PART I- OVERVIEW OF HEALTH AND SOCIAL WORK

Topic one-Understanding Health and Illness

Questions to reflect on?

1-How do you define good health for yourself?

2-How do we understand health?

3-How should we conceptualize health? And why?

Lay understandings of health

-People consider the absence of illness as an indicator of health

-Definition of health among the lay person varied by gender and life course

-some emphasize on physical strength and fitness (functional ability)

-some cite energy, vitality and the ability to cope as important

-for some it is about mental well-being and contentment (satisfaction)

-The question is who has the luxury to become ill-men or women? Who has the time to feel the illness? Many people do not have that.

Medical and Social Model of Health

-There are two broader models to understand and explain health

1-Medical or biomedical model (conventional perspective)

2-Social Model

-The medical model of health stresses a reductionist and health-professional centered understanding of health. But we as social scientists (social professionals) see it beyond that.

-The social model stresses a multidimensional approach to health. It considers health as a much more complex concept

-It is not only a biological and medical process

-There are social processes as well, there are social aspects surrounding the health problems and creating more worries and problems

- The **social model of health** is a **health model** that is based upon sociological factors rather than biological ones. However, most people are familiar with the medical or biological **model of**

health, in which illnesses are treated based upon the biological causes of illness, like bacteria or viruses.

A-Medical Model of Health

-The medical model refers to a perspective on health that emphasizes biology and the medical profession.

-The medical model is the dominant perspective of health in western societies. It dominates thinking about the process of health and illness.

-The bio-medical model of disease emphasizes on

- Physical pathology

-Biological reductionism

-It is also criticized for neglecting the social influences on health and illness

-It is highly related to the science of biomedicine.

-Biomedicine and the medical model attempts to provide cures for a whole range of diseases and illness

-Nowadays, the bio-medicine is in its highest stage of technological innovation

-Bio-medicine as an approach centered on the disease

-The pathogen and the pathology are the center of medical interest rather than the person

-There are various divisions of specialties

- According to the location of the disease (cardiology, neurology, respiratory …)
- According to disease type (oncology- i.e. on tumors, rheumatology …)

-In medical terms health is the absence of disease. But this does not represent the full aspect of good health which is defined by the WHO.

-In the effort to diagnose and treat disease, medicine will locate its *cause in a lesion (damage) inside the body* whose presence can be detected via symptoms and signs. For instance, germ theory tells us that an infection follows exposure to an infective agent.

-Where medicine seeks to promote health, the focus is on disease prevention through *screening and immunization*. But disease prevention is not the same as conceptualizing, understanding and promoting health.

-There are limitations of the model. The model does not account for all eventualities in the *presentation of symptoms and the diagnosis of disease*.

-The relationship between symptoms, pathology and disease is not always as straight forward as the model suggested

-A person may experience symptoms without the detection of any underlying pathology, and, in other cases, a serious pathology does not provoke symptoms

-People sometimes invent symptoms or miss to tell symptoms; there could be absence of symptoms

- The following are characteristics of the bio-medical model as put by critics

1-Mind-body dualism

-The approach separates the mind and the body. The mind refers to personal identity and the sense of self

-The physical and biological body is given prime importance in bio-medical perspective

- This dualism can lead us to less appreciation to the ill or distressed person's needs, whishes and particular circumstances

2-Mechanical metaphor

-The body can be considered as a machine or an engine and the doctor or surgeon is akin to a mechanic or engineer required to follow *predetermined laws and procedures* that can 'fix' anything that is 'broken'

3- Technological imperative

-Modern technology is very vital for this model. More attention is given to technological innovations in the area of pharmaceuticals, devices and machines.

4-Reductionist: All aspects of health are reduced to the level of the biological or biology

5-Doctrine of specific etiology

-There is a set and identifiable cause of every disease

-This usually implies a specific *pathogen or trauma* that has occurred at the biological level

6-Specialist voice

-Only the views and perspectives of the medical practitioner are valid and there are no other voices or people eligible to put forward views on health and the cause of ill-health.

B- Social Model of Health

-The social model refers to a perspective on health that emphasizes *a wider social and cultural, and more inclusive approach* in understanding health.

-It provides a more rounded and holistic view of health

-Here health is understood as something emerging out of the society in which a person finds him- or herself.

-It argues that the *social forces* predominate than the medical and biological forces

-Through social model of health social workers see health problems as issues going beyond the subjects of *drug therapies* or *outcomes of lifestyle choices*.

