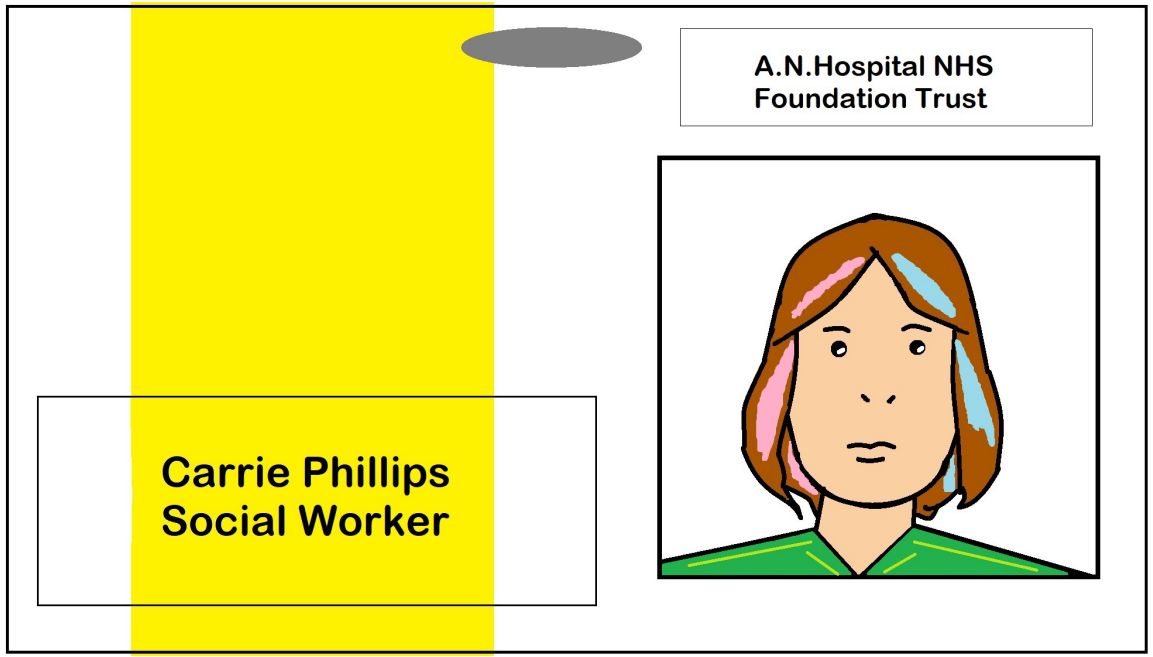
CARE AND COMPASSION IN HOSPITAL SOCIAL WORK

