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The Role of Emergency Room Social Worker: An Exploratory Study

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The Role of Emergency Room Social Worker: An Exploratory Study

Submitted by Elizabeth L. Fusenig
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MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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Abstract

Research suggests the defined role of emergency room social worker is unclear among other professionals working in the emergency room (Cowles & Lefcowitz, 1992). Changes to the healthcare system including a decrease in resources, combined roles of emergency department personnel, and delivery of mental health treatment in emergency rooms has necessitated further investigation of the role of emergency room social worker.

Using a qualitative design, seven participants from two Midwestern hospitals were surveyed in regards to how they defined their role as a social worker, barriers to their role, and demographic information was collected including licensure and years worked as an emergency room social worker.

Findings of this study suggest the emergency room social worker is a valuable member of the interdisciplinary team in the emergency room, fulfilling multiple roles for the well being of patients. Study results indicated emergency room social workers may be underutilized as educators of mental health topics both within the hospital and in the community setting. Additionally, the role of emergency room social worker as a cultural broker may also be underutilized within the emergency room setting. This study also indicated significant barriers to the role of emergency room social worker, including lack of community resources.

These findings demonstrate the need for future research in various areas relating to the emergency room social worker such as researching the emergency room social worker as an educator and as a cultural liaison.

Acknowledgements

This paper is dedicated to my son, Samuel Restrepo. Without your love, support, and patience, continuing my education would not be possible. I would like to also acknowledge and thank my committee members for the development of this research: Susan Dean, LICSW, Stephanie Spandl, SSND, LICSW, and Valandra, LICSW, ABD (Chair). Finally, I would like to acknowledge the frontline emergency room social workers that work tirelessly to provide care and comfort for patients that sometimes do not have a voice. Thank you for the incredible work you do.

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Introduction

Research suggests the defined role of an emergency room social worker is somewhat unclear among other professionals working within the emergency room. A study by Cowles & Lefcowitz (1992) compared the interdisciplinary expectations of the social worker role within a hospital setting and found that the perceptions of the emergency room social work role varied among social worker, physician and nurse. It is important for medical professionals working in a hospital setting to understand the training, background, and skill set the emergency room social worker has to bring to the medical field. Not only should physicians and nurses be aware of the role of an emergency room social worker, but also ancillary service workers including chaplains, medical interpreters, health unit coordinators, among others, should be aware in order to provide optimal patient care. For instance, emergency room social workers may be trained to clinically diagnose mental health patients. When an emergency room social worker is working with medical interpreters, it would be helpful to the medical interpreter to understand the training emergency room social workers have in regards to cultural competency in mental health treatment.

The purpose of this qualitative study is to further define the emergency room social work role. Other intended purposes of this study include education for the general public on what is the role of the emergency room social worker. Benefits to completing this study would provide an educational component to the general public so they would know what to expect when they or family members are being treated in an emergency room. Another benefit to this study is educating the emergency room staff on the role, competencies, and educational background of the emergency room social worker.

Literature Review

There are many roles within social work. Sheafor & Horejsi (2006) write that social workers take on many roles within a workplace including a broker, advocate, teacher, counselor, clinician, social change agent, and professional.   Medical social workers take on the challenges of these roles. The role of the medical social worker is becoming increasingly complex. Some of the roles a hospital medical worker performs include the role of educator, discharge planner, counselor, case manager, assessor, and crisis intervention specialist (Cowles & Lefcowitz, 1992, 1995; Herbert & Levin, 1996). Medical social workers work in a variety of settings including inpatient hospital medical-surgical floors, hospital cardiac units, and emergency rooms. Medical social workers can also work in outpatient settings including renal, oncology offices and outpatient hospice, among others.

However, the role of an emergency room social worker is unique. Emergency room social workers work in a fast-paced environment with ever changing variables in a workday. These variables may include working short-staffed, with communication differences within the interdisciplinary team, and a wide range of patients, from those asking for community resources to suicidal patients. Emergency room social workers have unique challenges including clinical mental health evaluation and diagnosis, referrals to community resources, financial assistance, child and vulnerable adult reporting, and working with victims of sexual assault (personal experience, 2010).

Ethical implications of emergency room social workers

The role of emergency room social worker is consistent with social work values and ethics. The NASW Code of Ethics (NASW, 1996) policy on healthcare encourages competency within the health care system and states "NASW supports giving all patients and their families'

necessary and appropriate care and benefits". NASW addresses competency in healthcare, in which they support appropriate, adequate, competent and compassionate care in health care for patients.

Additionally, the role of emergency room social worker is consistent with the University of St. Catherine & University of St. Thomas' Social Work for Social Justice: Ten Principles (2006). For example, the Principle of Community and the Common Good states "social workers promote general welfare and development of individuals, families, and communities. Social workers seek to strengthen relationships among people at all levels and promote the well being of all." This principle promotes health and wellness within the healthcare field, in which emergency room social workers are a part.

The role of emergency room social worker as mental health practitioner

One role that clinical emergency room social workers have is to diagnose and assess mental health patients. Dziegielewski (1988) notes that clinical social workers in medical settings have the difficult task of recognizing and being aware of biomedical, psychological and social factors when working with patients. Deeply rooted in the medical model, emergency room clinical social workers currently utilize the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to diagnose mental disorders for mental health patients. Dziegielewski (1998) also notes that because social workers have strength-building and enhancing tools, they are well equipped to provide psychosocial assessments to patients that establish the services patients will be receiving.

According to Dziegielewski (1998), social workers have five tasks that help guide the clinical assessment process in healthcare settings. These include engaging clients in the intervention process, being aware of different methods used in the intervention process, social

workers being aware of their own values and beliefs, identifying and addressing cultural and racial considerations in the assessment phase and identifying client strengths and supports.

