

## Case Report

# The Social Work Competencies in Palliative Care: A Case-Study

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## Abstract

Multidisciplinary knowledge and training is required to handle the particular needs of patients and families, and to improve quality in complex/advanced clinical situations. It is undoubtedly recognized that an interdisciplinary team values social workers' skills; however, their competencies are being misunderstood. Through a case study, this article aims to describe the social worker interventions, competencies, and challenges as well as, to discuss approaches that can be used by palliative care teams to serve better for patients and families.

**Keywords:** palliative care; social work; competencies; study case

## Introduction

Working with patients and carers that faced an incurable and severe disease is a complex mission that should be held by palliative care (PC) teams [1]. Building realistic expectations regarding the strengthening of feelings and self-confidence are the key to helping patients and carers to deal with the multidimensional suffering. This intrinsic work, linked by vital relationships, should be performed [2].

In the last years, several models of work in PC were created; though, the majority of the teams adopt the "cooperative model" in their practice, expressing the idea that PC teams should be involved in complex situations as soon as possible. This multidisciplinary team should attend physical, psychological, social, and spiritual issues [3,4].

PC social workers' are part of PC teams. Their roles are crucial to improving well-being in patients' and families' life' [5, 6]. The PC social workers' performance is based on specific knowledge', skills, empirical diagnosis and social policy concerns [7]. A study conducted in Canada [8], shows the competencies and interventions used by social workers in their daily practice. Recently the European Association for Palliative Care (EAPC) Task Force for Social Work in Palliative Care published the ten core social worker competencies: 1) Application of the principles of PC to social work practice; 2) Assessment; 3) Decision-making; 4) Care planning and delivery; 5) Advocacy; 6) Information-sharing; 7) Evaluation; 8) Interdisciplinary team-working; 9) Education; and 10) Research and Reflective practices [9].

Based on a case-study, the above mentioned competencies will be described and discussed, giving a pragmatic view about social

worker's attitudes, knowledge' and skills in the PC field.

## Case-Study

### Clinical History

Mr. A., male, 56 years old, Ukrainian, advanced colon adenocarcinoma treated in 2009 with Surgery + Radiotherapy (RT); palliative chemotherapy (QT) (04/2011); Seen by PC outpatient clinic for the first time in March/2010; In October 2010 he abandoned the PC consult referring that "he felt better after doing QT and do not need PC treatment". Abdominal computerized tomography (CT scan) made in May 2011 showed evidence of bone metastasis. After that, a new referral to PC team occurred.

Acute admissions to the central hospital, related to performance status:

1. June to July 2011 (one month): infection symptoms and signs - 20 days with antibiotic therapy; diagnosis of "malignant neoplasm of the colon" and "moderate malnutrition (MM)";
2. September 2011 (15 days): admitted for dyspnea associated with anemia (5.5 g /dl Hgb); exposed abdominal malignancy wound with abundant bleeding;
3. November 2011 (15 days): severe anemia (Hgb = 4.8 g /dl) associated with blood loss by cutaneous fistula and malignancy wound. He received blood transfusions and wound treatment; interventions on physical and social-emotional discomfort caused by the abdominal wound (colostomy bags, local medication) were made; with the cooperation of a Ukrainian doctor, important clinical decisions were discussed: QT or RT was not indicated, and the patient continued to receive symptomatic treatment. The

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**Sub Date:** 1 December 2015, **Acc Date:** 11 December, 2015, **Pub Date:** 14 December 2015

**Citation:** Carla Reigada, Paula Ramos and Anna Novellas (2015) The Social Work Competencies in Palliative Care: A Case-Study. BAOJ Pall Medicine 1: 011.

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patient expressed the desire to return to his country.

### Major Problems

- Voluminous mass (malignancy wound exteriorized) in the abdomen (10x8 cm);
- Pain with neuropathic characteristics;
- Symptomatic anemia;
- Poor performance status (weakness, cachexia);
- An immigrant from Ukrainian, alone in Portugal (wife, three children and the rest of the family in Ukraine). The patient wished to go back home but did not allow the team to contact his family.

### Psychosocial Diagnosis

The “social diagnosis” is an essential tool in clinical practice. From the information provided by patients and carers, the social worker (SW) can perform a description of many aspects occurred in their lives, providing elements that will facilitate the resolution of a complex situation [10, 11].

The social diagnosis should be done by a SW and must be approved by patients and carers to avoid misunderstandings; should be short, realistic, and add data to the clinical diagnosis, encouraging team discussion and helping to build a good care plan [12].

