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Defining the Hospital Social Worker's Role and Geriatric Depression

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Walden University

College of Social and Behavioral Sciences

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Cara Galob

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University

2024

Abstract

Defining the Hospital Social Worker's Role and Geriatric Depression

by

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MS, Temple University, 2011

BS, Pennsylvania State University, 2007

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Social Work

Walden University

October 2024

Abstract

Hospital readmissions, compliance issues, increased long-term nursing home placements, and social determinants of health are significant concerns that burden the hospital inpatient industry. A notable factor that may impact these outcomes is the surprisingly high rates of depression in older adults. In various settings, social workers have historically provided clinical assessments and interventions for people suffering from depression. This study examines how clinical social workers can be utilized in a hospital inpatient setting to identify and treat older adults suffering from major depression. Social work interventions can positively impact many hospitals' long-term goals, such as improving the patient experience, achieving long-term health outcomes, and reducing the length of stay and hospital readmissions. However, in the hospital setting, social workers' job scope is narrower, with a strong emphasis on discharge planning, which has overshadowed their clinical skills. This is due to the ever-increasing demand to meet hospital length of stay. Despite that, social workers can play a crucial role in addressing depression in older adults and improving patient outcomes in the hospital.

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Dedication

This study is dedication to my grandmothers, Carmen Lehman and Dominica “Minnie” Colantuono. Aging is not easy, but you have made me unafraid of whatever shall come. I further dedicate this to the memory of my late aunt, Gaytana “Gaye” Pino, who was a powerful advocate for older adults in southern New Jersey.

Acknowledgments

I want to express my heartfelt gratitude to my family for their unwavering support throughout these years of study. Their encouragement played a significant role in helping me stay dedicated and persevere. I would also like to thank God for His guidance and grace, which provided the faith and resilience I needed during challenging moments. Lastly, to my beloved older adult clients, I dedicate this journey to you as well. It has been an honor and privilege to serve you and learn from your wisdom and experiences. The lessons I have learned from you will forever enrich my life.

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Section 1: Foundation of the Study and Literature Review

Introduction

The high rates of depression symptoms among the older adult community are a significant contributing factor that can impact patient outcomes. Depression is a common psychiatric condition that significantly affects physical mobility and overall health in older adults (Conradsson et al., 2013). Given the prevalence of depression in this population, it is the responsibility and commitment of hospital social workers to address their health issues. Hospital readmissions, social determinants of health, treatment adherence issues, and long-term nursing home placement are essential variables that burden the hospital industry (Conner et al., 2018). Additionally, the more recent COVID-19 quarantine protocols and high mortality rates have heavily impacted nursing homes, rehabs, and hospitals, causing extreme isolation and heightened fear of sickness and death (Morley & Vellas, 2020). These unique circumstances have added variables to an already concerning issue among older adults.

This research explores the role of inpatient hospital social workers in identifying and intervening with older adults who are at risk for depression during their hospital stay. The study collected qualitative data from front-line social workers to identify gaps in screening and applying interventions within their social work practice. The primary objective is to enhance hospital social workers' credibility and value by highlighting their potential to positively impact the older adult population. With their intervention, the severe failure to thrive, medical complications, and decreased life expectancy associated with depression among older adults can be mitigated. This potential for positive change

should instill hope and optimism. Moreover, these comorbidities also impact the hospital's metrics and cost efficiency due to more extended hospital stays and increased readmission rates.

Problem Statement

The inpatient hospital environment is an ideal setting for identifying and engaging patients at risk of depression. Patients are readily accessible and more open to discussing their concerns in a supportive environment (Gellis, 2010). However, there is a concern about the underutilization of hospital-based social workers who can effectively address depression symptoms in older adults. Social workers have a long history of working with clients experiencing depression across different age groups (Cummings & Cassie, 2008). Additionally, hospitals have observed that depression contributes to increased adverse health outcomes, leading to hospital readmissions and extended lengths of stay (Conner et al., 2018).

Hospital social workers, positioned between the patient and the medical environment, face challenges in providing effective services within a complex and financially driven setting (Heenan & Birrell, 2019). They can play a crucial role in assessing and engaging patients at risk of depression in the inpatient setting. However, hospital social workers have needed help to define their roles and capabilities within the hospital system (Willis et al., 2022). This role confusion can limit their integration into the medical field.

To address the increasing mental health crisis of geriatric depression, Heidenblut and Zank (2014) recommend exploring how social work can contribute to identifying and treating this condition. Depression is often overlooked and undertreated, partly due to a lack of awareness about symptoms and the stigma associated with mental illness (Burnette et al., 2017). Even when diagnosed, many individuals do not receive adequate treatment or support, leading to negative long-term consequences. Therefore, healthcare providers and society must prioritize the recognition and treatment of depression.

Practical screening tools are essential for identifying depression symptoms in older adults. Research has shown that geriatric depression scales, such as the GDS-15 and Depression in Old Age Scale, yield reliable data (Smalbrugge et al., 2008). However, some hospital systems only utilize a 2–3 question screening tool upon admission, which may not effectively support this population and results in undiagnosed, underdiagnosed, and untreated depression, jeopardizing older adults (Cumings & Cassie, 2008).

Purpose Statement and Research Questions(s)

The primary objective of this study was to gain a comprehensive understanding of how hospital social workers are utilizing their skills to treat and evaluate patients suffering from depression. According to existing evidence, there is a significant gap in the utilization of hospital social workers, which resulted in untreated depression, additionally causing substantial issues for the patients and the hospital. The research findings suggest that the lack of clinical respect and utilization of social workers has led

to an overuse of more clerical tasks, such as discharge planning, which does not optimize the social worker's professional value.

An in-depth analysis of the problem indicates that the lack of integration of social workers in the treatment and evaluation of patients with depression negatively impacts patient outcomes (Cumings & Cassie, 2008). It is crucial to recognize that depression is a severe illness that requires a comprehensive treatment plan, underscoring the gravity of the situation. With their unique skills and expertise, social workers can be crucial in providing patients with the necessary care.

Therefore, it is imperative to bridge the gap in the utilization of hospital social workers' clinical skills and integrate them more effectively into the treatment and evaluation of patients with depression. This approach not only optimizes the social worker's value but also ensures that patients receive the care they need to enhance their outcomes.

Research Question

RQ: What is the hospital social worker's role in identifying and assessing depression in older adults during inpatient hospitalization?

Nature of the Doctoral Project

This study's qualitative research methodology allowed for a more in-depth understanding of the participants' experiences and perspectives. Using open-ended questionnaires during one-on-one interviews with 15 participants ensured the inclusion of

a broad range of views and opinions. This approach heavily relied on the participants' subjective analysis and input, providing a rich source of data essential for the study (Linneberg & Korsgaard, 2019). The research methodology used in this study was qualitative, allowing for a deeper understanding of the participants' experiences and perspectives. A wide range of views and opinions were collected using open-ended questionnaires in one-on-one interviews with 15 participants. This approach heavily relied on the subjective analysis and input of the participants, providing a rich source of essential data for the study (Linneberg & Korsgaard, 2019).

The professional experience of the social work participants was not just crucial, but it was a collaborative effort in this research. Their insights and qualitative data were not just valuable, but they were essential to the success of this study. By gathering data from these professionals, we were able to gain a deep understanding of the daily challenges and opportunities they face. This data was instrumental in understanding the role of social work in society and identifying best practices that can improve the delivery of social work services. This study was a collaborative effort, and the social work professionals were integral to its success.

The professional experience of the social work participants played a pivotal role in this research. It provided a wealth of qualitative data crucial to the study's success. By collecting data from social work professionals, the study has gained insight into the daily challenges and opportunities social workers face. This data developed a better

understanding of the role of social work in society and identified best practices that can be applied to improve the delivery of social work services.

This study's qualitative research methodology allowed for a more in-depth understanding of the participants' experiences and perspectives. Using open-ended questionnaires during one-on-one interviews with 15 participants ensured a broad range of views and opinions were gathered. This approach heavily relies on the participants' subjective analysis and input, providing a rich source of data essential for the study (Linneberg & Korsgaard, 2019).

Significance of the Study

Growing the social work profession through wage increases, expanded licensures, and leadership opportunities is essential for growth within the field. These career advancement strategies occur with solid advocacy and prove professional significance. Understanding the role of medical social workers will provide much-needed education within the interdisciplinary group and empower hospital social workers (Duffy & Healy, 2011). Steils et al. (2020) have aided in clarifying the contributions of hospital social work by supporting a call to action to define the hospital social worker's role. However, the urgency and importance of additional studies like this cannot be overstated, as they will significantly improve the research pool and advance social work's professional value.

Defining the social worker's value within the hospital setting not only contributes significantly to the field of social work but also underscores the importance of their

contributions to the healthcare industry. By enhancing social work practices and clinical relevance in the hospital, we can increase the value of the position (Willis et al., 2022). An improved social work practice model within the hospital setting presents an excellent opportunity to impact positive social change for the betterment of the patients and the practitioners. Social workers can firmly justify their contributions to the healthcare industry and demonstrate what they bring to this unique setting. As a result, social workers in a hospital should advocate for financial support for continuing education credits required through mandated licensure in some states, increased respect, improved patient relations, and wage increases.

A notable variable in this study is the relationship between social workers and social determinants or drivers of health. Given the healthcare industry's emphasis on population health initiatives to enhance patient well-being (Hamilton et al., 2015), addressing mental health concerns for older adults is crucial. Older adults often struggle with mobility, motivation, and self-care, making it challenging to manage symptoms of depression. If left untreated, depression in older adults can lead to various complex consequences, such as overuse of already limited resources like long-term care county waiver programs, acute hospital beds, and intensive case management (Smalbrugge et al., 2008). Additionally, the study shows that overusing these resources can have a social impact, leading to longer waiting lists for senior living homes and home care programs.

