identity, roles, use of skills, and leadership aspects. Through this study, it was found that allowing a class that focuses on healthcare and interprofessional collaboration allowed social work students to find their voice (Jones et al., 2020). A social worker in an interdisciplinary team must be able to advocate for the patient and explain their roles to providers and families. According to

Jones et al. (2020), having the ability to experience real world scenarios allowed for the students to understand the critical role social workers have in an interdisciplinary team as well as the importance of showcasing the social work skills obtained. Through the learned and implemented skills of social workers along with further skills developed while in the field, roles and responsibilities of medical social workers have in an interdisciplinary team are still undefined.

Roles and Responsibilities

The distinctive roles and responsibilities of medical social workers have been researched previously. Although various roles have been expressed, the roles and responsibilities have not been definitively attributed to interdisciplinary teams. Gehlert et al. (2019) stated that social workers' roles are often undefined as specialties continue to change; therefore, roles must remain flexible. Evans (2018) expressed how social workers' roles and responsibilities change constantly due to new policies, illness trends, and other disciplines taking on the social work responsibility. According to Stanhope et al. (2015), social workers' roles have been described as care coordinator, care manager, disease manager, case manager, patient navigator, family navigator, peer counselor, community organizer, community health worker, and community integrator. Craig and Muskat (2013) completed a research study focusing on social work roles, contributions, and professional functions within a hospital setting; however, their study did not focus on interprofessional teams. As social workers complete various roles in hospitals, Craig and Muskat inquired with hospital social workers how they described their roles. Prior to understanding the roles described by social workers themselves, it was found that social

workers' roles were often defined by professionals in other disciplines (Craig & Muskat, 2013). Grant and Toh (2017) described medical social workers as essential when making ethical decisions. Medical social workers are placed in integrated healthcare to assist families and patients with hospitalizations surrounding trauma, disability, loss, and severe illness (Grant & Toh, 2017). Grant and Toh agreed with Gehlert et al. (2019) that social workers' roles are ever changing. A major role social workers recognize is advocacy for patients regardless of the healthcare system (Grant & Toh, 2017). Steketee et al. (2017) found social workers who led interprofessional collaboration or an essential member, the roles and responsibilities were the same. However, those who were members found the roles and responsibilities of the social worker were divided among team members from other disciplines, thus minimizing social workers' roles and responsibilities.

Social workers compared their roles to different occupations (Craig & Muskat, 2013). Social workers linked the tasked that were completed to bouncers, janitors, glue, broker, firefighter, juggler, and challenger (Craig & Muskat, 2013). These terms were used as social workers believed they had to have difficult conversations other disciplines were unwilling to have, had to redirect families and patients after misinformation was provided, provided necessary support for families and patients, ensuring proper community follow-up and resources are provided, engaged in crisis intervention, maintaining all other roles and tasks accordingly with proper management, and ensure all disciplines have provided proper care and treatment (Craig & Muskat, 2013; Muskat et al., 2017). Furthermore, focusing on roles and responsibilities of social workers is necessary for understanding social workers place in an interdisciplinary team.

Although social workers within the healthcare system is becoming more prevalent, the different populations social workers interact with can differ. Fonash (2018) investigated medical social workers within the healthcare setting of pediatrics. Medical social workers are assigned in pediatrics to aid parents and families raising children with complex medical needs (Fonash, 2018). Fonash and Ross et al. (2019) agreed that psychosocial assessments are an essential responsibility of a medical social worker. The purpose of the assessments were to understand the needs of the patient and families for the social worker to provide proper community resources and referrals (Fonash, 2018; Ross et al., 2019). However, Muskat et al. (2017) found that social workers' main responsibility was providing counseling and education. As children have complicated medical conditions that need managing, medical social workers with pediatrics assist with follow-up appointments, treatment planning, and communication of barriers to other disciplines of the team (Fonash, 2018; Ross et al., 2019). Fonash suggested pediatric medical social workers' roles hinge on assessments, follow-up appointments, and treatment planning, along with responsibilities of communicating barriers to others. Muskat et al. (2020) acknowledged that the role of social workers working with pediatrics in an acute care setting with an interdisciplinary team is to provide emotional support to the family and provide outpatient resources for the family to cope with the inevitable demise of a child. However, Fonash expressed that medical social workers' roles and responsibilities differ depending on the served population. Although pediatrics is a specialized area of healthcare settings, exploring other healthcare settings was investigated to determine the synchronicity of roles and responsibilities.

Roles differ based on healthcare setting (i.e., inpatient versus outpatient) (Ross et al., 2019). Inpatient healthcare settings are continuously seeing an influx of patients as the number of hospitalized individuals due to the COVID-19 pandemic are steadily increasing, and the roles and responsibilities of medical social workers in an acute care setting are revamped. Chen and Zhuang (2020) explored the roles and responsibilities of medical social workers during the pandemic as the high-stress situation during quarantine could have changed expectations. Chen and Zhuang found medical social workers were known as an "advocate, enabler, psychosocial counsellor, psychosocial educator, and psychosocial supporter based on needs assessment" (p. 126). The roles differ in a quarantine setting than a pediatric setting as the pediatric medical social workers were known for completing full biopsychosocial assessments and tending to barriers; whereas quarantine medical social workers used a simplified needs assessment and were in the role as a voice (Chen & Zhuang, 2020; Fonash, 2018; Ross et al., 2018).

The COVID-19 pandemic called for changes within the social work realm on how interactions were made with clients. Ross et al. (2021) expressed the foundation of social work was disrupted with the COVID-19 pandemic. COVID-19 expanded roles and responsibilities of social workers as patient engagement became more intense due to new protocols and assessments developed (Ross et al., 2021). With social work roles and responsibilities misunderstood, Ross et al. found the transitions needed during COVID-19 disrupted the roles significantly as telehealth practice was not as effective. Although social workers are recognized as essential personnel and essential role to an interdisciplinary team, the roles and responsibilities were difficult to clarify amongst

other professions due to flexibility of social workers (Ross et al., 2021). Therefore, during the pandemic, social workers had to become creative in interacting with patients as remote networking emerged (Yu et al., 2021). The interaction with patients were similar when it came to assisting patient in an intensive care unit (Reeves et al., 2015). Roles and responsibilities of social workers within an intensive care unit are limited as it is a fast-paced environment that focused on physician and nurse roles (Reeves et al., 2015). The communication normally presented to families of patients during hospitalization provided by social workers were done by nurses instead (Reeves et al., 2015).

Burn units are considered intensive care units. Abrams et al. (2021) expressed social workers' roles, responsibilities, and contributions continually differ based on unit being worked. Majority of research provided roles and responsibilities of social workers based upon skills learned during the MSW program and on the job training. However, Abrams et al. explained working in an intensive care unit (burn unit) has additional skills needed to effectively work in an interdisciplinary team. Burn unit social workers essential role focuses on providing support for families and patients (Abrams et al., 2021). As burn victims and families suffer from a psychological impact due to the trauma, medical social workers' roles center around emotional health, interventions, and specific aspects related to burn treatment (Abrams, 2020). Intensive care unit social workers must create short-term and long-term goals regarding patient care as families must understand the physical pain patients are constantly enduring (Abrams, 2020). Presenting to an acute care setting, individuals usually are admitted based on medical criteria evaluated through the

emergency room. Abrams (2020) found social workers described their own roles as discharge planning, case management, burn support, group facilitation, burn prevention programs, outpatient trauma therapy, patient counseling, and family counseling. Social workers in acute care settings are often called care coordinators (Monterio et al., 2016).

Care coordination presents as the individual who provides services to the patient while in the hospital and provides resources upon discharge (Monterio et al., 2016). Depending on the size of the hospital, Mann et al. (2016) described social workers as being responsible for implementing interventions surrounding behavioral health. Interventions used for behavioral health were psychotherapy and motivational interviewing (Monterio et al., 2016; Stanhope et al., 2016). Ashcroft et al. (2019) emphasized the role of a medical social worker is increasingly becoming primarily responsible for mental healthcare. Additionally, Ashcroft et al. found the clinical aspects social workers provide in an interdisciplinary team improve care patients are provided by focusing on mental health and resources. With social workers increased emphasis on mental health, role confusion continues to emerge regarding interdisciplinary teams as other disciplines (psychiatry) focus on mental health as well (Ashcroft et al., 2019; Monterio et al., 2016). Myers et al. (2019) expanded on the behavioral health role while in a nursing facility. For social workers to embrace the behavioral health role, social workers must advocate, provide care management, implement prevention, investigate claims, mediate, and advocate for patient and client (Myers et al., 2019). The behavioral health role of social workers is complicated as social workers must be able to accommodate physical and verbal aggression and disruptions as well as social and sexual

inappropriate behaviors (Myers et al., 2019). Barber et al. (2015) expressed social workers are more suited for interventions as they are trained to speak about medical and non-medical issues. It was found social workers, as care coordinators, had three essential functions and responsibilities to the patients to include completion of assessments, using problem-solving skills to identify and combat barriers and effectively communicating with other disciplines (Monterio et al., 2016).

Furthermore, social workers within a hospital maintain the patient as the immediate client and the interdisciplinary collaboration as secondary because social workers continuously advocate for the patient's interest (Craig et al., 2019; Marmo & Berkman, 2018). Moreover, Craig et al. (2019) found social workers' roles within the interdisciplinary team were overlooked due to power struggles with physicians having more importance than social workers and other disciplines (Craig & Muskat, 2013). The researchers found roles social workers complete with the team include building relationships, educating other disciplines, advocating for patients, troubleshooting discharges, and addressing barriers (Craig et al., 2016). Ashcroft et al. (2018) concurred that social workers' roles and responsibilities are limited and misunderstood for effective collaboration. Social workers integrated into healthcare must understand medical needs as social workers role focuses on the whole patient (medical and nonmedical) rather than solely on nonmedical issues (de Saxe Zerden et al., 2019). de Saxe Zerden et al. (2019) expressed social workers in healthcare and interdisciplinary teams must satisfy a plethora of roles. Conversely, understanding medical terminology and the nonmedical significance of the social worker is necessary.

Social work is a global field of study. To further investigate social work roles worldwide, several articles were located describing medical social work from different countries. Tadic et al. (2020) focused on roles of social workers in interprofessional teams within Ontario, Canada as Canada provides free access to healthcare services, including those with social workers. The roles of social workers within teams in Ontario is important as Tadic et al. expressed social workers are currently in third place after physicians and nurses. Tadic et al. advised it is difficult to understand the roles of social workers in primary healthcare settings as social workers are hired specifically as a "social worker"; however, other social workers are hired with different titles (Ashcroft et al., 2018). Rowe et al. (2017) explained that social workers in Ontario focused on a patient's nonmedical necessities as they are just as important as the medical necessities. However, Tadic et al. discovered services provided differed depending on setting, but considered all tasks fell under the scope of psychosocial needs. It was further discovered, interdisciplinary teams and social worker roles assist with better quality of life/health, better patient experience, and reduced readmissions and healthcare costs (Rowe et al., 2017; Cornell et al., 2020). Rowe et al. (2017) further discovered social workers' roles in the healthcare system are based on reimbursable services. Social workers are often called upon through consults/referrals from other team members. Through these consults/referrals, social workers are expected to coordinate to meet the patient's needs. Rowe et al. explained the lack of understanding of social work roles leaves the consults/referrals are limited in what the other disciplines are requesting. The completion

of care coordination tasks allowed social workers to provide essential referrals for outpatient follow-up (Rowe et al., 2017).

Social work is an international profession; however, the implementation of different aspects of social work may differ. McLaughlin (2016) addressed social workers' roles in hospitals in Northern Ireland. It was discovered hospital social workers' primary role hinged on success, safe, and timely discharge planning (McLaughlin, 2016). Furthermore, McLaughlin found social workers' ability to form relationships is an essential skill and responsibility as the hospital social workers interacted with community providers outside of the hospital and the interdisciplinary team. Through interviews with social workers, they discovered social workers did not believe discharge planning should be the main task during the hospital stay (McLaughlin, 2016). As Rowe et al. (2107) explained reimbursement services limit social workers' roles and responsibilities, McLaughlin expressed social workers must work at an increased speed focusing on needs assessments for timely discharges.