The emergency room social worker role of discharge planner

As the healthcare systems become increasingly complex, the role of emergency room social worker becomes a vital component of healthcare systems and may be helpful in reducing readmissions to hospitals. One duty an emergency room social worker may have is ensuring a patient has a safe discharge plan in place before the patient is discharged. The emergency room social worker needs to identify the needs of the patient and provide resources. If the patient is unable to return home, the social worker makes other arrangements, such as coordinating with a transitional care unit (TCU) for appropriate placement of patient. Zimmerman & Dabelko (2007) concur that medical social workers play an important role in discharge planning due to knowledge of community resources and services. However, they also state that as medical social workers fill the role of discharge planners, they also have less time for traditional roles in social work, such as patient advocacy and counseling patients. O'Brien & Stewart (2009), suggest insurance companies and other medical professionals pressure medical social workers in the discharge process to ensure a safe, cost effective discharge of the patient. One may speculate that without the role of social workers in the emergency room, patients may be sent home without getting their needs met, which may result in costly readmissions.

A study by the U.S. Department of Health and Human Services Center for Disease Control (Garcia, et al. 2010) states that in 2007, approximately one in five people living in the United States used the emergency department during a 12-month period. This study also found that patients aged 75 and older, individuals insured with Medicaid, and the people in poverty were more likely to use the emergency department than those with other insurances, ages within

a 12-month period. Additionally, family income was the highest factor for multiple emergency room visits in a 12-month period when looking at age, race, income, and ethnicity. This study suggests that the elderly and the poor may utilize the emergency room more frequently than other groups. Emergency room social workers can be an important tool in helping these people find resources such as health insurance and financial resources. Additionally, emergency room social workers help with the discharge planning process to ensure that patient's rights are protected, including the right to health insurance and healthcare; regardless of socioeconomic status.

The role of social worker on an interdisciplinary team in the emergency room

In some instances, emergency room social workers work on care teams within the emergency room setting. Hobbs (2005) describes the concept of trans-disciplinary care as members of different disciplines that are not only proficient in their own specialties, but also have training in other disciplines, which may include physicians, registered nurses, and social workers. This trans-disciplinary care is already being utilized in emergency rooms with such positions as case managers, whose job tasks can vary from following up on appointments for patients, to helping patients find affordable housing. One benefit to hospitals hiring and training employees in trans-disciplinary care includes fiscal savings by having one person being accessible to complete several different tasks. Hobbs (2005) lists duties that may be specific to a social worker in a trans-disciplinary setting in the emergency room as including working with the patient's family and support system in order to best support the patient emotionally, connecting patients and families with resources and financial assistance, and if needed, referring patients to long term therapy.

The role of social worker in a hospital medical setting, such as in the emergency room, may still need to be delineated more clearly with the social worker and the professionals that work alongside hospital social workers.   A study by Cole and Lefcowitz (1992) compared the interdisciplinary expectations of the social worker role within a hospital setting. In this study, hospital social workers, nurses and physicians were polled to determine the perceived role of the hospital social worker. This study suggested that nurses and physicians in a hospital setting thought the primary role of the hospital social worker was working with patients on financial matters, providing referrals, and working with patient's family and environment. Over half of the social workers polled thought their role was to include treatment and assessment of emotional problems and socio-environmental factors in patients. In contrast, physicians and nurses expected these tasks to be divided among other professionals. Furthermore, the assessment of emotional problems was the only task that physicians and nurses felt was outside the role of social worker. This study speculates that perhaps these perceptions may be due to different models in healthcare, not enough knowledge about the role of hospital social worker, or questioning the competence of social worker.

Emergency rooms social workers as coordinators for sudden death

One role that an emergency room social worker can assume is coordinator in the event of a traumatic death in the emergency room. A death in the emergency room can have unique challenges in coordination. For example, if a patient died en route to the hospital, the social worker may not have had knowledge of the events leading up to a patient's death, which family members were meeting the patient at the hospital, and what family dynamics exist. Kaul (2001) suggests that a social worker is a good fit to fill this role because social workers have professional training in clinical assessment, experience working with people in crisis and crisis

intervention, cultural awareness, and are familiar with resources available for family members and loved ones of the deceased. Kaul (2001) also adds that the social work role in the emergency department is effective and fitting because many nurses face time constraints due to increased patient loads and responsibilities and some people prefer having a social worker notify them of a loved one's death rather than a chaplain.

Wells (1993) also confirms the role of social worker in the event of a sudden death in the emergency room. Wells describes some of the responsibilities, tasks, and guidelines that a social worker may use in the event of a sudden death in the emergency room. These include providing as much privacy as possible for the patient's loved ones, keeping the family informed, using understandable terminology, speaking directly about death, making referrals, developing positive responses, guiding the family after the death, and completing paperwork. Each of these tasks and responsibilities that the emergency room social worker has also requires specific skills that emergency room social workers must obtain. For instance, the social worker's ability to decipher medical jargon in order to use understandable terminology to patient's family means social workers have to have a clear understanding of what is happening to patients and may need to learn medical terms, procedures, and anatomy before or during the time they are an emergency room social worker.

The emergency room social worker as a cultural liaison

Hobbs (2005) states medical social workers may act as a cultural liaison. Within the medical setting, social workers can interview and gather vital information about a patient's culture, background, and beliefs and relay this information on to other disciplines so they can provide optimal care for the patient. For certain minority populations, having emergency room social workers gathering cultural data and family history on patients can be very important to

patient treatment and outcome.   For example, Healthy People, an initiative of the National Institute of Health (2010) reports Hispanics are twice as likely to die from diabetes as non-Hispanic whites, the infant death rate among African Americans is double that of whites, women of Vietnamese origin have a cervical cancer rate almost five times higher than white women, and American Indian and Alaska Natives have a disproportionately high rate of death from suicide and unintentional injuries (2010). Additionally, the role of emergency room social worker educating healthcare providers of a patient's religious preference and beliefs can optimize the healthcare outcome.

