Social work perspective in integrated care for elderly people with chronic diseases

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Abstract. In Lithuania, integrating healthcare and social services is a possible solution for the care of the growing number of older people with chronic diseases. When implementing integrated care in Lithuania, the aim is to include social work professionals who have already accumulated experience in organizing and coordinating the provision of social services to the elderly. The article aims to reveal the perspective of social work in integrated care by highlighting social workers' roles. The literature review focused on two tasks: identifying the prospective roles that social workers implement in integrated care and observing the challenges of implementing integrated care. Results: The practice perspective of social workers in providing integrated care services relates to the realization of the roles of mediation, representation, advocacy, case management, and crisis prevention. Fulfilling professional roles can be difficult due to bureaucracy, organizational issues, and lack of integrated service funding solutions, as well as insufficient inter-professional teamwork and collaboration.

Key words: integrated care, elderly people with chronic diseases, social worker roles.

1 Introduction

Lithuania is one of the fastest-aging societies in Europe. It is predicted that in 2050, every third (35%) of residents of Lithuania will be older. Due to the aging of Lithuanian society, a considerable challenge arises for the social services and healthcare sectors to meet the growing needs of assistance to the elderly. Older people with chronic diseases visit healthcare professionals more often [1] and turn to social services organizers and social workers when their health deteriorates when performing activities of daily living and self-care becomes too difficult or impossible [2, 3]. The elderly constitute the most significant social services and healthcare users. Improving access to treatment, nursing, physiotherapy, palliative care, and social services is one of the priority areas in the State Progress Strategy "Lithuania 2030" [4]. There is a belief that the need for services will continue to

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increase in the aging Lithuanian society; therefore, politicians, researchers, and practitioners are focusing on the perspective of integrated care to ensure adequate assistance to the elderly in their homes, deinstitutionalization of services, reduction of healthcare costs in hospitals, development of cross-sector cooperation. The implementation of integrated care is a direction of healthcare reform in Lithuania, which is oriented towards developing innovative organizational solutions and care models with combinations of services from different support sectors to meet the complex needs of people with chronic diseases [5, 6].

In Lithuania, two directions can be observed for the organization of integrated care in the homes of people with chronic diseases. One is implemented in primary healthcare centres, with family doctors and community nurses forming inter-professional teams, including social workers and their assistants [7]. Leadership in coordinating the provision of integrated care is delegated to nurses to ensure better communication with the family doctors [8]. Another organizational direction of integrated care is implemented in the social services sector, which has obtained a license to provide community nursing and kinesiotherapy. In this case, social services providers are social workers undertaking the organization and leadership of integrated care. However, obtaining information about changes in the health situation of the service user from the family doctor is difficult or limited due to the lack of cooperation and data protection regulations [9].

In Lithuania, healthcare and social services are fragmented, demanding access to services and insufficient quality of services, disrupting inter-professional cooperation [10]. The implementation of integrated care requires the development of inter-sectoral cooperation, means and methods of communication between different service providers, and exchange of information [11]. The perspective of the roles of social workers in integrated healthcare is recognized by foreign authors who recommend that social work practitioners and leaders actively articulate and promote the functions performed in integrated care in order to achieve accessible, practical, culturally sensitive, and effective healthcare [12-14].

Social workers have already proven in practice that they can cooperate with healthcare providers, patients, families and contribute to comprehensive healthcare, improving the quality of services. However, there still needs to be more information and research data in this area. Therefore, this article aims to expand the theoretical literature by providing empirical information about social work practice by revealing the roles of social workers in integrated care, meeting the complex needs of people with chronic diseases.

2 Method

A literature review was applied to identify the roles and functions social workers implement in integrated care (1) and observe the challenges of implementing integrated care (2). While collecting articles from Lithuanian and foreign researchers, national documents, and integrated care regulations, attention was paid to seeing the perspective of social work practice in integrated care. The literature review process includes the following stages: designing, conducting, analyzing, and writing the review [15].

