

Sharing Social Work Instruments with other Professionals: Using Concern Screening as a Tool for Increasing Relatives/ Significant Others Commitment to Patient's rehabilitation and Discharge at Hospital Surroundings.

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Background

This paper belongs to Collaborative Intensity project's subproject 2: Discharge. The overall purpose of that subproject is the development of discharge process in the Espoo city Hospital. One of the identified problems was relatives/significant others' commitment to discharge. The other problem was social workers' work. Nurses, therapy personal as well as relatives/ the significant others felt that they didn't get social workers professional support in rehabilitation and discharge process. On the other hand social workers were overloaded, simply they had too much to do.

The development work is done in multiprofessional teams whose members come from the Metropolia University of Applied Sciences and from the city hospital of Espoo alike.

Aim of this paper

To describe how we integrated social work instrument to ward's nursing practices.

Practical development work

Starting point:

One of the main reasons for an unsuccessful discharge process is the patients' and/or relatives'/ significant others' concern over managing at home after hospitalization. Social workers can't be present at ward every time when relatives they express emotions e.g. concern, fear, rage, helplessness, concerning patients' rehabilitation and discharge. Nursing and rehabilitation staff might increase this feeling by showing or expressing contradictory thoughts over the discharge. Especially the contradictory opinions presented by homecare and hospital staff at discharge meetings has promoted an insecure atmosphere.

In our project as a multiprofessional team we wanted to influence on somatic wards' caring paradigm by increasing the input of social and psychological wellbeing to ward routines. We think that hospitalization is an exceptional everyday life's phase and not a period outside everyday life. The more everyday life is present at the wards the fewer patients and relatives loose their touch to their own life.

In our project we use concern screening to recognize patients' and relatives'/significant others' co within seven days after the patient is registered in to the hospital. The nursing staff received training in concern screening. The content of the training was the ideology behind concern screening, the logics of the use of concern screening, and the process to decrease patients and relatives'/ significant others' concern through using concern screening. Besides this the somatic ward staff requested and received training in dialogue around preoccupation with patients and relatives'/ significant others. Social workers are needed only when the concerns deals with social arrangements.

The concern screening experiment is still on going, and the experiences and results of its uses are still being collected. The early findings indicate that relatives and patients are relieved by telling the staff of the concerns they have. Additionally, the tension between the patients' somatic rehabilitation process and the discharge process are also eased. The nursing staff let themselves sit down with the relatives, which didn't happen earlier. Nursing staff's attitudes towards social issues has changed and the care work has become more holistic. The dialogue between nursing staff and social work has increased. On the other hand the use of concern screening is not natural to somatic staff ward. Especially the idea of listening relatives/ significant others concern without being able to instantly find solutions is difficult for nurses. They are trained to find solutions and make decisions. This development work has been influential on the whole paradigm of somatic ward's rehabilitation processes.