Social workers in the United Kingdom concurred with McLaughlin (2016) by determining the primary role of a medical social worker is focused on discharge planning (Heenan & Birrell, 2019). Heenan and Birrell (2019) found social workers are considered the experts in discharge planning and educating the team with barriers they encounter during the discharge planning process. Although Heenan and Birrell suggested discharge planning was the primary role, social workers themselves advised difficulty defining their roles and responsibilities within the integrated healthcare team. Advocacy and providing emotional support were emerging themes identified by social workers (Heenan & Birrell,

2019). Social workers believed understanding their roles and responsibilities is essential for an effective integrated healthcare team, and the other disciplines would be respectful and support the social workers. (Heenan & Birrell, 2019). Social work skills are directly related to the roles and responsibilities of social workers in healthcare.

Australia implemented social workers into the healthcare realm as their skill sets were needed for complex patients and assist with safe an appropriate discharge planning (Cleak & Turczynski, 2014). However, Australia placed social workers into clinics with chronic illnesses or issues with mental health (Cleak & Turczynski, 2014) rather than providing a social worker to all consumers. Cleak and Turczynski (2014) found social workers' roles are variable due to the environment the social worker is placed and it overshadows roles social workers would perform. Social workers in New Zealand were not found to have specific roles as Dobl et al. (2015) expressed social work in New Zealand is a supportive profession to physicians. Social workers had difficulty defining their roles within the team and the organization, but the social workers commented on how they navigate based on the code of ethics (Dobl et al., 2015).

Social workers in Saudi Arabia based their healthcare systems from the Western healthcare model (Albrithen & Yalli, 2016). Albirthen and Yalli (2016) expressed there is limited information regarding social workers integration into healthcare. It was found that social workers who work in tandem with an interdisciplinary team in Saudi Arabia assist with overall positive health outcomes (Albrithen & Yalli, 2016). Interdisciplinary teams with social workers in Saudi Arabia have difficulty defining social work roles as other disciplines placed restrictions on the responsibilities of social workers (Albrithen & Yalli,

2016). As communication is essential within hospital social work, Saudi Arabia hospitals found lack of role clarity and lack of collaborative goal setting hinders effective social work practice and overall health (Albrithen & Yalli, 2016).

As previous research has shown discharge planning is a significant role of social workers. Goldman et al. (2016) reviewed discharge planning within an acute care setting. Goldman et al. expressed hospital discharges are the responsibility of interprofessional collaboration. Therefore, the significant role of the social worker is based upon team effort. The interdisciplinary team must have role clarity and understanding of tasks for the social worker to appropriately assist with the discharge planning process which is limited due to lack of communication (Goldman et al., 2016). Although social workers have become essential for healthcare treatment, Goldman et al. suggested social workers are only involved if a referral is made by the physician or another member of the team.

Past research has shown how social workers' responsibilities are minimized. Glaser and Suter (2016) advised social workers' responsibilities are not limited to discharge planning. Social workers are engaged in providing financial support, legal documentation assistance, ensuring proper meals are provided, helping with medication, and helping with transportation (Glaser & Suter, 2016). Social workers expressed role clarity within an interdisciplinary team is essential as social workers function on person-centered treatment and other disciplines focus solely on medical needs (Glaser & Suter, 2016). Fraher et al. (2018) expressed the use of social workers in interdisciplinary collaboration assists with reduction of hospitalization; however, other disciplines at this time do not recognize social workers as healthcare agents (Stanhope et al., 2015). Gehlert

et al. (2019) expressed a main function of social workers "should be leaders in health screenings and prevention" (p. 70). Acute care settings (hospitals) have patients from birth to geriatric patients. For geriatric patients in a hospital, the Centers for Medicare and Medicaid Services (CMS) regulates hospital care of geriatric patients (Donelan et al., 2019). To ensure the geriatric population is properly cared for after discharge, social workers are tasked with addressing the social needs to decrease chances of readmission. If social workers are not involved in care, Barber et al. (2015) suggested transitions not properly planned results in negative health outcomes. Donelan et al. (2019) expressed if the tasks were not completed by a social worker, they were completed by a registered nurse. Therefore, the blurred lines of roles and responsibilities of social workers within a team collide as nurses have the same roles and responsibilities as a social work with care coordination is concerned. No matter the age group, advanced care planning is an essential task that social workers may engage in during a patient's hospital stay or when receiving home health services.

Depending on the healthcare setting, social workers may have interactions with families and patients regarding legal decisions. Gagliardi and Morassaei (2019) defined advanced care planning as social workers having difficult conversations with patients regarding end of life, living wills, and completing advanced directives. Tasking medical social workers with this facilitation places the social worker in a role pertinent to advocacy to ensure patient's wishes are met by the clinical team and family members who have been appointed as the surrogate healthcare agent (Gagliardi & Morassaei, 2019; Wang et al., 2018). Social workers involved in advanced care planning had

vacillating roles from facilitating the difficult questions to assisting with providing funeral resources (Muskat et al., 2017). Social workers have a role in intervening for families with the interdisciplinary team as well as with family's employment if necessary (Muskat et al., 2017). It was found social workers did not have adequate knowledge of advanced care planning; however, they still had the roles and responsibilities of an educator, advocate, and counselor (Wang et al., 2018). Mertens et al. (2021) explained social workers on a palliative care team are supportive of the physician. However, later found social workers felt decisions were being made without proper discussions with the family (Mertens et al., 2021). Mertens et al. found it was difficult for social workers and other disciplines regarding interprofessional collaboration due to lack of communication, open discussions for common treatment goals, and disciplines not being in attendance for the team. Goldman et al. (2015) found social workers often voiced to medical residents the discharge plans for patients and educated on inappropriate recommendations as medical residents were not versed in the roles and responsibilities of social workers within the team. Social workers are continuously responsible for educating disciplines, staying in contact with other disciplines and families, and ensuring the discharge plan is appropriate (Goldman et al., 2015). Throughout social workers' roles and responsibilities within interdisciplinary teams in different healthcare settings, contributions of social workers need to be clarified as well.

Contributions

Social workers ability to contribute within an interdisciplinary team is important so other disciplines understand the social work perspective. Craig et al. (2016) concluded

other disciplines misunderstood social workers' contributions within an interdisciplinary. Rowe et al. (2019) found members of interdisciplinary teams were unsure of what contributions social workers provide to the collective and treatment of the patient. To explore social workers contributions, Rowe et al. studied documentation completed by social workers. Documentation is a key aspect for social workers working in any arena of social work. Social workers in healthcare use an electronic medical record system to document interactions and work completed on a patient's case (Rowe et al., 2019). It was discovered from documentation, social workers contribute to the team by identifying barriers and helping patient's problem solve, providing patients with psychoeducation, using both behavioral and cognitive interventions to address behaviors and teach coping mechanisms, and engaging in care coordination tasks to ensure proper resources are provided (Rowe et al., 2019). The contributions identified by Rowe et al. based on documentation was reiterated by Lichti and Cagle (2020). Lichti and Cagle reviewed documentation of palliative care social workers to understand contributions. It was further discovered social workers re-enforce patient's right to self-determination and continuity of care (Lichti & Cagle, 2020). Through reviewing perspectives of team members on an interdisciplinary team with hospice, social workers contributed by having other disciplines review psychosocial issues pertinent to the patient and families (Washington et al., 2017). Documentation is an important aspect to review contributions of social workers, but social workers communication within the team is important as well. The contributions of social workers explored through documentation is a beginning indicator; however, further examination about contributions is needed for understanding

social workers in an interdisciplinary team. Samal et al. (2016) reviewed documentation in the electronic health record and found that the documentation was not consistent. Samal et al. discovered information needed for transitioning patients to the next level of care and informing other disciplines was lacking due to interoperability. Therefore, although documentation is important, having proper communication via phone, email, or fax are essential as well (Samal et al., 2016). Portions of documentation of social workers include the assessments completed.

The assessments social workers completed contribute to the interdisciplinary team by identifying barriers and addressing the psychosocial barriers (Aschroft et al., 2019; Marmo & Berkman, 2018; de Saxe Zerden et al., 2019). Ashcroft et al. (2019) advised social workers provide resources to improve access to healthcare after discharge. Moreover, Stanhope et al. (2015) stated social workers contribute to interdisciplinary teams by "reducing health disparities, to identifying and addressing social and behavioral determinants of health care and to playing a critical role in health care reform at the leadership and at the service delivery level" (p. 399). With health reform and social workers responsible for length of stay, social workers' contributions assist in ensuring prompt treatment and follow-up care (Pannick et al., 2015; Ashcroft et al., 2018; de Saxe Zerden et al., 2019).

As a social worker, finding one's place within the interdisciplinary team is crucial. Steketee et al. (2017) viewed social workers' contributions from two perspectives: leader of the team or interdisciplinary team member. It was found when social workers were given the opportunity to lead the team, and often early intervention

was provided immediately (Steketee et al., 2017). Although social workers led the teams, interprofessional collaboration was still essential to ensure medical aspects for follow-up were secured (Steketee et al., 2017). Through the previous research, social workers' contributions are interconnected with the roles, responsibilities, and social work skills exhibited. Lipani et al. (2015) provided contributions of social workers in healthcare as it pertains to social workers leading the transition of care. The use of the preventable admissions care team (PACT) was implemented to assist social workers working within a care coordination position (Lipani et al., 2015). The PACT implementation has social workers at the helm beginning with completing an assessment and following up with the medical care team regarding potential issues prior to discharge (Lipani et al., 2015). Social workers contributed as they made follow-up appointments with primary care physicians within 10 days of discharge and ensured home care services were secured if necessary (Lipani et al., 2015).

Medical complex patients benefited the most from social workers being engaged in primary care (McGregor et al., 2018). As social workers acknowledged the psychosocial issues and other environmental issues that may be hindering medical improvement, social workers provide necessary interventions for improvement of health (McGregor et al., 2018). Ensuring proper medical treatment is rendered, social workers contributed to integrated healthcare by minimizing inequality care with resources for low-income patients or ensuring patients have accessible healthcare (McGregor et al., 2018; Baum et al., 2016). Contributions of social workers are difficult to recognize without proper understanding of roles and responsibilities.

Gaps in the Professional and Academic Literature

Though previous literature supports social workers in interdisciplinary teams, it does not provide substantive information on role, responsibilities, and contributions of social workers within an interdisciplinary team. Different roles and responsibilities are explored extensively; however, contributions are significantly minimal. The issue Fraher et al. (2018) expressed regarding social workers within healthcare is that social workers are not viewed as healthcare professionals. Therefore, social workers lack an identity within healthcare (Stanhope et al., 2015). The difficulty with defining roles, responsibilities, and contributions of social workers within an interdisciplinary team is the lack of social workers being hired due to healthcare budgets (Cleak & Turczynski, 2014). Other disciplines lack respect for social workers in the healthcare team and call upon social workers when needed (Craig & Muskat, 2013). Hence, without social workers properly integrated into the healthcare system, it continues to be difficult to define roles and responsibilities and understand contributions of social workers (de Saxe Zerden et al., 2019). The area of social work and hiring of social workers have increased for interdisciplinary collaboration (DiazGranados et al., 2018). Though the need for medical social workers continued to rise, Grant and Toh (2017) expressed that adequate social workers are needed within the medical social work realm. Grant and Toh reviewed whether medical social work can be completed by an individual with a Bachelor of Social Work (BSW) or Master of Social Work (MSW) degree. It was discovered hiring managers preferred social workers with medical social work experience regardless of credentials (Grant & Toh, 2017).