As competent emergency room practitioners, social workers need to understand cultural experiences including other key components in grief such as historical perspectives within a family's culture, communication styles, and religious perspectives that influence grief and loss issues. For instance, in examining cultural response to death, Klass (1999) states that that many factors play into response of death including trauma, pollution, and failure. It is important that social workers acknowledge that when dealing with death, they are also dealing with trauma and how culture impacts trauma as well (www.nasponline.org). For instance, Native American and African American cultures have been brutalized, used as slaves, and had their homeland taken away. With this trauma, trust of the practitioner of a different culture may play a role in grief therapy. The better the practitioner understands the historical loss, the better prepared the practitioner is to help the client. Therefore, not only does a practitioner need to be mindful of cultural grief, but also of cultural trauma and how a culture perceives a traumatic death and historical implications of grief and trauma.

The location of a death is of importance in some cultures and may need to be considered, especially if a patient dies in the emergency room and the social worker is working with the

grieving family.   For instance, in the matter-of-fact British culture, some people of British heritage wish to die in a hospital, sparing loved ones from emotional toil. Other cultural groups that are interdependent on each other, including Italians, Greeks, East Indians, and Puerto Ricans might feel deprived if not being at home during a death (Walsh & McGoldrick, 2004).

Another factor the social worker needs to address when considering culture in bereavement is gender differences. Walsh & McGoldrick (2004) remind us to make cultural distinctions when looking at bereavement in men and women due to patriarchal expectations in men. This is also true with men living in the United States, where gender stereotypes depict women having permission to be free with their emotions, and men are expected to hold in their emotions.

Culture also goes beyond a person's ethnic heritage. For instance, culture for deaf persons varies from a hearing person. There is a rich cultural history that hearing impaired individuals share. According to the Hospice Foundation of America, it is not the medical condition of hearing loss that affects the process of grieving, it is the deaf person's interactions with the hearing world (physicians, nurses, social workers, churches, community) that can impacts grief work (2009). Having an emergency room social worker understanding the cultural aspects of grief and death may possibly impact the outcome of grief work for the grieving deaf person.

The Hospice Foundation of America (2009) suggests the following recommendations when working with the deaf and hard of hearing population. First, the person in the helping profession needs to overcome *audism,* which is a negative stereotype of deaf and hard of hearing persons, which is similar to racism or sexism. Secondly, they suggest dealing with the deaf person directly, not through family members. Other suggestions made include using interpreters

appropriately, ensuring that people understand written materials and making your office accessible using TDD or other technology available to this population (2009). An emergency room social worker can be a vital team player in coordination of care for working with the deaf population.

     In Hispanic cultures, including countries of Cuba, Dominican Republic, Mexico, Spain, Central and South America, many (but not all) of these people are of Roman Catholic faith, which must be taken into consideration as religion may influence patterns after a death (www.nasponline.org). Grieving a loved one in this culture may include a Mass and family and friends in the procession, the Rosary may be said at the home of loved ones, possibly at the home of the deceased, and monetary expenses to cover funeral and burial are not uncommon (www.nasponline.org). Some members of the Hispanic culture celebrate Dia de Los Muertos, or "Day of the Dead" to honor people in their lives who had died, which may indicate acceptance of death (Talamantes, Gomez, & Braun, 2000). Other important factors social workers in the emergency room need to be aware of when working with this specific population includes a high degree of family involvement, extended family attends to the sick and dying, and the oldest male holds the greatest power. Additionally, cultural communication nuances that need to be addressed when working with the Hispanic American population include showing respect by using proper names, avoiding touch until a rapport has been made, and using silence may indicate a lack of agreement (Kemp, 2001).

     Cultural grieving norms need to be addressed by the social worker while working in the emergency room. For instance, families in Southeast Asia are expected to be open with their emotions in public, yet in private be stoical about their emotions (Walsh & McGoldrick, 2004). African American history needs to be addressed when dealing with death within that culture due

to slavery, beatings, disease, direct killings, and loss of will to live (Walsh & McGoldrick, 2004). Rituals and traditions in the African American culture include the importance of attending a funeral, including children in rituals, and open encouragement of emotions (Walsh & McGoldrick, 2004). This may be especially important for a social worker in the emergency room to understand when the family members of the deceased arrive at the hospital. The emphasis on the wake in African American culture is similar to Irish custom and culture (McGoldrick et al,, 1982).

According to Cancer.org, the Native American population has an emphasis that death is a reunion with nature and the spirit of the person never dies. Most Native American tribes are concerned with preserving the body, so embalming is common and dismembering a body is taboo. Additionally, organ donation is generally not accepted. It is also important for the person to be buried in their native homeland. This is where historical trauma can come into play as many elderly Native Americans have displaced from their homelands, which can cause complicated grief. Communication styles in this population that emergency room social workers would need to address include that it is inappropriate to speak for someone else, inappropriate to express strong emotions, and is considered rude to ask direct personal questions if you do not know a person.

Emergency room social workers can be an invaluable resource for not only as a cultural broker within the emergency room. Emergency room social workers take on this task in addition to the role of mental health practitioner, resource liaison, advocate, grief counselor, case manager, and discharge planner, among others.

Conceptual Framework

The systems theory has been selected for this paper for its relevancy to the complexity of the medical setting.   Kirst-Ashman (2007) identifies systems theory as focusing on interactions and dynamics within an environment. Within the emergency department hospital setting, several disciplines such as medical doctors, emergency room technicians, nurses, health unit coordinators, and social workers work in collaboration to meet the needs of the patient.