Theoretical/Conceptual Framework

Social work emphasizes professional ethics and personal development. However, hospital social workers face moral dilemmas due to power dynamics and hospital policies. Ethical integration is crucial for promoting equality in healthcare, but biases in healthcare settings lead to discrimination against social workers. This neglect limits the hospital's ability to assess and treat older adults at risk for depression, ultimately affecting patient care.

Depression is closely linked with social work, and social workers play a unique role in addressing this risk factor. Power dynamics and hospital policies can lead to moral injury and a sense of helplessness. As healthcare professionals, researchers, and policymakers, your role is crucial in addressing these issues. Social workers consider ethics a personal and professional commitment, feeling obligated to address factors hindering successful patient outcomes.

Social workers are ethically bound to serve vulnerable patients with a patient-centered focus, but barriers within systems have depersonalized social work practice in inpatient settings. Neglecting the core values of social work can result in moral distress, impacting social workers' practice and engagement, ultimately preventing proper patient-centered care for older adults suffering from depression.

Despite these challenges, social workers remain professionally trained and empathetic to the cause of depression among older adults, feeling a moral obligation to intervene. As professionals in your respective fields, your expertise is invaluable in

addressing these issues. Fantus et al. (2017) examined hospital social workers' experiences with moral dilemmas due to their unique roles and frequent encounters with ethical conflicts.

Review of the Professional and Academic Literature

A review of the databases SocINDEX, PsychINFO, MedMD, and ProQuest helped complete this literature review. The keywords searched were *geriatric depression, inpatient, hospital, social worker interventions, hospitalization, depression scale, and screening for depression* in the databases. Subheadings were determined based on the need to understand other specific components of the subject that impact the study. Several factors can contribute to depression, but for the sake of the study, loneliness, social isolation, financial strain, cognitive deficit, and the COVID-19 pandemic.

An abundant amount of research has revealed the significant risk factors and considerable concern regarding depression among older adults, including adverse health outcomes and increased mortality; still, healthcare providers struggle to adequately address this issue on an inpatient basis (Raspopovic et al., 2014). Positive movement related to identification and intervention among the population can improve health outcomes by encouraging medication adherence and proper medical follow-up (Gathright et al., 2017). This study clarifies inpatient social workers' role in identifying and intervening with patients presenting with depression symptoms. Early identification and intervention may reduce and even prevent comorbid issues related to the effects of major depression disorder (Diegelmann et al., 2018).

Depression is a serious and prevalent mental health disorder affecting people throughout their lifespan and is a significant concern for older adults (Marchiori & dos Santos Tavares, 2017). The Diagnostic Statistical Manual's (DSM-5) diagnosis of major depressive disorder impacts upwards of 15% of the population (Marchiori & dos Santos Tavares, 2017). It is notoriously associated with chronic disabilities and high healthcare costs linked to hospital admission and readmission (Innes et al., 2015). Depression correlates to various risk factors that appear to increase with age as loneliness/isolation and financial strain sometimes become more frequent in a person's life (Cummings & Cassie, 2008). Healthcare providers are particularly interested in the effects of depression among older adults due to poor health outcomes. Literature has shown that these unwanted outcomes increase hospital length of stay, hospital readmissions, and excessive use of post-acute facilities such as nursing homes (Pederson et al., 2016).

Today, the Centers for Medicare and Medicaid Services (CMS) uses rates of 30-day hospital readmissions as a scale to measure quality and efficiency in a healthcare system (Al Aggad et al., 2017). Understanding the role depression plays in readmissions among older adults encourages management to rethink inpatient social workers' ability to intervene during hospitalizations (Riepe, 2018). Inpatient hospital social workers understand the patient's health from a complex lens, including physiological, psychological, and social factors (Riepe, 2018). Various social work literature reviews emphasize the effectiveness of social work interventions on the depressed population (Hamilton et al., 2015). Such a significant ailment may be present within the patient population, which calls for exploring the current process and considering redesign efforts.

Research acknowledges a vast array of scales used to determine the presence of depression among hospitalized patients. Chiesi and Primi (2018) asserted that a six-item functional assessment would capture the reality of depression symptoms. However, numerous other studies, such as those authored by Smallbrugge et al. (2008) and Conradsson et al. (2013), criticized the smaller scale in favor of the 15-point scale, commonly referred to as the GSD-15. Regardless of the method used to identify at-risk patients, compliance with any such scale is mandatory (Chiesi & Primi, 2018). Nonetheless, even if a hospital establishes compliance with a valid scale, intervention efforts must follow for any positive outcomes to be expected.

Loneliness and Social Isolation

Understanding the factors that contribute to the risks of depression amongst older adults may help to explore the opportunities for intervention among social workers. The literature suggests that human beings require social interactions, whether positive or negative, to avoid suffering physical and mental fallout (Thomas et al., 2019). Often identified as one of the leading causes of depressive symptoms among the older population, loneliness is a negative mood effect caused by social isolation (Thomas et al., 2019). Studies have also explored loneliness's correlation with family contact, intimacy, and attachment (McHugh et al., 2020). These correlations show a variety of outcomes based on the patient's situation and environment. Leggett et al. (2020) shared provoking literature that points out the connection between loneliness, marital status, and depression. The study concludes that modern extended life expectancy has caused people

to live longer without their deceased spouse, thus triggering a new wave of loneliness (McHugh et al., 2020).

McHugh et al. (2020) challenged the common notion of loneliness's role by reporting that only half of older adults diagnosed with depression are lonely. A further understanding of seniors' social habits began to depreciate the concern of loneliness's relationship with depression. Literature discussing veterans' social isolation habits reflects a potential generational impact on loneliness perception (Cacioppo, 2015). With three generations of war veterans over 65, social isolation may become a common phenomenon. Cacioppo (2015) concluded that male seniors are more likely to exhibit social isolation without equating the behavior to depression due to the veteran population's social isolation training. On the other hand, Casati et al. (2020) urged readers to consider the cultural dynamics between the older generation's connection to family and the younger generation's habitual isolation. Closely connected families have become more scattered over time in American culture and are noticeable in patterns around the globe (Casati et al., 2020).

Starting in 2019, symptoms of loneliness and isolation peaked due to the global pandemic known as COVID-19 (Holaday et al., 2021). Social disconnection has never been so typical and encouraged in our lifetime and has impacted those most vulnerable. Helfand et al. (2020) further explained the social and public health ramifications of loneliness and isolation in the older adult community by examining the inpatient setting. The researchers pointed out the startling occurrences of hospital delirium, contact precautions, and heightened visiting restrictions as some of the main contributors to this

ongoing issue. Co-occurring disorders become more frequently diagnosed in older adults causing pain, fatigue, and depression to manifest simultaneously (Kotwal et al., 2022). As a result, seniors are more likely than any other group to be placed in isolated situations, particularly in a hospital setting.

Kotwal (2022) stated that the frontline staff within the hospitals, such as; nurses, doctors, and social workers, must recognize isolation as a potential hazard to the patient's social determinants of health. The essential requirement for human connection must be addressed in isolated environments if there is going to be any improvement in patient satisfaction, well-being, and overall health. In the hospital setting, social workers have access to patients with the highest risk factors and implement assessments and interventions geared toward this population (Kotwal, 2022). Social isolation, thus, is a pivotal variable that must be included in the screening and assessment phase of social work engagement.

Financial Strain

Other critical factors are elements related to financial strain. Surprisingly, living close to the poverty line has become increasingly common among older adults worldwide (Brunner, 2019). Another shocking financial consideration for older adults is the high rates of problematic gambling. Turner et al. (2018) investigated the correlation between low social security income and high gambling rates, revealing a startling connection that suggests low-income seniors have the most regular gaming habits. Whether low-income older adults seek the release of endorphins that occur during gambling or merely the

promise of hope for a bright financial future for their families, this mysterious variable should not be ignored.

Additionally, the relatively unreformed social security payment program may contribute to some older adults living to check, promoting a chronic financial crisis (Mohd et al., 2018). Various articles exploring the significant risk factors for older adult depression point to financial strain as a critical issue, yet the platform for how social security disability income is collected and distributed in America has not changed in generations. The cost of living is rising as the economy feels the repercussions of the COVID-19 pandemic.

Barriers to stabilizing financial situations have caused alarming uncertainty about the security of the older adult population. Age productivity stigma and workforce inequality continue to plague the older population in America and worldwide (Mohd, 2018). The idea that older adults have little to provide for the workforce negatively impacts seniors through social isolation and financial strain (Mohd, 2018). Research also suggests that marital status contributes to increased poverty among older adults (Mohd, 2018). When a spouse passes away, household social security disability income (SSDI) rates reduce from two people's income to the widower's, keeping only the highest SSDI check.

Cognitive Deficits

The literature indicates that cognitive impairment is associated with a higher risk of depression among older adults. Comprehensive screening, which includes reviewing

the patient's history and collecting collateral data on their cognitive functioning, is essential. Cognitive testing can be objective or subjective, depending on the assessment method. A thorough review of cognitive status is crucial for better understanding the patient's cognitive functioning and limitations. Additionally, it is vital to explore literature related to dementia, Alzheimer's disease, and geriatric depression for this study.

Understanding the impact of depression on vulnerable brains is particularly important for those treating cognitively compromised patients. Bailey et al. (2017) presented evidence from a randomized controlled study showing that patients with co-occurring depression and dementia have poorer health outcomes and higher rates of behavioral disturbances. With the older adult population expected to double by 2050, it is crucial to pay increased attention to the impact of cognitive decline (Noone et al., 2019). Long-term cognitive decline is influenced by multiple variables, contributing to the occurrence of depression over time. As the brain ages, neurodegenerative properties linked to an increased susceptibility to depression are revealed through brain plasticity and inflammation (Lananna & Musiek, 2020).

