

## Self-report demands of patients referred to social workers in Taleghani hospital, Tehran

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### Abstract

**Background:** Social workers have a responsibility to tackle the social determinants of health which cause health inequities. The hospitals' social work units have the responsibility to improve patients' physical, mental, and social health. In this regard, understanding patients' demands is essential. The objective of the present study was to determine self-report demands of patients who were referred to social work unit in Taleghani hospital, Tehran.

**Methods:** The current cross-sectional study was conducted on the clients who were referred to social work unit of Taleghani hospital, Tehran. Data was collected during autumn 2015 using convenience sampling method. Data collection form included demographic characteristics of the participants, the reason for referral to the social worker, self-report demands of the patients, and the response of the social worker to the patients. Data was analysed using IBM SPSS Statistics for Windows, Version 22.0.

**Results:** Of all clients who had attended social work unit, 772 accepted to participate in the study (response rate 87.1%). About 43% of the patients were female. Out of 990 requests, about 50% of the clients needed assistance to resolve financial problems. Help for resolving familial and insurance problems were the subsequent demands of the clients. Meanwhile, the most common response given by the social worker to the patients' demands was financial assistance (n=276) (28.9%), and helping to resolve patient's familial problems (n=107) (11.2%) and offering health insurance services (n=106) (11.1%) were the second and the third most common responses, respectively.

**Conclusion:** The present study showed that still we have a long way to meet the aims of social work unit for empowering the patients and their families to withstand difficult conditions following the disease.

**Keywords:** Hospitals; Health Insurance; Social Work; Social Workers

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### Introduction

Social policies are designed to maintain and improve the social health of the communities through different kinds of programs. Social health, along with

physical health, mental health and spiritual well-being, creates a set that defines the concept of health in a society (1, 2). In this regard, to maximize the wellbeing of individuals, families, groups, communities

and society, social workers operate at the interface between people and their social, cultural, physical, and natural environments. Social workers have a responsibility to tackle the social determinants of health, which cause health inequities. In health care setting, hospital social workers provide direct services to patients and their families/carers. They aim to lessen the negative impacts of illness and hospitalization through targeted interventions and supports. Furthermore, a hospital social worker enhances social and emotional functioning of patients and their families. Professional social workers are employed in different hospital settings including public and private, working with children, adults, families, and communities (3).

After 60 years of establishment of social work in Iran, people assume social work the same as charity services. Evidence shows that even health care planners and policy makers do not yet have a proper knowledge of social work profession and the scope of their role in health care services (4–6). Creating opportunities for better understanding of the profession of social work for the country's policy makers and planners together with familiarizing executive managers with this profession is a way to the growth and development of social health. This will not be possible without carrying out studies in the field of social work and its related challenges (7).

The present study aimed to assess the demands of patients referred to hospital's social workers, in order to better understand the performance and improve the quality of services provide by the hospital social work unit.

## Methods

A cross-sectional study was conducted on clients of social work unit at Taleghani hospital in Tehran during autumn 2015. Ayatollah Taleghani Hospital is an educational center affiliated to Shahid Beheshti University of Medical Sciences, Tehran.

All clients who were referred to social work unit of Ayatollah Taleghani Hospital were eligible to participate in the study.

Data was collected by medical students while passing their early patient contact course. The Medical School of Shahid Beheshti University of Medical Sciences, Tehran, introduced an early patient contact course, which include training in communication and examination skills. The course runs parallel with theoretical subjects during the students' first two years. In this training course, students are familiarized with social issues related to the patients in different parts of the hospital, including the social work unit.

Data collection form included patients' age, gender, time of hospitalization, occupation, education, reason for admission in the hospital, the reason for referral to the social worker, and the response of the social worker to the patients.

In the present study, the patients' demand and the social worker's responses were categorized as follows:

### 1- Patients demands:

- A. Economic: get donation, help in elimination of insurance problems;
- B. Emotional-Familial: help for resolving familial problems, help with mental problems, and emotional support of the patient and their families;
- C. Informational: help in case of lack of patient companion, supervisor or identification, reliving problems regarding not having Iranian nationality, providing medicine and medical supplies, and help with problems regarding accidental injuries and its related insurance problems, referring to other health care services.

### 2- Social worker responses:

- A. Economic: financial assistance, help with elimination of insurance problems, referring to charity services, referring to welfare organization, referring to Imam Khomeini Relief Foundation,
- B. Emotional-Familial: help for resolving familial problems, interview with the patient's family, interview with the patient, interview with the clients work place

, emotional support, contact with the patient's relatives,

C. Informational: providing medicines and medical supplies, referring to other organizations, referring to police station, court, jail, referring to other health care services; referring to United Nations; and so on.

Ethical Committee of Shahid Beheshti University of Medical Sciences, Tehran, approved the study (IR.SBMU.REC.1396.104). The identity and all responses of participants remained confidential. Informed consent was obtained from the participants prior to taking part in the study. If the participants were unwilling to continue the study, they were free to leave at any stage.