-The social model also urges social workers not to 'blame the victim' but to identify the *social causes of their* problems and thereby establish effective strategies to tackle those problems.

-We promote social model of health and illness based on two observations

1-Health status is shaped by *social factors*, for example, morbidity and mortality are patterned by social class, gender and ethnic group

2-Health has a *subjective* as well as an *objective* dimension, that is, it is all about how we feel and choose to act as well as the presence of physical pathology

-In the social model of health, the sociological causative factors are considered rather than the biological ones. So, in the social model, we search for factors like poverty, environmental issues, and relationship or community issues to find the causes of illness or disease. The social model of health also focuses on prevention.

-The new public health movement has shifted the clinical gaze (look) from the treatment of the sick to regulation of the well. Public health approach is part of the social model perspective

-What we eat, drink and smoke?

- Who we sleep with?

-How we relate to family members and friends?

-And the demands of working life- all have become subjects of professional advice in the pursuit of achieving "wellbeing"

-There are many perspectives under the social model. The following are the major ones

a) The social determinants of health

b) Unhealthy lifestyles and perspectives

c) The social construction of health and illness

-The following sections describe these perspectives of the social model of health

a) The Social Determinants of Health Perspective

-It is closest to bio-medical model because it is concerned with physical pathology. But it includes *social and economic factors* (e.g. poverty, homelessness or air pollution) to determine the etiology or causation of the disease beyond the identification of pathogenic agent (e.g. virus)

-According to this perspective *social development* such as reducing poverty, poor housing and environmental pollution, play a more important role in improving the nations' health than that played by curative medicine.

- Some diseases are depicted as *diseases of poverty*, particularly infectious diseases and malnutrition; whereas other diseases are called *diseases of affluence* such as cancers and heart diseases. This is based on epidemiological observations on the patterns.

-Apart from socio-economic condition, *psychological distress* can cause physiological changes in the body. This in turn can cause diseases such as heart diseases, reduced immune function, or even some cancers.

-Actually, psychological distress or psycho-social stressors are usually subjective

-It is not as objective as polluted water supplies or insufficient nutrition

-For e.g. take work related stress. There could be different explanations for this. People in the same work setting could have different experiences regarding stress.

b) Unhealthy Lifestyles Perspective

-This perspective focuses on *individual choices* to explain the genesis of illness behavior

-Life style choices include: higher prevalence of smoking, alcohol consumption, dietary fat and lack of exercise among the manual working class. These are the primary causes of higher rates of cancers and heart diseases.

-Regarding cancer, the association between tobacco smoking and lung cancer is one example. Eating style and cancer can be associated as well.

-Unhealthy lifestyle choices stem

1- From the *lack of information* about the risks associated with a particular activity or behavior

2-from a *personal cognitive deficiency*, which stops the individual from choosing a healthy lifestyle even when they recognize it as such (it depends on our belief of how our lifestyle should be)

c) The Social Construction of Health and Illness

-According to social constructionism reality is represented by human consciousness. This is also true for health and illness.

-There are different ways of understanding the same phenomenon.

-There is a possibility that the same symptoms can be labeled and understood in different ways.

-The ways in which, *we make sense of phenomena*, the words we use to label them, and the theories we develop to understand them, have fundamental consequences for the self-identity of the individual who experiences the phenomenon and also for the ways in which others respond. For example, *labeling theory* tells us that deviance is the result of labeling a certain behavior as deviant.

-Labeling theory raises the political questions of which social groups have the power to impose a label and make it stick. For instance, experts due to their knowledge power can make the labeling but the reality could be different. For example, volunteer people who are not mentally ill but for a purpose of the study (research) act or play the behaviors of a mentally ill people can be labeled as schizophrenic.

Characteristics of the Social Model of Health

1-Holism

-This is about holistic view

-Instead of separating the mind and body the two are seen as crucially interwoven

-This means understanding how both the biological aspects of an illness and the social situation and personal circumstances of someone interconnect and how these affect each other.

-Holism is the most important element in the social model as it guides an understanding of health in its fullest, richest and most complete sense.

2-Social aspects

-The model focuses on social aspects

-Accordingly, health is highly patterned by class, gender and ethnicity; and other social factors/ structures

-Much of our health is strongly conditioned by our social location

-*Social processes* exert both subtle and quite overt influences over levels of control, access to resources, and the ability to enact decisions including on issues of health and illness.