Sheafor & Horejsi (2008) identify four key components that are interrelated in systems theory. These components include input, conversion operations, output and feedback. Emergency room social workers perform the element of intake by interviewing patients and families for needed information, reading electronic medical records, and other pertinent information to treat patients. The component of conversion operations has the emergency room social worker translating this information and then interacts with other systems or disciplines within the emergency room to provide continuity of care within this system which completes the output function within systems theory. Finally, the social worker is able to complete this task by providing feedback to the interdisciplinary team or facility management to provide optimal care to patients.

Systems theory was also chosen because of the symbolic relationships within this theory (Sheafor & Horjsi, 2008). All disciplines within an emergency room impact each other. For instance, if an emergency room technician does not draw labs on a patient when needed, the physician may not be able to decide what treatments or interventions are warranted. Additionally, if a social worker is not a part of the interdisciplinary team, physicians may be needed to meet with patients at length to diagnose mental health issues, which in turn would affect medical patients in urgent need of a physician and may need to wait. On a larger scale,

this may cause increased wait time for all patients that may exacerbate higher health care costs for all and decrease in charity programs for the underserved.

Methodology

Proposed Research Question

The purpose of this study is to provide an in depth analysis into the role of emergency room social workers. This researcher used a survey of qualitative interview questions to explore the question: What is the role of the emergency room social worker? Questions in this survey were designed to gain insight into the role of social workers in the emergency room and delineate this role within the hospital setting. This study examined the specific roles of the emergency room social worker by asking them to define their respective roles as a social worker in the emergency room. This includes both individually and in conjunction with other professionals, defining barriers and examining challenges within their role, and looked at demographic information including location and level of licensure.

Research Design

A qualitative research design was used for this study. A qualitative research design was chosen due to the exploratory nature of the qualitative research design. The interview design included nine quantitative questions arranged in a predetermined order starting with the most general and funneling to more specific personal questions such as the level of licensure and personal demographic information including geographic location. The questions were designed so that participants could answer questions without assistance, were easy answer, and not time consuming.

Sample

A snowball sampling method was used for this study. One benefit of this sampling method includes maintaining anonymity of survey participants. Emergency room social work managers were contacted and asked to pass on the electronic survey to emergency room social workers in a hospital setting. The researcher invited three hospitals located in Minnesota to participate in the survey and two hospitals responded they were willing to participate in the survey. Seven emergency room social workers responded to the survey.

Protection of Human Subjects

Recruitment Process

The primary method of recruitment included the researcher contacting by telephone and via email a variety of emergency room social work supervisors and asking for their participation in this study. The emergency room social work supervisors were asked if they would like to participate in the survey. They provided the researcher with a letter or email stating they were willing to participate in the survey and would inform their social workers about the survey. They were asked to email the survey along with a flyer containing more information about the survey to emergency room social workers within that hospital. Social workers interested in the study were given instructions via email how to participate in the study. Participants were aware of deadlines to complete the survey. The survey was set up so that supervisors would not know which emergency room social workers were participating in the survey to protect participants. This researcher attempted to have a minimum of 40 participants respond to this survey. Seven participants participated in this survey (n=7).

Confidentiality

Confidentiality in this study was highly regarded. Confidentiality was maintained by keeping participants anonymous by asking participants to omit any identifying information including hospital name, participant name, and other identifying factors omitted.

The records of this study have been kept confidential. Research records have been kept in a locked file at the researcher's home office. A compilation of data will be presented at the graduate social work conference at the University of St. Thomas in May 2012 and any data will be destroyed after presenting. Only group data will be shared and no participant identifiers will be used.

Informed Consent

Participants had the opportunity to accept or decline participation in this survey. Subjects were notified that participation in this study was entirely voluntary. The decision whether or not to participate did affect their current or future relations with the research designer, the University of St. Catherine, the University of St. Thomas, or the School of Social Work. If a participant decided to participate, they were free to withdraw at any time without penalty. If they decided to withdraw, data collected about them was not used in this study. Additionally, the survey was anonymous.

Precautions were made to minimize coercion of study participants. The voluntary nature of this study was emphasized in several ways including an association consent form sent to hospital supervisors agreeing to pass the survey on to emergency room social workers. Participants were informed they will not be compensated for participation in the study.

Data Collection instrument and process

Data was collected with Qualtrics, a web based software program. Consent was implied if a participant completed the survey. The questions asked of participants in this survey included

the nine questions pertaining to the role of an emergency room social worker (refer to Appendix D). These questions were chosen to gain a better understanding of the roles of an emergency room social worker.

Data Analysis

Grounded theory was used in this paper to extract codes and themes pertinent to the research question. Grounded theory lets the theory emerge and become "grounded" (Monette et al., 2008). Data provided from the survey questions was looked at for codes. Methods of extracting codes included searching for codes line by line or exact words of respondent. Codes were extrapolated from the survey data, themes were looked at from the codes, and findings were presented.

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Findings

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Demographics

Demographics of participants included a total of seven (n=7) participants. Of these seven participants, five (n=5) participants indicated they worked in an urban hospital and two (n=2) participants indicated they worked at a rural hospital.

Participants stated how long they have been an emergency room social worker. Three (n=3) participants stated they had between 0-5 years experience working as an emergency room social worker. Two (n=2) participants stated they had between 5-10 years of experience. One (n=1) participant stated they had between 10-20 years of experience. One participant (n=1) participant stated they had over twenty-five years of experience working as an emergency room social worker.

Findings in this survey indicated that licensure influenced some of the roles of emergency room social worker. Five (n=5) out of the seven participants that took the survey stated their role

as an emergency room social worker was to perform psychosocial assessments on patients in the emergency room. Of the emergency room social workers that stated they performed psychosocial assessments, all five (n=5) were LICSW's. The remaining two social workers that did not perform psychosocial assessments were LSW's. One (n=1) of the LSW's stated that as an LSW, the participant was unable to complete psychosocial assessments on patients in the emergency room due to licensure.