Initial findings from a PhD study



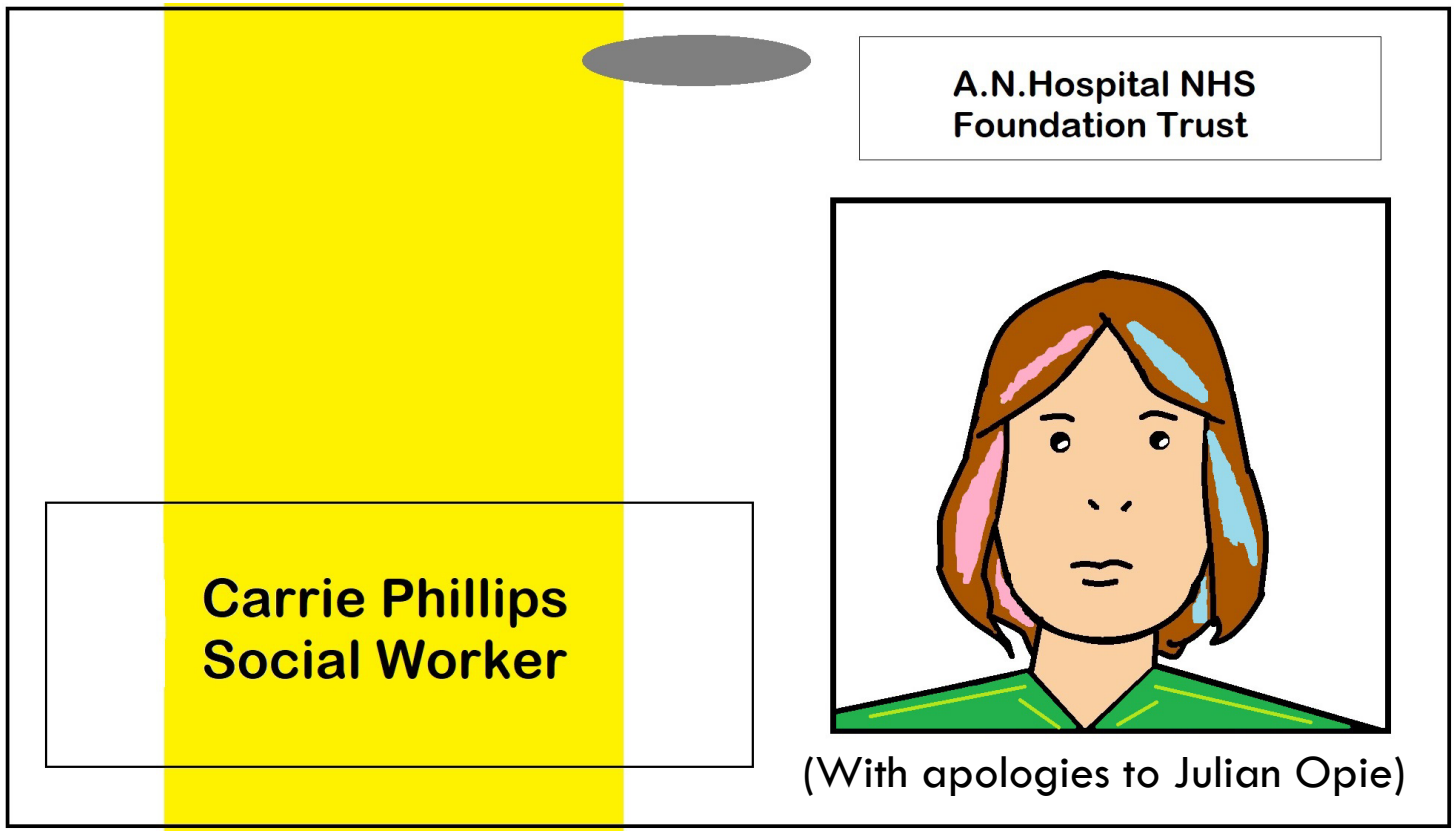
WHAT WILL I TALK ABOUT TODAY?

- What is hospital social work?
- Aims and objectives
- Methodology
- Methods
- Findings and Discussion
- Ethics of Care
- Questions

AIMS AND OBJECTIVES

To explain the interaction between the structure of hospital social work and the exercise of agency on the part of the individual social worker.

To inform the teaching and training of hospital social workers.