-The inequalities that exist with class, gender and ethnicity are also evident in health

3-Lay perspective

-It is not just experts that posses knowledge about health and healing. The lay perspective is given wide room

-Ordinary people can also have extensive knowledge based on their own experiences as well as that of peers and their wider community and culture.

-In some cases, such as chronic illness, for instance, ordinary people can have quite extensive in-depth knowledge of a condition that is greatly affecting their life.

4-Participation and partnership

-Relationship between health or social care professional and service user are much more equal and participative

-The professional may possess specialist knowledge, but how it is actualized and deployed depends on a consultation and agreement with the service user.

Question- what will be the possible limitation of the social model? Do you see it as fluid that cannot be captured or having no clear boundary? Reflect on these issues.

Concluding Remarks on health

The WHO (1948) defined health as "a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity." (The constitution of WHO, p. 1)

-The definition covers many aspects (i.e. physical, mental, social) and has breadth

-According to this definition health is not the concern of medical people alone since it not only about infirmity or weakness through diseases, but others such as religious leaders, politicians, social workers etc have to involve in it as their business

-This definition implies that health is a social construct at the same time and not only a biological characteristic

Health is much more than just the absence of disease, even though much of the modern healthcare system tends to focus on disease and treatment. Health is having a sound mind, body and spirit, or outlook on life.

Overview of Health Social Work

-*Health social work* is a social work activity or practice which is undertaken in the health care and health provision settings and programs.

-Health social workers are those who operate in a variety of health environments that assume numerous roles in the design, delivery and evaluation of care.

-Health social workers facilitate linkages across organizational systems and professions to improve health care for both individuals and populations

-This occurs in myriad settings, in a number of different ways, and with various levels of interdisciplinary collaboration.

-Health social workers need to be aware of the following to provide effective services to individuals and communities

1- The biopsychosocial approach to health care and the professionals who will deliver the service

2-Define the role of the social worker on the health team

3-Outline the tasks of health social workers related to the delivery and design of health care

4-Understand professional issues and challenges related to team work

-In addition social workers should

1-Have adequate understanding of the general health problems of the patient

2-Consider the interpretation of the patient's health problem to himself, his family and community welfare agencies

3-Mobilize resources to take measures for the relief of the patient and his associates

Social work and health

-Health is all social workers' business, whatever setting or organization they work in, because social work addresses the social determinants of health (This will be discussed later on).

-The IFSW's international policy on health states the following (IFSW, 2008)

1-Health is an issue of fundamental human rights and social justice and binds social work to ***apply these principles*** in policy, education, research and practice

2-All people have an equal ***right to enjoy the basic conditions*** which underpin human health. These conditions include a minimum standard of living to support health and a sustainable and health promoting environment

3-All people have an equal ***right to access resources and services*** that promote health and address illness, injury and impairment, including social services

-All the above statements are placed in the context of the UN's Universal Declaration of Human Rights adopted in 1948

The Seven Health Policy Statements of IFSW (2008)

1. Health is a key aspect of all fields of social work – practice, education, research and policy making – and in all settings.

- IFSW will seek to ensure that social workers locally, nationally and internationally identify and challenge any deleterious health effects of social policies on people's life chances and experience and to advocate for policies that are health promoting, protecting and sustaining.
- IFSW will promote the employment of social workers throughout health services as an essential site for social work activity.

2. Health is not merely the absence of disease, it encompasses physical, mental, emotional and social wellbeing

- IFSW will promote an holistic understanding of health in policy making and practice
- IFSW will oppose the commodification and commercialisation of people's bodies and the exploitation and coercion of people for their bodies or their body parts.

3. Health is a central dimension of people's lives.

- IFSW acknowledges that individuals, their families and friends perform the largest share of health work and will advocate for policies to support their efforts
- IFSW will work for a universal understanding by social workers in all settings of the centrality of health to the lives of those with whom they work

4. Health is an issue of fundamental human rights.

- IFSW will work towards all people achieving their right to health over the whole course of their lives

- IFSW will work to secure universal access to basic health sustaining resources including the eradication of poverty

- IFSW will work for universal access to affordable health promoting and preventive services and to treatment, care and support in times of illness, frailty and debility

- IFSW will work to realize the right of individuals and their families to participate in decisions affecting their health.