Social workers are needed in healthcare; however, proper skills are not obtained during education (de Saxe Zerden et al., 2019; Fraher et al., 2018; Stanhope et al., 2015). Jones et al. (2020) and Rubin et al. (2017) provided essential framework for integrating interprofessional collaboration foundation for social work students. This study will provide further knowledge from the social work perspective on roles, responsibilities, and contributions social workers fulfill in a healthcare setting within interdisciplinary teams.

Summary

Throughout this section, the problem statement, research questions, purpose, significance of the study, nature of the study, theoretical framework, and literature review were provided for an overview of this qualitative study. Furthermore, locating gaps in the literature was reviewed for basis of further research needed. The existing literature provided background surrounding roles, responsibilities, and contributions separately, it is limited in providing specific roles, responsibilities, and contributions of social workers in an interdisciplinary team. Currently, communication, professional respect, and effective collaboration hinder the interdisciplinary team (Glaser & Suter, 2016; Kobayashi & McAllistar, 2016). Medical social workers have a unique set of skills that are beneficial to an interdisciplinary team. Rosen et al. (2018) expressed being mindful of each other's roles, being respectful, and being competent in one's own role is necessary for an interdisciplinary team to work effectively. Therefore, further investigation is necessary for role clarity, responsibilities, and contributions of medical social workers in healthcare working in an interdisciplinary team.

The next section is comprised of the research design to include methodology, participant recruitment and criteria, and data collection and analysis. Furthering knowledge with the project research conducted will allow for social workers and other disciplines to understand roles, responsibilities, and contributions while working within an interdisciplinary team.

Section 2: Research Design and Data Collection

Social workers who work in healthcare settings implement social work skills to assist patients (Fraher et al., 2018). However, roles, responsibilities, and contributions of social workers within an interdisciplinary team vary depending on setting (Ashcroft et al., 2019; Craig & Muskat, 2013; DiazGranados et al., 2018; Washington et al., 2017). Role clarity, responsibilities, and contributions are essential for social workers to be effective within an interdisciplinary team (de Saxe Zerden et al., 2019). With the increased need for social workers in healthcare settings, understanding roles, responsibilities, and contributions is necessary (Craig et al., 2015). The purpose of this qualitative study was to explore and describe medical social workers' perceptions of their roles, responsibilities, and contributions to an interdisciplinary team.

In this section, I address the social work problem and research question. This section also provides details about the research design, methodology, data collection, and projected data analysis. In the Methodology section, participant criteria and participant recruitment are discussed. Ethical issues are addressed as well to explain the procedures that were followed to ensure confidentiality, consent, and storing of data collected.

Research Design

Qualitative research is a method of research that discovers information based on four concepts: ontology, epistemology, axiology, and methodology (Ravitch & Carl, 2021). Ontology informs studies by reviewing how someone interprets reality, epistemology focuses on how someone interprets and gains knowledge and understands others point of view, axiology reviews what someone values, and methodology involves

understanding how processes and procedures are followed through with research (Ravitch & Carl, 2021). Qualitative research focuses on understanding experiences of people who have lived the experience (Yegidis et al., 2018). With this knowledge, approaches to qualitative research include basic/generic, action research, program evaluation, and survey research. As this research study was done to clarify and describe roles, responsibilities, and contributions of medical social workers in an interdisciplinary, I used a basic/generic qualitative research approach.

Kahlke (2014) defined a generic qualitative research approach as a research approach not aligned with specific methods. However, Patton (2015) provided specific methods for qualitative research by describing generic qualitative approaches use of interviewing techniques, observations while in the field, and documentation analysis for answering the following:

- RQ1: What are medical social workers' perceptions of their roles on an interdisciplinary team?
- RQ2: How do medical social workers describe their responsibilities on an interdisciplinary team?
- RQ3: What are medical social workers' perceptions of their contributions to an interdisciplinary team?

The research questions presented for this research align with Kahlke's (2014) and Patton's (2015) definitions of qualitative research as the approach allowed for medical social workers to provide their perspectives of working in an interdisciplinary team as it

relates to roles, responsibilities, and contributions. To answer the research questions, I used interviews as the method of data collection.

Methodology

I received Institutional Review Board (IRB) approval (02-09-22-0750084) prior to recruitment and collecting data. The procedures for obtaining IRB approval with Walden University involved completing Form A, gathering requested documents, ensuring all ethical implications addressed, completing Form C, and updating IRB on changes that may occur after proposal approval, after which IRB reviews final information for approval (Walden University, 2021).

Prospective Data

I used this qualitative research study to explore and describe the roles, responsibilities, and contributions of medical social workers in an interdisciplinary team. Purposeful and snowball sampling were used to recruit participants (see Ravitch & Carl, 2021). Through the recruitment flyer, potential participants were also able to provide the information to others who met participant criteria. To understand the three concepts being investigated, I conducted one-on-one interviews using interview questions that I developed prior to participant recruitment (see Creswell & Poth, 2018). The interviews were approximately 45–60 minutes in length and conducted virtually via Zoom. The interviews were audio recorded only and transcribed (Creswell & Poth, 2018).

Participants

For the research design, I recruited 10 medical social workers who are currently working or have previously worked with an interdisciplinary team within the past 2 years.

To be eligible for participation in the study, the medical social workers had to be master-level clinicians (with or without licensure). A recruitment flyer was developed and posted to social media platforms (i.e., Facebook and LinkedIn) for medical social workers in the state of Georgia to have the opportunity to participate.

Instrumentation

The researcher is the main instrument in a qualitative research study (Patton, 2015). The researcher uses observations of participants, notes taken, and interactions with the patients (Creswell & Poth, 2018). The developed interview questions consisted of open-ended questions to allow for additional follow-up questions if needed.

Data Analysis

Creswell and Poth (2018) described qualitative analysis in terms of a spiral. Qualitative analysis occurs after data collection and involves organizing data, reading over data and make field notes, begin the coding process, and become aware of emergent themes, interpret the data, and representing the data (Creswell & Poth, 2018). While coding the data, qualitative researchers should, according to Creswell and Poth, "look for code segments that can be used to describe information and develop themes" (p. 261). The coding process can be aggressive as researchers may start with 30 or more codes that will continue to be narrowed down to approximately five or six themes (Creswell & Poth, 2018). Data can be coded by hand or through computer software (Creswell & Poth, 2018; Saldana, 2016). Creswell and Poth's explanations of qualitative analysis provided guidance for analyzing the data collected in this research study.

After transcribing the recorded interviews verbatim to assist with the organization of the data (see Creswell & Poth, 2018), I reviewed the transcribed interviews and made notes regarding answers provided to the questions. Those notes were used to begin the coding process and recognize themes (see Creswell & Poth, 2018). Proper research was conducted to determine whether the data were to be coded via hand (Saldana, 2016) or through computer software, such as MAXDA, ATLAS.ti, NVivo, or HyperRESEARCH (Creswell & Poth, 2018). I then hand coded data using Microsoft Excel. Interpreting the data involved reviewing the themes and how the themes answer the research questions being investigated. As recommended by Creswell and Poth (2018), to help readers understand the data, I provided a discussion to acknowledge the themes and tables to represent the data. During the qualitative data analysis, validity and transferability are concepts that must be considered.

As the researcher is the primary instrument in a qualitative study, researchers must be aware of validation. Creswell and Poth (2018) suggested that, to account for validation, the researcher must be aware of potential bias and discuss any biases rather than excluding them during the discussion. Moreover, being aware of the audience is essential for validation with qualitative data involving codes and themes. Creswell and Poth (2018) advised the use of thick descriptions when discussing codes and themes as these allow the concept of transferability to be evaluated. Ensuring proper data collection, analysis, and storage are important; therefore, ethical procedures must be followed.

Ethical Procedures

Prior to recruiting participants and gathering data, I obtained IRB approval. Once IRB approval was established and potential participants were identified, I provided the participants with an informed consent form for their review and acknowledgment. The NASW (2021) *Code of Ethics* provided guidance for informed consent information. As this research was conducted primarily through electronic means, the NASW *Code of Ethics* advised ensuring participants are able to use technology or providing other means for participant to be included in research. Participants were aware the interviews would audio recorded only for transcription purposes. Confidentiality was established with participants prior to conducting the interviews and I advised participants that none of their identifying information would be revealed. If the participants wished, they could receive a copy of the transcribed interview in which they participated. All data collected were safely stored on a password-protected file accessible only to me.

Limitations, Challenges, and/or Barriers

When conducting a qualitative study, the role of the researcher is to complete data analysis from perspectives, thoughts, feelings, and experiences (Sutton & Austin, 2015). Primary sources of data collection for qualitative research involves interviews, case studies, meta-analysis, or careful examination of the past literature or past research; therefore, the continued role of the researcher is the data collection instrument (Patton, 2015). The topic of study is personal for me because I work as a medical social worker and work within an interdisciplinary team. Having experienced continued dismissal during interdisciplinary teams and observing that team members from other disciplines

had little information on roles of social workers, I determined that the topic was worth further examination. Potential participants consisted of professional colleagues that I may or may not have worked with in the past either directly or indirectly. A personal connection to the topic sets forth potential biases on a researcher's part as the researcher could be analyzing the data with preconceived notions of what will be found to support the research question (Galdas, 2017). Therefore, to mitigate these biases, I used reflexive journaling to put biases on paper for potential of avoiding the biases during data collection and analysis.

The use of convenience sampling reduces the generalizability of the study to other types of social workers who work within interdisciplinary teams (Yegidis et al., 2018). Challenges that could have occurred with recruiting participants included locating participants in the Metro-Atlanta area who are currently practicing or have previously practiced as a medical social worker because obtaining a position in the medical social work realm is difficult within the specified geographic area. Therefore, as described in the Participants section, the participant recruitment pool was widened to the state of Georgia.

To overcome these barriers, I used a social media recruitment technique (i.e., recruitment through Facebook and Linkedin) to broaden the search for potential participants. The purpose of recruiting participants through social media was to provide a broadened purposeful sample of medical social workers from different organizations and different aspects of medical social work (i.e., long-term, hospice, or acute care). Purposeful sampling of medical social workers from different aspects of the medical field

provided insight to unique similarities and differences (see Yegidis et al., 2018). I do not foresee any barriers with storing data as I have a personal computer to which no one else has access, data were backed-up on a thumb drive in case something occurred with the hard drive to the computer, and the hard drive is password protected as an extra security measure.

Summary

To investigate roles, responsibilities, and contributions of medical social workers within an interdisciplinary team, I used a generic qualitative research approach. With the generic approach, an interview protocol and recruitment flyer were developed. IRB approval was obtained once all documents were in accordance to ensure the research was ethical. After recruitment and interviews were conducted, the interviews were transcribed and coded. The thematic coding provided answers to the research questions being investigated for the study. Section 3 will provide the in-depth analysis of the findings from this research study.

Section 3: Presentation of the Findings

The purpose of this qualitative study was to explore and describe the roles, responsibilities, and contributions of medical social workers to an interdisciplinary team. The participants for this study were medical social workers within the state of Georgia. The results of this qualitative study will be presented throughout this section to answer the following research questions:

- RQ1: What are medical social workers' perceptions of their roles on an interdisciplinary team?
- RQ2: How do medical social workers describe their responsibilities on an interdisciplinary team?
- RQ3: What are medical social workers' perceptions of their contributions to an interdisciplinary team?

This section also provides in-depth details of the data analysis techniques used to complete this study, to include general participant information, deductive coding and thematic analysis of findings, and a summary.

Data Analysis Techniques

Prior to the collection of any data, I had to obtain IRB approval. IRB approval was obtained on February 9, 2022, and I posted the recruitment flyer on Facebook and LinkedIn beginning February 10, 2022. The recruitment flyer for Facebook was posted to multiple social work groups in which one is part of for networking purposes. Through this recruitment tactic, 14 medical social workers reached out and showed interest in participating in the study.