(With apologies to Julian Opie)

WHAT IS HOSPITAL SOCIAL WORK?

Social workers are usually employed by the local authority to undertake duties under the Care Act 2014 and the Mental Capacity Act 2005

Discharge planning is the main task undertaken by hospital social workers.

Previous research into hospital social work highlighted:

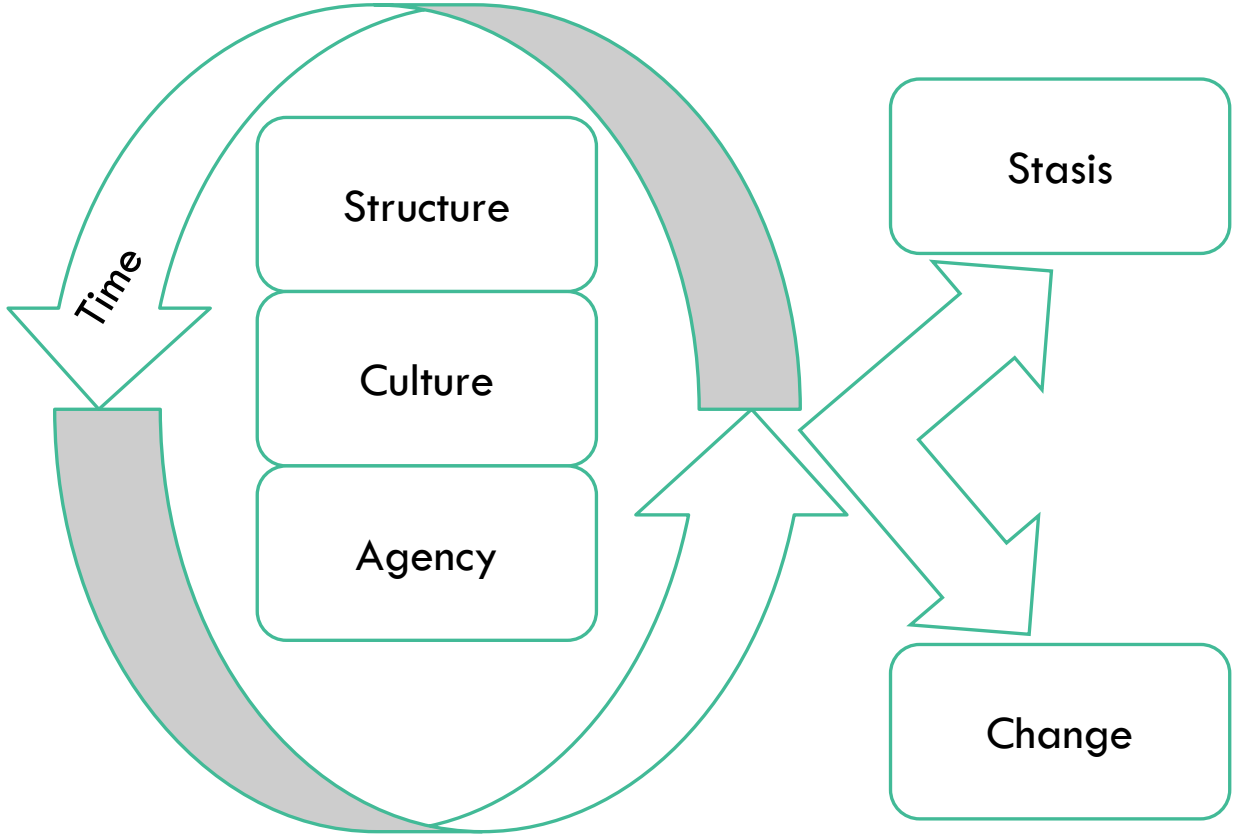
The value of social work knowledge and values in protecting the human rights of patients