5. Health status is primarily determined by social, economic, environmental and political conditions and is an issue of social equality and justice.

- IFSW will advocate for more equal distribution of the resources that underpin health, including a minimum guaranteed income, food security, clean water, adequate shelter, warmth and clothing, education and safe and sustained relationships

- IFSW will challenge environmental policies and practices that lead to multiple health damage and argue the importance of environmental sustainability for health

- IFSW will oppose and seek to prevent the threats and damage to health caused by violence and conflict and seek to mitigate their consequences

- IFSW will oppose and seek to prevent threats and damage to health caused by unregulated neo-liberal economic policies and to mitigate their consequences.

6. Securing and sustaining health depends on local, national and global health and social policies and practices.

- IFSW will press for population based, public health policies and programs, that emphasize health promotion, protection and maintenance

- IFSW will press for a central emphasis on universal primary health services in line with the Alma Ata principles (the 1978 declaration that focused on promotion of primary health care)

- IFSW will argue that it is primarily the responsibility of governments rather than markets to ensure universal access to health and to health services.

7. Securing and sustaining health depends on the concerted actions of international institutions, governments, civil society and peoples.

- IFSW will collaborate with international, governmental, non-governmental and people's health agencies and movements in the collective pursuit of socially just social and health policies and practices, including policies on the migration of health workers and intellectual property

- IFSW will seek to ensure that governments act on the international commitments they have made to promote the universal right to health

- IFSW will advocate that those who use health services and who bear the health consequences of health and social policy decisions are entitled to be involved in the planning and evaluation of services for health

Disease, Illness and sickness/ sick-role

Disease

-Disease can be used in two main ways

1-Any ***pathological (unhealthy) condition***, bodily or mental whether caused through accident or injury

2-It could be used to refer to a specific ***medically diagnosed condition*** with distinctive, recognized symptoms

-Currently, the WHO is responsible for the International Classification of Diseases (ICD) which it took the mandate during its creation in 1948.

-The ICD has become the international standard diagnostic classification for all general epidemiological and many health management purposes. These include

1-The analysis of the general health situation of population groups and

2-The monitoring of the incidence and prevalence of diseases and other health problems

3-Tell characteristics and circumstances of the individuals affected

-Compilation of national mortality and morbidity statistics is provided on the basis of these records.

Illness and illness behavior

-Illness or feeling ill is arguably the subjective experience of disease or ill health

-Illness behavior determines how quickly health problems are addressed. If you feel the illness you go to treatment quickly.

-Illness behavior involves how a person interprets and responds to signs and symptoms of health problems

-There are well known variations between illness behaviors of women and men; young and old; and across different socio-economic classes

Sickness and sick-role

-Sickness is a social state or a social situation. It is defined by a standard or a professional

-Sick-role is a person's behavior following detection of illness or injury

-Sick-role behavior, such as whether a person complies with medical or other health service providers' recommendations is related to variables such as

-Social class -social support system

-religious beliefs -ethnicity

-gender -and so on

-We have to understand that health and illness are not seen as binary opposites or are not mutually exclusive categories

-there is interface (can be seen in mix)

-people can be healthy and ill at the same time (the dimension matters i.e. which dimension is ill or healthy is what matters)

-We can see health and illness at individual and population levels

Topic Two: Some Issues from Epidemiology (adapted from Yemane Berhane, 2007)

General Introduction

Definition- Epidemiology is the study of the frequency, distribution, and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.

-The definition emphasizes that

1-Epidemiology is concerned with the collective health of individuals in communities

2-Concerned in getting appropriate solution to alleviate the health problems

3-It is used to describe

-the health problem (what is occurring?)

-its frequency (how many?)- measures disease frequency to quantify it

-who is affected? Also identify the determinants for who gets or does not get disease.

-where, when, why diseases are occurring,

-identifies what determines who gets or does not get disease and

-how we can influence the occurrence? (what type of intervention?)

Why Epidemiology in Public Health?

• Estimating the magnitude of health related problems in a specified population

• Determining the seriousness of health related problems among affected populations

• Providing evidence on effectiveness of potential public health interventions

• Determining the impact of public health interventions in populations

• Determining people that can potentially be affected by adverse exposures and health conditions

Explanation

-It is considered as an independent discipline. But some consider it as part of public health. They consider it as the basic science of public health

-It provides useful *tools and methods* to describe variations in disease occurrence and identify factors that influence the occurrence of disease among different groups of the population

-The occurrence of disease is dependent on variations in *exposure* of individuals in the population to the *causes of the disease* that are commonly *behavioral and environmental*.