Overview of Findings

The purpose of this research project was to determine the role of emergency room social worker. Using qualitative interview questions, this researcher was able to identify nine major themes connected with the role of emergency room social worker.

Six major roles of the emergency room social worker were identified in this research. The first and primary emergency room social worker role identified was the social work role of completing psychosocial assessments on emergency room patients. This research indicated that licensure dictated if the emergency room social worker is able to conduct psychosocial assessments.

Another significant role of the emergency room social worker included the role of educator in emergency room social workers. Participants indicated that they have a role in educating other disciplines, both within the emergency room and also in the community. Participants stated that emergency room social workers as educators for mental health extends beyond their role within the emergency room and expands into the community working with police and medics.

The role of the emergency room social worker as a cultural broker was identified in this survey.   Working with interpreters, learning about a patient's culture, advocating for patient

beliefs associated with their culture, and educating other professionals about a patient's culture were roles participants verified within the emergency room social worker role.

Another role defined within the emergency room social worker in this survey included the role of chemical dependency counselor and resource liaison. This role also included information, referral to detox centers, and assisting patients in processing the need for chemical dependency treatment.

Participants of this survey stated a significant role as an emergency room social worker includes abuse reporting, counseling, and providing resources. Emergency room social workers stated tasks related to this role include providing crisis counseling, legal resources, safety planning, and advocacy to battered women. Reporting of vulnerable adults and consulting with medical doctors on child abuse situations were also emergency room social worker tasks that were identified.

The final role of the emergency room social worker identified was the role as advocate for patients. This advocacy role included acting as an advocate for patients when they need medications in the emergency room, acting as an advocate for patients to receive services, and acting as an advocate if there are differing views towards medical treatment.

Another finding in this study included how lack of community and financial resources impacts the role of emergency room social worker. Lack of resources listed by participants includes lack of mental health beds for patients, cuts to federal and state programs, general cuts to health care and insurance programs, and ability for patients to qualify for these programs.

A theme found in this research was that other professionals working in the emergency department need education on the social worker's role in the emergency room. Study participants responded that other disciplines working in the emergency room may not always

know the role of the emergency room social worker. Additionally, these other disciplines and professionals may not acknowledge the mental health expertise of the emergency room social worker, which promotes a top-down medical model of care.

The final theme within this research stated that collaboration with other disciplines within the emergency room is vital to promote optimal patient care. This collaboration includes medical professionals such as physicians, physician assistants, nurses, clerks, techs, the charge RN, the bedside RN, the patient care advocate, care extender, the pharmacist, the health unit coordinator, the behavioral health access nurse, the security staff, any consulting physicians and the spiritual care staff. Respondents stated collaboration was also important for hospital admissions, referrals, completing necessary paperwork and was necessary to provide consistency, safety, and appropriate care.

Themes

Major Theme # 1: Primary role of emergency room social worker includes psychosocial assessments on emergency room patients.

The first and primary emergency room social worker role identified was the social work role of completing psychosocial assessments on emergency room patients. Five out of the seven (n=5) participants that took the survey stated their role as an emergency room social worker was to perform psychosocial assessments on patients in the emergency room. Of the emergency room social workers that stated they performed psychosocial assessments, all five were LICSW's. The remaining two social workers that did not perform psychosocial assessments were LSW's.

We provide mental health assessments for persons in a crisis situation. We collaborate with the M.D.'s to determining whether persons with a variety of mental illnesses suicidal, depressed, anxiety, psychosis, etc. should be admitted for further evaluation and treatment versus developing an outpatient plan sufficient to keep them safe in the community.

Perform psychosocial assessments to identify areas of high risk and to assist with unexpected outcomes of a patient's hospital/emergency room visit.

Assessing patients for risk to themselves or others to determine if they meet criteria for hospital admission.

Major Theme # 2:   Emergency room social workers have a role in educating other disciplines/professionals on Mental Health topics and diagnoses.

Six out of seven participants (n=6) stated that one role of the emergency room social worker was as an educator. Social workers that participated in the study indicated there is a clear role in educating staff such as medical doctors, physician assistants, nurses, and other health care professionals in mental health education. Two participants (n=2) indicated that other community health professionals that work with the mentally ill, such as police officers, emergency medical technicians, and paramedics would be benefit from social work training and education regarding mental illness.

If time allowed, and if other disciplines were willing, emergency room social workers could provide significant training and education about a variety of issues including community services, mental health diagnoses, etc. This would be particularly helpful for nurses, doctors, PA-C, and other first responders (police and medics)

Some training also occurs with new nursing staff. Some social workers are now training police in the community regarding mental health patients.

I…do occasional training for police, nurses and techs.

I try to learn about other cultures attitudes toward health care so as to be sensitive to their needs and share this information to other non social work staff in the emergency room.

Major Theme # 3: Emergency room social workers act as cultural liaisons

Participants were asked what their role was in relation to a patient's culture. Six out of

seven (n=6) participants stated they were involved either by working with interpreters, learning

about a patient's culture, advocating for patient beliefs associated with their culture, or educating

other professionals about a patient's culture. One (n=1) participant responded to the culture of

the emergency room and stated that social workers contribute to a calm environment in the

emergency room.

My role is to meet the patient where they are at, no matter their culture, race, beliefs, etc.

My role can include assisting with communication whether through an interpreter or interpreter phone if needed, advocating for the patient if they have aware (sic) of different cultural beliefs what are not within "normal" practice, educating the rest of the emergency room staff to certain cultural beliefs and customs, and providing education and documentation that is accommodating to their primary language and reading skill set.

