



# Who Are Social Workers?

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## **ABSTRACT**

Social work starts with a fundamental belief in our purpose and passion to put our patients and clients first. Social work, as a profession, has grown and evolved since the late 1800s, starting out as a response to poverty and disease, and transforming into what we know today to include a defined skill set and a standardized code of ethics. Social work exists in many settings. The role of a medical social worker has a wide range, from research and program development, to providing direct patient care with an individualized focus. Nephrology social work falls under the umbrella of medical social work. Social workers specializing in chronic kidney disease (CKD) and end-stage kidney disease (ESKD) are mandated by the Centers for Medicare and Medicaid Services (CMS) to be present at all facilities providing kidney replacement therapies, be a fundamental part of the patient's interdisciplinary team, and hold an advanced-practice social work degree. Nephrology social work can trace its roots back to the very framework of the profession, including counseling those with chronic illnesses, providing resources to improve patient quality of life, and collaborating with other members of the interdisciplinary team to improve patient outcomes. Nephrology social work is an integral part of a kidney patient's care team. The exceptional social worker holds a deep passion for and pride in their profession.

## **SOCIAL WORK**

Social work has a rich history of striving for social, economic, and environmental justice, advocating for human rights, and competently providing services for people at every stage of life (Council on Social Work Education (CSWE), 2023). This work stretches along every aspect of the spectrum, ranging from macro-level, e.g., advocating against social injustices, to micro-level, e.g., direct work with individuals and families. Now more than ever, the profession of social work is in high demand, due to the ever-changing economic climate, the increased need for elder care, treatment for substance abuse disorders, and mental health services.

To understand the meaning of social work, it is important to understand the English grammatical construct of the words "social" and "work" as a way to define what this profession encompasses. "Social," as a noun, is defined as: the interaction between the individual and the group; the welfare of human beings as members of society; and forming cooperative and interdependent relationships with others (Merriam-Webster, n.d.-a). "Work," as a verb, is defined as: to perform through a task requiring sustained effort; to exert oneself physically or mentally in sustained effort for a purpose; and to produce a desired effect or result (Merriam-Webster, n.d.-b). To go from compounding a noun and a verb in the English language to a complete professional identity requires further analysis.

Together, the two words, "social" and "work", define breadth, complexity, and magnificence for this often underacknowledged role, as suggested by the following statements: "Social work is a dynamic and unique helping profession, rich with meaning, action, and the power to make a difference for individuals, families, groups, and communities" (East Tennessee State University, n.d.); "Social work practice draws from theories in psychology, sociology, health, political science, community development, law, and economics, to engage with systems and policies that enhance social functioning and responsibility" ("Social Work," 2023); and "Social work has practical and theoretical components, yet the two are inextricable" (Maryville University, 2023).

Every aspect of social work demands a set of skills, ranging from macro- to micro-levels, which are vital for meeting the needs of patients and clients. These skills may push and pull us personally, professionally, and ethically, but are vital in producing change for our target population.

- *Empathy* helps us envision what it is like to walk in someone else's shoes.
- *Communication* helps us advocate for our patients and clients with larger entities that provide goods or services, while also letting patients and clients know we are hearing them as individuals.
- *Critical thinking* helps us gather information, problem-solve, and objectively evaluate options without bias or prejudice.

- *Understanding* diversity and being respectful of and responsive to the cultural beliefs and practices of our patients and clients enables movement toward change.
- *Patience* helps us remember to start where the patient or client is at, and set the pace matched to the patient's or client's ability to move toward change.
- Professional commitment guides us to lifelong learning and professional competence in our chosen field (University at Buffalo School of Social Work, 2023).

Today, we, as social workers, take on injustices, discrimination, and inequities. We advocate for programs at the macrolevel to reduce health disparities and increase appropriate access to healthcare services, and we support our patients at the micro-level with individual services targeted to meet their specific needs. Social workers are bound together by the desire to develop meaningful relationships and make a difference in the lives of patients, their families, and their loved ones.