-Basic laboratory researches are important in advancing our biologic understanding of diseases. But the quantification of the magnitude of the exposure of disease in relation to mankind is determined using epidemiology.

-In summary, epidemiology

- studies the nature of diseases, and their causes

-uses systematic methods of measurement to test ideas, questions and hypotheses

-hence it is a science (bio-science), serving medicine and public health

Epidemiology: "Frequency"

• Number (proportion) of people exposed to factors related to health conditions

– may not be necessarily the direct cause of ill

health

• Number (proportion) of people having adverse health conditions

– Known as end points, outcome

– May not necessarily be disease

Epidemiology: "Distribution"

• **Person (Who)**

– Young Vs Old

– Female Vs Male

– Rich Vs Poor

– Illiterate Vs educated

• **Place (Where)**

– Lowland Vs Highland

– Urban Vs Rural

• **Time (When)**

– Day/night variations

– Seasonal variations

– Long term variations

Epidemiology: Determinants

The determinants of health include:

• **Social and economic environment**: income, education, social support network, culture and traditional beliefs, social status…

• **Physical environment**: safe water and clean air, healthy workplaces, safe houses, roads, access and use of services…

• **Individual characteristics and behaviors**: genetics, gender, balanced eating, keeping active, smoking, drinking alcohol, drug consumption, life's stresses…

Epidemiology tries to determine the mechanism for spread of ill health and establish causal relationships.

Basic Epidemiological Assumptions

1-Human disease does not occur at random

-There are patterns of occurrence

-Behavioral and environmental factors contribute to this pattern

-We see some group of individuals exposed to a certain or particular disease

2-The factors that contribute to the cause and prevention of human diseases can be systematically investigated

-the investigation will be made on group of individuals

-investigation will be made at different places

-investigation will be made at different times in a certain place

Scope of epidemiology

-In the earlier days the focus was on understanding epidemics. This is where a large number of cases of a particular disease happening at the same time in a particular community.

-Now it is used to understand all kinds of diseases; every disease entity has its own epidemiology

-communicable	-chronic diseases	-Occupational health
-non-communicable	-birth defects	-care-seeking behaviors
-injury category	-environmental health	-safety practices
-hygienic practices		

-Some use of epidemiology in public health practice are mentioned below

-Elucidate (make clear) the natural history of disease (how disease occur from infection to the end)

-Describe the health status of the population

-Establish causation of disease

-Provide understanding of what causes or sustains disease in populations

-Guide health and healthcare policy and planning

-Evaluate the effectiveness of intervention

-It provides logical thinking and guidance to achieve informed decisions in healthcare practice

Features of Epidemiology

• Examines patterns of events in groups of people

• Can establish cause and effect relationship without the knowledge of biologic mechanism: *Smoking and lung cancer*

• Covers a wide range of health and health related conditions

• Currently epidemiological methods are being used by many academic disciplines other than public health

Major categories of epidemiology

-There is what we call experimental epidemiology but mainly the type of study in epidemiology is observational (rather than experimental). In addition epidemiological studies are quantitative rather than qualitative.

-On the basis of observational study, epidemiology is categorized into two

1-*Descriptive Epidemiology*- defines the amount and distribution of health problems in relation to person, place and time. It answers the questions who, what, where and when.

2-*Analytic Epidemiology*- involves explicit comparison of groups (not individuals) to identify determinants of health and diseases. It answers the questions why and how. It looks at association and relationship.

Epidemiology … measuring

• **Measuring frequency and distribution**

– How many people are affected?

– What proportion of the population is affected?

– What is the geographic distribution of a health problem?

– Are there specific times in which people are affected by the health problem?

• **Measuring differences**

– Are there factors that predispose people to the health problem?

Terms and concepts in epidemiology

Natural History of Diseases

-The natural history of disease refers to the progression of a disease process in an individual overtime, in the absence of intervention.