Data Collection Procedures

I sent informed consent forms via email to the medical social workers who responded to the recruitment flyer. Ten of the 14 returned the consent form for participation. Once the consent forms were returned, I scheduled dates and times for each participant's interview. The interviews were completed through the Zoom platform (https://zoom.us) and were audio recorded only. Each participant was asked nine questions (see Appendix) approved by IRB with a follow-up if necessary. Interviews began on February 26, 2022, and continued for 4 weeks with the last interview being completed on March 19, 2022.

Participant Demographics

Having an MSW (licensed or non-licensed), having previously worked or currently working as a medical social worker within the past 2 years, and working within an interdisciplinary were the criteria necessary for individuals to participate. No names were obtained from participants when collecting demographic information and I did not identify the participants by name during the interviews that were audio recorded to ensure confidentiality and privacy.

The participants were from different arenas of healthcare settings: dialysis, hospital, hospice, home health, long-term care, and outpatient community health. With the differences in healthcare setting, there were vast differences in experience as well. The participants' experience levels ranged from 1 year to 15 years. The age ranges of the participants were from 25 years to 51 years. The majority of participants were a licensed

master social worker (LMSW) or licensed clinical social worker (LCSW) with few non-licensed social workers.

Data Analysis Procedures

Once all 10 interviews were completed and audio recorded, the interviews were transcribed verbatim. I used Microsoft Word's dictate feature for transcription. Once Microsoft Word completed transcription, I cleaned up the transcriptions, separating my questions from the participants' responses. After careful consideration of the different software that could be used for coding, I opted to complete hand-coding via Excel. As described by Creswell and Poth (2018), categories and themes emerged from the coded data. Because roles, responsibilities, and contributions were the three concepts being explored during this study, the themes were pre-determined for coding. However, I was still open to other categories and themes that emerged during the coding process. The first round of coding revealed 90 codes and their frequencies (see Table 1).

Table 1

Code Frequency

Code	Frequency
Patient advocacy	39
Provide resources	25
Case management	20
Mental health support	15
Educate	15
Discharge planning	15
Send referrals	7
Assessing	7
Reflect the social work perspective	6
Psychoeducation	6
Help patient and family manage emotions	6
Compliance issues	5
Address Barriers	5
Trauma/addictions	4
Transporting	4
Advance directives	4
Bereavement support	4
Care coordination	4
Coordinating care with SNF, HH, Hospice, Dialysis, DME	4
Partnership	4
Voice for the patient	4
Developing policies, procedures, provide direct services	3
Therapeutic services	3
Documentation	3
Managing caseloads	3
Post-acute care needs	3
Bridging the gap	3
Liaison	2
Collaboration	2
Prevent a readmission	2
Medicaid and food stamp apps	2
Legal 1013	2
Coordinating multidisciplinary team	2
Treatment plans	2
Non-medical	2
In-depth assessments	2
Counseling	2
Realistic approach	2
Flunky	2
Attend interdisciplinary teams	2
Address all social issues	2
Fill out papers and fax papers	2
Power of attorneys	2

Code	Frequency
Practical things related to death of patient	2
cultural perspective	2
Helping the nurses do their jobs	2
Holistic View	2
Tailor each and every patient differently	1
Behavioral health director	1
Valuing us and understanding our roles	1
Inform about plan benefits	1
Scut work	1
Integral part of the team	1
Think outside the box	1
Integrated behavioral health into the community care center	1
APS reports	1
Adherence to insurance standards	1
Glorified secretary	1
Assist with getting into rehab	1
Short term supportive counseling	1
Caregiving service referrals	1
Being present	1
Meals on wheels	1
Conducting initial assessments	1
Determine prior level of functioning	1
Working collaboratively	1
Appointments with primary care physician	1
Clinical focus	1
Next level of care	1
Frustrating	1
Catch all person	1
Respected	1
Nurses most challenging	1
Great collaboration	1
Overall positive	1
Social determinants	1
Challenge at times	1
Talk with families	1
Clarifying questions	1
Therapy	1
Patient Goals	1
Conditions for coverage	1
Place housing insecure people	1
Homemaker services	1
Emergency alert services	1
In-services	1
Ensure better health outcomes	1
Working with community providers	1
Extending research	1
Facilitate a warm handoff	1

Reviewing the 90 codes revealed that some were similar in nature and could be combined into one of the preconceived themes of roles, responsibilities, or contributions. With category groupings, 25 categories emerged from the three themes; however, a subsequent theme also emerged regarding social workers' perceptions of how colleagues from other disciplines perceive them. This theme was labeled as other disciplines perception of social workers and presented five categories. Table 2 shows the categories and themes that emerged to answer the research questions explored.

Table 2

Categories to Themes

Category	Theme
Care coordination	Roles
Case manager	
Discharge planner	
Liaison	
Patient and family advocate	
Provide resources	Responsibilities
Mental health, emotional, and social support	
Case management	
Assessments	
Provide psychoeducation to families and patients	
Provide referrals	
Transportation assistance	
Advance directives	
Power of Attorneys	
Address barriers	
Documentation	
Therapy	
Cultural, patient, clinical/social work perspective	Contributions
Holistic approach	
Realistic view	
Insurance adherence	
Compliance issues	
Bridging the gap	
Address barriers	
Respected	Other disciplines perceptions of social workers
Frustrated	
Not valued	
Glorified secretary	
Flunky	

Of the 25 categories that emerged, five were related to roles, 12 to responsibilities, seven to contributions, and five to other disciplines perceptions of social workers. Because there were so many more categories for responsibilities than for other themes, I completed a third round of analysis and was able to reduce the number of categories for responsibilities from 12 to nine (see Table 3).

Table 3

Categories to Themes (Revised)

Category	Theme
Care coordination	Roles
Case manager	
Discharge planner	
Liaison	
Patient and family advocate	
Provide resources and referrals	Responsibilities
Mental health, emotional, and social support and therapy	
Case management	
Assessments	
Provide psychoeducation to families and patients	
Transportation assistance	
Address barriers	
Advance directives/power of attorneys	
Documentation	
Holistic approach	Contributions
Cultural, patient, clinical/social work perspective	
Realistic view	
Insurance adherence	
Compliance issues	
Bridging the gap	
Address barriers	
Respected	Other disciplines perceptions of social workers
Frustrated	
Not valued	
Glorified secretary	
Flunky	

Findings

Ten medical social workers working within different areas who met the criteria of having an MSW (licensed or unlicensed), having worked in an interdisciplinary team as a medical social worker within the past 2 years, and being located within the state of Georgia were interviewed for this study. Nine interview questions were asked during the scheduled interviews. Three questions surrounded roles, three surrounded responsibilities, and three surrounded contributions. The roles, responsibilities, and contributions of social workers varied depending on the healthcare setting; however, each theme yielded several categories providing explanations of roles, responsibilities, and contributions of medical social workers within an interdisciplinary team.

Roles Within an Interdisciplinary Team

The responses provided by the participants on the questions surrounding roles had a consensus of being a patient advocate, care coordination, case manager, liaison, and patient and family advocate. Social workers' perceptions of their roles remained consistent no matter the healthcare arena. However, the perceptions of their roles within an interdisciplinary team from other disciplines were described by three participants as the "catch all person", "glorified secretary", and "flunky." Six out of the 10 participants conveyed that their clinical skills were not used within an interdisciplinary team; however, four of the 10 participants conveyed the use of all clinical skills.

Participant 1 expressed,

> I define my role that's a tough one alright as the patient advocate, as uhm and yeah I mean I know that's really simplistic but really like as a patient advocate

> UM and helping patients address barriers identifying and address addressing barriers to you know goals patient goal. I guess anyone you know that's that's the social workers job you know to fill out papers and fax papers. I found that there are some people who are receptive and open and they're like OK that makes sense and they respect the role. And then others who make it very difficult because they don't respect they don't respect the role uhm and they just think it's a glorified secretary or something to that nature. I think the first four years uhm in the community was very heavy case management uhm resource you know navigation to some extent but it's very heavy case management I would say. But the last four years spent in dialysis I think was was uh a time of tremendous growth clinically because the people who are on dialysis um there's a lot of it's so complex that health challenges that they face are so complex and 50% of people don't even know that their kidneys are failing about 50% find out their kidneys are failing 'cause they show up at the emergency room because they don't feel well. I think there was certainly advocacy because in that position uhm there's interdisciplinary team and there's one social worker. So I I took my role very serious because I felt that I am the only one here that's going to give this perspective. I am I am the expert here in this way and so I took them very seriously.

Participant 2 expressed,

> I define it as an opportunity in a setting where I'm able to provide resources for those most vulnerable uhm and helping them obtain a holistic overview for in

> regards to their healthcare. I feel like it's a great collaboration of all disciplines where we are able to work together for one cause, one mission, one goal, and that is to help the client and ensure they have a uhm successful if it's recovery or if it's a delivery whatever that may be. Uhm. Not all not all. I believe when you when working in this type of setting you use a more case management more than anything.

Participant 3 expressed,

> My role as a social worker is to uhm in Hospice is to help the patient and the family manage their uhm well help them have the tools, give them the tools to manage their emotions and the practical things related to the death of the patient. Overall, very good. At my hospice anyway. Not all of them uhm but a number of them.

Participant 4 expressed,

> So, I'm the behavioral health director. I have pretty much integrated behavioral health into the community health care center. So, I develop policies, procedures, provide direct services, coordinating multidisciplinary team. I do some discharge planning and case management but most of it is a mental health support. Great. They it took time it took time to develop. But since I started it has become more of a partnership. At first it was more like let's hand off the problems to them. And some.

Participant 5 expressed,

So, I do all the traditional social work things in a healthcare setting. So, if somebody is you know receiving physical care and they need additional mental health support then they get sent to me or you know if somebody has trauma or whatever the case is you know they get sent to me as well. I do some discharge planning and case management but most of it is a mental health support. So, the nurses have been the most challenging I'll say that 'cause there seems to be some sort of unspoken conflict between nurses and social workers especially at the VA because you know initially the VA started off hiring social workers. You know the social workers and nurses. So nurses they seem to think they have some sort of superiority over us because they have medical degrees in the medical field right. But they don't have much say at least not in the current environment as they probably think they do. I don't have as many issues with the doctors as I do the nurses, but I don't treat the doctors like they have superiority either so let me say that. Everybody you know comes with their own professional backing and I feel like everybody's discipline should be respected. So of course, I take into account everyone's uhm you know discipline but at times I don't know if it's necessarily reciprocated. No I I feel 'cause I do private practice on the side so let me say that. So because the day changes and sometimes it's more case management versus therapy, I decided to start seeing private practice clients so my clinical skills would stay sharp because that was one area I felt you know it may not have been exercised as much as it could. So I had to take matters into my own hands and

> make sure I had you know some of my own clients so I could stay sharp in case I wanted to make any you know changes.

Participant 6 expressed,

> OK so I mean it's really like it was like care coordination and discharge planning. So you know just conducting initial assessments upon we used to have a saying like in the hospital setting you know discharge planning starts the day of admission basically so even though you know they just getting there, you want to get in, do those initial assessments and determine you know prior level of functioning and then kind of gauge that with what brought them in and start making those plans to you know what they may need when the time does arise if they'll be discharged from the hospital. So a lot of coordinating care with outside entities like skilled nursing facilities, home health, Hospice, dialysis, durable medical equipment and things of that nature so kind of kind of like the meat of the hospital I mean you know although I'm not like providing direct care but we really you know start for start to finish as a social work in health care setting you're kind of like part of that team to coordinate that care to get that patient you know out you know within a matter of days usually average hospital stay is about three to five days. Overall. Positive I mean not to say that every day was that way but I think one of the main things for me was just educating other disciplines on what as a social worker in the hospital what we do and don't do 'cause sometimes you know they was just like oh we'll get the social work the social work and it's not necessarily something that social work can do in that setting. Like if

somebody's power was cut off at home. Well that's not really something we can do in the hospital setting. Uh yeah 75% if I put a percentage on it uhm 'cause I think sometimes not so much because they it can it can easily turn into kind of being like a better phrase a flunky. Because so much is put on the social worker it's like let them think let the social worker figure it out and so I don't I don't think as much clinical skills are used I mean of course we are assessing but it it is very ritualistic. I mean once you know a person needs home health I mean it's just it just becomes so ritualistic. So it's not really that detailed as far as like a lot of clinical uses so that's why I say maybe 75% of social work skills. Not fully.