The generally positive interaction between health and social care at the level of the professional, and

Difficulties in negotiating gaps between health and social care at an organisational level.

Heenan & Birrell, 2019; Burrows, 2020; Willis et al., 2022; Power et al., 2023

CRITICAL REALISM



Bhaskar (1979), Archer (1995)

METHODS

01

Freedom of Information requests to local authorities and NHS Trusts

02

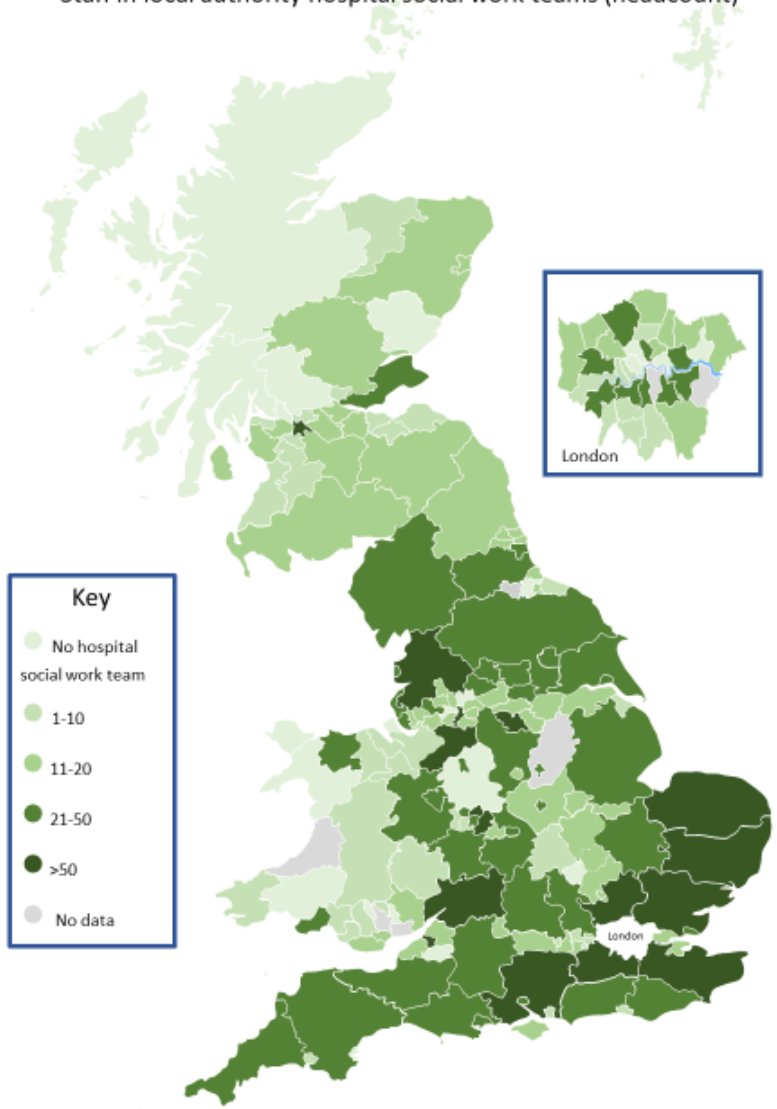
Interviews across two social work teams

03

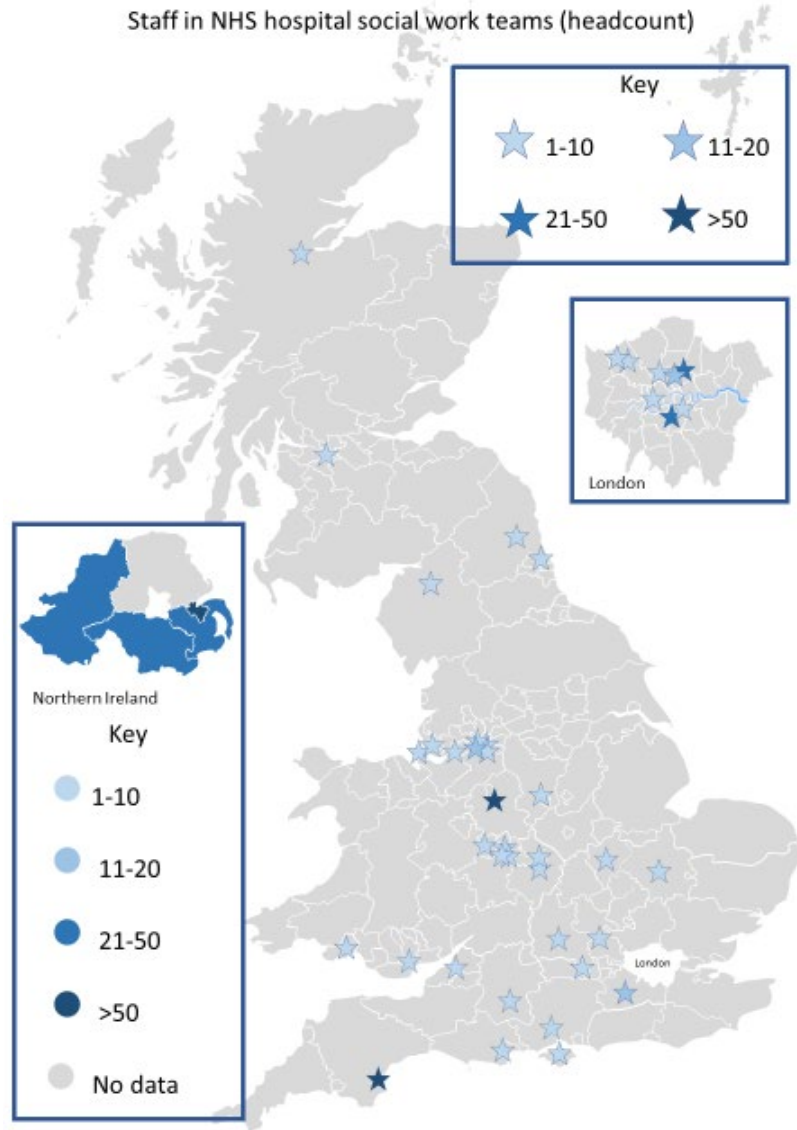
Online survey

INITIAL FINDINGS AND DISCUSSION

Staff in local authority hospital social work teams (headcount)



Staff in NHS hospital social work teams (headcount)