Furthermore, a meta-analysis by Noone et al. (2019) on psychosocial interventions for people diagnosed with dementia and depression concluded that there are effective interventions to address depression in older adults. However, the studies had a high risk of bias, indicating that further research is needed to identify the actual agent of change. Nonetheless, other studies explored by Noone et al. (2019) suggested that depressive symptoms could be improved in the demented population, potentially leading to better healthcare outcomes and stabilized cognitive progression.

COVID-19

In 2019, a new coronavirus, commonly known as COVID-19, spread worldwide, causing respiratory illness with symptoms similar to the common cold (Morley & Vellas, 2020). Droplet contact spreads the virus and can remain contagious for approximately 37 days (Morley & Vellas, 2020). However, about 15% develop a complicated respiratory illness such as pneumonia, which causes prolonged hospital stays and even death (Morley & Vellas, 2020). Throughout 2019 and 2020, extreme contact precautions, quarantine, and social distancing have already increased the levels of depression among older adults associated with social isolation and loneliness (Morley & Vellas, 2020). COVID-19 restrictions, such as the elimination of visitation policies in nursing homes and hospitals worldwide, have further increased the impact of social isolation. These policies, while necessary to prevent the spread of the virus, have led to a significant decrease in social interactions for older adults, exacerbating feelings of loneliness and isolation (Morley & Vellas, 2020).

According to de Lima et al. (2020), prolonged confinement correlates to higher risks of psychological damage. In addition to enhanced social isolation, quarantine was mandated, causing psychological distress (de Lima et al., 2020). The literature discusses how older adults, despite the challenges, have shown remarkable resilience and adaptability. They value family gatherings and social interactions on a grander scale than younger generations. Gaps in technology comprehension among the generations also add to the concerning impact that the COVID-19 virus has on older adults.

A solution for counterbalancing the increase in social disconnection was the implantation of telehealth, but Holaday et al. (2021) do not believe that the internet is enough. His team of researchers explained that telephone-based services are more effective for reaching isolated older adults during COVID-19. They stress the importance of maintaining access to the patient's primary care office, as this continuity of care is a critical need. This reassures the audience about the commitment to maintaining the quality of care. Ensuring that patients can interact with hospital staff face to face and that clinicians are asking about the impact social disconnection has on their health and mental health during every visit should become a standard of practice in a post-COVID-19 world.

Diagnostic Statistical Manual (DSM-5)

Social workers are the largest mental health providers in the United States, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Almost 37% of social workers work in mental health. The SAMHSA 2017 report showed that there were over 200,000 trained clinical social workers, which is more than psychiatrists, psychologists, and psych nurses combined (Tosone, 2017). Clinical social workers believe in progressive social work principles while respecting the traditional medical model. By practicing within the scope of medical modalities and social justice awareness, medical social workers can address their patients' mental health concerns holistically.

Social workers have identified diagnostics as a core component of social work practice, using strength-based theory. They use the DSM-5 with a unique understanding

and awareness of its potential for abuse (Tosone, 2017). Stereotyping, misdiagnosing, over-diagnosing, and underdiagnosing patients can have adverse outcomes. Social workers have an ethical understanding of diagnostics practice, creating a safe and compassionate space for them to work with patients holistically.

Geriatric Depression Scale (GDS)

When considering the role that the social worker plays in assessing a patient in the hospital setting for depression, the Geriatric Depression Scale (GDS) should be reviewed. The GDS consists of a brief and straightforward questioning to assess depression through a series of yes/no questions. GDS is well known in the behavioral health community and is available in various versions; in its original form, it contains 30 questions, and there are shorter versions available. The scales are designed for clinical practice among mental health clinicians and are considered reliable tools in the social work field (Heidenblut & Zank, 2014). According to Conradsson et al. (2013), the GSD rated high in statistical feasibility when used to assess the correlation between clinical depression and self-reported symptoms in the older adult population.

According to Chiesi and Primi (2017), GDS-15 is the most widely used and efficient in measuring depression, yet not significantly impactful for the older adult population than various other groups. The GDS is not the most reliable compared to other scales, given its self-reporting platform and barriers in the older adult community, such as cognitive deficits, cultural considerations, and mental health stigma (Smalbrugge et al., 2008). Alternative scales that utilize observation may be more inclusive, though the literature continuously brought various GDS forms to the research forefront.

Becks Depression Inventory (BDI)

When evaluating a patient in a hospital setting for depression, social workers need to consider using the Geriatric Depression Scale (GDS). The GDS comprises succinct, simple queries that evaluate depression through yes/no responses. It is a well-known tool in the behavioral health community and is available in multiple versions, including the original 30-question format and shorter versions. The GDS is widely used in clinical practice by mental health professionals and is considered a reliable assessment tool in social work (Heidenblut & Zank, 2014). Conradsson et al. (2013) found that the GDS demonstrated high statistical feasibility when used to assess the correlation between clinical depression and self-reported symptoms in the older adult population.

Chiesi and Primi (2017) noted that the GDS-15 is the most used and efficient tool for measuring depression, but it may not be significantly impactful for older adults compared to other groups. The GDS is considered less reliable than other scales due to its reliance on self-reporting, as well as barriers present in the older adult community, such as cognitive deficits, cultural considerations, and mental health stigma (Smalbrugge et al., 2008). Alternative scales incorporating observation may be more inclusive; however, various forms of the GDS remain the focus of ongoing research in literature. When evaluating a patient in a hospital setting for depression, social workers need to consider using the Geriatric Depression Scale (GDS). The GDS comprises succinct, simple queries that evaluate depression through yes/no responses. It is a well-known tool in the behavioral health community and is available in multiple versions, including the original 30-question format and shorter versions. The GDS is widely used in clinical practice by

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Hospital Social Work

Despite social work's long-standing history within the acute hospital setting, more research is needed to identify and define its role (Steils et al., 2021). A review of the research reveals increased demand for hospital social workers throughout developed nations, yet it needs to be clarified what skills the hospitals value the most. While traditionally, social workers are known as social justice leaders, advocates, and resource connoisseurs, hospital social workers have a narrower job scope. A strong emphasis on discharge planning has overshadowed the clinical skills of the hospital social worker due to an ever-increasing demand to meet hospital length of stay (LOS) and re-admission metrics (Steils et al., 2021). The confusion and limitations of the hospital social worker's role significantly suppresses the social worker's value among the interdisciplinary team.

As a large majority of society ages worldwide, psychosocial needs develop, leading to increased social determinants of health (SDOH) that strongly impact older adults (Willis et al., 2022). Hospital social workers are valuable assets in addressing SDOHs, which often include housing, transportation, and food insecurities. Although these identified SDOHs are essential, focusing on the hospital social worker's role as it pertains to depression in a hospital setting is largely uncharted (Willis et al., 2022). Willis et al. (2022) shared a powerful, though small-scale, research study on the value of hospital social workers on older adults and found exciting outcomes. Among a few, they promote legal knowledge, complex decision-making, and mental health counseling. Subsequently, the research suggests increased advocacy for social work innovation and further growth in professional identity.

Summary

Depression is a common mental health concern among older adults, and it can have a significant impact on their overall health outcomes. A review of the literature highlights the importance of identifying depression risk factors and understanding their impact on older adults. Depression can hinder a patient's recovery by reducing motivation to participate in physical therapy and adhere to medication, leading to increased hospitalizations and more extended stays, which can result in higher healthcare costs.

The literature provides an abundance of risk factors and considerations correlated to depression, including cognitive decline, financial strain, loneliness, and isolation (Lipsitz, 2020). These factors are major contributing factors to this condition, and they can exacerbate the symptoms of depression. A lack of social support and engagement can

lead to social isolation, which can further exacerbate depression. Cognitive decline can also lead to depression, as older adults may experience a loss of independence and reduced quality of life.

Social workers have unique skills for screening and intervening with patients showing signs of depression during their hospital stay. They act as advocates and mental health professionals, working closely with patients and the medical institution. By conducting screening assessments, social workers can identify patients who are at risk of depression and provide them with the necessary support and interventions (Azulai & Walsh, 2014). Interventions include connecting patients with community resources, counseling, therapy, and working with caregivers and families to address underlying issues.

Unfortunately, social workers are an underutilized part of the interdisciplinary team despite their significant interventions for vulnerable populations (Weinberg & Banks, 2019). By assessing the role of hospital social workers, they can identify ways to support older adults better and improve their overall health outcomes. Hospital social workers can work closely with other healthcare professionals, including physicians, nurses, and physical therapists, to develop comprehensive care plans that address patients' physical, emotional, and mental health needs. By taking a holistic approach to care, social workers can help older adults achieve better health outcomes and a higher quality of life.

Section 2: Research Design and Data Collection

Introduction

Qualitative research has gained immense popularity in social science due to its effectiveness in conducting research that captures rich and nuanced data. This research approach focuses on exploring individuals' subjective experiences and perceptions rather than relying solely on quantitative data (Linneberg & Korsgaard, 2019). However, analyzing data in qualitative research can be challenging, as the findings are only sometimes immediately apparent and often require a more in-depth exploration of the collected data.

Despite these challenges, qualitative research design and questioning have provided profound and rich knowledge to the social science field. It is the only way to truly understand complex social phenomena, such as attitudes, beliefs, and behaviors (Weijer, 2000). By constructing open-ended questionnaires, researchers can explore freely within the scope of the identified problem and research question (Weijer, 2000). This approach allowed for a more comprehensive and in-depth understanding of the research problem and provided valuable insights through other research approaches.

Furthermore, qualitative research allows investigators to examine the context and environment in which a particular phenomenon occurs, allowing for a more comprehensive understanding of the studied social issue. Researchers can also identify patterns and themes in the data that might have yet to be apparent through quantitative research methods (Weijer, 2000). By utilizing this platform, researchers can learn what

they sought to understand and what they might not have anticipated, thus leading to a more comprehensive and accurate understanding of the research problem.