Participant 7 expressed,

You do everything. My role as a social worker. Assistance when your clients well when patients come into the hospital you assist them you know different floors do different things. So, it's just kind of work on discharge plan throughout the process if they need resources for like homeless patients or try to get them into like rehab. So, we would send referrals to subacute rehab, skilled nursing facility. And then we would coordinate that process to get them you know to their next level of care from the hospital when they discharge. It's a challenge but I feel like it has gotten better. Sometimes different disciplines they may not understand your role or they may think that you do everything or that you can do the impossible where you know there's lack of resources it looks like kind of a barrier stopping with like for instance the physical therapist and occupational therapist so we have a client that uninsured patient is uninsured they can't go everywhere you know

> because they do not have insurance so talking with them advocating like hey this patient well not advocate but hey this patient does not have any insurance so you know they they may need to try to go home with home health or not home health or just try to go home with family support instead of you know go to a facility. So, I think we just gotta talk about that. Or like when the patient we have like an ethical dilemma when we need a doctor to discharge the homeless patient but they're like no this patient homeless. We're like they want if they were never got sick, they would have still been homeless so we kind of you know bring the realness to them. And we if it's easier to communicate now than before. Yes, I feel like I utilize every inch so each skill.

Participant 8 expressed,

> So, I am a military to VA post 9/11 social worker. So, what my job consist of is assisting post 9/11 veterans, new service members transitioning out of the military and into the VA, and then also any veterans who recently started to get services. I kind of helped them transition and be able to autonomously navigate the VA..Um but you know more so what I also do is so I provide resources, so I do case management with them. It's kind of like a minimum of three months that we do and it could be up to you know a year or longer it just depends on how long it takes for them to transition. So we help them get appointments like primary care appointments, mental health appointments, whatever need that they have is what I assist with...And then once they graduate you know they transition to their PACT social worker. So I feel really good about our partnership on my team. We

> actually have a nurse case manager that we work in partnership with. So she has the same role, but you know obviously our disciplines are different. So she you know consults with me especially if it has to do with let's say a veteran that's been suicidal. You know 'cause she can only do like the Columbia suicide severity rating scale whereas I can do the more like indepth assessment. And then we also work in partnership with like the pharmacist, the providers, which could be mid-levels like nurse practitioners, physicians assistants, and then also like psychiatrists, psychologists and even the MD's. So, we all kind of work in partnership together 'cause I advocate for my patients with them like if I need a consult. So, I would say you know it's gone really well in the VA system. And even when I worked in the emergency department, we all kind of work as a collective team. I would say yes.

Participant 9 expressed,

> I am basically the catch all person. If I'm going to be very honest I do discharge planning there's a little bit of counseling and psychoeducation that goes into it. There's you know bereavement support I am basically the person that will step in usually within 24 to 48 hours of an admission to assess whatever needs the patient will have for discharge and of course ongoing with the case you know case management. Making sure that they have all of their services at discharge and you know working with family sometimes it's even working with community providers to get those services for that patient to prevent a readmission. Yeah I mean I do feel like I have gotten a really good sense of you know the the

personalities and the kind of people I deal with day-to-day. I will say you know when I have residents that are on cases it tends to be a lot more education but I will say most of my interactions with our physicians here even with our therapy disciplines they're very much a good collaborative effort our nurses are very helpful because I've always and how I've always approached social work especially in the health care setting is that we're all a collab… it's a team collaboration it's not social worker you're going to do all of this you're going to talk to the families and then I sit back we are all a part of this team we're not as good you know we're not as functional without all of those working parts. So I do feel like this team that I do you know collaborate with have been very supportive in that. Yes I do. I do feel like you know that advocacy portion of what we do in our profession I use a lot just because sometimes it may not be an appropriate or safe disposition for some of our patients and really advocating for them or even just kind of having the doctors think outside of the box which we have to do a lot for social work you know I feel like those things are heard but there is sometimes you know those bureaucracies that are in hospitals that kind of prevent us from really doing our jobs sometimes. So I mean it is mostly yes I can feel like I'm using all facets of my social work but I do feel like there are some restrictions within healthcare settings that can hinder us as social workers and kind of make us feel like we are not as vital in the collaboration process.

Participant 10 expressed,

Um I am actually really respected um and I do all the resources so I I say I'm respected because usually you're not usually you're not at all. Uh but I do have the resources I do uhm let's see community resources actually the list that I created sorry hold on I'm gonna grab it real quick. So that I don't just talk off the top of my head OK so caregiving service referrals. I'm in charge of Meals on Wheels, homemaker services, emergency alert services. We do like utility assistance UM and Medicaid and food stamp apps. We help with advanced directives and power of attorneys, we help with like skilled nursing placements, and we also do very like very short term supportive counseling for patients and caregivers. Uh we also do referrals to like mental health UM and other types of therapeutic services and then one of our big ones is we really we help people with transportation 'cause that's a huge issue in the community so yeah. So within our organization directly there's a we do PT, OT, nursing, speech therapy and then we have home health aides and um I I had there the opportunity to step into the role after a really not so great social worker was in it. So you know he the the social worker before me would only do advance directives and power of attorneys. And I was like no. What are you doing? Like we have so much more to give so then I started doing all this stuff and then the team was just like Oh my God like you do this like we can call you for this and that. And I'm like yeah like yeah I can do all this stuff. I'm a social worker that's what we do and so I kind of got off to a good start just replacing the old social worker. So it kind of gave me a status on the team where it was like they talk they say you make magic happen. Work your

> magic. So I think a lot of it has to do with they they let me do what I need to do. My the person that I report to is actually the branch director whereas everybody else reports to clinical team leaders. So she just lets me do whatever I need to do and she doesn't step on my toes and she everybody stays in their lane which is amazing for a team. So it's just it's a very respectful place. Everybody respects everybody else. Oh yeah absolutely. And then some yeah.

Responsibilities Within an Interdisciplinary Team

The three interview questions that surrounded responsibilities yielded similar results as the roles. There was a consensus surrounding social workers' responsibilities of providing resources and referrals, case management, assessments, addressing barriers, and completing documentation across all healthcare arenas. However, some healthcare arenas also had social workers responsible for providing mental health, emotional, and social support in the aspect of therapy for patients/clients and their families, providing psychoeducation, transportation assistance, and completing advanced directives and/or power of attorneys. Overall, there was consensus amongst the participants that their responsibilities aligned with the organization's perspective of what the social workers were tasked.

Participant 1 expressed,

> To reflect the social work perspective um and to be that patient advocate, to be the voice for the patient. 'cause a lot of these interdisciplinary team meetings it's supposed to be inclusive of the patient but I think oftentimes it's more uhm you know uhh well these are the objectives of the clinic of the hospital this is what I

think needs to happen and patients are like that's not what I wanna do. Or um yeah around compliance issues 'cause dialysis is very heavy regulated so very heavily regulated but like around compliance can you talk to them they won't come to treatment. Well they're also trying to they got it this is a whole new life they gotta pay their bills I'm going to talk to them and try to help them work through that. But we talk about Maslow's hierarchy of needs your employment and your health are on the same level and I'm trying to say that but y'all are like this should come first but that's not how human behavior is ya know so yeah. So my responsibilities were to manage you know a caseload of patients. Uhm lets see to assess you know do a biopsychosocial assessment, identify barriers to compliance, uhm and obviously help you know problem solve for those barriers to compliance. Um also help with adjusting to being on dialysis. Identifying high risk you know working collaborative collaboratively with the team to help you know patients be compliant really. That's I don't think that's how it's spelled out but those were like managed you know manage a caseload of patients address address identify any barriers to compliance help with adjusting to being on dialysis um I would say those are the primary. And then you know you're supposed to be the patient advocate too yeah. Like during the interdisciplinary I guess they do they do line up um yeah I would say that they do on paper. Yeah they do because there's uhm like conditions for coverage there are certain things specifically that the social worker is responsible for. And so if I'm not doing those

things, then I'm not even compliant with the clinic you know so so I think they do line up in theory.

Participant 2 expressed,

Just to make sure the client or the client that we're discussing is have some type of access to resources that they are in need of to help reduce like I said the outcome of going to the emergency counseling or to ensure they have better health outcomes. So. Defined by my organization is to uhm inform them about the plan benefits that's available and accessible to them be there to support and guide them uhm throughout any type of health crisis that that needs comanaging to also provide resources all community resources throughout their area. Uhm and then also just being able to network wherever needed to help them out. Yes.

Participant 3 expressed,

To uhm make sure that the rest of the team is informed about the issues that are facing the patient and the patient's family. Psychosocial issues. As well as any other like practical issues like financial issues um if they had to deal with Medicaid that type of thing. Um so first to inform. Secondly to support them in their work because um the nurses we basically work I work with mainly mainly the nurses and also a bit uhm our chaplain but the the nurses I mean they need to go in get their work done and go out. Right? They don't they don't have time for the emotional stuff and they're not interested in the emotional stuff. So UM they need the social workers to come in and and help out with that end so they don't get caught up in it. Um defined by it's a good question. I think defined buy our

> organization is that the social workers are an integral part of the team. The Hospice team. And to help with the emotional and mental health aspects of the none the way I put it to my patients and their families is go to the nurse for all medical anything non-medical go to me. OK so I take all the anything non-medical so it takes all the the burden off the nurse. So the nurse can go in and do their job. Um but I work with all of the the paperwork and the other things that would help the patient and the patient's family so that they have is good experiences possible at the end of their life. Yeah too much. Yep but again I mean find I don't think anyone's ever defined it no ones formally come out and said no one in management has ever formally come out and said this is what we do. My fellow social workers have told me you know we do this this and this but it was never no one I never wrote it down. It was never communicated to me that way. It was just oh you know the other social workers will train you like OK. My um my executive director is a nurse and she's very non she's not uh touchy feely. So, she's like she's like well she should take her medicine she just needs to do it like not how it works.

Participant 4 expressed,

> Providing perspective regarding needs. So any kind of basic needs and then as well as the mental health perspective. Everything. Everything community resources providing direct counseling care, like I said developing policies, procedures, working on various projects, and development of the program itself. Yeah, I think they do.

Participant 5 expressed,

> So, when I come and I'll talk about patient treatment plans, I'm coming strictly from the clinical social work mental health perspective. Of course if things such as linkage to resources and services are needed and I'm there for case management as well and discharge planning but if I'm coming, I'm coming strictly from a clinical standpoint. It's very broad. So it's everything the social work encompasses plus whatever your superior tells you to do. That's in so many words that's what it says. So case management, therapy, family therapy, group therapy, and discharge planning, assessment and and and everything else so anything that you're you know direct supervisor might be is under your scope of practice that's what it is for you know that period of time. For the most part, I would say for the most part um I don't think I've came across any situations where I felt like they weren't aligned. So, I say it like that.

Participant 6 expressed,

> Mainly they like acted as a liaison between of course the patient and whatever post-acute care needs they had and then a liaison with the the an advocate for the family as well just making sure that the patient can you know kind of understand what what they need to convey to the other team members 'cause sometimes they'll tell the social worker something but not the doctor and that's really who they should be telling certain things to and then vice versa just kind of bridging that gap between the patient and family and the rest of the team. Uhm. I think mainly to do to do the assessment, attend you know the interdisciplinary teams,

> we had we called them huddles but we had daily huddles with the you know the doctor the nurse assigned to the patient and we would basically go room to room on that floor that we were assigned to you know maintain documentation of course and then keep up with you know clinical CEUs and such but basically arrange for post-acute needs for you know overall that's in general for the hospital wanted you to arrange for any post-acute services that may arise. Yeah I would say so.