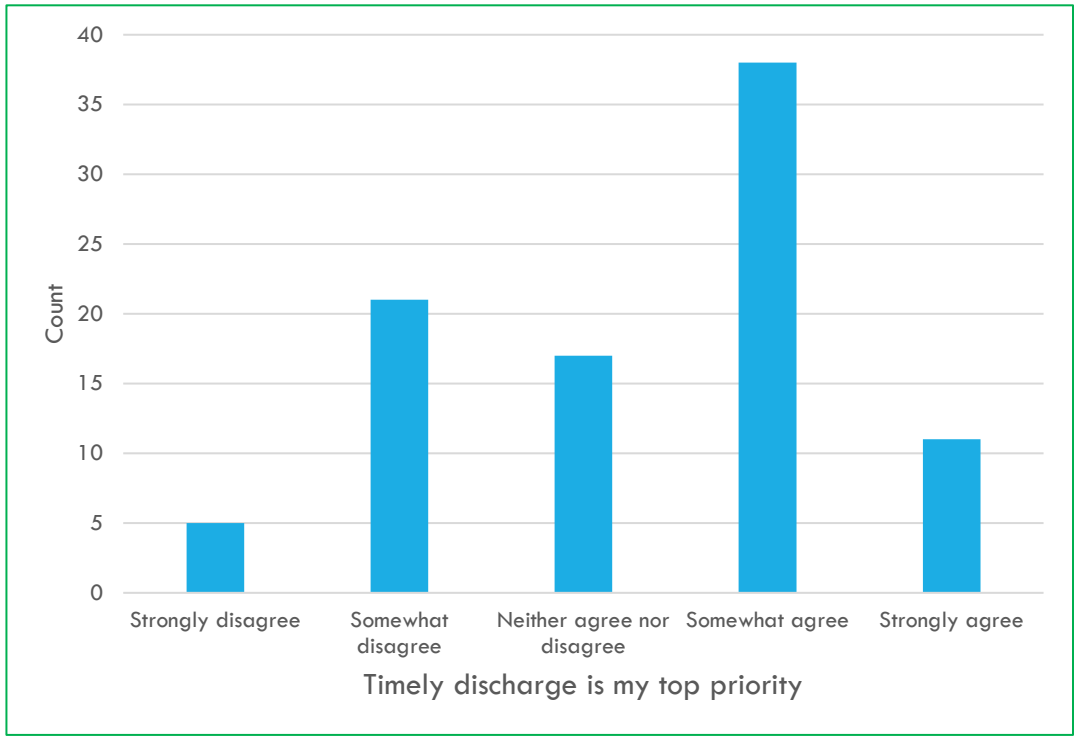
IMPACT OF COVID

"[Ruralshire and Neighbourcouncil] had a small joint hospital social work team.

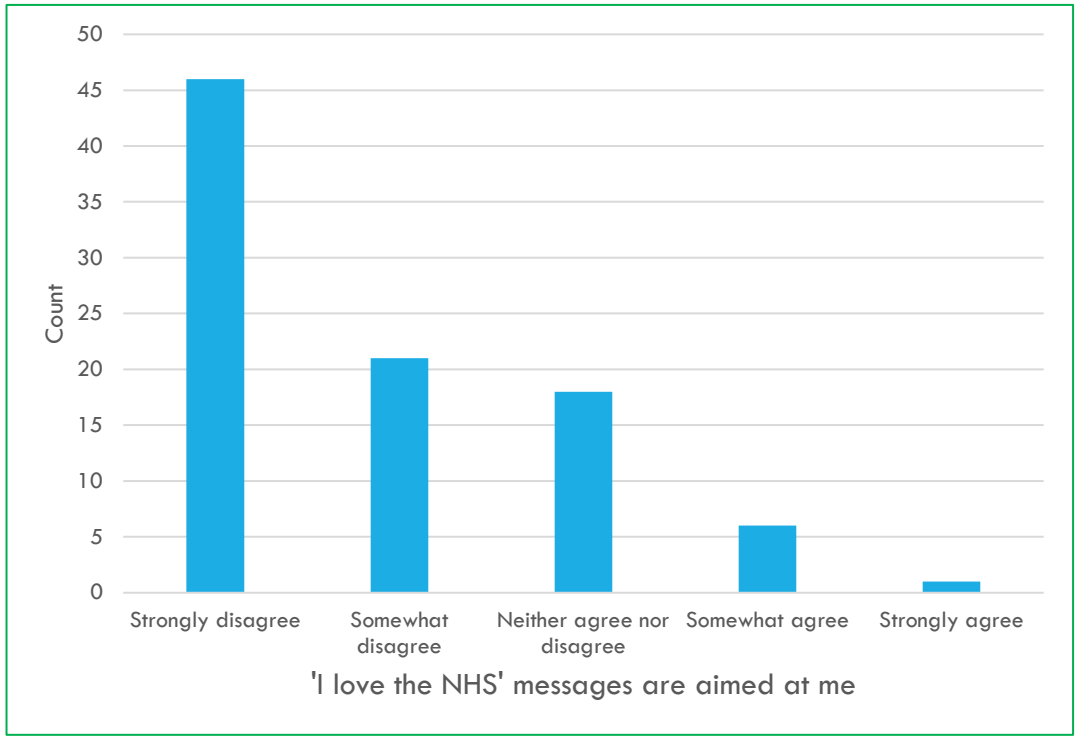
"We were in the process of consulting with partners and staff to dissolve the hospital social work team and … operate a 'pull' model where the community teams follow individuals into hospital

"When Covid restrictions came to force, the [NHS] asked us to move the social work staff out of the hospital. The staff have been relocated to strengthen the community social work teams and there is no intention to reintroduce the roles."