Research Design

This study involved social workers working in hospitals with a master's degree. The participants must have at least one year's experience as a hospital social worker. The social media platform Facebook was used to recruit participants. Specifically, the study engaged social workers through the Facebook groups Social Workers of Philadelphia United, Social Workers Group, and Network of Professional Social Workers. The group administrators provided permission to post a recruitment flyer on the page. The interested participants were emailed the study details and informed consent documents. As per Creswell (2018), a minimum of 15 participants for a qualitative study was required to support reliable outcomes.

Qualitative research involves open-ended interviews in a group or private setting. This design enables researchers to gather detailed data about a social problem (Guest et al., 2017). The qualitative design allowed the researcher to use the participants' information as accurate, critical information that can be analyzed and compared to argue for the urgency of change within a system (Vogl et al., 2018). This study employed qualitative design to allow the participants to shape their responses to enlighten the research on concerns and barriers that may have otherwise gone undetected.

Qualitative research is not just about data collection; it is about valuing the unique perspectives and experiences of the participants. It brings merit to their testimony,

serving as an optimal design to understand the issues and opportunities around social work practice and older adult depression in an inpatient setting (Vogl et al., 2018). Furthermore, qualitative research allowed the researcher to explore meanings and insights identified throughout the data collected, giving weight to the participants' contributions. This qualitative research design sought to answer the question: What is the social worker's role in identifying and assessing depression in older adults during inpatient hospitalization? The participants' testimony was instrumental in shaping the answer to this question, underscoring their significance in the study.

Methodology

Qualitative research provides an alternative method for gathering and analyzing data compared to quantitative research (Creswell, 2013). Qualitative studies aim to answer research questions by examining text transcripts and observations and understanding participants' subjective opinions and the social constructs that have influenced the problem (Mohajan, 2018). This approach allowed researchers to uncover deeper meanings and gain new insights that may have been overlooked at the start of the study. The data collected from these methods are then analyzed using techniques such as thematic analysis or content analysis, which helps identify patterns and themes. Despite criticism, qualitative research has shown significant promise and validity in the social sciences (Mohajan, 2018).

For this study, we sought the expertise of social workers, inviting them to participate in virtual interviews using Zoom. The interviews structured around open-ended questions lasted 45 to 60 minutes. All sessions were recorded and securely stored

on a password-protected computer. Participants were asked to confirm their master's degree in social work and current employment in an inpatient hospital setting, but they were not required to disclose any other personal information. We sincerely appreciate the valuable insights they shared, which were crucial to our research.

Data Analysis

For this qualitative study, data analysis, as per Akinyode's (2018) interpretation of Creswell's data analysis, was facilitated by Microsoft Word and Excel. The process commenced with the preparation and organization of the data gathered from the individual interviews. Microsoft Word was used to generate a verbatim transcript, utilizing its audio transcription tool, and then compiled any other study-related documents or materials. The coding abilities of Microsoft Word had further supported the data analysis.

Triangulation, a crucial concept in data analysis, involves the integration of multiple data sources in qualitative research. This approach, as explained by Carter et al. (2014), is designed to enhance the validity of the research findings by cross-referencing different source materials. The adoption of this strategy underscores the rigorous analytical process guided by the insights of seasoned researchers.

Akinyode (2018) provides the study's analytical framework through a five-step process, including data logging, anecdotes, vignettes, data coding, and a thematic network. Data logging is a comprehensive form of data collection using Microsoft Office Excel spreadsheets. Data logging incorporated the researcher's perception, judgment,

assumptions, and emotional response (Akinyode, 2018). The researcher annotated observations and themes immediately after each interview using a narrative platform. Vignettes provided a high-level understanding of the participants' credibility by incorporating a comprehensive description of the research details (Akinyode, 2018).

Another critical step in data analysis is coding. *Coding* is an essential operation that identifies labels for words or phrases found within the text or literature of a research transcript (Linneberg & Korsgaard, 2019). Assigning each sentence and paragraph requires attention to detail and consistent judgment about the information (Linneberg & Korsgaard, 2019). This process requires a detailed process of sorting and structuring the data using a computer system such as Microsoft Office Excel to maintain organization and confidentiality.

Furthermore, Creswell recommended taking notes throughout the margins of the interview transcript, clustering together similar topics, finding descriptive wording, creating abbreviations for each category, alphabetizing the codes, and assembling the data to perform a preliminary analysis (Creswell & Creswell, 2018). Finally, the thematic network is a strategy used to recognize those themes researchers expect to find and those that occur naturally within the data collection process (Akinyode, 2018). This study engaged the thematic network to define relationships within the data and support the researcher in arguing contexts and determinations made through the research.

Ethical Procedures

Informed Consent

As part of the study procedure, all participants played a crucial role by receiving an informed consent document via email in Appendix B. Before starting the study, participants were required to read the entire document thoroughly, sign it, and send it back to the researcher via email. An electronic document signing program, HelloSign, powered by Google, was used to facilitate the signing process. Alternatively, participants could also provide their consent by emailing the phrase "I consent" to the researcher.

It is important to note that this informed consent form was designed to help participants understand the study's purpose, procedures, and potential risks and benefits. Participants were not alone in this process—they were encouraged to ask questions and seek clarification before signing the form, with the reassurance that the researcher was always available to answer any questions or concerns they may have.

Once the signed informed consent form was received, the researcher sent a confirmation email to the participant, acknowledging receipt of the signed document. This confirmation also marked the participants' inclusion in the study, making them eligible to contribute to the research.

Ethical Protection of Participants

To ensure our research's ethical and responsible conduct, we sought approval from the Institutional Review Board (IRB) before enrolling study participants or gathering any data. The IRB reviews research involving human participants, and this

researcher is committed to adhering to its guidelines and regulations. We understand the importance of protecting study participants' rights, safety, and well-being, and obtaining IRB approval is a crucial step in achieving this goal. IRB approved number for this study was 04-13-23-0640093. Once we received the necessary approval, we began recruitment and data collection using the approved protocol.

Nature of Data, Access, Protections, and Dissemination

Ensuring the safety and privacy of participants or those affected by a study is a crucial ethical principle in social work (Weijer, 2000). To protect participants, the researcher strived to minimize risk and maintain confidentiality. To obtain informed consent, each participant signed a document acknowledging the purpose of the study. The document also explained the intention to distribute the findings and the potential distribution of the data (Connelly, 2014). The study did not contact hospital management about the participants and avoided collecting full names, dates of birth, or social security numbers. This commitment to participant safety and privacy was unwavering throughout the study.

The privacy of participants was the top priority in this study. A comprehensive approach to data security was adopted to prioritize participant data safety. A multi-layered approach was implemented during the data storage phase to encrypt the data using password protection. This method ensures that the data is secure and cannot be accessed by unauthorized individuals (Connelly, 2014). Participants have the right to withdraw from the study at any point, a testament to our respect for their autonomy. The withdrawal right ensures that participants have complete control over their information

and can revoke their consent. Rights are essential to data security as they ensure that participant data is not used without consent. Additionally, data analysis was conducted using anonymized data.

Anonymization, the process of removing personally identifiable details from the data, was employed to further safeguard participants' anonymity and protect their identities (Connelly, 2014). This process involves [specific steps or techniques used in anonymization]. The study's findings will be disseminated by focusing on aggregated results presented in a summarized form without specific details about individual participants. This protects individuals' identities and ensures their privacy is maintained. In conclusion, the measures implemented in this study work together to create a secure environment for data collection, access, analysis, and sharing of research outcomes. These measures have been designed to ensure that participant privacy is maintained, and their data is kept safe and secure.

Summary

Qualitative research is an essential research method in the social science field that involves the exploration and understanding of people's subjective experiences, attitudes, and behaviors. This method is valuable in the social sciences because it allowed researchers to delve deeper into participants' perspectives and understand the context in which their experiences occur (Weijer, 2000). Qualitative research is not just about collecting data but about analyzing it in detail to gain insights into the experiences of participants.

When conducting qualitative research, it is essential to be aware of the pros and cons of this method. One of the significant advantages of qualitative research is that it allows researchers to explore complex issues in-depth and understand the context in which those issues occur. However, one of the significant disadvantages is that the results of qualitative research are not generalizable to larger populations.

The careful selection of research design, data collection methods, and analysis is critical in determining the overall quality of the study. Researchers must choose a research design that is appropriate for their research question and select data collection methods that are suitable for the population they are studying (Connelly, 2014). They must also analyze the data carefully and thoroughly to ensure that the findings are robust and reliable.

Despite centuries of criticism regarding their validity, social science fields continue to value and champion qualitative studies. This is because the participant-centered ideology that underpins qualitative research is a fundamental principle of the social sciences. Qualitative research aims to understand the experiences of participants and give voice to those experiences (Connelly, 2014). It is essential to maintain ethical boundaries throughout the research process by gaining informed consent from participants, protecting their privacy, and ensuring that their rights are not violated in any way.

In the context of social work, researchers can engage social workers as experts in their field to identify various opportunities to improve the quality of life for older adults with depression. By fostering a supportive and collaborative environment in the focus

group, researchers can create camaraderie among the participants and gain thoughtful insight into gaps in the current system (Weijer, 2000). This approach allowed researchers to explore potential solutions and develop strategies to overcome the challenges faced by social workers in their clinical practice. Qualitative research can provide a meaningful understanding of the experiences of social workers and older adults with depression, which can inform policy and practice in the field of social work. Completion of Section 2 marks the end of the proposal sections.

Section 3: Presentation of the Findings

Introduction

When seniors are hospitalized, social workers can assess their needs and provide necessary recommendations, referrals, and consultations. Identifying depressive symptoms among this population is particularly important as it empowers social workers to utilize their expertise to reduce the length of hospital stays and readmissions. Studies have shown that depression can lead to a combination of physical, economic, and mental impairments. Therefore, hospitalized seniors provide an exceptional opportunity for social workers to assess their needs and make meaningful recommendations and referrals.