Participant 7 expressed,

> I think my role is to advocate for the patient and provide a realistic you know approach you know stance. Be that person that kind of brings the other disciplines to what we can do with this patient. Yes you are help you know deal with them you know in an acute medical setting but now it's time for them to go to the next level care. And you know we take it from there and give them the resources, transporting them out the hospital for doing whatever. So, they define it by like when you're hired they give you uhm you know a role and responsibilities form and it's pretty much just not I don't want to say freestanding but nobody really looked over it. Yes, it's a standard process so you know how to do things. But you know everybody has their way of sending referrals or doing the whole process and do things differently. It's not like a concrete you know form or anything that we go by. Sure. Yes and no. Unrealistic every patient is different. Some have insurance. Some don't. Different age requirement. It's different if the patient

> comes from ICU. Everybody is just so different. So, you have to tailor each and every you know patient differently to get them out of the hospital.

Participant 8 expressed,

> So my biggest responsibility is to advocate for either my veteran or my patient or my client so whatever is in their best interest. If they feel like they haven't been heard or it's something specific that they need, I advocate for them and especially I guess to kind of get them to understand my perspective as a social worker and as far as my expertise whether it has to do with mental health um or just their case management needs. So I currently, we have two different service lines. So I work on the social work service line. So as far as my responsibilities they define it as like a case manager, but I also still have to assess for like suicide, homicide, psychosis, so even though that's not in my specific role, I don't provide therapy in this role, but I do still work in partnership and kind of facilitate a warm hand off to the other disciplines in social work. Yes I would because our number one priority is that the veterans come first. So rather it's their need whether it's their safety everything is about them.

Participant 9 expressed,

> Like well I mean for sure we do a lot of the discharge planning. I'm not necessarily a part of the insurance verifications but definitely having to follow through with the referral who we're referring it to making sure that they are on top of the referral process and then also kind of coaching them through and providing the documentation. But my role can be whatever it really needs to be

sometimes some of the doctors don't really have a good bedside manner, so they may say hey I really want a social worker to come with me because I may be using you know a lot of these words these families may not have a literacy level to understand and they need somebody that can kind of break it down for the families use that empathy and be able to explain some of the things that are going on so like you feel like my role could be multifaceted but being very honest but you know I I do a lot of things I guess I would say that are not what conventional social workers do. I just really care about what I do so sometimes I do things that maybe a nurse would do that are not in the job description so to speak. Uh we are you know professional and licensed individuals who provide care coordination services. We're not necessarily 'cause we do have RN case managers here in our facility. So our job is really doing the care coordination as far as disposition planning however and the job description there also are those added like will assist as needed with task. So it's very much goal and bullet points towards a care coordination and discharge planning role. But they also say will assign duties as needed which could be anything. Yes and no. I feel like there's also some things that are put on us and I don't want to say for the entire healthcare system, but I will say specifically with the culture of our of our hospital in the hospital I work at there are times where they make us you know they'll have us do the this I want to call it scut work because they'll be like oh I know that I can call a transportation provider but that social workers job when it's like well you can pick up a phone and answer you know and call a taxi cab yourself but you're

> choosing to say well because it's not in my scope, I don't need to do it and I think that some of those things get pushed off unnecessarily on us as social workers because they think that we're supposed to address all social issues. Just like if somebody comes in who's housing insecure, they're like well they're here on the weekend and you need to place them and if not we're going to admit them which causes unnecessary admissions and then our hospitals full with you know housing insecure people who are refusing to go to a shelter because they feel like it's our job to place them.

Participant 10 expressed,

> Um I mean there's plenty of other things like for example I've made so many APS reports I can't even count a lot of it for self-neglect. So like you have to report that into the team and then when there's issues that nurses or other clinicians are worried about, then you have to like I would have to go in and investigate and make that report. Uhm another thing that I've been tasked to do is the mental health uhm in services. So I like the most recent one I did was a suicide prevention so I would I presented the a suicide prevention in service because of an event that happened at another office. So I'm kind of in charge of that. I'm in charge of I'm like the UM I'm like the default therapist in the office for people as well they'll call me when they've had a rough day so yeah. I haven't even looked at my job description since I signed it like two years ago. So I don't know if it really is. Good question I think that we've added some like I've I've agreed to a lot of things that might not be in my direct job description so yeah I

> don't know…**Places job description in chat box. Job description is as follows: Assess patients' and families' psychosocial, environmental, and financial needs. Formulate, implement, and evaluates a plan of care in collaboration with patient, family, and other caregivers, and provides case management as appropriate. Assist the team in understanding the social and emotional factors related to the patients' health problems. Maintain documentation in patient's record per internal regulatory and professional standards. Monitor, observe, and evaluate changes and progress in patient's condition and environment. Report changes, progress, or lack of progress to physician and/or nurse case manager. Acts as key source in patient situations such as: ineffective patient/family coping and decision making advance directives long term or assisted living placement substance abuse abuse/neglect and/or bereavement.**right that's a lot but that's what I need to do and I definitely go beyond that. Yeah yeah uhm I think that in a sense like I go into a job and I know what my duties are uhm and I'm always wanting to be as helpful as possible. So like I will add more um I have a job description right here I just pulled it up it's definitely more than than what I signed on for but I think a lot of that is due to myself and my own choices rather than anything else.

Contributions Within an Interdisciplinary Team

The three interview questions related to contributions provided varying answers depending on setting. There was consensus on contributions of a social worker as providing "perspective"; however, the perspective differed for each participant. Those social workers who worked in more acute settings highlighted the patient's perspective,

realistic view, and insurance adherence. Those social workers who worked in outpatient transitional settings discussed the cultural and clinical/social work perspective, holistic approach, and compliance issues.

Participant 1 expressed,

> OK uhm I think I've contributed um education around human behavior…Um I think that I was able to in that in the spirit of that communicate things um from a patient perspective. Um provides some psychoeducation um and yeah I would say that's probably the yeah if I think of it. I think in just think about it I'm trying to think of examples so that I can think of how um. So the team I think they helped the team because it's even if it was in a very small way, uhm I was able to give a voice even, if it wasn't listened to I was able I think to to educate the team on a patient on the patient perspective. And in some ways really create change in some situations I was able to create change so. I mean I'm I believe there's always room for growth so I'm sure there were other things that I could have contributed I had a reputation for having very strong boundaries. Uhm which didn't always go over so well. But I felt like I'm not gonna burnout just 'cause y'all burnout don't mean I'm gonna burnout. So uhm so uhm I I would say that feedback that I've gotten was that I could have left boundaries but your boundary your idea of a boundary and while I'm pulling the boundary is completely different so.

Participant 2 expressed,

> I would say just being an advocate and contributing that passion drive to ensure that client received the best care within my discipline as possible and uhm have

> access to resources that I can assist them with. Mmhhmm. Yeah just like I said uhm making sure uhm just being available being present to answer questions and to update about any ya know community assistance or resources out there that can help a client. I really believe I contribute a fair share I would say. I wouldn't say more, I would just say a fair share as needed. Because sometimes clients don't need a particular you know need our just our services or need assistance from the social service…Just being present in case for many instances.

Participant 3 expressed,

> I believe I contribute to helping helping the patient um with the psychosocial aspects of dying. And to the most the best I can helping the nurses so that they can do their job. Helping the nurses so that they can do their jobs. I do um I think I can contribute more in terms of like bereavement support and I think sometimes some of the nurses. I think and some of the nurses are very clear cut they're only going to do this and this and this and they're very they stay in their lane. They don't want to go in that lane. They're in their lane they do it. Other other nurses tend to bite off a lot of the psychosocial stuff. And which is I mean they just do it and it's it's their choice. And they do it well I'm like OK but you're gonna burn yourself out. Big time. So um I think from that respect uhm I could help out more...I think my job is kind of a Unicorn uhm because I have a very low caseload, I haven't even hit 20 which, for Hospice social work is unheard of. Um I'm in Atlanta and I know...oh OK OK so I mean it's minimum of 40-50 over here. It's 60 is not unheard of. So, I mean I wasn't even going to go into Hospice

> because of the high caseloads but, I found this one particular Hospice. So I'm in a Unicorn situation and people are really very collaborative and the social workers really try to support the nurses as much as we can. Uhm, so, I think um I think medical social work and hospital social work just like any other field, it really depends on the organization you're in. It can be wonderful and it can be hell. It really depends on what the leadership's like and who you know do you have toxic coworkers what's the situation. Um because I'm sure if I were in a different Hospice like some of the hospices I know of there's no way. There's no way you know and technically it's the same work

Participant 4 expressed,

> Like I said, a perspective regarding needs as well as a cultural perspective also within my organization. Um most of the providers are either there white or Indian and that might be first- or second-generation Indi. Uhm but we serve a predominantly Latin community and so a lot of them don't have that knowledge or experience regarding the Latin community. and I am Latin. Providing that cultural perspective on your contributions to assist the team. Then I would need to give them my blood. Um we do have a really good team and so I don't know in what other ways they would want me to assist. But I feel like I'm a good partner within the organization and something else that really doesn't come up that's not part of my role is that when we have risk or leadership meetings I often am able to see the risks that other people might miss.

Participant 5 expressed,

I feel as far as myself I come from a strong a strong clinical background so although we have you know medical doctors and we have psychiatrists I sometimes feel psychiatrists do not have the strong clinical background in relation to mental health because medical school is not primarily focused on mental health you know they do rotations and then they decide they want to be psychiatrists and they start diagnosis and prescribing. But oftentimes they don't have some of the inner workings that social workers have when it comes to mental health. So some of those underlying reasons you know specialties and trauma addiction, they don't come with that. And so that's I feel like that is often what I bring everything. I feel like I bring is strictly clinical, so you say that. I feel like it gives maybe a more holistic view I'll say that because sometimes they might only consider physical health conditions, but they might not consider finances, they might not consider history or trauma, they might not I don't even feel like at times they understand that post-traumatic stress disorder and addiction run hand in hand like basic things that you might know as a social worker. I don't feel like they necessarily understand all the time. Oh yeah. I always feel like I always feel like I could contribute more. But that's just me…Because I feel that in this this is not exclusive to the VA this is kind of a generalized statement that oftentimes the policies and procedures are written by those that are far removed from direct practice right. And so sometimes the policies and procedures don't necessarily make logical sense from a clinical standpoint they might make sense from a number standpoint they might might make sense from bottom line or metric

standpoint or whatever auditor might be coming looking for certain things, but when it comes to client care sometimes it don't make logical sense...I do I do! There are uhm this is not exclusive to the VA either this is just something I've kind of found as I've been trying to search for positions to move up is that they have a lot of case management positions that only nurses can apply for. And I have a real issue with that. Because they don't do case management you know I mean they do but they don't you know what I'm saying they're medical UM but for whatever reason social workers are not allowed to apply for that strictly because it's in a medical environment. Right? Or we working with a population this focus on medical. So I feel like if they would like I don't even know if adequate is the right word but maybe thorough case management they should open those positions to social workers they shouldn't only be exclusively open to nurses. That makes no look that don't make no logical sense either...What we already know and a lot of times the case management that they do as far as nursing it's just linkage to community resources for medical we already know that 'cause they're not doing they're not taking vitals you know what I'm saying they're not drawing blood they're not necessarily doing anything they require any sort of medical training it's all case management. So I came across the UM what was that position it was another position I was looking at earlier this week and it was something along the lines of mental health and addictions and they still wanted a nurse no medical procedures will be done you know no lab drawn nothing but for whatever reason I guess because it's in the medical profession and

> they want somebody with some sort of medical credential they won't let social workers apply. So…