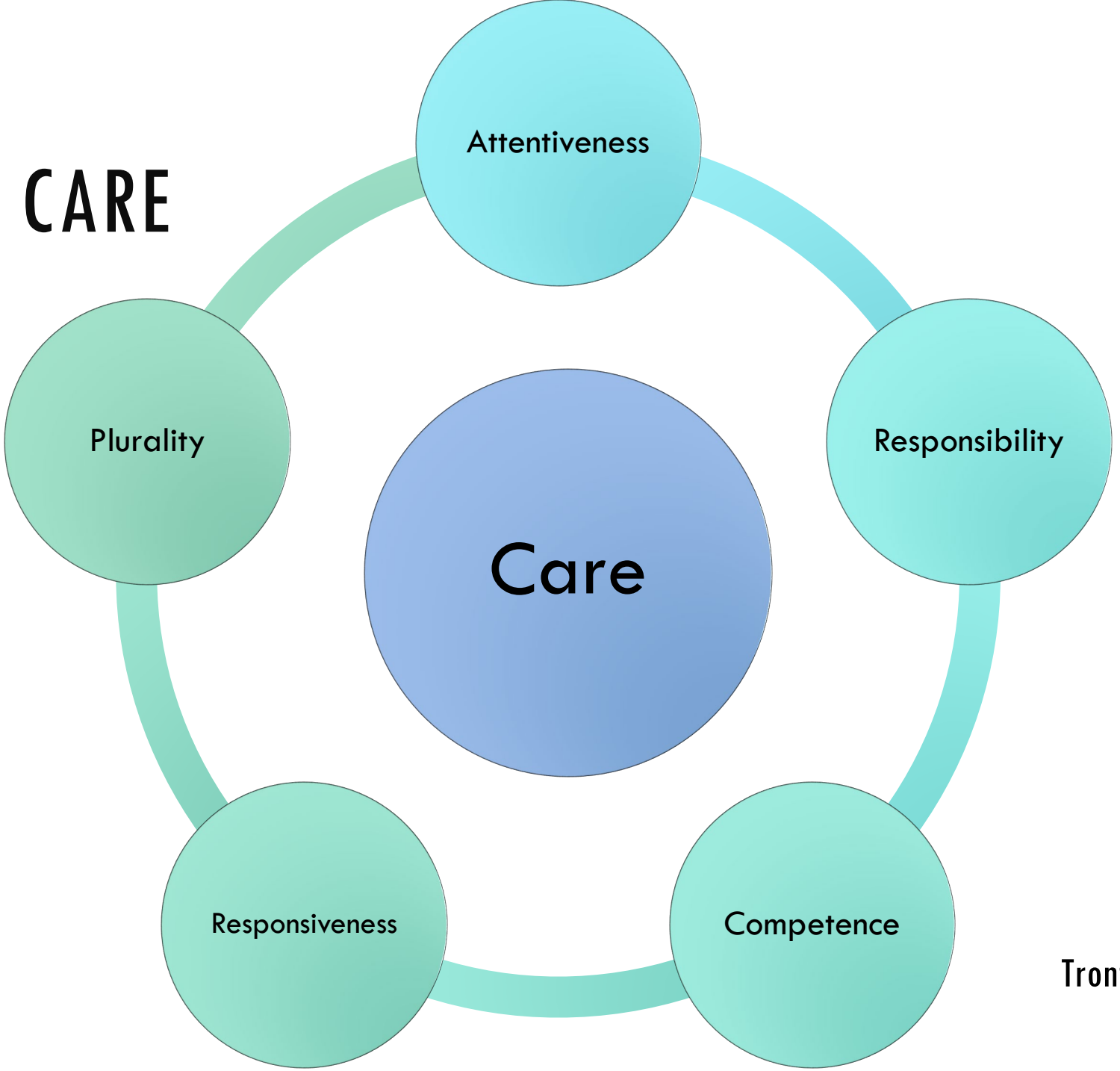
FoI response from Ruralshire


40
35
30
25
20
15
10
5
0
Count
Strongly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Strongly agree
Timely discharge is my top priority