E.g. take HIV- from penetrating in to the body how it affects the T-cells, how it converts the cells' DNA and resembles to the cell's DNA, how it hijacks the message from the cell's DNA

- There is a time frame for the manifestation of the disease. The following are the stages of the natural history of disease

1-Stage of susceptibility (Exposure)

2-Stage of Subclinical Disease (Pathologic changes)

3-Stage of Clinical Disease (Onset of illness- time of diagnosis)

4-Stage of recovery, Disability or Death

Chain of infection

Chain of infection is also referred as transmission cycle. The following are components of chain of infection

1-Causative agent – this refers to the cause of the infection e.g. virus, bacteria etc

2-Reservior host- this refers to the habitat where the agent lives, grows, multiplies etc e.g. parts of the body in man, rat, pond, etc

3-Portal of exit – this refers to the different body part through which the agent exits e.g. mouth, sex organ etc

4-Mode of transmission- this is about how the agent is transmitted from one to the other. It could be through direct contact, droplets, vector, airborne etc

5-Portal of entry- this is the same as portal of exit. E.g. nose, mouth, injection- arm, blood vessel, anus, sex organ etc

6-Suceptible host- e.g. man

Mode of transmission of infectious agent

1-Direct transmission- immediate transfer of the agent from a reservoir to a susceptible host by direct contact or droplet spread. Example- touching, kissing, sexual intercourse, blood transfusion, trans-placental

2-Indirect transmission- and agent is carried from reservoir to a susceptible host suspended air particles or by animate (vector- mosquito, fleas…) or inanimate (vehicle-food, water, biologic products) intermediaries. Example, vehicle born; food, water, towels; vector-borne- insect animals; airborne- dust, droplets etc.

Epidemic, outbreak and pandemic

Epidemic-Occurrence of disease in excess of what is expected in a limited period

Outbreak-Same as epidemic, often used by public health officials because it is less provocative to the public

Pandemic-An epidemic spread over several countries or continents, affecting a large number of people.

Acute, Chronic, infectious, non-infectious

These are disease classifications based on time course in the case of the first two, and based on cause for the latter two.

Acute- characterized by a rapid onset and short duration

Chronic-Characterized by a prolonged duration

Infectious-caused by living organisms which are transmittable

Non-infectious- it is not caused by infectious organisms

Measurements in Epidemiology

Prevalence and incidence are measures of disease occurrence. However, there are other measures as well such as standardization; measures of association (rate ratio and etiologic fraction); variations in disease occurrence and association.

Prevalence

-This refers to the amount of disease that is present already in a population

-It indicates the number of existing cases in a population

-Prevalence is calculated as all new and existing cases during a given time periods over (divided by) population during the same time period

-Prevalence is in short the proportion of the population that has the disease

Incidence

-Incidence measures the rapidity with which newly diagnosed patients develop over time. This means it measures the rate of occurrence of new cases.

-Incidence rate is calculated as number of new cases during observation period over (divided by) the person multiplied by the time observed (during which cases were ascertained)

Terms to describe events

Morbidity – refers to disease

Mortality –refers to death

Natality or nativity- refers to birth

Topic Three: Historical Foundations of Social Work in Healthcare

General overview

-Social work in the health field or healthcare can be considered as the first specialty area of social work practice.

-In 1895, the first Hospital Almoner (social worker) was hired at Royal Free Hospital in London. She was named Mary Stewart. At that time the Almoners or social workers had two major functions. The first was to review applications for admission and the second was to refer patients for services.

-The first hired medical social worker in the US was named Garent Pelton. She was hired at Massachusetts General Hospital in 1905. It is recorded that Massachusetts General Hospital (MGH) provided the chance for social work in the health care to emerge in 1905 with the leadership of Richard Cabot (a physician and medical educator). He appointed Garent Pelton (who was trained as a nurse) to be the first hospital social worker; and later on he appointed Ida Cannon to succeed Pelton. Cannon served for almost 40 years in the field.

-At that time social work was considered as the extension of medical practice. They were practicing at the physician's office, do home visits and engaged in understanding the life situation of the patients out of the hospital. By doing these, the social workers provide reports to the medical and the nursing staff describing the patient's home and work situations. The primary functions of the social workers were assessing the social and psychological aspects of disease and provide doctors and nurses the information they obtained.

-At that time social workers are considered as liaisons or bridge between the hospital and the social environment and community resources of the patient. Social workers were expected to

1-*Help patients adjust to hospitalization*- this includes explaining the hospital system to patients, providing reassurance if they were frightened by it and explaining their health condition to them if it appeared the medical and nursing staff had not adequately done so.