Participant 6 expressed,

> Yeah then and then like I said just making you know advocating for the needs of the patient as well 'cause it's it's kind of twofold I mean and sorry to go back but even to add to what the hospital we were to adhere to insurance standards as well. So like if a person you know a stroke code only allows for like 3 days in a hospital really depending on you know the severity and the needs of the patients so like we had to keep those things in mind as well so even as a social worker we had to remind the doctor sometime like hey this patient's got to go there stay is being denied you know insured because we we acted as the liaison between insurance in the hospital as well because again insurance company there a lot of times I would have conversation with their social work staff for their nursing staff and they're like hey we're looking at the notes saying that you know there's why are they still in your hospital basically. So also bringing that information to the physicians you know without telling them of course they're still the doctor, but it's kind of like giving them that push like hey you know I've already got all this setup you know can we go today can they go tomorrow you know because letting them know that like hey this this hospital stay is no longer being covered by their insurance. Right, exactly. So yeah so just you know providing I think like one of the biggest things is like being a resource like the information resource so you know you gotta keep the patient up today because they're like well I'm still sick

and ‘cause a lot of people don’t understand what acute care means either they think they posed you know TV has ruined it so they think oh you just stay in the hospital till you feel 100% better. And it doesn’t work that way you stay in the hospital until you’re stable and then we take you go to the next level of care would that be skilled nursing, inpatient rehab, you know home with home health whatever those things may be. So being an educator for the patient and letting them know being an educator to the physician and letting them know like OK this is this is what this patient needs this is what they’ve been approved for etc. So just acting as like an educator basically you really have to have a lot of knowledge so contributing that information to all the staff or team ‘cause a lot of times you know people because they don’t deal with you know the physical therapist like they’re like well I I I think they need to go to inpatient rehab. Well insurance said they’re going to skill you know two different levels of care and just people don’t always understand and I think as social workers we get a lot of Flack for that because they don’t fully understand how that works. I think for me it was sufficient I mean I I I just believe in like being very cut and dry essentially I mean this is this is how it is and this is how it’s going to be and I’m not OK answering the same question…I mean mainly the thing like I I love working in hospital actually it’s quick fast work like the days go by quickly. I think the biggest downfall is that is because those interdisciplinary teams I think better training or education needs to be done in all hospitals. I’ve worked in in Georgia in the hospital setting and in Alabama in hospital settings and it’s pretty much across the

board. They don't get it. Like the doctors don't get it and I don't know it's 'cause they don't want to or or or they're just not being you know given the proper education but like I think hospitals need to have periodic like in house trainings and like OK and and not just for social workers. Like all of this stuff like physical therapy 'cause there's a lot of things that you know you have to learn and pick up about physical therapy, occupational therapy, about respiratory therapy, so like just having a little mini things where the social and you know I know this specific social work but like just educating the other team members like OK this is what's in the scope of this social workers practice 'cause I think people get confused like a hospital social worker and a community social worker are not the same. So we're very limited I'm like listen like I said I can have so many examples where doctors so why can't you just get them this like we're just not you know we don't have those type of resources. We work for the hospital so unless the hospital gonna cut a check and start paying people like bills and water bills and and insurance bills and all that which we know is not going to happen because there most most hospitals are for profit. So I think people forget that too so just you know just I think people need to have a little more respect for medical social workers and understand the limitations that we have because again we're not community social workers so a lot of the resources that are available to community social workers we don't have access to because we work for you know for a full profit so…

Participant 7 expressed,

> I feel like I contribute with the concrete discharge plan. Solidified any questions that they may have about the patient leaving the hospital how would they follow up. You know here or transport back to the facility. For instance and then we meet every day at 2:00 o'clock on my unit with the team medical team to talk about the patient. So just my kind of my spill any barriers preventing any patient from discharge. I saw the barriers or at least try to. To kind of solve the barriers...So, I contribute by making those extra phone calls, extending my uhm research. If I need to call disability specialist to see what's the status on patient Medicaid or you know call transport to see hey we have this patient who will be they may be coming to town we will try to set their transport up 24 hours in advance so we catch that barrier before they even happen so yeah. No they they take everything out of me…I think overall the hospital staff or just anything valuing us and understanding our roles. That we are licensed individuals. We have continuing education that we have to gather we you know we're not just we're not secretaries we're not no I'm not I don't work for the HUD office. I don't you know I don't know everything they expect me to know. Like there literally, I saw a quote where it was like being a social worker is like, it's a fire and they give you gasoline to put it out. It's just really you know unrealistic of the things that they want us to do for these patients. So, all you can do is try your best and keep trying to advocate for the patient and that's it.

Participant 8 expressed,

I would say that I contribute a lot to the team. So I know what to look for when I'm assessing you know for suicide or homicide or psychosis, but then I also know like you know if it's if it's something passive if it's something to where like this person needs to be hospitalized or they need further intervention or if I need to refer them to mental health, you know for outpatient services or you know if they have some type of medical need or even if it's let's say it's something they have a need and it's not something that we offer at the VA, I find the community resources. Yeah absolutely you know especially I would say finding those community resources 'cause it's so of course I'll reach out to like other social workers or you know other disciplines to better help the veteran but a lot of times I utilize Google. Google and then my other like online resources like our Facebook page is like you know black girls in social work just whatever I can utilize. Um I don't think so …I would say just me feeling like I kind of contribute everything I have. Like I feel like I've worked in so many different places that I bring all of my knowledge and all of my skill set to the team so whatever it is that I continue to learn like I just continuously bring it...I think so I would say more so not in my current position but I just recently probably about seven, no probably about five months ago came from working in the emergency department. So even though it was also an interdisciplinary team it was a little bit different due to I guess what my job description was. Like I was behavior health assessor, so I saw all of the patients who came to the emergency rooms you know who were either struggling with their mental health or substance abuse problem. So there would be

> times often to where maybe me and a provider did not agree you know ‘cause when they come in they see the provider they might be on the 1013 or 2013. And so it was my job to go in and assess to figure out do I agree with the 1013 do I not agree with it and if I don’t agree with it, you know what is gonna be our plan of action. So and I used to have to justify like This is why I don’t agree with it This is why I do and sometimes they weren’t always receptive. So if they weren’t receptive another thing that I could do we could consult ‘cause it was usually like medical doctors or midlevel providers but not psychiatrists. So what we could do is get a psychiatrist to come in and give a third opinion but you know a lot of times I would just do all that I could do to advocate and try to push one way or another if I felt like they should be or if I felt like it was kind of a misunderstanding and you know somebody’s rights were taken away too soon or it could have been like a culture thing you know it’s it’s a lot of different things that would happen in the emergency department.

Participant 9 expressed,

> As a social worker, I feel like I contribute to you know sometimes even get looking through and getting a background on the patient getting a whole sense of self. I mean I think our even though our assessments are not kind of clear-cut we get to kind of find out the back story of the patient it may be something that they’re coming in that you know the doctor may not have been aware that they had dealt with something medical you know 10 years ago ‘cause they didn’t disclose it to the doctor ‘cause it wasn’t pertinent to what they’re coming in for.

So I feel like as a social worker when we do rounding and I I round every day with our team you know we we tend to provide that background or are kind of that missing link that the doctors need to basically say OK hey what's going on with this patient and how can we get them out faster or what is their barrier so we kind of fill in those gaps that sometimes people need. Sometimes it's hey it's the weekend and the doctors have an unrealistic expectation and they're just like OK well why can't this patient have XY and Z and it be delivered instantaneously and they can get out and you know we free up the bed. Sometimes it's a lot of kind of coaching and letting them know that some things take time and especially in a post COVID world, things are a little different and things tend to take a little more time than sometimes the doctors are really wanting to hear. So it's a lot of having to remind them that processes and patience is a virtue so and even the nurses 'cause the nurses will be like well why couldn't she get me this at this time at this place where we just got the discharge order so you have to give us time 'cause we're one person and you guys are assisting 3 patients I understand. But there's some of us that are managing 24-25 patients for a whole unit. I think I definitely go above and beyond I will say that for myself because I do like I said things that are kind of untrue or not traditional as a social worker. But I also feel like there could be more times where our leadership specifically for care coordination and social work can advocate for us to make things a little bit smoother because there are some expectations that you'll doctors have for social workers and you know we can advocate for ourselves but if it's not policy between all of us then we end

> up being left in the shuffle...Yeah so I feel like as hospital social workers we uhm we're not we may have higher degrees sorry you can hear my water bottle we have sometimes we have advanced degrees, advanced certifications, sometimes more qualified as you know education than a nurse but we're always considered secondary to that. And so I feel like as a healthcare professional as a as somebody who works in healthcare our profession itself needs to be taken more seriously and we need to be paid accordingly for that because we're doing just as much work it may not be you know clinical and like take the vitals and doing you know blood work but we're still a vital part of that team. And we should be appreciated for that. Which I feel like in hospitals and basically as the profession as a whole sometimes because we get lost in the shuffle and there like the social workers are supposed to do that they have bleeding hearts they're supposed to get paid snacks 'cause they're doing you know whatever work we need to do but it's still taxing and you have a lot more people doing virtual and wanting to travel work because they don't pay appropriately...For social workers especially in healthcare settings because we're all frontline workers just like a nurse or doctor.

Participant 10 expressed,

> Um I feel that the medical way of thinking or the medical model is the main focus within the healthcare industry and unfortunately also finances so or you know financial gain. So a lot of people look at a patient as a Medicare number to bill. Uhm they look at a patient as a problem that needs to be medically taken care of. Uhm they do not look at the social determinants of health, they do not look at the

racism within the system, they don't look at the inequality, and the inopportunity that people have and the mistrust that people have and I believe my job is to first and foremost help people who do not have resources to heal or to get better and resources that a lot of medical professionals do not think about. Because a lot of medical professionals have a roof over their head and running water and a lot of the patients don't. Like or they're just there's there's not stability within their own systems to heal. And you know as we talk about Maslow's hierarchy of needs a lot of these patients are on the very bottom. And that in itself does not give them the bandwidth to heal as we would like them to. So I believe as a social worker in this position it's my job to first and foremost give them resources, uhm advocate for them with their own doctors and even within my own team uhm and really remind people of the disparities within the health care system and how to navigate it from an equitable and really really anti-racist perspective and with I that's kind of my my goal right now that's my driving factors just advocacy and resources. yeah yeah because it's you know you can't get your if you're a skilled nurse and you go into a patients house and you are you know the patients not getting better. They call the social worker and they say hey this patient still has a bedsore and it's been X number of days come in and you know figure out what's going on and so we look at the social determinants of what's going on and we see that that patient is left alone for 8 hours a day because you know they're their caregivers at work and then we come in with a resource such as a caregiver for you know from the source program or something and that patient gets better and then that nurse is

able to proceed with what their job is and as as a social worker on the team that is really important for not only the patient but for the staff so as to help them with their jobs. And the advocacy part I have to say a lot like I think we have everyone in my in my team on my team is white I think we have maybe one nonwhite person and a lot of I see a lot of I don't know what to call it but you know people are saying well they're non-compliant this patient is non-compliant and I'm like well why are they non-compliant. They're like I don't know you know and then I'll go in and you know it's it's just a part of this big systemic issue and oppression within the medical system. They might not the patient might not trust us they might not trust medicine because you know of what's been happening for hundreds of years and and so it's my job as an advocate to be like hey listen like this isn't noncompliance because they don't want to get better it's because they don't trust this or it's because they don't have money or resources for that and they might not have transportation to get to the doctor. UM so it's kind of I try to teach in that way I guess in that sense. Oh God no girl. I swear I do way too much. I do way too much. Oh I do yeah. Sometimes my boss she's like you did too much and I was like I know.

