

Social Workers' Jobs Content and its Reorganization by Using Social Worker. Ba in Social Services Pair Work at City Hospital

Katriina Rantala- Nenonen, M.Soc.Sc. , lecturer; Saara Rossi, Ba in Social Services and Merja Reijonen, Ph.D, principal lecturer, Metropolia University of Applied Sciences, Helsinki, Finland

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 enough social workers' professional support in rehabilitation and discharge process. On the other hand social workers were overloaded, they simply had too much work.

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.

Development work

Starting point:

Social workers were had too much work. Their job description was unclear. Nursing and therapy staff felt that social workers we not there when they were needed. Open care workers complained that patients were discharged without needed social arrangements and with too short notice.

Research:

In order to understand what was going on in social work we needed to know, what social workers were actually doing? We conducted a very detailed time diary investigation on social workers' work. All social workers, mostly doing geriatric social work, followed their work for 14 days. They were given a format were their work was categorized into areas like client work with patients or clients work with relatives, face to face or by phone etc. The minimum marked time span was 15 minutes. S

The research findings were clear. Social workers seemed to do work under a time pressure. Client centered work was in minor role. Social workers accepted to do things which relevance in terms of geriatric or hospital social work could be compromised. Boundaries were partly lost.

Research findings indicated that social worker's role and work itself should be reorganized. Or project decided to bring to the hospital a new professional group, Bachelors in social services. They worked at the ward as equal to nurses and therapists. They were to work at wards and follow physiotherapists and occupational therapist's working hours. Ba in Social Services was to be pair to social workers.















After our projects 'experiment the Ba in Social Services who started the pair work was hired to a permanent vacancy to City Hospital.

Social Workers and Ba in Social Services have organized their client centered pair work in relation to patients' rehabilitation and discharge process. The phases are hospital intake process, rehabilitation and discharge. At each phase both workers have they own responsibilities e.g. at in take phase Ba in Social Services informs patients and relatives on social services, s/he evaluates the need that patients and relatives have together with them and makes the plan for social services together with patients, relatives and the other professionals at the ward. Social workers check the plans and make the decisions to realize the plan.

Our project is on going. At this point it seems to be clear that social and psychological issues are more openly present at ward. In addition nursing staff is relieved, because they have more social work area expertise at ward. Open care has given positive feedback as well. They say that discharge process is more in control and patients come home with filled papers and already applied social benefits.