# HISTORY OF SOCIAL WORK

Social work started in the summer of 1898 when the first social work class was offered at Columbia University (National Association of Social Workers (NASW), 2023). The American social work profession was established in the late 19th century to ensure that immigrants and other vulnerable people gained tools and skills to escape poverty (NASW, 2023). The profession, in its infancy, was a call to help the poor, the destitute, and the disenfranchised of a rapidly changing social order and was a response to numerous urban problems, such as poverty, disease, illiteracy, and mental health challenges associated with the industrial revolution and mass immigration (McNutt, 2013).

Since the 1960s, macro-level social work practice has evolved to encompass political organizing, community-building, research, and social planning, and to bring forth policy analysis and change (McNutt, 2013). Micro-level practice has embraced strengths-based treatment models, including task-centered, cognitive behavioral therapy (CBT), and reality therapy approaches, with a focus on social networks and building key relationships (McNutt, 2013).

The 1920s brought about an early draft of the Social Work Code of Ethics, a basic guide for social work practice, but it was not until 1947 when the American Association of Social Workers adopted the first formal Code of Ethics (NASW, 2019). The Code of Ethics was designed to help social workers define their practice and set the standard for the profession, taking into consideration the professional responsibilities to patients/clients and the management of ethical considerations.

In 1960, the social work Code of Ethics was modified to include non-discrimination principles, and later code additions included gender identity, immigration, and sexual orientation principles, to provide further guidance for social work practice (NASW, 2019). With modifications, this code has remained the principal tool for guiding social work to practice today, and remains relevant to all social workers, regardless of their specific function or setting (NASW, 2024).

As the social work profession continues to grow, there are many avenues for a person with a social work degree to find employment. One area that continues to grow quickly is medical social work.

## MEDICAL SOCIAL WORKERS

Medical social workers are professionals who chose to specialize in the complexities of the healthcare system. Since the early 1900s, professionally trained social workers have helped with personal and social issues that affect patient health and wellness in medical settings.

The micro-level of social work practice in this setting focuses on providing direct services to individuals and families. Social work, as a profession, promotes this by using patient-centered treatment models to meet these goals (NASW, 2023).

Social work duties at this level include collaborating with staff to orchestrate thousands of hospital discharges daily throughout the United States. While planning for hospital discharges, doctors, nurses, and specialists are crucial in supporting the physical needs of patients. The medical social worker assists these patients and families, ensuring they have the resources they need to heal physically, while addressing their emotional and psychosocial concerns (Adelphi University New York, 2020). This can include assisting with the coordination of rehabilitation services, post-hospital medical care, medical health insurance resources, and accessing other resources within the community to help patients heal. These social workers serve as advocates for patient rights and collaborate with medical staff to ensure all patients are treated with dignity and respect while receiving the appropriate medical care (Adelphi University New York, 2020). In the United States, these social workers help patients navigate the complexities of incredibly challenging healthcare and insurance systems.

At the macro-level, medical social workers provide leadership regarding program and policy development for hospitals and medical facilities. They study patient trends and medical accessibility for marginalized populations, including healthcare disparities and health equity issues, to meet the needs of all patients requiring medical care. Other social workers focus on planning, administration, policy, research, and program development, which can include collaborating with elected officials at state and national levels on behalf of

underrepresented populations (NASW, 2023). Still, other medical social workers advocate for prevention efforts, such as policy changes to reduce obesity, create smoking cessation programs, and promote workplace wellness (NASW, 2016).

