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When high pressure, system constraints, and a social justice mission collide: A socio-structural analysis of emergency department social work services

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A B S T R A C T

The emergency department (ED) can be a critical intervention point for many patients with multifaceted needs. Social workers have long been part of interdisciplinary ED teams. This study aimed to contribute to the limited understanding of social worker-patient interactions and factors influencing social work services in this setting. This paper reports a qualitative content analysis of social work medical record notes (N = 1509) of services provided to trauma patients in an urban, public, level 1 trauma center and an in-depth analysis of semi-structured interviews with ED social workers (N = 10). Eight major social work roles were identified: investigator, gatekeeper, resource broker, care coordinator, problem solver, crisis manager, advocate, discharge planner. Analyses revealed a complex interplay between ED social work services and multi-layered contexts. Using a social-ecological framework, we identified the interactions between micro or individual level factors, mezzo or local system level factors and macro environmental and systemic factors that play a role in ED interactions and patient services. Macro-level contextual influences were socio-structural forces including socioeconomic barriers to health, social hierarchies that reflected power differentials between providers and patients, and distrust or bias. Mezzo-level forces were limited resources, lack of healthcare system coordination, a challenging hierarchy within the medical model and the pressure to discharge patients quickly. Micro-level factors included characteristics of patients and social workers, complexity of patient stressors, empathic strain, lack of closure and compassion. All of these forces were at play in patient-social worker interactions and impacted service provision. Social workers were at times able to successfully navigate these forces, yet at other times these challenges were insurmountable. A conceptual model of ED social work and the influences on the patient-social worker interactions was developed to assist in guiding innovative research and practice models to improve services and outcomes in the complex, fast-paced ED.

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1. Introduction

In 1913 Ida M. Cannon, one of the first hospital social workers in the US, wrote "The problems of many hospital patients are social as well as medical." (pg 2). In her formative book on medical social work at the turn of the 20th century she outlined what are now called social determinants of health long before the term or its underlying concepts were widely used. She connected social factors like environmental conditions and poverty to human health outcomes. In addition, she outlined key mechanisms for addressing patient needs such as social worker skill, knowledge, and availability of community resources (Cannon, 1913). There now exists a substantial body of evidence to support what Cannon and other progressives of her time observed in their work: remediable social conditions impact health and are responsible for inequalities in

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health outcomes (World Health Organization, 2016). Cannon's initial ideas about the components of medical social work practice necessary for successful intervention on social conditions provided a foundation in the field and have been expanded. Social workers now have access to evidence-based practices developed to address behavioral and psychosocial concerns in medical settings. They are integral members of interdisciplinary medical teams and provide many different services in a variety of settings (Beder, 2006). Medical social work has developed with a focus on enacting the social justice mission of the profession, specifically this focus includes working to "meet the basic human needs of all people, with a particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (NASW, 2008). The present study focused on understanding social work services in the Emergency Department (ED), a critical setting for social justice oriented interventions for individuals who are medically vulnerable, disenfranchised, oppressed, or living in poverty.

1.1. Emergency departments and the healthcare system

ED utilization has been increasing and the nature of use has been changing (Hsia et al., 2015). Once envisioned as a place to treat and coordinate trauma care, the role of the ED in the healthcare system has expanded to include not only emergency medical services, but also comprehensive care for those who cannot access care elsewhere. This includes assessing medically complex patients, processing hospital admissions, and surveillance of injuries and infectious disease (Hsia et al., 2015). While the trend towards the expanding role of the ED in the healthcare system has been noted as far back as 1970 (Torrens and Yedvab, 1970), the passage of the Emergency Medical Treatment and Labor Act (EMTALA) in 1986 marked a turning point in the speed at which the trend was occurring. EMTALA guaranteed screening and stabilization for all persons, regardless of one's ability to pay or other characteristics such as immigration status. The role of the ED as the healthcare system's largest safety net has steadily and significantly increased after EMTALA (Pitts et al., 2008).