Descriptive statistics was used for data analysis using IBM SPSS Statistics for

Windows, Version 22.0. P values lower than 0.05 were considered as statistically significant.

### Results

Of 886 clients who had attended social work unit, 772 accepted to participate in the study (response rate 87.1%). Of all patients, 331(42.9%) were female; the sex of eight neonates was not registered. The mean (SD) age of participants was 37.5 (18.67). Other socio-demographic characteristics of the patients are presented in Table 1.

The most common medical diagnosis was different types of cancers for 178 (23.1%). Psychological diseases (n=152) (19.7%) were the second leading diagnosis among patients (Table 2).

Table 1. Socio-demographic characteristics of the patients referring to social work unit

Variables		N(%)
Sex	Female	331(42.9)
	Male	433(56.1)
	Unknown	8(1)
Literacy	Illiterate	139(18)
	Primary school	118(15.3)
	middle school	121(15.7)
	Secondary school	246(31.8)
	Academic education	84(10.9)
	Unknown	64(8.3)
Occupation	Unemployed	180(23.3)
	Housewife	177(22.9)
	Employed	214(27.7)
	School student	54(7)
	University student	14(1.8)
	Retired	28(3.7)
	Unknown	105(13.6)

Table 2. Distribution of disease among participants

Diagnosis	N(%)
Cancer	178(23.1)
Psychological diseases	152(19.7)
Orthopedic diseases	91(11.8)
Traumatic surgery	52(6.7)
Obstetrics and Gynecology	33(4.3)
Cardiovascular	29(3.7)
Nephrology	27(3.6)
Hematology	21(2.7)
Infectious diseases	19(2.5)
Endocrinology and Metabolism	14(1.8)
Gastro intestinal disease	11(1.4)
Other	7(0.9)
Unknown	138(17.8)

As shown in Table 3, the patients who referred to social work service had reported different demands. About 50% of the attendees needed financial help and the least frequently mentioned need was help for referring to other health care services (0.3%).

Meanwhile, the most frequent responses given by social workers to the patients' demands were financial assistance (n=276) (28.9%), helping to resolve patient's familial problems (n=107) (11.2%), and offering health insurance services (n=106)

(11.1%), respectively. Requests of 16 participants were not fulfilled because they were not related to social worker's duties (Table 4).

According to the classification of demands, the most common demands for patients were financial demands (n=615) (62.1%). Also, the most common response by social work service was financial assistance (n=543) (58.8%). The frequency of responses by social work service is shown in Table 5.

Table 3. Distribution of participants demands (n=990)\*

Variables	N(%)
Get donation (assisting patients to resolve financial problems)	489(49.4)
Help for resolving familial problems	131(13.2)
Help in Elimination of insurance problems	126(12.7)
Helping in mental problems	101(10.2)
Help in case of lack of patient companion, supervisor or identification	67(6.7)
Reliving problems regarding not having Iranian nationality	26(2.6)
Providing medicines and medical supplies	23(2.3)
Emotional support of the patient and their families	20(2)
Help in problems regarding accidental injuries and its related insurance problems	4(0.4)
Need for referring to other health care services	3(0.3)

\* Each client had one to three demands

Table 4. Frequency of social work responses (n=990)\*

Variables	N (%)
Financial assistance	276(28.9)
Help for resolving familial problems	107(11.2)
Help in Elimination of insurance problems	106(11.1)
Interviewing with patients	82(8.6)
Referring to charity services	63(6.6)
Refereeing to welfare organization	52(5.4)
Providing medicines and medical supplies	49(5.1)
Referring to Imam Khomeini Relief Foundation	46(4.8)
Referring to other organizations	42(4.4)
Emotional support	37(3.9)
Referring to police station, court, jail	17(1.8)
Contact with the patient's relatives	13(1.4)
Referring to other health care services	12(1.3)
Interview with the clients work place	12(1.3)
Referring to United Nations	10(1)
Other	31(3.2)

\* Social workers had one to three responses

Table 5. Distribution of clients' demand categories and social worker's responses (n=772)\*

Categories		N(%)
Clients	Economic	615(62.1)
	Emotional-Familial	252(25.5)
	Informational	123(12.4)
Social workers	Economic Response	543(58.8)
	Emotional-Familial	239(25.8)
	Informational	142(15.4)