A social diagnosis for the clinical case presented above would be:

Mr. A is a 53 year old, married; native from Ukraine. He has three children who are studying at the university in Ukraine. He lives alone in Portugal for ten years. Mr. A is a graduate in architecture, but currently, he is working as a construction plant operator. He has a natural friend (from Ukraine) working in the same company that is our only reference (main contact). Presently, Mr. A does not want to inform the family about his clinical condition and, despite serious physical limitations; he carries on working to keep sending money to his family (he is proud of it). He considers himself a “fighter man” and conveys the idea that is very hard to deal with the illness. Mr. A refers that the quality of health care in his country is a lot more downcast than the attention given in Portugal.

### Palliative Care Social Worker Interventions Based on EAPC Competencies

The end-of-life stage confers vulnerability, and some serious situations increase the challenges to social work practice. Some efforts are being made by the European Association for Palliative Care (EAPC) to create a strategic plan to implement specific competencies in social work academic levels, and to ensure that these future professionals get precise skills that allow them to work in the PC field [9]. Demonstrate the diversity of roles, tasks, and skills of PC social workers (SW) were the goal of white paper of EAPC SW task force.

This article will use the concepts designated by the EAPC SW task force to illustrate, through a case study, the PC SW competences/interventions.

### 1) Application of the Principles of Palliative Care to Social Work Practice and 2) Interdisciplinary Team-Working

“Problems” that appeared in advanced disease situations are often multifaceted and complex. Therefore, SW must be prepared to evaluate the impact of the disease in patients and families lives. A good medical background concerning to symptoms, signs, consequences, treatment, medication, psychopathologies, and others, are vital to work in a PC team. Any social intervention should be based on the PC philosophy represented by teamwork, strategy, planning, compassion and spirituality [9, 12, 13].

#### Example

In the clinical case, the SW was considered the “case manager.” A high background about social and cultural factors was required for managing this situation, as well as excellent communication skills to establish an empathic relationship with a non-native Portuguese speaker. Once the SW acquired a central role and got the patient’s confidence, he becomes the key element responsible for sharing information between the patient and the team. As a PC SW expertise in the navigation of medical and social systems, work on the patient meaning of life and the process acceptance of the disease was permitted.

### 3) Assessment and 4) Evaluation

Make a proper assessment is one of the skills that SW should be trained. Specific details should be highlighted and shared with the remainder team. What kind of information and ideas can be enhanced for patient and carer to plan care?

A good assessment should introduce the following key topics:

1. The nature of the problem;
2. The cause of the problem;
3. The solution to the problem;
4. The impact of the problem;
5. The internal and external resources available to help to solve the problem.

Using a semi-structured interview, observation and share information, the SW selects what is relevant for the assessment as to be shared with the team [9, 14].

In the same way, knowledge about “problematic aspects” is required; it is likewise significant to identify protective factors. In other words, rather than attempt to repair problematic situations, we need to know if there is a potential way to work it, as resilient behaviors, events or thoughts that will help patients and carers to cope with adverse circumstances [5].

#### Example

In the study case, the biopsychosocial assessment was described (social diagnosis), understanding the behavior adopted by the patient and the feelings occurred in the last six months. The assessment is the basis for making an effective action plan [15]. The biopsychosocial assessment permits to identify the “major problems”, the “nature of the problems”, the “causes”, the “solutions”

**Table 1: Study-Case Biopsychosocial assessment**

Major Problems	<ol style="list-style-type: none"> <li>1. Voluminous abdominal mass (stench wound), pain and cachexia;</li> <li>2. An immigrant from Ukraine, alone in Porto; wishes to go back home but does not allow the team to contact his family;</li> <li>3. Fragile economic condition;</li> <li>4. Low general status to travel;</li> <li>5. Bad prognosis (rapid worsening and repeated acute events in the last month)</li> </ol>
Nature of the problem	Feelings such as sadness, anger, shame (for not being able to work and not sending money to his family anymore), the poor economic condition, and the end of life perception could be the cause of patient suffering.
Possible causes	<ol style="list-style-type: none"> <li>1. The disease declined his physical, mental and social condition: <i>"it is tough to work with a colostomy bag that is not sufficient to protect the wound"</i> (patient);</li> <li>2. Ten years in Portugal weakened his family relationships. The patient's role in the family was mostly "economic", and now that role is not possible;</li> <li>3. Sense of failure since he left his country ten years ago to improve the quality of life of his family (e.g. to pay children's university). Now, he will return to his country, dying and being a burden to his family (the patient does not want this);</li> </ol>
Solution	<ol style="list-style-type: none"> <li>1. It is important to work on feelings that caused desolation, and strengthen the feelings of comfort (remembering the feelings of love and affection within the family, positive experiences)</li> <li>2. Schedule the trip to his country (patient wishes) ensuring medical and social care;</li> <li>3. Contact the family and inform about the clinical situation.</li> </ol>
Internal and external resources available to solve the major problems	<ol style="list-style-type: none"> <li>1. A physician from Ukraine is available to help the PC team to work with the patient about clinical and social decisions, as well as translating clinical and social reports to send it to other clinic in Ukraine (promoting the continuity of care);</li> <li>2. A charity institution offered the travel payment;</li> <li>3. The "Social Security System" in Portugal has been informed about patient severe disease, and social pensions due to the patient, will be transferred to a Ukrainian bank account.</li> </ol>

and the "resources available to resolve the problem" as described in Table I.