This study's third section will present the findings of the question, "What is the role of hospital social workers in identifying and assessing depression in older adults during inpatient hospitalization?" To execute this study, 15 inpatient social workers, either currently or recently employed, participated in a comprehensive interview process via Zoom. The data analysis techniques used to obtain the findings will also be discussed, along with the necessary tables and charts.

Data Analysis Techniques

The participants of this study were recruited through social media platforms, specifically social work-specific Facebook pages. Between February 28, 2024, and March 20, 2024, the researcher obtained consent from the participants, conducted private interviews, and then translated those interviews into written transcripts using Word. The response rate for this study was fast, and participants were highly engaged. All

participants agreed to have the sessions recorded, and all accepted copies of the written transcripts. The transcription process took approximately 35 minutes each and had been coded so no more identifiable participant information could be seen after March 30, 2024. IRB approval was confirmed before any interviews took place, and all information was unidentifiable before IRB approval expired on April 12, 2024.

Microsoft Word was used to analyze the collected data. Qualitative coding and theme analysis were applied to develop a thematic framework. A three-step process was used to ensure efficient data analysis: step one involved coding, step two involved cleaning up the codes, and step three involved developing a thematic framework. A Microsoft Word table was used for line-by-line coding during the data analysis. Once completed, the researcher organized and revised the codes to ensure consistency among the statements.

Coding

Previous research has suggested that creating concept labels for coding can be an effective technique for developing a basis for thematic analysis. Specifically, Kozinets et al. (2014) recommended this type of coding to identify the phenomenon occurring within transcriptions. This approach involves using open coding, categories, and structural frequencies throughout the paper, which makes it easier to identify patterns and themes in the data. In addition, researchers can use table two to gain a clearer understanding of the top themes that emerged from the interviews. This table provides examples of the language participants use to express their feedback, which can help develop a deeper understanding of their experiences and perspectives. By analyzing this feedback,

researchers can gain insights into how participants perceive the phenomenon being studied and use this information to refine their analysis and develop more robust conclusions.

Credibility

In order to maintain credibility within the study, it was imperative to accurately translate the language into corresponding codes, ensuring a deep understanding of the true meaning behind the language. The validation of the study's credibility relied on clarification, definitions, and contextualization of the data. Loh (2013) emphasized the importance of member checking in the research process, highlighting its role in guaranteeing the accuracy and validity of the data. Member checking involves the researcher returning to the participants to confirm that their responses' interpretations align with their intended meaning, thereby addressing any misunderstandings and potentially uncovering additional insights and perspectives. Through member checking, the researcher ensured that the data collected authentically reflected the participants' experiences and perspectives, ultimately enhancing the overall credibility of the study.

Transferability

In this qualitative research study, transferability was a critical concept that addressed the applicability of the study's findings to other contexts. While generalizability is a term commonly used in quantitative research to encompass a broader population, transferability focuses on how well the results can be relevant to other situations (Lohn, 2013). Researchers comprehensively describe the research setting,

participants, and methods to establish transferability. This description should be intricate enough to enable readers to evaluate the similarities between their situation and the study's context.

For example, the research setting might encompass details about the physical environment, such as the location, time of day, or weather conditions. Participants' characteristics might include age, gender, ethnicity, education, and socio-economic status (Loh, 2013). Researchers must also expound on the methods utilized to collect and analyze data, including the nature of the data collected, the sampling method, and the data analysis techniques employed. Providing an in-depth description of the research context allows readers to assess the potential usefulness of the findings. By comparing the similarities and differences between their context and the study's context, readers can ascertain how the findings can be applied to their situation. Therefore, transferability was a pivotal aspect of this qualitative research, enhancing the practical relevance of the study's findings.

Confirmability

Maintaining confirmability was vital in this qualitative social service research, ensuring the results were precise, dependable, and impartial. To achieve confirmability, it was crucial to uphold transparency throughout the research process (Bayers, 2019). This entailed creating a detailed audit trail documenting every decision made, from the data collection methods and coding schemes to the final interpretations. The audit trail included comprehensive information on interview prompts, the reasoning behind chosen themes, and reflections on personal biases. Additionally, it recorded the final

interpretations of the data, outlining the emerging themes and the methods used for analysis. This comprehensive documentation was accurate, detailed, and transparent, enabling other researchers to understand the researcher's rationale and replicate the study (Bayer, 2019). By providing a clear account of these decisions, researchers can strengthen the credibility of their findings and enhance the overall quality of the research.

Findings

Qualitative studies are powerful research tools that enable researchers to gain in-depth insights into participants' perspectives while focusing on a smaller sample size (Pascoe et al., 2023). In this study, the researcher collected responses from 15 recently employed participants in a hospital setting. The participants were asked to answer 13 questions regarding the role of social workers in the inpatient setting, with a specific focus on geriatric depression.

To ensure the credibility of the findings, the researcher included Table 1, which displayed the length of social work experience for each participant. The average social work experience among the participants totaled seven years of relevant hospital social work expertise.

By utilizing qualitative research methods, the researcher gathered rich data on each participant's perspective, allowing for a more in-depth understanding of the role of social workers in the inpatient setting (Pascoe et al., 2023). This information could be utilized to improve the quality of care provided by social workers and healthcare professionals in a hospital setting, particularly in geriatric depression.

The researcher presented the initial codes used for the thematic analysis in Table 2. These codes were derived from the participants' responses. The researcher took a systematic approach to analyzing the data and identified the top five responses that formed the foundation of the study. By reviewing these top responses, the researcher demonstrated the logic behind the research question and identified the themes in the data (Shaw, 2023).

The researcher used a thematic analysis approach to identify the common patterns, themes, and codes that emerge from the data. This approach involves identifying and organizing the patterns and themes in the data, which helps make sense of the complex information presented by the participants (Shaw, 2023). The researcher took great care to ensure that the codes reflected the data accurately and did not introduce any bias to the analysis. Moreover, by reviewing the top five responses, the researcher has identified the most significant themes and codes from the data.

The analysis has proven to be an invaluable tool for the researcher to understand their research question (Gomes, 2023) deeply. It enabled them to explore the themes and codes that emerged from the participant questionnaires more nuanced and detailedly. The researcher's methodical approach has ensured that they conducted a comprehensive data analysis, leaving no stone unturned. By utilizing a systematic approach, the researcher has identified patterns, trends, and relationships within the data, which has helped to provide a more thorough understanding of the research question. As a result, the study can be considered highly reliable and valid, as the researcher's approach has allowed them to draw well-substantiated conclusions based on the data.

The analysis has provided the researcher with profound insights into their research question, allowing them to explore the themes and codes encountered in the participant questionnaires with utmost clarity and detail (Gomes, 2023). The researcher's systematic and rigorous approach has enabled them to conduct a thorough data analysis and has ensured that the study is both highly reliable and valid.

The researcher's analysis of the participant questionnaires has been detailed and comprehensive, yielding valuable insights into the research question. By using a systematic approach, the researcher has identified and delved deeper into the themes and codes that emerged from the data. This has enabled them to understand the research topic better and develop more informed conclusions. The researcher's meticulous approach has ensured the reliability and validity of the study. By comprehensively analyzing the data, the researcher has identified any potential biases or limitations and addressed them accordingly (Gomes, 2023). This has strengthened the study's credibility and increased confidence in the findings.

The researcher's data analysis has been a critical component of the study, providing a solid foundation for the research conclusions. Through careful and detailed analysis, the researcher was able to draw meaningful insights from the data and contribute to the broader understanding of the research topic. The analysis has provided the researcher with insights into the research question and allowed them to explore the themes and codes encountered throughout the participant questionnaires in greater detail. The researcher's systematic approach has enabled them to conduct a thorough data analysis and ensured that the study is reliable and valid.

Table 1*Initial Codes*

Initial Code	N of participants contributing (N=15)	N of transcript excerpts assigned	Sample Quote
Discharge Planning Task and Responsibility	7	12	“As a social worker in the hospital all I have time to do is discharge patients. Rehabs and home care, this my main responsibility”
Continuum of Care	10	11	“Moving patients through the continuum of care keeps the system flowing in and out of the hospital.”
No evidenced based assessment tools	14	15	“We do not used an actual evidenced based assessment tool – we use our experience to ask the right questions.”
No efficiently assessing for depressive symptoms	14	15	“I am not tasked with asking about depressive symptoms even though I can see that the senior is depressed, so I do not get into it.”
Depression tests not deigned well for older adults	14	15	“The questions on the GSD scales do not make sense for a senior, it generates many false results”

The analysis presented in Table 1 offers a comprehensive understanding of the thematic codes, aiding researchers in gaining deeper insights into the research question. This visual representation of the data allows for more efficient observation of data patterns, highlighting key themes and providing insight into social workers' responses. It ultimately facilitates drawing more nuanced and insightful conclusions from the data. Table 1 is a valuable resource that provides a detailed and thorough analysis of the thematic codes. This analysis helps to explain and understand the study's findings more comprehensively. With the assistance of this table, researchers can gain a deeper insight into the research question by comparing the themes that the sample of social workers has heavily agreed upon. The table provides a visual representation of the data, which enables researchers to observe the patterns in the data more efficiently. It highlights the key themes from the study's data and provides insight into how the social workers' responses relate to the research question. This information can be used to draw more nuanced and insightful conclusions from the data.

Results

Theme 1: Discharge Planning Role and Hectic Case Loads

The study revealed that hospital social workers are usually overburdened with multiple responsibilities, including discharge planning, which puts immense pressure on them. They are expected to start planning for the discharge of patients right from the moment they are admitted, which leaves them with limited time to spend with patients. The heavy clerical work further compounds this, as they must deal with tasks such as completing insurance paperwork and documentation. Due to this, hospital social workers

have significantly reduced interaction with patients, which can negatively impact the quality of patient care.