3 Results

3.1 Social work roles and functions in integrated care

Mediation and representation. Analysis of national documents [7, 9, 16] and social work in healthcare practice regulations reveals that Lithuanian social workers realize not only the role of an organizer of social services to the elderly, but also the role of an intermediary in cooperation with family doctors, hospital specialists, nursing and rehabilitation, mental health professionals, when a person's healthcare needs or risks of health deterioration are noticed. Social workers mediate between the service user and the family's primary healthcare providers to organize integrated, comprehensive care at home for a chronic disease patient. Social workers act as mediators, connecting service providers from different sectors, developing inter-sectoral cooperation and a communication network between various institutions, whose decisions depend on the perspective of the implementation of integrated care in Lithuanian municipalities. Mediation here is understood as an intermediary between two (often more) parties, between the family and the social environment. Implementing the mediator's role often provokes the relevance of representing the rights of the sick person. In cases where the services provided do not meet the needs of the sick person, the mediator role of the social worker transforms into the representation of the rights of the person in order to receive healthcare when the person cannot represent himself due to a disability or critical health condition. However, the representation of the sick person's right to healthcare can be complicated when the social worker is not informed about the health status of the service user and when the right to represent a client with difficulty in orientation is not granted. Such a situation can have consequences for the availability and continuity of healthcare and adversely affect the individual's health status [17]. There are cases where the absence of legal representation status is a problem in social work practice, especially in ensuring the rights of a person who is seriously ill, lonely, and unable to care for himself properly.

On the other hand, medical staff are not obliged to cooperate and provide information about a person's health condition to social workers [17]. The problem of representation of the elderly is described in the literature [18] when seriously ill, single people cannot make independent decisions related to healthcare, financial situation, and daily life. Representation of the elderly can mean a relatively wide range of activities and processes, and there are no clear criteria for whether specific processes can be treated as representation or mediation. The mediation of social workers providing social services to the elderly is understood as various functions, such as accompanying, providing information, representing, navigating for doctor's or nurse's consultation, and referral for receiving palliative care. Mediation and representation are described in the catalogue of social services, which Lithuanian social workers apply in practice [19].

Although healthcare is a priority area of social policy of the Lithuanian state, existing economic, communication, and organizational barriers make access to integrated care difficult for lonely people with mental health problems, especially for elderly living further from cities. The healthcare institution is obliged to ensure the timely availability and continuity of healthcare for people with chronic diseases, and delayed service is treated as a violation of the rights of the sick person. Health

inequalities and the principle of social justice are closely interrelated and require flexible cooperation between the healthcare and social sectors in solving emerging problems. Social justice in health policy means equal rights, attention to the most vulnerable population groups, and access to healthcare [20]. Therefore, social workers mediating between the service user and healthcare providers can contribute to reducing barriers affecting the timeliness, availability, continuity, and quality of services. Other researchers [21] who have analyzed the roles of social workers in integrated care note the navigator role, which is related to helping ill people overcome obstacles that may arise in obtaining quality healthcare at home and in the community, solving insurance, financial issues, as well as planning and coordinating appointments.

Representation of people with mental disorders is understood as the defence of rights, speaking on behalf of the client, and can be termed advocacy [21]. Representation here is based on a partnership relationship with the person whose rights are being violated, e.g. in situations due to the application of forced treatment, when the person is not provided with information that he understands, conditions are not created to speak or participate in decision-making. Representation is recognized here as person-led advocacy when making decisions when the social worker combines professional activities with the fundamentals of human rights. However, social workers often need the necessary training and legal authority to represent the rights of sick persons in the healthcare process [22].

Case management. In Lithuania, the implementation of case management in social work practice is mainly concentrated on services for children and families [23]. Case management in the healthcare sector is also recognized and linked to service integration, organizing complex and individualized services. Case management is recognized as an essential tool in implementing integrated care, which has become internationally one of the most accepted strategies for providing services to people with long-term and complex health conditions and a range of social care needs. Applying case management in practice is believed to address the difficulties of service fragmentation and partial funding caused by deinstitutionalization for people in need of long-term social care, support, and healthcare services [6, 24]. Case management includes individual and community dimensions of the service user, as the capabilities and competencies of the individual and the manager, connection with social networks, inter-sectoral and inter-professional cooperation, service planning, and coordination are highlighted [24].