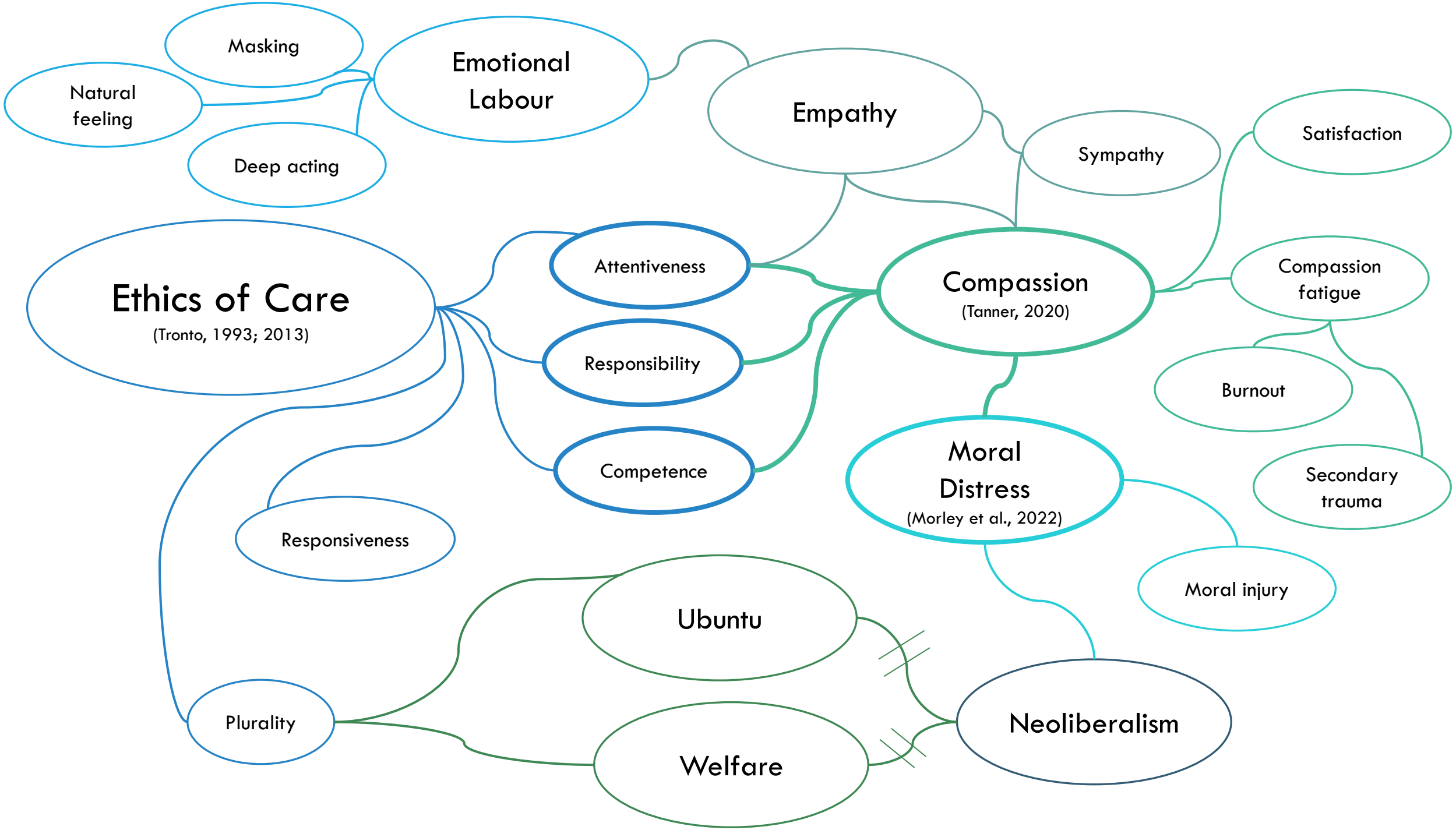
THANK YOU NHS
NHS


50
45
40
35
30
25
20
15
10
5
0
Count
Strongly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Strongly agree
'I love the NHS' messages are aimed at me

ETHICS OF CARE



Tronto, 1993; 2013


Masking
Natural feeling
Deep acting
Emotional Labour
Empathy
Sympathy
Satisfaction
Ethics of Care
(Tronto, 1993; 2013)
Attentiveness
Responsibility
Competence
Compassion
(Tanner, 2020)
Compassion fatigue
Burnout
Secondary trauma
Responsiveness
Moral Distress
(Morley et al., 2022)
Moral injury
Ubuntu
Plurality
Welfare
Neoliberalism

ATTENTIVENESS

CARING ABOUT – BEING AWARE OF THE NEED FOR CARE, AND PAYING ATTENTION TO THIS NEED FOR CARE – LISTENING TO WHAT THE PERSON NEEDS (BOTH ARTICULATED AND UNARTICULATED)

TRONTO, 1998

I enjoy the direct work with patients and family/carers. While [arranging support] is obviously important to them, more important (and what I particularly value and enjoy) is helping them deal with the stress and difficulty of the situation they are in, hopefully helping to alleviate this by being as supportive and empathetic as possible.