Other Disciplines Perceptions of Social Workers

A theme that emerged from this qualitative study that encompasses roles, responsibilities, and contributions are social workers' perceptions of how colleagues from other disciplines perceive them within a team. This theme rendered categories of respect, frustration, not valued, glorified secretary, and flunky. Most of the social workers

interviewed expressed other disciplines did not value social workers and became frustrated with social workers due to not understanding what social workers are able and are not able to accomplish in a particular setting. However, some social workers did express that they felt respected by the other disciplines. Participant 1 expressed,

> any problem that comes up that's for the social worker and so that uhm is incredibly frustrating but then I found that there are some people who are receptive and open and they're like OK that makes sense and they respect the role. And then others who make it very difficult because they don't respect the role uhm and they just think it's a glorified secretary or something to that nature.

Participant 5 expressed, "So, the nurses have been the most challenging I'll say that 'cause there seems to be some sort of unspoken conflict between nurses and social workers." Participant 6 expressed, "I think sometimes not so much because they it can it can easily turn into kind of being like a better phrase a flunky." Participant 7 expressed, "It's a challenge but I feel like it has gotten better. Sometimes different disciplines they may not understand your role or they may think that you do everything or that you can do the impossible." Participant 9 expressed, "they'll have us do the this I want to call it scut work." Participant 10 expressed, "I am actually really respected um and I do all the resources so I say I'm respected because usually you're not usually you're not at all."

Summary

This qualitative research was conducted to explore and describe the roles, responsibilities, and contributions of medical social workers within an interdisciplinary team. The three research questions were:

- RQ1: What are medical social workers' perceptions of their roles on an interdisciplinary team?
- RQ2: How do medical social workers describe their responsibilities on an interdisciplinary team?
- RQ3: What are medical social workers' perceptions of their contributions to an interdisciplinary team?

From the interviews conducted and subsequent coding of the data, medical social workers' perceptions of their roles consist of being care coordination, case manager, discharge planner, liaison, and patient and family advocate. These perceptions remain consistent with prior literature as social workers are not seen as professionals/clinicians. The responsibilities of social workers remained consistent with prior literature as well. This researcher discovered that social workers seemingly perceive their roles and responsibilities are interchangeable at times. Hence, most social workers when describing their role and/or responsibilities hinged directly on providing resources and referrals, case management, assessments, addressing barriers, and documentation. Moreover, majority of social workers acknowledged their full potential and clinical skills are not used. However, clinical skills did emerge with responsibilities when providing therapy, mental health, emotional, and social support, providing psychoeducation to families and patients, and completing advanced directives/power of attorneys. Transportation assistance was the one responsibility that was explicitly expressed by a few social workers. Lastly in reviewing contributions, there was consistency surrounding perspectives, bridging the gaps, and addressing barriers.

Contributions was the concept in previous literature that had not been researched as much. Therefore, the discovery of social workers contributing a holistic approach, realistic approach, insurance adherence, and addressing compliance issues was imperative to the social workers as it maintained not only the role of patient advocacy, but maintained the organizational policies and procedures related to length of stay, treatment compliance, and ensuring not overbilling patient's insurance. It was discovered that regardless of the healthcare setting, roles and responsibilities were mostly consistent. Contributions did vary as outpatient settings contributed more on patient's long-term wishes with power of attorney/advanced directives. Overall, the roles, responsibilities, and contributions all intertwine with each other. Although not a role, responsibility, or contribution, social workers expressed they had to educate other disciplines on what social workers did and did not do in certain settings. As social workers presence has been expanded in healthcare settings, this research provides an opportunity for continued research for definitive roles, responsibilities, and contributions surrounding social work practice in health care and opportunities for social change. Further knowledge on the applications to professional practice and implications to social change will be discussed in the next section.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this research study was to explore and describe medical social workers' perceptions of their roles, responsibilities, and contributions to an interdisciplinary team. Implementing a qualitative design allowed me to understand how medical social workers describe their roles, responsibilities, and contributions while working in an interdisciplinary team. This study was conducted to (a) allow for medical social workers' voices to be heard; (b) enhance knowledge of social workers' roles, responsibilities, and contributions in an interdisciplinary team for other disciplines; (c) encourage social workers to recognize their worth when working in an interdisciplinary team; and (d) allow social workers to feel confident to use clinical skills to enhance patient care and safe transitions.

Ten medical social workers who worked within a healthcare setting and worked within an interdisciplinary team were interviewed for this study. The 10 interviewees brought different perspectives because of the different healthcare arenas; however, some perspectives remained consistent across all healthcare settings. The consistency among the medical social workers surrounded patient and family advocacy, case management, documentation, care coordination, and a liaison. However, depending on the healthcare setting, some medical social workers held more responsibilities with legal form completion of advanced directives and power of attorneys.

The medical social workers' perceptions provided the insight that the roles, responsibilities, and contributions interconnect with each other. Therefore, it was found that exploring and describing the roles, responsibilities, and contributions are essential for

medical social workers as the various components work together to define a medical social worker within an interdisciplinary team. Furthermore, it was found that medical social workers spend time educating colleagues from other disciplines on what they do or do not do, as well as addressing barriers to other disciplines when it comes to safe transitions. Although not the center of the research study, it was further discovered medical social workers had varying perceptions of how colleagues from other disciplines viewed them. Some of the social workers felt respected; however, some felt undervalued. Hence, this study showed medical social workers as essential working in healthcare settings and working within an interdisciplinary team and how it assists with patient care.

As the medical social workers expressed the need to provide education to coworkers in other disciplines, I suggest that, moving forward with medical social workers in an interdisciplinary team and healthcare settings, education should be provided to coworkers in other disciplines to further their knowledge of the roles, responsibilities, and contributions of the medical social workers. Once this education is provided to other disciplines, the medical social workers' education during interdisciplinary teams would be seen as reinforcement of the previous education provided by the organization to other disciplines. Within this section, the application to professional ethics in social work practice, recommendations for social work practice, and implications for social change will be discussed.

Application to Professional Ethics in Social Work Practice

This research study has shown that competence and interpersonal collaboration are essential when working in the healthcare setting. The NASW *Code of Ethics* (2021)

explains that social workers need to work within their scope of practice. The need to understand and ensure competence within social work practice in the healthcare setting hinges on the social workers' understanding of their own roles, responsibilities, and contributions. This understanding allows social workers to convey to team members from other disciplines their roles, responsibilities, and contributions as it adheres to the NASW *Code of Ethics*, and the outlines provided by the organization's job description provided. This study surrounded interdisciplinary collaboration.

Henceforth, interpersonal collaboration within the NASW (2021) *Code of Ethics* guides the need for social workers to be professional and ensure the social work perspective is prominent. This is intertwined with the ethical principles of social workers maintaining the dignity and worth of the person as well as service and social justice (NASW, 2021). The participants expressed the need for clients' voices to be heard; therefore, medical social workers need to remain confident when interacting on an interdisciplinary team to stay aligned with the NASW *Code of Ethics*. Upholding the NASW *Code of Ethics* is imperative for social workers participating in an interdisciplinary team specifically within healthcare settings as a client-centered/person-centered approach is necessary for other disciplines to understand the client with the social worker as the advocate.

All participants articulated advocacy for the patient and the family. The NASW (2021) *Code of Ethics* advises social workers advocate for clients. The importance of advocacy within the healthcare setting amongst interdisciplinary teams with medical social workers provides guidance to other disciplines on safe transitional and treatment

plans surrounding social issues that need to be addressed concerning financial assistance, transportation assistance, follow-up visits, or neglect/abuse reports. This research study revealed the applications of ethics in social work practice and offered insight into recommendations for social work practice.

Recommendations for Social Work Practice

Social workers in healthcare settings bring about the social work perspective in interdisciplinary teams. The roles, responsibilities, and contributions described by the participants made recommendations regarding involvement of medical social workers within the healthcare settings. One recommendation for social work practice would be for social workers' roles, responsibilities, and contributions be adjusted in the initial job description. Medical social workers should be able to lead meetings and/or trainings with colleagues from other disciplines to provide the education necessary on the roles, responsibilities, and contributions. With the meetings and/or trainings, the education provided during interdisciplinary teams would be for reinforcement and continued education. When obtaining a degree in social work, classes provide a basis for interdisciplinary collaboration. However, a further recommendation would be for on-the-job training to provide guidance on how to interact within an interdisciplinary team. For continued social work practice, a recommendation of further research is needed.

The roles, responsibilities, and contributions of medical social workers within an interdisciplinary team need to be further explored as past research has shown they can change depending on the healthcare setting. Throughout this study, the roles, responsibilities, and contributions have been explained and described from medical social

workers of varying healthcare settings. Further recommendation for follow-up research should include other states as this study focused on medical social workers in the state of Georgia. Healthcare settings are not the only settings in which social workers interact with interdisciplinary teams. Therefore, another recommendation is to involve social workers from other settings to see if roles, responsibilities, and contributions vary in different social work settings outside of healthcare.

The results of this research study add to the current literature on the importance of roles, responsibilities, and contributions of medical social workers in an interdisciplinary team. The results of this study need to be shared with those who work in medical social work and with administrators in healthcare settings. Communicating the findings of this study should start small and gradually increase presentations at healthcare agencies. Though recommendations for social work practice emerged, I noted implications for social change as well.

Implications for Social Change

The results of this study showed medical social workers describe and explain their roles differently depending on the type of healthcare setting. However, once the data were analyzed, I found that the majority of the social workers, regardless of setting, were consistent in their perceptions of their roles, responsibilities, and contributions. With continued need for medical social workers, the implications for social change are important. The previous recommendations regarding updating job descriptions and on-the-job trainings allows for social change. It will allow for social workers to continue to implement the practice taught throughout school and training for the job. It will also

provide social change to allow social workers to branch out to use more clinical skills within the healthcare setting. Allowing social workers to use clinical skills provides opportunity to enhance the care and advocacy of social workers as they would be giving the social work and clinical perspective in the interdisciplinary team. Social change continues as the roles, responsibilities, and contributions explained and defined within the organization should align with what the social workers are doing on a day-to-day basis as well as the NASW (2021) *Code of Ethics*.

This study is significant in that defining and understanding the roles, responsibilities, and contributions of medical social workers working in an interdisciplinary team provides information to other disciplines of the value of social workers regarding patient care. As a result, social workers can provide more insight into patients' wants and needs that otherwise may not have been understood. This study contributes to positive social change as social workers can assist interdisciplinary team members from other disciplines and the patient population in transitioning successfully to the next level of care. Further research will allow for social change to continue to improve for social workers voices to be heard and allow for social workers to make patient's voices heard as well.

Summary

This qualitative research study was conducted to explore and describe medical social workers' perceptions of their roles, responsibilities, and contributions to an interdisciplinary team. Through the voices of the participants in this study, it was found social workers believe their roles to be a patient advocate, care coordination, case

manager, liaison, and patient and family advocate. They revealed their responsibilities to be providing resources and referrals, case management, assessments, addressing barriers, completing documentation, providing mental health, emotional, and social support in the aspect of therapy for patients/clients and their families, providing psychoeducation, transportation assistance, and completing advanced directives and/or power of attorneys. They expressed their contributions to providing the patient's perspective, realistic view, insurance adherence, cultural and clinical/social work perspective, holistic approach, and compliance issues. The results of this study suggest majority of medical social workers function more as a case manager rather than a social worker. Therefore, this research addresses the roles, responsibilities, and contributions of social workers in an interdisciplinary team noting that education needs to be provided to colleagues from other disciplines and within organizations to understand the true potential of social workers specifically within a healthcare setting.

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Appendix: Interview Questions

Interview Questions

1. How do you define your role as a social worker?
2. How do you feel about the interaction with other disciplines?
3. Do you think you utilize all your social work skills in your current position?
4. What do you believe your responsibilities are in an interdisciplinary team?
5. What are your responsibilities defined by your organization?
6. Do your responsibilities defined by the organization align with responsibilities during an interdisciplinary team?
7. What do you believe you contribute to the interdisciplinary team?
8. How do you think your contributions assist the team?
9. Do you believe you could contribute more to the team?
    i. (Follow-up) Why or Why not?