Uittenbroek, Van der Mei, Slotman, et al. (2018) explored the experiences of case managers using the client advocacy–representation model in providing client-centered integrated care [25]. The study involved doctors, nurses, and social workers who, depending on the dominant needs of the service user (complexity of personal health problems and level of independence), performed the case manager role in inter-professional teams. Geriatric interdisciplinary teams provided comprehensive, person-centred social support and preventive healthcare to the elderly. The researchers observed that the case manager's regular home visits made it possible to get to know the "pulse" of the life of a person with chronic diseases, to assess changes in their health status, to gain trust, and to coordinate support accordingly, helping them to take control of their lives and self-care, healthcare and manage crises. The case manager follows the individual's cultural beliefs, interests, wants, needs, and values throughout the case management process. After identifying

the issues to be addressed, the case manager and the chronically ill person identified priorities and created a plan of care. During follow-up visits, the case manager liaised with the service user to assess and update the ongoing support plan and goals and to discuss progress and service effectiveness. However, the authors also noted specific challenges related to the role of an integrated care case manager, such as high workload and number of cases, time resources for writing reports, stress, difficulties in continuing or completing the case management process, conflict of professional identity, strained relations with institutions managers due to lack of support, methodologies, coaching. However, combining elements of social work and healthcare and sharing common goals, case management is a professional practice based on service user advocacy to identify support resources individuals need to maintain their physical and mental health.

Crisis prevention. The competence of social workers enables them to deal with crises of sick people that affect their physical and mental health. The literature describes the functions of social workers in order to help the elderly in a crisis and reduce the consequences of the crisis [11, 17, 18, 21, 26]:

- Anticipating potential crises by creating a plan of action that can mitigate the physical, social, and emotional harm when a person suffers an injury or an exacerbation of an illness.
- Social workers can help the elderly and their families develop a timely help plan based on existing resources and support networks, including the help of relatives and neighbours. Mobilizing neighbours can be a way to ensure that the elderly have access to support in the event of a disaster or critical illness crisis.
- Representation of the client's rights when an elderly person cannot represent himself in critical situations in making decisions about assistance, healthcare, and treatment related to him. Opportunities for representation or advocacy are provided, responding to a person's needs during a crisis, disaster, or disease progression.
- Initiating therapeutic conversations in order to delve deeper into the emergence of a person's stressful environment. Social workers should know the psychology of crises and understand how an accident, an unexpected event, or a severe illness increases the risk of stress and complicates the psychological condition of elderly. Social workers should be prepared to refer the elderly to specialists or ensure that the person's healthcare and social services are organized in a timely manner.
- Identifying support resources to help the elderly overcome financial hardship during the crisis recommends other assistance options.

It is believed that the crisis prevention plan should be systematically revised, training the service user's (family) behaviour and empowering them to manage the crisis.

3.2 Anticipating challenges in integrated care

It is crucial for service organizers, including social workers, to assess the effectiveness of services and to be able to identify difficulties that hinder the provision of integrated care. Service organizers should also take the initiative to eliminate political, organizational, and practical difficulties. It is recognized that organizing integrated care in practice can be difficult due to bureaucracy when there is no precise cooperation mechanism between different sectors and funding sources

for integrated services. Also, different legal regulations may prevent the client from providing integrated care, as a person's need for integrated services may be assessed differently when the need for services is determined by different entities (healthcare centres and social service) when there is no precise financing mechanism [2, 6]. The main difficulty in an inter-professional team can also be different approaches, which prevent healthcare professionals and social workers from finding common value positions in integrated practice models that connect their practice. It can be difficult for doctors and nurses to understand the contribution of social workers to their professional roles, the implementation of which is significant in improving healthcare [27]. In order to ensure conditions for elderly to live in their own homes as long as possible, social workers as service providers must be adequately prepared and able to plan and organize services in cases of integrated care, as well as make proposals and remove political, organizational, financial, and inter-professional cooperation obstacles.