We need to be aware of a patient's cultural preferences and how that can impact getting health care, or not, and how "modern' health care treatments that are popular in the western world may not be accepted by all cultures. We need to be respectful of cultural differences and educate others (colleagues, nurses, doctors, etc) and advocate for patient's choices especially if they may not be our choices, we still need to be respectful of them.

Major Theme # 4: Emergency room social worker's role includes chemical dependency counseling and resource referral

When asked to define their role as an emergency room social worker, three (n=3)

respondents stated that part of their role as an emergency room social worker included chemical

dependency care, counseling and resource referral. This role also included assisting patients in

processing the need for chemical dependency treatment.

I assist getting intoxicated patients into our detox center

Provide information and counseling for persons seeking care for chemical dependency. Sometimes this involves raising the issue to person (sic) who demonstrate a problem, but haven't yet accepted the need to resolve it.

Major Theme # 5: The role of emergency room social worker includes abuse reporting, counseling, and providing resources

Three (n=3) participants of this survey stated a significant role as an emergency room social worker includes abuse reporting, counseling, and providing resources. Emergency room social workers stated tasks related to this role include providing crisis counseling, legal resources, safety planning, and advocacy to battered women. Reporting of vulnerable adults and consulting with medical doctors on child abuse situations were also emergency room social worker tasks that were identified.

We provide crisis counseling, legal, and advocacy to battered women.

Patients may come to the emergency room....for medical issues and then are referred to social work counseling, advocacy, and safety planning for battered women and vulnerable adults.

Consult with MD's on child abuse situations

Major Theme #6: Emergency room social workers act as advocates for patients

Three (n=3) participants stated they have the role as advocate for patients in the emergency room.   This advocacy role included acting as an advocate for patients when they need medications in the emergency room, acting as an advocate for patients to receive services, and acting as an advocate if there are differing views towards medical treatment.

I act as an advocate for patient when they need medications in the emergency room

I advocate for patients to receive services

I advocate for patients if there is are differing views toward medical treatment

Major Theme # 7: Lack of community and financial resources impacts the role of emergency room social worker

Six (n=6) respondents stated that barriers to their role as emergency room social worker include cuts to federal and state programs. Lack of resources for patients include lack of mental health beds and insurance cuts to health care were also identified as a barrier. Other lack of resources mentioned included patient qualifications for health insurance and other programs.

Lack of resources in the community for people in crisis that don't need hospitalization but not appropriate for a shelter. Not always enough beds for admissions. Lack of health insurance.

Another barrier that prevents me to complete my tasks are my time restrictions and status of the patient's ability to absorb the information I provide to them; the patient is in the emergency room only a few hours or even minutes pending diagnosis.

Barriers to the role in emergency room social work include cuts in federally funded programs such as medical assistance and prescription assistance programs. Sometimes patients don't qualify for county/state assistance program because they "make too much" but their actual take home pay is not adequate to pay for their own insurance in addition to other bills, i.e. the working poor.

A barrier to the role of emergency room social worker includes a lack of community resources. Lack of mental health beds at times. Lack of insurance though we are very fortunate in our community to compared with some states and rural areas.

Cuts to services/programs is frustrating

Major Theme # 8: Other disciplines/professionals need education on the social worker's role in the emergency room.

Four (n=4) study participants responded that other disciplines working in the emergency room may not always understand the role of the emergency room social worker. Additionally, they may not acknowledge the mental health expertise of the emergency room social worker.

...Always a challenge to meet new residents who don't understand the social worker role as a therapist or mental health assessor. But they learn quickly.

It is so hard to get the medical staff to see crisis patients as equally deserving as the medical patients. We cannot seem to break this barrier.

Barrier to role of emergency room social worker includes reluctance of other disciplines to acknowledge expertise of social workers, creating a top-down, medical model that is often not as colleagueal (sic) as I would like.

I also enjoy having students shadowing to show them all the ways we (social workers in general) can make an impact in someone's life.

Major theme # 9: Collaboration with other disciplines is important to the role of emergency room social worker

All seven (n=7) participants stated that as emergency room social workers, they work

with other disciplines to meet the needs of patient. Other disciplines that emergency room social

workers mentioned included health unit coordinators, emergency room physicians, physician

assistants, licensed practical nurses, registered nurses, pharmacists, and spiritual care staff,

among others.

COLLABORATION is the name of the game. We consult, discuss, share information and ideas with the doctors, physician assistants, also with the nurses, techs, and clerks.

My role is to work closely with the entire staff caring for that specific patient which includes: the emergency room physician, the charge RN, the bedside RN, the LPN, the patient care advocate or patient care extender, the pharmacist, the health unit coordinator, the behavioral access nurse, the security staff, the admissions staff, any consulting physicians, and the spiritual care staff. Together, our efforts are to provide the best medical, social, emotional, and physical care that we can given our limited time with the patient.

Our biggest task is to help the patient to get what they need now in their time of crisis and convince medical staff to agree to that. This means finding about the patient's situation from the perspective of the patient, community, family, providers, and/or social circle, as needed. This information is essential in helping medical providers and myself understand the patient's current situation and needs. This helps all of us make a decision together about the plan for the patient. Medical staff relies on this.

We work with emergency room physicians and physician assistants as a team to determine whether or not a patient required mental health admission and if not appropriate, discharge plans.

Discussion

This research indicated a top role of the emergency room social worker position is providing psychosocial assessments to patients. This is congruent with Dziegielewski (1998), stating that social workers have strength-building and enhancing tools, they are well equipped to provide psychosocial assessments to patients that establish the services patients will be receiving. Because education and licensure also appeared to be a factor for the ability of emergency room social workers to be able to complete the psychosocial assessments, emergency room social workers may require a Masters level education and LICSW licensure to assume this role.