During the interview, participants described the significance of discharge planning in their role. Participant 15 (hospital social worker for 15 years) stated:

Discharge planning must start when the patient first gets into the hospital. This is because it takes a lot of time and effort to create an effective action plan, and sometimes, families and insurance companies are heavily involved, adding additional steps to the discharge process. I spend hours on the phone with insurance companies, getting authorizations for post-acute care. I am also on rounds, talking with other providers about the discharge plan. Families also need much attention, especially if they do not agree with one another. Sadly, these tasks often reduce my time spent with the patient. I feel like I have so much more to give them. (Participant 15, 2024)

Moreover, this reduced interaction with patients can hinder hospital social workers' ability to assess patients for depressive symptoms. Depression is a common comorbidity among patients admitted to hospitals, and it can significantly impact their recovery. However, due to the lack of time and interaction with patients, hospital social workers may not be able to identify the early signs of depression, leading to inadequate treatment and compromised patient care. Therefore, there is a strong need to address this issue and provide hospital social workers with more time and resources to assess and address patients' mental health needs effectively.

When asked about the role depression plays in health, Participant 3 (hospital social worker for 4 years) responded:

I believe depression plays a major role; if it is not depression, it is something that makes patients down and almost ready to give up. Nobody likes being sick, alone, and vulnerable. In the hospital, patients have access to so many people who can pick up on issues, but if we are unwilling to pay attention, we may just be missing something vital that is treatable right under our noses. (Participant 3, 2024)

Theme 2: Social Workers Support Adults with Depression

According to many of the responses in this research, social workers in hospitals can play a crucial role in supporting older adults during their hospitalization. Social workers can be invaluable allies for older adults facing hospitalization. Their skills and expertise go beyond the typical discharge planning. Through empathetic conversations, social workers can uncover signs of depression, anxiety, or other mental health concerns that older adults might hesitate to express. They can conduct thorough assessments and develop targeted interventions by creating a safe space for open communication. Proper assessment and treatment could involve

- individual or group therapy sessions,
- connecting patients with mental health resources within the hospital or
- even facilitating communication with family members for additional support.

Social workers take a holistic approach to addressing older adults' emotional and mental well-being alongside their physical recovery.

Many social workers highlighted their skills in working with struggling people; Participant 12 (hospital social worker for 11 years) shared:

When working with seniors, I use several skills and social work modalities to support them. I try taking a more holistic approach because you must focus on the whole person. Understanding a patient's environment and physical and mental health helps paint an accurate picture of the person in their world. I then try to meet them where they are and identify opportunities to impact their healthcare outcomes positively. (Participant 11, 2024)

Moreover, social workers can also work with other hospital staff, such as nurses and physicians, to ensure that the care provided is comprehensive and tailored to the patient's individual needs. They can provide education and support to other hospital staff in addressing mental health concerns and identifying when a patient may need additional mental health support. In summary, according to this study, hospital social workers have a unique role in supporting older adults during hospitalization. Their expertise in mental health services can help identify and address older adults' emotional and mental well-being, which is crucial for their overall recovery.

Most social workers were proud When asked what they could add to the interdisciplinary team. Participant 10 (hospital social worker for 5 years) explained:

I serve as a resource to my coworkers. I love keeping them up to date with the resources and options in the community and sometimes through various insurance companies. It makes me feel important, like a real team member, when they ask

for my input, and I can add critical information about the patient's social factors.

(Participant 10, 2024)

There 3: The need for Evidenced Based Psychosocial Assessments in the Hospital

The study has identified a critical gap in the healthcare system, emphasizing the need for social workers to access standardized and evidence-based assessments. It was found that social workers play a vital role in discharge planning for seniors. Their decisions regarding seniors' recovery, such as returning home or requiring additional support, are essential in ensuring that elderly patients receive the best care. According to Conradsson et al. (2013), evidence-based scales and other tools are helpful to assess elderly patients with and without cognitive impairment properly.

The study found that most social workers did not only utilize evidence-based tools. Participant 5 (hospital Social Worker for 15 years) stated:

I do not use any evidence-based scales when assessing patients in the hospital. I know that nurses are mandated to screen for depression; however, when I look at the screening tool in EPIC, I see two questions that are too vague to capture the full scope of actual clinical depression, so I am unsure of its validity." The lack of access to validated tools has been identified as a significant issue that could lead to inconsistent care and outcomes for elderly patients. Without objective data to support their decisions, social workers might rely on subjective factors, such as personal opinions and anecdotal evidence, leading to variability in care and outcomes. (Participant 5, 2024)

Most social workers who participated in assessing patients stated that they found inconsistencies in the assessment process. Participant 14 (hospital Social Worker for 9 years) mentioned:

The assessment that we use when we first meet our patients is on the computer, and I do not even have a written version of the assessment, nor a computer in hand when I am completing the assessment. As a result, I must memorize all the questions the assessment answers; therefore, this is inconsistent, and all the social workers put out different levels of quality per assessment. Additionally, the assessments are not tested or valid tools; typically, management makes up the questions, or social workers have contributed to a working group to develop the assessment. (Participant 14, 2024)

To address this issue, it is crucial to provide social workers with access to validated tools to ensure their decisions are based on objective data. This will help to ensure that seniors receive the best possible care and that their recovery is optimized. By providing social workers access to standardized and evidence-based assessments, we can help bridge the critical gap identified in the study and improve the quality of care provided to elderly patients.

Theme 4: Social Workers Responsibility for the Continuum of Care

According to the study, hospital social workers exhibit a strong sense of responsibility for their patients' well-being that extends beyond the hospital walls. They take on a broad-ranging accountability encompassing the entire care continuum,

including the in-patient stay and the crucial transition to recovery at home or in a new setting. Social workers are vital in advocating for their patients' needs, securing the necessary resources, and ensuring a smooth handover to post-hospital care providers (Duffy & Healy, 2011). Their dedication and commitment to their patients' well-being are evident in how they go above and beyond their job requirements. The study revealed that social workers are often called upon to address a wide range of patient needs, including medical, emotional, social, and financial. They work closely with other healthcare providers, such as doctors, nurses, and therapists, to ensure their patients receive the best possible care (Duffy & Healy, 2011).

Participating social workers also shed light on their responsibilities and struggles within the older adult community. Participant 5 (hospital social worker for 7 years) stated:

I become responsible for so many issues that the patient has inside and outside the hospital. It feels like nothing is being done in the community, so when the patient gets into the hospital, they have a wide range of issues such as financial, abuse, isolation, hoarding, inability to care for themselves, and more. I genuinely feel responsible for providing the best resources and setting the stage for the patient to be successful after discharge. It is a lot of responsibility. (Participant 5, 2024)

Moreover, social workers help patients navigate the complex healthcare system and connect them with community resources and support services. They provide emotional support to patients and families, help them cope with the stress of hospitalization, and assist them in making informed decisions about their care. In short,

social workers play a crucial role in bridging the gap between the acute care environment and the long-term health journey of patients (Willis et al., 2022). Their dedication and tireless efforts help ensure patients receive the care and support they need to achieve optimal health outcomes.

Themes 5: Depression leads to Negative Healthcare Outcomes

Social workers often observe a link between depression and negative patient outcomes in hospitals. This study has recognized four specific negative healthcare outcome themes, including noncompliance, isolation, hospital readmission, and extended hospital length of stay, which social workers felt were strongly related to depression.

Here is how they might explain it:

- **Noncompliance:** Depression can zap motivation and make it challenging to follow treatment plans. This could involve skipping medications, refusing therapies, or neglecting self-care activities. Social workers might see this as a sign of depression and work to address it, knowing it can hinder recovery and potentially extend a hospital stay.
- **Isolation:** Depression can lead to social withdrawal, making patients less likely to engage with staff, family, or therapy sessions. This isolation can worsen their mood and slow progress. Social workers, attuned to social dynamics, might identify this and intervene to connect patients with support systems, fostering a sense of connection that can aid recovery and reduce readmission risks.

- **Readmissions:** Seniors with depression are more susceptible to falling back into illness and requiring readmission to hospitals. This vulnerability stems from a complex interplay between depression's effects and the challenges of managing chronic health conditions prevalent in older adults. Depression can decrease motivation to follow treatment plans, leading to poorly controlled medical conditions like diabetes or heart disease. It can also diminish self-care, causing issues like malnutrition or neglecting physical therapy exercises, further compromising health. Additionally, social isolation associated with depression can reduce access to support networks that could help seniors manage their health at home, increasing the risk of complications and a return to the hospital.
- **Extended Length of Stay:** Social workers who work on the front lines often witness how depression can significantly lengthen the hospital stay of seniors. They may observe that patients with depression exhibit lower motivation to participate in physical or occupational therapy, hindering their progress toward regaining independence. Moreover, the social withdrawal that often comes with depression can make it challenging for patients to engage with healthcare staff, potentially delaying communication about significant medical concerns or symptoms. This lack of engagement can slow the overall treatment plan and extend the time needed to achieve a safe discharge. Additionally, social workers might identify instances where depression leads to poor self-care, such as neglecting hygiene or nutrition. Such behaviors can further complicate the healing process and necessitate an extended hospital stay.

Social workers play a vital role in addressing depression among patients. They recognize depression as a significant factor that can negatively impact a patient's hospital stay. Social workers work towards improving the patient's hospital course by addressing depression and its effects. They aim to improve treatment adherence by helping patients understand the importance of following their treatment plan and encouraging them to stick to it. Social workers also recognize that depression can cause social isolation, which can further impact a patient's recovery. Therefore, they work towards improving social connections by facilitating communication with friends and family and connecting patients with support groups.