Working the capacity of reflection, providing feelings of hope and finding together some creativity strategies was the main role of the SW. On this path, it was possible to help him to prioritize the highest and lesser topics of life, as well as identified experiences to reinforce his resilience [16, 17, 18].

SW should be able to recognize the difference between general needs and special needs. General requirements are described in several studies as information, psychosocial and home support. However, the SW diagnosis should be based on the specific needs of patients and families [11]. For example if we ask someone what she/he will buy first for the new home, some will say "bed," and others will say "chair." This means, specific needs are not equal, they are specific [19].

Historically, SW has used a professional model of self-monitoring to ensure high-quality service provision; however, quality

improvement could be made using standardized tools to outcomes data. In PC care, the use of Genogram and Eco map is recognized as a useful data collection instrument [20, 21, 22].

Example:

Through this visual instrument (Figure 1), it is possible to understand the family dynamics and recognize the type of relationships that exist between the elements. The Genogram is related to the "family system" and permit a quick analysis of the consanguinity relationships (family tree). It is also possible to understand the historical path of the family, critical events, and the changes in their vital cycle. The Ecomap broadens the relationships in the genogram to include formal and informal relationships as the concept of family is changing in our society [20, 21, 22].

The psychosocial diagnosis, knowing the type of family and life histories it is possible to be gained with the combination of this tool(s) guided by confidentiality (since only health professionals see this information) [22,23]. This tool should be used in team

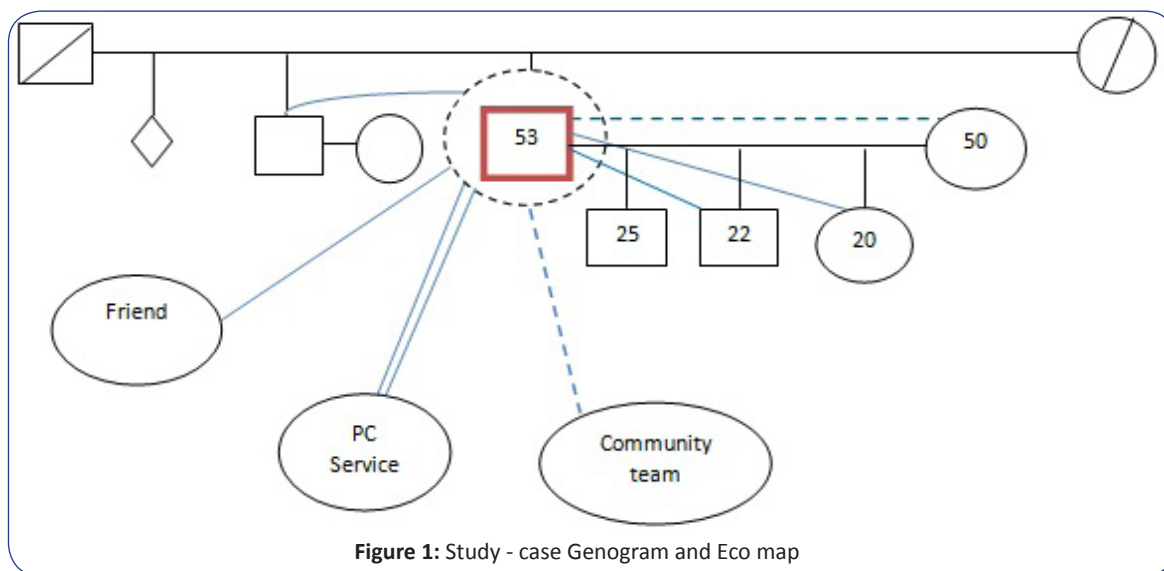


Figure 1: Study - case Genogram and Eco map

meetings to discuss care plans, as it seems to promote the discussion and creativity, arouses the team curiosity and the desire to add factors.

Regarding this simple figure, the patient (red square) has a good relationship with his brother and his friend (trust); also seems to be a good relationship with the children (affection). The strongest patient relationship is with the PC team (trust, affection). The community team ensures the help in the daily living activities such as taking meals and house cleaning. However, this relationship is poor and seems to be related to the fact that the patient did to accept his dependence.