The role of cultural liaison of the emergency room social worker was confirmed in this study. This is consistent with Hobbs (2005), who states medical social workers may act as a cultural liaison. Within the medical setting, social workers can interview and gather vital information about a patient's culture, background, and beliefs and relay this information on to other disciplines so they can provide optimal care for the patient. These findings may suggest that emergency room social workers can act as educators to other professionals working in the emergency room in regards to a patient's culture.

This study had similar results to the study by Cole and Lefcowitz (1992) which compared the interdisciplinary expectations of the social worker role within a hospital setting and found that there was some confusion among the role of perceived emergency room social worker between hospital social workers, nurses, and physicians. Emergency room social workers questioned in this survey responded that other disciplines working in the emergency room may not always know the role of the emergency room social worker. Additionally, they may not acknowledge the mental health expertise of the emergency room social worker.

One role that was not congruent with the literature review used in this study was the role of emergency room social worker as a discharge planner. Participants did not state discharge planning was not a major task in their role. However, Zimmerman & Dabelko (2007) state medical social workers play an important role in discharge planning due to knowledge of community resources and services. They also state that as medical social workers fill the role of discharge planners, they also have less time for traditional roles in social work, such as patient advocacy and counseling patients.

This research may suggest that study participants discharge plan as part of their role, which may not be as time consuming as completing psychosocial assessments and other counseling related tasks. Additionally, a majority of participants in this study (n=5) indicated they were LICSW's, therefore the LISCW study participants may spend more time on psychosocial assessments than discharge planning because their licensure allows the task of psychosocial assessment. One (n=1) participant of this study indicated they were unable to complete psychosocial assessments due to having licensure at the LSW level, which may indicate LSW's may spend more time on discharge planning than LICSW's within the emergency room setting and further research may be needed in this area.

Implications for Social Work Practice

The role of emergency room social worker is consistent with social work values and ethics. The NASW Code of Ethics (NASW, 1996) policy on healthcare encourages competency within the health care system and states "NASW supports giving all patients and their families' necessary and appropriate care and benefits". NASW addresses competency in healthcare, in which they support appropriate, adequate, competent and compassionate care in health care for

patients. Emergency room social workers have a unique skill set that views the patient in their environment versus through the lens of the medical model.

This study indicates emergency room social workers need to be culturally competent to provide optimal patient care within the emergency room setting. Additional education may be needed within the social work education system regarding culture, medical traditions and treatments from a variety of cultures. Additionally, because this study identified emergency room social workers as educators and advocates within the hospital setting, emergency room social workers may be an appropriate practitioner to educate other emergency room staff on topics of culture and continue to advocate for patients.

Participants indicted emergency room social workers are also instrumental in working with patients experiencing chemical dependency and abuse concerns. Ongoing education also needs to be offered to emergency room social workers regarding vulnerable adult and child abuse reporting topics and chemical dependency treatment options and programs to ensure optimal patient care.

A majority (n=6) of the study participants stated that lack of community and financial resources greatly impact their role as emergency room social workers. Specific lack of resources indicated by participants include cuts to federal and state programs, lack of resources for mental health programs, and resources for the underinsured, uninsured, and frustrations over patients being able to qualify for these programs. As resource cuts continue, emergency room social workers may advocate for more resources on a macro level for continuation of resources for patients.

Recommendations for Future Research

This study indicated future research is need in several areas in the role of emergency room social workers. The study demonstrated that there is a role and a need for social workers as educators for professionals in the emergency room including physicians and nurses. Additional studies may be needed to see how emergency room social workers can educate the medical professionals that work with mental health patients, such as paramedics, emergency medical technicians, fire, and police personnel. Future research may be needed to expand on that role to research how emergency room social workers can work with these community professionals.

Studies regarding how patients perceive the role of the emergency room social worker during a mental health crisis would also be beneficial to help understand the role of emergency room social worker from a patient perspective.

Additional studies may need to be conducted on the role of cultural liaison and emergency room social worker. Studies may be needed to determine how other hospitals are utilizing emergency room social workers as a cultural broker within the emergency room.

Strength and Limitations of Research

Strengths of this research help define a clearer role of emergency room social worker tasks and responsibilities. This study provided insight into a range of the social work skills needed and utilized for the role of emergency room social work. This research allowed participants to give personal feedback and reflects an individual interest in the role of the emergency room social worker. Another advantage of this research may be to increase interest in the profession of emergency room social work among social workers entering the profession.

Disadvantages of this survey sample indicated that the results were localized to this sample of participants and did not take into account geographical differences such as inclusion of emergency room social workers working in other parts of the United States. Disadvantages of this survey sample are that the results are localized to this sample of participants. Additionally, the non-probability sample size provided input only from the individuals taking the survey and may not apply toward the greater population.

Efforts to limit research bias have been addressed through the decision to utilize open-ended surveys in order to gain objective information, and to avoid researcher tendency to apply meaning to the data. The researcher's personal bias includes MSW social work internship experience in an emergency room.

Conclusion

This study suggests that social workers are a valuable member of the interdisciplinary team in the emergency room, fulfilling multiple roles for the well being of patients. The findings of this survey indicate that emergency room social workers may be underutilized as educators of mental health topics both within the hospital and in the community setting. Additionally, the role of emergency room social worker as a cultural broker may also be underutilized. The social worker role can be a valuable piece of the healthcare treatment team.

This study also indicated significant barriers to the role of emergency room social worker, including cuts to community resources which greatly impact the ability of social worker to provide the best possible care to patients. Other barriers to the role of emergency room social worker include common knowledge about the role of emergency room social worker from other colleagues such as physicians and nurses. Participants indicated lack of education and even lack

of acknowledgement among these professions about the skill set, competency, and educational background of social workers as mental health therapists.