Improving treatment adherence and helping patients get out of the community and stay out of the hospital is a priority; some social workers also questioned why keeping patients compliant has become so complicated. Participant 2 (hospital social worker for 14 years) explained these complications:

Whenever I see a patient not motivated to get out of bed and walk with the nurse or even get up to go to the bathroom who otherwise could, I wonder what is wrong.

Sometimes, I even wonder if they like being waited on by the hospital staff or if it is depression causing the non-compliance. For me, the social worker must support the patients with resources and advocacy that can help better their lives, so when I see

this, I try to explore what is going on, but it can be a challenge with the pressure to discharge patients timely (Participant 2, 2024)

Another participant, Participant 7 (hospital social worker for 6 years), discussed how significant isolation can be for seniors:

Isolation is a major issue in the hospital, and sadly, many of these older adults are isolated back at home as well. Having more friendly volunteer visitors and engaging patients may help combat some isolation. Otherwise, a week in the hospital can feel like a lifetime, and it seems to always lead to physical decompensation for seniors.

This is why I send so many to the nursing rehabilitation centers. (Participant 7, 2024)

Finally, social workers also help patients transition back to their everyday lives by helping them develop coping mechanisms and providing them with resources that can help them maintain their mental health. By addressing depression, social workers aim to provide comprehensive care that not only addresses physical health but also mental well-being.

Theme 6: Social Workers are not functioning at their top clinical skills

Hospital social workers are highly skilled professionals trained to provide social, emotional, and practical support to patients and families. They play a vital role in ensuring that patients receive the care they need within the hospital and after discharge (Dima et al., 2021). However, hospitals' fast-paced and high-pressure environments can significantly hinder social workers' ability to utilize their complete clinical skill set.

In hospitals, social workers often face high caseloads and limited discharge times. This can result in social workers needing help to conduct thorough assessments of patients' social, emotional, and financial needs and provide comprehensive interventions such as psychotherapeutic approaches or comprehensive discharge planning (Dima et al., 2021). Instead, they may have to focus more on logistical tasks such as arranging transportation and coordinating with community services.

Participant 11 (hospital social worker for 4 years) shared:

I have only five hours to see 30 clients in my day, and that is assuming that I am staying late and probably not having any meaningful lunch break. As a social worker, I find it unfortunate that my caseload inhibits me from using all my skills, but someone must do the discharge planning, insurance authorization, and transportation. I am not good at setting up transportation and getting Important Messages from Medicare signed. I am good at talking to my patients and listening to their needs. Once I know their problems, I am good at resource navigation and advocacy. (Participant 11, 2024)

This can be particularly challenging for complex cases that require extensive social, emotional, or financial support. With adequate time and resources, social workers may be able to provide the level of care that patients need and deserve. It is essential to recognize the limitations of hospital social workers' capacity and provide them with the necessary resources and support to ensure that patients receive the best possible care.

Participant 8 (hospital social worker for 2 years) said:

As a hospital social worker, I want to give patients the best care I can, but it requires my time and attention. Some of my cases are very complex; for example, I deal with several cases in which the client's family is not on the same page, and it takes much time to get them to agree on the goals of care for the patient.

Sometimes, there is nobody at all to make decisions. Often, I have several issues with insurance companies that take up a lot of my time. How would I be able to spend the appropriate amount of time with a client under these circumstances?

Social workers seem to have several clerical tasks when they work in hospitals.

(Participant 8, 2024)

Table 2

Grouping of Initial Codes to Form Themes

Themes	N of participants contributing (N=15)	N of transcript excerpts assigned
Theme 1: Hospital Social Workers have hectic caseloads and are focused almost solely on discharge planning	7	12
Theme 2: Social workers feel that they have the skills to support the greater emotional needs of older adults, but do not have the time	8	14
Theme 3: Social workers in the hospital do not utilize evidenced based assessment tools or older adult specific depression screening tools	10	13
Theme 4: Social workers feel accountable for the patients experience through the continuum of care	13	14

<p>Theme 5: Social workers believe that depression results in extended hospital length of stay and readmissions due to its correlation with noncompliance and isolation</p>	13	14
<p>Theme 6: Social workers feel that they are not functioning at their top clinical skill set</p>	14	15

Summary

The results of this study have shown that social workers are well-equipped to provide comprehensive and holistic care to older adults in the inpatient hospital setting. However, it was noted that their caseloads should be minimized to ensure that they can perform their assessments, recommendations, and follow-up care to the best of their abilities. This, in turn, has the potential to lead to shorter hospital stays and lower readmission rates. While discharge planning is essential, it may be more effective if assigned to a nurse case manager. This would allow social workers to concentrate their efforts on addressing the social factors affecting a patient's overall health, which can ultimately significantly impact the patient and the healthcare system. In terms of assessing depression in older adults during inpatient hospitalization, the researcher concludes that social workers play a minimal role in this area.

However, it is worth noting that this is a significant issue among older populations, and social workers have the skills and expertise to support patients. Unfortunately, the healthcare system often assigns social workers to task-driven roles like

discharge planning and continuum of care, which can gradually remove them from skilled work and force them to focus on administrative tasks like authorizations, documented avoidable days, transportation arrangements, appeals, and referrals. Despite this, it is crucial to give social workers the resources and support they need to deliver compassionate and effective care to those who need it most.

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

Introduction

The professional experience of social work participants is invaluable in providing qualitative data for this study. By understanding the role of medical social workers, we can educate and empower hospital social workers, contributing significantly to the field of social work. Improving social work practices and clinical relevance in the hospital setting can only bring more value to the position, ultimately positively impacting patients and practitioners. An enhanced social work practice model within the hospital setting presents an incredible opportunity for creating positive social change that benefits everyone involved.

Social workers are skilled at providing thorough care to elderly patients in hospitals. Reducing their caseloads will improve their assessments, recommendations, and follow-up care, leading to shorter hospital stays and fewer readmissions. Assigning discharge planning to a nurse case manager can be more effective, allowing social workers to focus on addressing social factors that impact overall health. Assessing these factors can help patients and the healthcare system. Social workers need resources and support to provide compassionate and effective care.

Social workers must practice with an informed approach to provide the best possible care for their clients. This involves staying current with the latest research, knowledge, and skills in the field of social work. By utilizing evidence-based practices, social workers make informed decisions and ensure their interventions are effective.

Additionally, informed practice allows social workers to identify and address underlying social factors that may impact their clients' well-being, such as poverty, discrimination, and inequality. Ultimately, informed social work practice is crucial in promoting social justice, reducing disparities, and improving the lives of individuals, families, and communities.

The study's insightful findings shed light on the pivotal role of social workers in evaluating and providing indispensable support for older adults grappling with depression. These findings align seamlessly with Bronfenbrenner's systems theory, which underscores the complex interconnectedness of various environments that profoundly influence individual development.

Within the hospital setting, social workers assume a crucial role within the microsystem of older adults, directly impacting their overall well-being. This direct influence extends to the mesosystem, encompassing the intricate interplay between older adults, their families, and friends. Moreover, the social worker's influence extends to the exosystem, including the healthcare system, social services, and the macrosystem, involving cultural attitudes toward aging.

By comprehensively understanding and considering these interconnected systems, social workers demonstrate their adaptability in delivering holistic and tailored support throughout the lives of older adults. They address their diverse and evolving needs with empathy and proficiency, reassuring the audience that they can handle complex situations.

Application to Professional Ethics in Social Work Practice

In the field of social work, incorporating social workers into hospital settings to screen and evaluate older adults for depression is a commendable ethical practice that deserves recognition. It aligns with the fundamental values of the profession, which emphasize the significance of advancing social justice, respecting individuals' dignity and worth, and enhancing human well-being (Burnette et al., 2017). Screening older adults for depression enables social workers to identify those who may require additional mental health support and interventions. This can positively impact their quality of life and overall well-being.

Social workers utilize various methods to screen individuals for depression, such as self-reported questionnaires and interviews. They also assess individuals' cognitive functioning and medical histories to rule out any physical health problems that may contribute to depression symptoms (Burnette et al., 2017). Moreover, social workers can play a pivotal role in reducing the stigma associated with mental health and aging by raising awareness and educating others about depression. They can provide support and guidance to older adults and their families on how to manage depression symptoms and how to access mental health services.

Social workers in hospitals may also act as advocates for policy changes prioritizing mental health services for older adults. They can collaborate with interdisciplinary teams and community organizations to ensure that older adults receive mental health care and support. Adhering to professional ethics is crucial in ensuring that social workers act in their clients' best interests and maintain the profession's integrity

(Burnette et al., 2017). By utilizing social workers in hospitals to monitor and assess older adults for depression, we can promote ethical practice and work towards creating a more just and equitable society for everyone.

Additionally, the NASW Code of Ethics equips social workers to screen older adults for depression while upholding their well-being effectively. The code emphasizes client self-determination (Section 1.1), ensuring informed consent before screening and respecting the client's right to decline. It also highlights cultural competence (Section 6.4), requiring social workers to understand how cultural background might influence expressions of depression (Banks, 2020). Finally, the code mandates social workers to promote the client's well-being (Section 1.2), prompting them to connect identified older adults with appropriate mental health resources and treatment options. By adhering to these ethical principles, social workers can navigate depression screening with older adults sensitively and helpfully.

Recommendations for Social Work Practice

As a social worker, I highly recommend the use of evidence-based tools when assessing older adults for depression in hospital settings. Depression is a prevalent and serious condition, particularly among older adults, and it can significantly impact their quality of life. Therefore, it is essential to adopt a data-driven approach to ensure that our clients receive the best possible care.

Using evidence-based tools, social workers can gather accurate information about a patient's mental health and create a personalized treatment plan tailored to their needs.

These tools are designed to assess the severity of depression, identify its underlying causes, and evaluate the effectiveness of various treatment options (Conradsson, 2013). Some of the most used evidence-based tools for assessing depression in older adults include the Geriatric Depression Scale (GDS), the Center for Epidemiologic Studies Depression Scale (CES-D), and the Patient Health Questionnaire (PHQ-9).