Social worker, Northern Ireland

RESPONSIBILITY

CARING FOR – ASSUMING RESPONSIBILITY TO MEET CARE NEEDS – AND TAKING THIS RESPONSIBILITY SERIOUSLY

TRONTO, 1998

You have to be strong and confident enough to put your point across if you think what they are asking is a possible unsafe discharge and tell them discharge will not be going ahead. Health (medical team) sometimes think you are delaying discharge once the consultant says someone is medically optimised.

Social worker, North West

COMPETENCE

CARE-GIVING – THE ACT OF MEETING NEEDS – AND BEING COMPETENT TO MEET THESE NEEDS, IN TERMS OF KNOWLEDGE AND TECHNICAL ABILITY

TRONTO, 1998

Within the context of ongoing austerity and other structural challenges …resources to enable effective and empowering discharges for service users and their families are now, I believe, in a state of manufactured scarcity.

Team manager, East Midlands

RESPONSIVENESS

CARE-RECEIVING – THE RESPONSE OF THE PERSON WHO IS CARED FOR – AND ATTENDING TO THEIR RESPONSES

TRONTO, 1998

The pressure of trying to ensure that the service user's voice, their needs, wishes and hopes are not lost in the bureaucratic behemoth of the NHS and holding on to my professional values is at times frustrating and exhausting. However, when one can achieve this, securing the outcome the service user wants it is incredibly rewarding.

Social worker, London

BEING A TEMPORAL BRIDGE

Many studies have looked at social work as a bridge between community and the hospital (Donnelly et al., 2013; Heenan & Birrell, 2019; Heenan, 2023; Power et al., 2023)

Participants in my study talked about being a physical bridge, but they also talked a lot about the past, present and future of the patient – acting as a temporal bridge – and about this being part of the unique social work skill-set

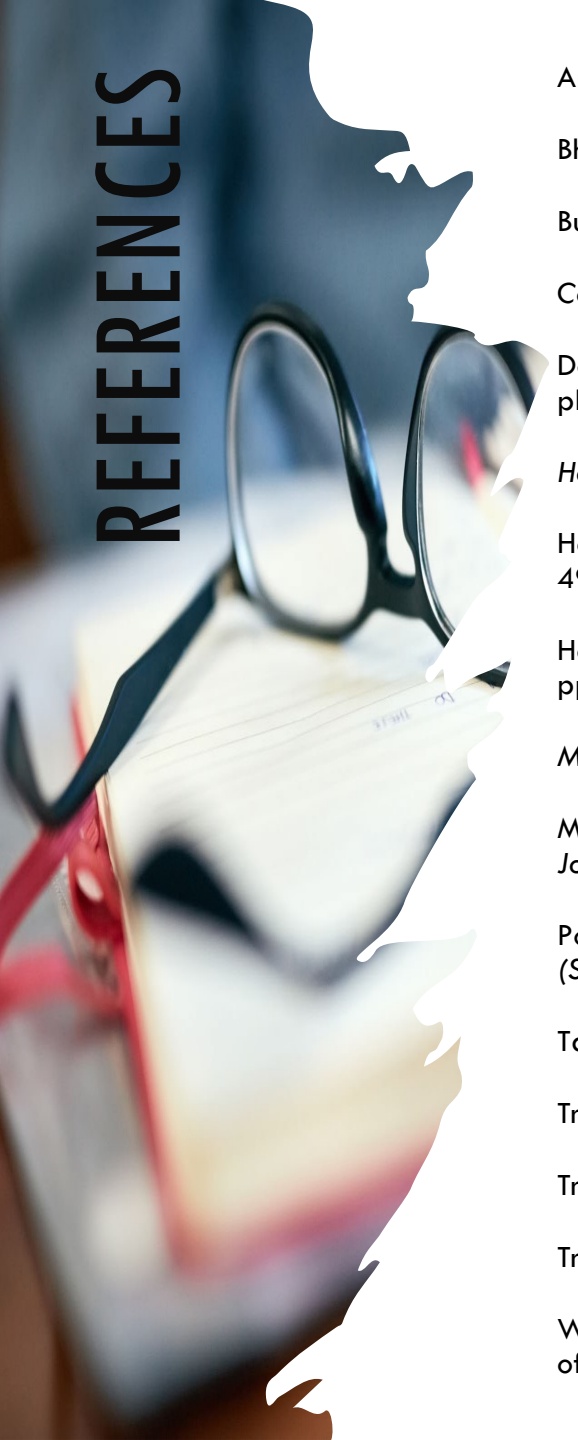
ONGOING ANALYSIS

Safeguarding

Ageism

THANK YOU!

ANY QUESTIONS?



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