There are indications that with the increased number of insured individuals in the US due to the passage of the Affordable Care Act (ACA) ED use will continue to rise, at least initially, for certain populations at risk (Taubman et al., 2014; Smulowitz et al., 2011). The medical home model emphasized in the ACA may prove challenging for some patients who have psychosocial, economic and employment barriers to accessing care during regular hours or in a preventative manner, and it is unclear what changes will be made to the ACA in the coming years that may impact patient access to insurance and care. The ED is a safety net and will continue to be an important social work intervention point for many disenfranchised individuals.

1.2. Social work in the emergency department

Social workers' role in the ED has become increasingly important as ED use has increased and the role of the ED in the healthcare system has evolved (Moore et al., 2012). The 2010 Institute of Medicine report highlighted the importance of addressing social determinants of health (Institute of Medicine, 2010), and the ED, as part of the US medical safety net, is an important medical setting to address the social needs that impede health for vulnerable populations (Almgren and Lindhorst, 2012; Shankar, 2015). Social workers are the frontline providers of social services in the ED setting. They are crucial team members whose work supports the mission and everyday functioning of the ED (Gordon, 2001). Understanding and optimizing their roles and

the context within which they practice is key to addressing the social factors that affect health and to improving the functioning of a critical safety net medical setting. Social workers in the ED provide care coordination services and mental health services, including chemical dependency counseling and crisis counseling; they provide thorough assessments and concrete services such as shelter and transportation that contribute to effective discharge plans for complex patients with multiple comorbidities and service needs (Moore et al., 2016). They can save medical providers' time (Gordon, 2001), enroll patients in insurance programs (Mahajan et al., 2005), and assist with developing home care and discharge plans (Auerbach et al., 2001). In the ED, social workers often receive referrals for patients with the most complex mental health and social needs (Auerbach et al., 2001; Auerbach et al., 2007; Auerbach and Mason, 2010). Much of the available research on ED social services has focused on types of services provided (see references above), a specific patient population (see for instance the many studies related to high users of the ED summarized in Moe et al., 2016; Soril et al., 2015), or specific interventions (see for instance the many studies testing SBIRT summarized in Babor et al., 2007). There is an absence of research that explores the social meaning behind the human interaction that takes place when a patient meets with a social worker in the ED. This is particularly important because of the potential impact of social workers in this setting on addressing the social determinants of poor health such as social support, financial resources, and housing.

The ED environment is often characterized by high volumes of patients, limited physical space and pressure to discharge patients quickly. Examining the nature of the interactions between social workers and patients in this busy, high pressure, stressful ED environment is of crucial importance to contextualizing the impact of a social worker in such a fast-paced setting. Each interaction symbolizes the multi-level socio-structural influences which are equally important to understanding ED social work services in the context of the healthcare system with a goal towards engagement at multiple levels to improve services and patient outcomes.

Social workers typically document their services and elements of the patient interaction in the electronic medical record (EMR). These records provide a glimpse into the work, the social workers' thought processes and the context of social work interventions in the ED. In the present study, we conducted an in-depth analysis of the ED social work EMR data coupled with social worker interviews exploring their interpretations of the EMR data and their experiences of interacting with patients to elucidate what it means to be a social worker in the ED and the nature of the social worker-patient interaction. We utilized Bronfenbrenner's (1977) social-ecological model as a guide for this analysis. This model places an emphasis on the macro or structural, mezzo or local system level and micro or individual level influences on a process (Bronfenbrenner, 1977). It allows for a multi-layered conceptualization of a particular process, in this case the ED social worker-patient interaction contextualized within mezzo and macro influences (e.g. the medical center and limited community resources). It was chosen as a guiding framework for this analysis because of its decades-long influence on social work training and practice models (Ungar, 2002). Ecology has been defined as "the interdisciplinary scientific study of the living conditions of organisms in interaction with each other and with their surroundings" (Naess, 1989, p.36). Social work has a long history, from Ida M. Cannon to Jane Addams and other founding mothers of the field, of focusing on "individual well-being in a social context and the well-being of society" (NASW, 2008). Ecological perspectives have been influential in the field of social work because of the natural alignment of ecology and the mission of