Inter-professional teams recognize social workers guided in practice by a holistic human concept and professional competence. Without a social worker, it can be nearly impossible for integrated care teams to take a holistic approach. Above all, social workers bring their unique, person-centred, professional perspective and experience to meet the individual needs of the person with the illness [28]. A perspective on the role of social work in integrated care teams is based on opportunities for inter-professional field-based learning, recognizing not only the roles and contributions of social workers but also the challenges of working alongside medical staff, as well as working collaboratively with sick, elderly people and their families [29]. There is a belief that it is necessary to evaluate social work practice, outcomes, and the value of investment continuously to include social workers in integrated inter-professional care teams. Social workers can facilitate the connection of service users and their families to the necessary healthcare professionals or resources. However, they can coordinate multifaceted care plans for people with chronic diseases and provide psycho-education about health and well-being. They can also be the leaders of teamwork in organizing integrated care services if they have the necessary competencies, the support of organizational leaders, and the resources. Finally, it is essential to disseminate social workers' impact and professional value in improving service users' health and quality of life. Thus, inter-professional teams and teamwork will remain a significant part of healthcare and social services organizations in the future. Those who create and lead teams and work together must know the difficulties and opportunities of inter-professional teamwork [30].

4 Conclusions

1. Analyzing the literature highlighted the mediation role of the social worker, realizing such functions as the connection of healthcare and social service providers, the development of inter-sector cooperation, and the creation of a communication network to respond to the complex, individualized needs of elderly people suffering from chronic diseases. Representation relates to ensuring the rights of an elderly person when a person cannot receive necessary healthcare social services due to a disability or a critical health condition, or access to services is difficult. The implementation of the advocacy role bases on

the leadership of the person with mental illness. The social worker helps the person to participate in decision-making related to their healthcare and represents their rights and interests. In the role of case manager, the social worker coordinates the provision of complex services, maintains relations with users of integrated services and their providers, and initiates the assessment of the needs of a person suffering from chronic diseases, taking into account the financial, psychological, and social circumstances of the service user. The social worker's role in crisis prevention relates to helping elderly people anticipate possible crises and create an action plan, e.g. after suffering an injury or exacerbation of the disease. Also, provide a support network so that elderly people have access to support in a disaster or severe illness crisis.

2. For social workers, the implementation of professional roles in integrated care can lead to challenges related to bureaucracy when there is no clear model of cooperation between healthcare and social service, when there is a lack of sources of funding for integrated services, when there is no consensus on the comprehensive assessment of the needs of people with chronic diseases and the coordination of services. Social workers still have difficulties in maintaining cooperative relations with healthcare professionals who underestimate or do not recognize the contribution of social workers in their professional roles, the implementation of which is significant in improving the healthcare and quality of life of elderly people with chronic diseases and developing inter-professional teamwork models. From the perspective of integrated care, it is relevant for the organizers to overcome the obstacles that hinder the inclusion of social workers in integrated inter-professional teams to evaluate the results of social work and the value of investments.

References

1. V. Piščalkienė, D. Krasuckienė, E. Lamsodienė, P. Beseckas, Health Sciences **24**, 5-16 (2014), https://sm-hs.eu/wp-content/uploads/2019/03/677-2180-1-SM.pdf
2. R. Kudukytė-Gasperė, D. Jankauskienė, Health Policy and Management **1**, 96-116 (2019) file:///C:/Users/37061/Downloads/admin,+2019+Sveikatos+politika_web_6_Kudukyte%CC%87-Gaspere%CC%87.pdf
3. S. Abdi, A. Spann, J. Borilovic, L. de Witte, M. Hawley, Geriatric **19,** 195 (2019), https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-019-1189-9
4. LR. Seimo, 2012-05-15 nutarimas Nr. XI-2015, https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.425517
5. L. Danusevičienė, *Doctoral dissertation* (Lithuanian University of Health Sciences, 2016), https://publications.lsmuni.lt/object/elaba:18870617/
6. R. Kudukytė-Gasperė, *Doctoral dissertation* (Mykolas Romeris university, 2023), https://repository.mruni.eu/handle/007/18915
7. Integralios pagalbos paslaugų teikimo tvarkos aprašas (2017), https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/145aa1c019d211e79f4996496b137f39?jfwid=mmceo3q0f