The Patient Protection and Affordable Care Act (ACA) is one example of macro-level social work policy, and was designed to address the issues of uninsured and underinsured patients, escalating healthcare costs, inadequate health insurance plans, and the increasing demand for healthcare services (NASW, 2016; U.S. Department of Health and Human Services (HHS), 2022). The ACA uses financially based incentive and coordination-of-care models to reduce fragmented healthcare delivery. This law also promotes personcentered quality improvements to align with healthcare reimbursement initiatives. These models change the essential role of the social worker, allowing for a focus on individuals' and families' psychosocial needs at the time of hospitalization with the goal of reducing hospital readmissions and overall costs to the healthcare system (NASW, 2016).

# NEPHROLOGY SOCIAL WORKERS

Social workers specializing in nephrology must not only recognize intricacies of micro- and macro-levels of social work in medical settings but must also navigate between these levels seamlessly. Nephrology social work focuses on the explicit complexities of patients requiring kidney failure interventions. Some social workers provide services in kidney transplantation settings, some in clinic settings supporting patients with the diagnosis of kidney failure, and others in dialysis centers. The knowledge and skill sets nephrology social workers must possess require us to demonstrate empathy, communication, critical thinking, patience, and self-awareness at the highest levels. All nephrology social workers are appropriately required by the Centers for Medicare and Medicaid Services (CMS) to be master's level, with the purpose of meeting the needs and challenges of these multifaceted patients (Centers for Dialysis Care, 2024).

As part of the patient's interdisciplinary team, we provide crisis intervention support, hold discussions about body image, sexual dysfunction, intimacy, family dynamics, and physical activity levels, and provide chronic illness education, as well as counseling for end-of-life planning. Nephrology social workers are expressly trained to provide kidney patients with strategies and appropriate resources, and to be someone they can turn to when struggling with mental health issues (National Kidney Foundation (NKF), 2014). We are required to complete psychosocial assessments with our patients, which include a variety of questions about the patient's overall physical, behavioral, psychological, social, and spiritual functioning (Centers for Medicare and Medicaid Services (CMS), 2008). We assess for mental health issues, such as anxiety and depression, which are common in patients requiring kidney replacement therapies.

We may also assess for health-related quality of life (HRQOL), utilizing the Kidney Disease Quality of Life-36 Instrument survey tool (KDQOL-36™) for all eligible patients undergoing kidney replacement therapy (RAND Corporation, 2024). This 36-question survey is unique to chronic kidney disease. It assesses the patient's perception of how having kidney failure and undergoing kidney replacement therapy has changed their quality of life, and is also a predictor of morbidity and mortality. Per CMS, social workers in dialysis centers are expected to take the lead in helping the interdisciplinary team recognize and address areas that patients may wish to improve in their lives (Medical Education Institute, 2009-2024).

We participate in data tracking and team discussions to improve the quality of care for our patients, as required in the monthly Quality Assessment and Performance Improvement (QAPI) interdisciplinary meetings (CMS, 2008). These meetings focus on improving patient health outcomes, assessing the complexity of these patients, and prevention and/or reduction of medical errors (CMS, 2008). Nephology social workers are required to report KDQOL-36 data at QAPI meetings, and use this data to help develop strategies and resources to meet the specific needs of the patient population within their organization.

# **OUTLOOK**

The burden of kidney disease remains prevalent in countries around the world. Multiple studies predict future increases in the need for kidney replacement therapies, based upon population trends, age, race, hypertension and diabetes diagnoses, and the increase of obesity in the United States. Even after considering mortality rate predictions, all research indicates increases in kidney failure in all patient populations around the world for years to come. The need for nephrology social workers and the skill sets they possess will only continue to rise as time continues.

#### CONCLUSION

Nephrology social workers think globally while acting locally. We use the breadth of social work professional skills to position ourselves to advance social change rooted in our values and ethics. It all starts with our fundamental belief in our purpose, the passion that motivates us, and the power we choose to rely on to support change at each level of our profession (Bent-Goodley, 2014).

The most effective nephrology social worker holds an innate desire for helping patients who are dealing with kidney failure, has a deeply rooted and intrinsically motivated passion shown by our deep desire for team collaboration, and puts the patient first—always.

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