### 5)Decision-Making and 6)Information-Sharing

Supporting patients and clinical team communication based on non-judgmental approach, taking into account the client autonomy and good clinical practice, is one of the most complex PC SW task. On our society, the ability to moderate patient-family-team discussions is required to raise a well-advanced care planning. Although there are sufficient literatures about communication skills, some specific details as how to deal with complex situations (legal and ethical issues) are needed [16, 20, 21].

The clinical team has the task to supply information about the disease while SW provides data and share knowledge about the patient values/settings. That information would be duly incorporated by the patient as an important thing to work, and for that reason SW needs to be careful and transfer the information in a proper way. If the team rushes and do not respect the principles of time, space, and rhythm of the patient, it could get into adverse and unnecessary anxiety processes especially concerning prognostic information [2, 4, 9]. Perhaps, the lack of time or/and lack of training to face discomfort feelings related to bad news, can justify why clinicians feel the need to inform about everything and rush to communicate “the news”.

Sometimes, patients and families assume a defense mechanism against the clinical information as they believe they can maintain an emotional state, in that way [3, 16].

Example:

In the Mr. A situation, it was clear that he did not want to have all information. Probably the fear of sinking emotionally and not have his family to take care of him. He mostly put his trust in the SW professional and in this way, he felt supported by continuing his adaptive process, allowing him to continue to live and have hope.

### 7)Care planning and delivery

The SW should be involved in this process in an active way. Flexibility, creativity, motivation, cooperation, and good clinical suggestions could be dealt with the clinical team [9]. The SW is the professional that knows the dynamic of the patient and family and their history of life. For that reason, is expected that SW is beside of the family as a confident, representing them if they are not able to express their thoughts or, for a matter of time-effectiveness [24]. However, the main goal of this approach is to maintain and build a therapeutic relationship (patient-family-team) and achieve the proposed team objectives.

Example:

Mr. A and the PC team arranged the following care plan: travel to Ukraine. The PC team (by the case manager - SW) spoke with some travel agencies referring the patient health problems, ensuring that he would be assisted at the airports. All this arrangements required at least one month. The PC team had to be bold, creative and, at the same time, ensuring patient safety. The PC team started to build the possibilities: Mr. A. could travel using a wheelchair; however, he would need some support to move it and make the check in at Frankfurt airport, Kiev airport and finally Lviv airport. His physical



condition was increasingly weakened day by day.

The plan was developed by the following steps:

09/12/2011:

- The PC team prepared clinical and social reports (translated in English and Ukrainian Idiom);
- The PC group gave essential medication to the patients for 15 days to ensure the symptomatic treatment. Two days before the travel, Mr. A received a blood transfusion;
- The SW ensured that the patient's social pension will be transferred to his bank account in Ukraine (arrangement with "Portuguese Social Security");

10/12/2011

The SW and the PC nurse drove the patient to the airport (Portugal) at 4:00 a.m. for the homecoming trip to Ukraine with a wheelchair and ensuring all airports assistance. Medications, colostomy bags and washed clothes for the 12 hours of travel, were provided by the PC team.

12/12/2011:

The patient contacted (by phone) with the SW saying that he was fine, happy, and safe at his home in Ukraine, with his family. He informed that he met the local doctor, and he was also followed by a multidisciplinary team at the hospital. The final words were to thank the PC team and to say "goodbye." According to his friend, he died 15 days after this trip, at the Lviv hospital.

## **8) Advocacy 9) Education and 10) Research and Reflective Practices**

Justice values and human rights. The SW attitude is based on the willingness to address discrimination. The SW should be prepared about resources and barriers in social and health system and have the ability to plan anticipated needs in the different trajectories of the disease [7, 20, 24]. The PC SW should share their knowledge about psychosocial perspectives, as well as other professionals. The better way to show the evidence and the impact of interventions is evaluating and sharing. To train other SW in the end-of-life perspective is a challenge and a moral responsibility [25].

## **Conclusion**

The main goal of the PC SW is to stabilize the anxiety of the patient, carer and the team. With Mr. A it was possible to work the sense of isolation helping him to face the loss process. It was one year of work where cultural aspects challenged the care plan. However, with the feeling of integrity and belonging, the patient felt that PC team could help him to integrate the crisis in sickness. It was a successful case. Nevertheless, only a few have the opportunity to build and solve their problems with PC teams since the referral to PC teams happens too late[2,3].

It is unanimous that the SW role is crucial in a PC team and that was justified in this case-study.

The application of the principles of PC, the assessment, evaluation, information-sharing, and the interdisciplinary team-working have been encouraged by the EAPC Social Work Task Force of Europe, as standards for PC SW. Recognizing different cultural environments, the PC SW can contribute for clinical decision-making, care planning and research. The SW academic education should be restructured to improve aspects that can allow them to work in the PC field [9].

## **Acknowledgements**

The authors would like to thank the Palliative Care Service of São João Hospital Centre, Porto (Portugal), for the contribution to this paper.

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