8. LR Sveikatos apsaugos ministro, 2022-08-31, įsakymas V-1388, https://e-seimas.lrs.lt/portal/legalActEditions/lt/TAD/TAIS.311861
9. Radviliškio rajono savivaldybės taryba, 2020-11-5, Nr. T-368, https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/b6535fd0207211eb9604df942ee8e443?jfwid=i3h7wp9pe
10. Valstybėskontrolė, *Vertinimoataskaita* (LR Aukščiausiojiauditoinstitucija, 2021), file:///C:/Users/37061/Downloads/slaugos-ir-socialines-paslaugos-senyvo-amziaus-asmenims.pdf
11. M.W. Fraser, B.M. Lombardi, Sh. Wu, L.S. Zerden, E.L. Richman, E.P. Fraher, Journal of the Society for Social Work and Research **9**, 175-215 (2018)
12. V. Stanhope, L. Videka, H. Thorning, M. McKay, Social Work in Health Care **54**, 383-407 (2015), https://www.researchgate.net/publication/276849724_Moving_Toward_Integrated_Health_An_Opportunity_for_Social_Work
13. L. de Saxe Zerden, B.M. Lombardi, A. Jones, Social Work in Health Care **58**, 142-149 (2019), https://www.tandfonline.com/doi/full/10.1080/00981389.2019.1553934?src=recsys
14. S.S. Weng, Ethics & Behavior **32**, 260-273 (2022), https://doi.org/10.1080/10508422.2021.1883431
15. H. Snyder, Journal of Business Research **104**, 333-33 (2019), https://doi.org/10.1016/j.jbusres.2019.07.039
16. LR Socialinės apsaugos ir darbo ministro 2019-09-16 įsakymas Nr. V-1065/A1-529, https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/46acba91d9d411e9a85be81119c7a8fa
17. T. Margelis, Gerontologija **15**, 257-267 (2014)
18. J. Braun, (2019), https://www.researchgate.net/publication/337150960_Elder_Mediation_Promising_Approaches_and_Potential_Pitfalls
19. Socialinių paslaugų katalogas, 2022-07-01, https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.274453/asr
20. M. Sriubas, Teisės problemos **1**, 58-84 (2013)
21. E.P. Fraher, E.L. Richman, L. de Saxe Zerden, B. Lombardi, American Journal of Preventive Medicine **54** (2018) https://www.ajpmonline.org/article/S0749-3797(18)31604-0/fulltext
22. Ch. Maylea, H. Makregiorgos, J. Martin, S. Alvarez-Vasquez, M. Dale, N. Hill, B. Johnson, S. Thomas, P. Weller, Australian Social Work **73**, 334-346 (2020)
23. Atvejo vadybos tvarkos aprašas (LR Socialinės apsaugos ir darbo ministerija, įsakymas Nr. A1-141, 2018), https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/69139d402b0711ea8f0dfdc2b5879561
24. K. Štaras, T. Vedlūga, Health Policy and Management **1**, 114-120 (2012)
25. R.J. Uittenbroek, S.F. van der Mei, K. Slotman, S.A. Reijneveld, K. Wynia, PLoS ONE **13** (2018), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6237343/

26. N. Kusmaul, A. Gibson, S.N. Leedahl, Journal of Gerontological Social Work **61**, 692-696 (2018), https://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1010&context=csw_facpub
27. N.P. Večkienė, R. Brunevičiūtė, J. Eidukevičiūtė (2018), Tiltai **78**, 95-114 (2018), https://www.lituanistika.lt/content/80263
28. V. Pulla, International Journal of Innovation, Creativity and Change **3**, 97-114 (2017), https://acuresearchbank.acu.edu.au/item/8vz26/strengths-based-approach-in-social-work-a-distinct-ethical-advantage
29. M. Held. D. Black, K.M. Chaffin, K. Crane Mallory, A. Milam Diehl, S. Cummings, Journal of Social Work Education **55**, 50-63 (2019)
30. L. de Saxe Zerden, A. Jones, S. Day, B.M. Lombardi, Journal of Social Work Education **57**, 1-13 (2020), 10.1080/10437797.2020.1743219