\* Each client had one to three demands

\* Social workers had one to three responses

## Discussion

The present study showed that about 50% of the patients had requested financial support from social work service, which is in line with Olsen et al. study (8). Also, seeking help for solving familial problems was the reason to refer to social work for about 13% of patients. These results indicate that patients are looking at social work unit as a place to receive financial assistance. Although, as our study showed, about 24% of the patients' requests were emotional-familial demands; social work service could respond to 26% of these demands. Mahmoudian et al. study showed that 57.7% and 86.6% of the patients referring to social workers at Isfahan University of Medical Sciences had

moderate to severe economic and emotional-familial demands, respectively (9). Considering the development and placement of social work in hospitals over the past two decades, comparison of the findings of the present study with those reported by Mahmoudian et al. indicates that the social worker has been able to solve the economic problems of patients to a large extent, but solving patients' emotional, psychological, and familial problems are less likely to be considered. It can be concluded that patients still pay less attention to social work unit as a place to solve their problems. This could be due to low awareness of the social workers' tasks and patients' distrust in disclosing their problems. Increasing public awareness

about the activities of the hospital's social work unit regarding solving patients' and their families' problems will benefit more people. Meanwhile, considering the need for privacy, social work offices require separate rooms for discussion and counseling, which is still neglected.

The study found that about 20% of clients suffered from psychological illnesses. Various studies have shown that the decrease in the severity of psychological and social problems of psychiatric patients shorten the hospitalization time of these patients (10–12); as a result, social workers can help to maintain the resources of the health care system.

In the present study, the most prevalent disease reported by social worker was cancer. In a study by Judd et al., acute medical service took most of the social workers' time (13). This difference could be due to different types of specialities of hospitals in the two studies.

The study by Craig et al. in Canada divided the social workers' capabilities in four areas: 1) The ability to think holistically, 2) Interaction with families, 3) Empowerment of the patient and the family to tolerate hard conditions, and 4) Maximizing productivity of hospital and society resources (14). As can be noticed, the present study showed these four areas as a minor part of social workers' daily activities. A previous study had shown a gap in the perception of social workers' role between social worker practitioners and management (15). Considering the importance and high costs of treatment procedures, paying attention to the role of the hospital's social workers has become increasingly important.

The current study showed that the main activity of social work in the hospital was to help to solve the financial problems regarding the cost of treatment. Our study shows a far distance between the current situation and the aims of social work unit for empowering the patients and their families to withstand difficult conditions following the disease and maximizing the productivity of hospital by appropriate use

of community resources. Therefore, in order to achieve these goals, more comprehensive studies should be carried out and appropriate programs should be designed to present the role of social workers to the clients, hospital authorities, and policy makers.

#### *Conflict of interest*

Authors declare no conflict of interests.

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#### **References**

1. Yahyazadeh H. The Study On the Differences and Similarities Between Social Work, Clinical Psychology, And Counseling. *Soc Res (New York)*. 2009;2(3):101–16.
2. Murray CJL, Frenk J. A framework for assessing the performance of health systems. *Bull World Health Organ*. 2000;78(6):717–31.
3. Scope of Social Work Practice : Hospital Social Work. Australian Association of Social Workers:1–9. Available from: <https://www.aasw.asn.au/document/item/8644>. Accessed Feb 20, 2018.
4. Carrigan ZH. Social workers in medical settings: who defines us? *Soc Work Health Care*. 1978;4(2):149–63.
5. Wade K, Neuman K. Practice-Based Research: Changing the Professional Culture and Language of Social Work. *Soc Work Health Care*. 2007;44(4):49–64.
6. Carlson J. Striking a balance. *Mod Healthc*. 2013;43(26):20.
7. Samaram E. Social Policy and Social Services (Social Work). *Soc Welfare (India)*. 2003;3(10):245–66.
8. Olsen KM, Olsen ME. Role expectations and perceptions for social workers in medical settings. *Social Work*. 1967;12(3):70–8.
9. Mahmoudiab A, Javadi F, Bactashian M. ASSESSMENT OF SOCIAL WORKING NEEDS OF PATIENTS COMING TO EDUCATIONAL HOSPITALS OF ISFAHAN IN 1379. *J Res Med Sci*. 2003;8(3).
10. Lister L. Role expectations of social workers and other health professionals. *Health Soc Work*. 1980;5(2):41–9.
11. Pauselli L, Verdolini N, Bernardini F, Compton MT, Quartesan R. Predictors of Length of Stay in an Inpatient Psychiatric Unit of a General Hospital in Perugia, Italy. *Psychiatr Q*. 2017;88(1):129–40.

12. Shinjo D, Tachimori H, Sakurai K, Ohnuma T, Fujimori K, Fushimi K. Factors affecting prolonged length of stay in psychiatric patients in Japan: A retrospective observational study. *Psychiatry Clin Neurosci.* 2017;71(8):542–53.
13. Judd RG, Sheffield S. Hospital social work: Contemporary roles and professional activities. *Soc Work Health Care.* 2010;49(9):856–71.
14. Craig SL, Muskat B. Bouncers, Brokers, and Glue: The Self-described Roles of Social Workers in Urban Hospitals. *Health Soc Work.* 2013;38(1):7–16.
15. Yalli N, Cooper N. The perceptions of hospital social workers in Saudi Arabia regarding the organisational factors that impact on their role. *Int J Soc Welf.* 2008;17(3):247–50.