Using evidence-based tools to assess depression in older adults has several advantages. First, it provides a structured and standardized approach to evaluating mental health, enabling social workers to gather accurate and reliable data about a patient's condition. Second, it allows social workers to identify depression early, even in cases where the patient may not be exhibiting apparent symptoms. Early identification is crucial because it enables social workers to intervene promptly and prevent worsening conditions. Finally, using evidence-based tools to assess depression in older adults can help social workers create personalized treatment plans that are tailored to the needs of each patient. This approach can increase the effectiveness of treatment and improve patient outcomes.

Therefore, using evidence-based tools to assess depression in older adults is a critical component of social work practice. By adopting a data-driven approach, social workers can provide their clients with the highest quality care possible, support them in living healthy, fulfilling lives, and contribute to improving mental health care for older adults (Conradsson, 2013).

Additionally, this study has impacted my social work practice by implementing additional evidence-based practices (EBP). EBP can significantly enhance social work

with older adults. EBP empowers social workers to move beyond intuition and anecdotal experiences by equipping their practice with interventions that have been proven effective in addressing everyday challenges faced by this population. For instance, implementing cognitive behavioral therapy (CBT) groups for depression in older adults is highly successful, according to research (Andas et al., 2022). Furthermore, EBP ensures that social workers stay updated on the latest advancements in geriatric care, allowing them to tailor support plans that address physical needs, social determinants of health, and emotional well-being. This data-driven approach ensures that social workers provide the most up-to-date and impactful services in their practice.

Transferability

Qualitative research can provide valuable insights into participants' experiences, but the applicability of its findings to different contexts and populations can be challenging to establish (Adler, 2022). While quantitative research seeks generalizability through large, representative samples, qualitative research findings carry greater weight in terms of transferability. In the case of this research with vulnerable older adults, transferability allows researchers to consider how their findings might apply to similar contexts and populations.

Several strategies can be utilized to enhance the transferability of qualitative research (Archard, 2012). A comprehensive and detailed account of the research context through thick description can help readers assess how well the characteristics align with their field of interest (Adler, 2022). Intentional sample selection can be used to

select participants who represent the diversity within the vulnerable older adult population, acknowledging the heterogeneity of this group and making the findings more transferable. Negative case analysis can offer valuable insights into the limitations of the research and provide direction for future studies. Finally, rigorous reflexivity throughout the research process can foster greater trust and allow readers to consider how their perspectives influence their interpretation of the findings.

By employing these strategies, the transferability of qualitative research can be strengthened, potentially illuminating the experiences of vulnerable older adults in a broader range of settings. For instance, research on social isolation and depression among older adults might inform the development of activities that promote social connection and combat loneliness in senior center programming. Findings related to staff attitudes in long-term care facilities could be adapted to training programs to foster a more empathetic and supportive care environment. Research on the financial challenges vulnerable older adults face could be used to advocate for policy changes that provide greater financial security for this population.

Prioritizing transferability in qualitative research can extend its impact beyond the study (Archard, 2012). By providing a detailed description of the research context, acknowledging the diversity of the population, and remaining transparent about limitations, researchers can empower readers to consider the applicability of the findings to other situations. Ultimately, this can contribute to positive change in the lives of vulnerable older adults across a broader spectrum.

Dissemination

Social work research has a crucial role in improving the lives of individuals, families, and communities (Muurinen & Kääriäinen, 2022). However, the success of this research depends on its proper dissemination, which is the process of effectively communicating the findings to the right audiences. Although academic journals are essential for scholarly exchange, they often have limited reach for social work practitioners on the front lines.

It will be disseminated in multiple ways to ensure the research's maximum impact. One of the most impactful ways is through partnership and interactive engagement (Muurinen & Kääriäinen, 2022). This strategy leverages partnerships and fosters two-way communication to amplify the research's impact. Secondly, hosting interactive sessions will also positively impact dissemination through organized workshops or online forums where practitioners can discuss implementing the research (Muurinen & Kääriäinen, 2022). This not only disseminates the findings but also allows for valuable feedback and exchange of ideas, fostering a more impactful application of the research.

Limitations

Despite its many benefits, qualitative research has limitations. One of the primary concerns of this methodology is the subjectivity of researchers, which can introduce biases and preconceptions that may influence data analysis and interpretation (Carey,

2017). Consequently, the researcher's subjectivity may result in complete or accurate findings and limit understanding of the phenomenon under study.

Another significant limitation of qualitative research is its reliance on small sample sizes, which can restrict the generalizability of the results to the broader population. With a small sample, the findings may not reflect the diversity of perspectives and experiences within the population, and the results may be skewed or inaccurate (Carey, 2017). This limitation can be especially problematic when the sample is geographically confined, as it may overlook crucial cultural and social variations that could influence the topic under study.

For example, this qualitative study, which had only 15 participants from the United States East Coast, may have yet to understand the phenomenon under study comprehensively. The findings may not apply to other regions, and the sample may not represent the diversity of experiences and perspectives within the broader population.

Another limitation of qualitative research is its inherent subjectivity, making data interpretation challenging and susceptible to misinterpretation. Qualitative data analysis involves interpreting data, and researchers may interpret the data differently, leading to different conclusions and findings (Queirós et al., 2017). This limitation can be incredibly challenging when the researchers' interpretations are based on their preconceptions or biases.

Finally, qualitative research focuses on understanding experiences rather than proving cause-and-effect relationships, making it difficult to establish causality or cause-and-effect relationships (Queiros et al., 2017). While qualitative research provides valuable insights into the phenomenon under study, it may need to answer research questions more clearly. Nevertheless, researchers can mitigate these limitations by employing appropriate methodologies, techniques, and tools to enhance the rigor and validity of their research.

Implications for Social Change

Depression in older adults is a significant public health concern that can have far-reaching implications for individuals, families, and communities. Addressing this issue through adequate treatment can potentially create significant social change. Depression can lead to physical and cognitive decline, social isolation, and decreased quality of life in older adults (Burnette et al., 2017). By treating depression in older adults, we can improve their overall health and well-being, leading to a more engaged and active lifestyle.

Adequate treatment for depression in older adults can enhance the quality of life for millions of people and alleviate pressure on healthcare systems. Depression is a leading cause of disability worldwide, and older adults are at a higher risk of developing this condition. When older adults receive the appropriate treatment for their depression, they are more likely to remain active, engaged, and independent (Burnette et al., 2017). This can lead to more social involvement, decreased isolation and loneliness, and

overall well-being. As a result, the need for additional support services may decrease, lessening the strain on social services.

Treating depression in older adults can also help to break down stigmas surrounding mental health and aging. By recognizing the importance of mental health and providing effective treatment options, we can emphasize the significance of mental health alongside physical health (Burnette et al., 2017). This could result in a broader shift in societal attitudes about mental health, particularly among aging populations. It would lead to a more comprehensive approach to mental health in aging communities, leading to improved quality of life and well-being for older adults.

Additionally, treating depression in older adults is crucial for social change, including improved quality of life for individuals, a reduction in healthcare and social service demands, and a more comprehensive approach to mental health in aging communities. Addressing depression in older adults is an essential step towards creating a better future for all.

Summary

In conclusion, the study's findings unequivocally highlight the need to improve hospital social workers' role in providing comprehensive care to elderly patients. Hospital social workers possess unique skills and expertise that make them ideally positioned to assess patients for a broad range of needs, including depression (Rowlings, 2024). Their involvement in the care of elderly patients can lead to a more holistic approach to care that considers their physical, psychological, and social needs.

One of the key benefits of involving social workers in the care of elderly patients is the creation of an interdisciplinary intervention that can address the underlying issues leading to depression. This approach can particularly benefit elderly patients suffering from multiple chronic conditions. By developing an action plan involving social workers, psychiatrists, nurses, and physicians, it is possible to provide a more comprehensive and coordinated care plan to improve the quality of life for elderly patients.

Furthermore, leveraging social workers using evidence-based tools can be a game-changer in the care of elderly patients. For instance, social workers can use validated screening tools to identify and assess depression and other mental health issues in elderly patients. They can also provide counseling and connect elderly patients with community resources that address their social and economic needs (Rowlings, 2024). By taking such an approach, hospital social workers can play an integral role in the care of elderly patients, helping them to lead a healthier and more fulfilling life.

Hospital social workers have the potential to make a significant difference in the lives of elderly patients. By leveraging their skills and expertise, we can create a more comprehensive and coordinated approach to care that addresses the physical, psychological, and social needs of elderly patients. This approach can lead to a better quality of life for elderly patients, allowing them to lead a healthier and more fulfilling life (Rowlings, 2024). Let us work together to empower social workers to provide the support and care our elderly patients deserve.

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Appendix A: Study Questionnaire

1. How many years have you been working in an inpatient hospital setting?
2. Please describe your current role as a hospital social worker.
3. Can you explain your responsibility as an inpatient social worker regarding direct patient interactions?
4. Does your patient assessment have a written structure? If so, can you describe your inpatient assessment?
5. Does your assessment use any evidence-based tools? Does it pay attention to any questions related to depression?
6. What recommendation would you give to improve the screening process for patients in the hospital?
7. What are your general thoughts on depression among older adults and healthcare?
8. Do you feel depression causes problems in managing patients throughout their hospital stay? Do you think it affects other factors, such as LOS and readmissions? Explain.
9. What do you understand about the side effects of not addressing depression in older adults?
10. What skills do you believe social workers possess that can support patients exhibiting depression symptoms during their inpatient hospital stay?

11. Explain how you might revise your current role to meet the needs of older adult patients who are suffering from depression.
12. Are you satisfied with the level of clinical and professional acknowledgment social workers get regarding the evaluation and treatment of depression in your hospital?
13. What recommendation would you give to improve the screening process for patients in the hospital?