      This study also demonstrates the need for future research in various areas relating to the emergency room social worker such as researching the emergency room social worker as an educator and as a cultural liaison.

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Appendix A:

ASSOCIATION CONSENT TO HOSPITALS

To Whom It May Concern:

I acknowledge that Liz Fusenig, a Masters of Social Work student at the University of St. Thomas/University of St. Catherine, is requesting permission to complete a study regarding what is the role of emergency room social worker.

Purpose:
Liz Fusenig, LSW, will be under the supervision of Valandra, Faculty Research Chair for this study. I understand this study is completely voluntarily. I understand what I am being asked to do is forward a flyer to professional medical social workers that I work with or know. The purpose of this study is to discern the role of emergency room social worker. I acknowledge that if the University of St. Catherine Institutional Review Board (IRB) approves this study, this paper would serve as my consent to participation in the study and consent to forward the study to other social workers.

Background Information:
The purpose of this study is to gain perspective on what the role is of an emergency room social worker. Your valuable input in this study will assist in the understanding of the role of emergency room social workers.

Procedures:
If you agree to be in this study, I will ask you to do the following things: Participate in a survey that asks questions directly related to your role as an emergency room social worker. You will be asked to complete these questions utilizing Qualtrics, a web based survey product.

Risks and Benefits of Being in the Study:
The study has no risks. The study has no benefits.

Compensation:
There is no compensation for participation.

Confidentiality:
The records of this study will be kept confidential. You will be asked to remain anonymous and not to add any identifying information while participating in this survey. Research records will be kept in a locked file in my home office.
A compilation of data will presented at the graduate social work conference and presentations at the University of St. Thomas in May 2012. Only group data will be shared and no participant identifiers will be used.

Voluntary Nature of the Study:
Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with myself, the University of St. Catherine, the

University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used in this study.

Contacts and Questions
My name is Elizabeth Fusenig. You may ask any questions you have now. If you have questions later, you may contact me via email at fuse5025@stthomas.edu. You may also contact the University of St. Catherine Institutional Review Board with any questions or concerns.
You may print a copy of this form for your records.

Statement of Consent:
I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study.

_____   _____

Signature of Study Participant   **Date**

Signature

:

CONSENT FORM
UNIVERSITY OF ST. THOMAS
GRSW682 RESEARCH PROJECT

Introduction:

I am conducting an exploratory study regarding defining the role of an emergency room social worker. I invite you to participate in this research. You were selected as a possible participant because you were identified as an emergency room social worker. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Elizabeth Fusenig, LSW, a graduate student at the School of Social Work, University of St. Catherine/University of St. Thomas and supervised by Valandra, PhD., an Assistant Professor at the University of St. Catherine/University of St. Thomas.

Background Information:

The purpose of this study is to gain perspective on what the role is of an emergency room social worker. Your valuable input in this study will assist in the understanding of the role of emergency room social workers.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Participate in a survey that asks questions directly related to your role as an emergency room social worker. You will be asked to complete these questions utilizing Qualtrics, a web based survey product.

Risks and Benefits of Being in the Study:

The study has no risks. The study has no benefits.

Compensation:

There is no compensation for participation.

Confidentiality:

The records of this study will be kept confidential. You will be asked to remain anonymous and not to add any identifying information while participating in this survey. Research records will be kept in a locked file in my home office.

A compilation of data will presented at the graduate social work conference and presentations at the University of St. Thomas in May 2012. Only aggregate group data will be shared and no participant identifiers will be used.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with myself, the University of St. Catherine, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used in this study.

Contacts and Questions

My name is Elizabeth Fusenig. You may ask any questions you have now. If you have questions later, you may contact me via email at fuse5025@stthomas.edu. You may also contact the University of St. Catherine Institutional Review Board with any questions or concerns.

You may print a copy of this form for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study.

_____   _____

Signature of Study Participant   **Date**

_____

Print Name of Study Participant

_____   _____

Signature of Researcher   **Date**

Appendix C: **Flyer to participants**

Attention Emergency Room Social Workers:

Interested in participating in a study of emergency room social workers?

Study information: I invite you to participate in an exploratory study to understand the role of the emergency room social workers. This study will examine what tasks the emergency room social worker has, and demographic information on emergency room social workers such as hospital location and level of licensure.

Why participate? This is a great opportunity to define the role of emergency room social worker and create awareness about the role of emergency room social worker.

 What will you be asked to do? Complete a short 9 question survey! If unable to participate, you can forward this flyer onto other emergency room social workers.

Contact information: Contact Liz Fusenig, LSW at fuse5025@stthomas.edu.

Appendix D

Exploratory Study Questions:

The questions asked to participants in this survey include:

1) Please define your role as an emergency room social worker.

(2) What barriers do you see in your role as an emergency room social worker?

(3) What other roles do you see the emergency room social worker taking on in the future?

(4) Explain how your role as emergency room social worker works with other disciplines?

(5) Briefly state how long you have worked as an emergency room social worker.

(6) What do you feel is the most rewarding and challenging part of your position as emergency room social worker?

(7) Briefly explain how your role pertains to dealing with a patient's culture.

(8) How would you describe the geographic location of the hospital in which you work as an emergency room social worker (rural, urban, etc)?

(9) What is your current level of licensure?

Appendix E

Email for Participants

Dear Emergency Room Social Workers:

You have received this email because you are identified as an emergency room social worker. The purpose of this email is to give you information about a research project Elizabeth Fusenig, LSW is conducting to explore what the role of emergency room social worker does and gather data to delineate the social work role form other emergency room roles are.
 If you are interested in participating in this research study, please note attached flyer for information. Please free to forward this information on to other emergency room social workers, regardless of their geographic location. I thank you in advance for your consideration of participating in this study.

Respectfully,
Elizabeth Fusenig, LSW
University of St. Thomas MSW student