2- *Help patients adjust to returning home*- this was about helping patients and their families understand the implications of the patients' health condition for the post-hospital stage (such as the expected length of disability)

3-*Bridge the gap between the hospital environment and the usual social environment of the patients*- this was about removing all barriers to effective medical treatment.

4-*Make efforts to modify any social, environmental, or emotional causes or effects impacting the patients' health condition*

5-Seving as translators and communicators between two sides with differing perspectives (physician & patient); each side should be understood

6-Provide information on social and mental factors

Historical Development of Healthcare social work in the USA

-As Gehlert (2012) argued the emergence of healthcare social work in the US is associated with three factors serving as origins.

1-The demographics of the US population during the 19th and early 20th century

2-Attitudes about how (and where) the sick should be treated

3-Attitudes toward the role of social and psychological factors in health

Below discussions are provided for each of the factors

1- 19th and early 20th century demographic changes as a result of immigrants

-Between 35 to 40 million Europeans immigrated to the US between 1820 and 1924. Many European immigrants came from Germany, Ireland, Italy and so on. 5.5 million persons migrated from Germany between 1816 and 1914 for political and economic reasons. In the 1840s alone 2 million persons migrated from Ireland and 5 million persons migrated from Italy between 1820 and 1990.

-There were immigration stations. Ellis Island Immigration Station was the largest and famous which was opened in 1892 and processed 1 million persons per year by 1907. And the immigrants were struggling to adapt.

-By 1865, over 650,000 persons resided in the southern half of Manhattan Island in New York City alone. Most of them lived in tenements (partitioned apartments). Accidents were common, sanitation were poor, food supplies were in poor condition. Infant mortality was rampant for instance 1 in 5 infants died in their first year. In addition there were wide range of health beliefs among the immigrants; most did not speak English. The vast majority lived in poverty while they were in almshouse and dispensaries.

2-Attitudes about how (and where) the sick should be treated

-In late 1600s and early 1700s the sick were cared at *home*. As the population grew, *almshouses* were constructed in cities for those without means. For instance in 1713 in Philadelphia (for Quakers- Christian sects- alone); in 1736 in New York (now Bellevune Hospital); in 1737 in New Orleans

-In the late 1700s the sick people get treated in separate parts of almshouse which later on becomes public hospitals. New York hospital is a good example for this. Later on hospitals get developed like having differentiations, for example, hospitals for the poor and hospitals for patients with means. This was related to economic ranks of people.

-Later on public hospitals emerged out. The following were the first public hospitals; Pennsylvania Hospital 1751 (funds from Benjamin Franklin), New York Hospital 1791, Massachusetts General Hospital 1821.

-Dispensaries appeared in the late 1700s originally to dispense medications to ambulatory patients. Physicians were hired to visit patients. There were reforms in the 19th century that were led by women physicians. In 1853 dispensaries were supported with home visits. In 1857 there were hospital beds. In some of the hospitals records of family size and income were made. This was a similar practice like that of social work.

3-Attitudes towards the role of social and psychological factors in health (i.e. these attitudes grew)

-As indicated earlier Almoners were first hired by the Royal Free Hospital since 1895 to screen patients to see if qualified for free care. They sat by the entrance and reviewed applications for admission. Training of Almoners became formalized in 1905.

-Ten years later from 1895, Garnet Pelton was hired to work at Massachusetts general Hospital (MGH) as a social worker. Originally she was trained as a nurse. She worked at a settlement house where she observed social work practice. She was hired and paid out-of-pocket by Dr. Richard Cabot. Unfortunately, she developed tuberculosis after 6 months practice at MGH and was no longer able to work.

-Pelton was hired to do the following

1-Act as a critic and help to socialize medicine: This is about giving criticism from the inside

2-Act as translator between the physician and patient and family- this is about facilitating communication

3-Provide information on social and mental factors

-Ida Cannon (1877-1960) was hired to replace Pelton. Cannon was first trained as a nurse. Later on she met Jane Addams and became interested in social work. She got trained at Simmons college of Social Work. She was hired by Dr. Richard Cabot. She worked at MGH from 1906 to 1945. In 1914 she was named chief of social work at MGH. She hired Harriet Bartlett as first education director. She worked with Cabot until he left MGH in 1919. And her philosophy of social workers was to accommodate hospital mechanism and not be critics or reformers.

-Richard Cabot (1868-1939), a physician and medical educator, has been active from the 1890s to the 1930s. He completed medical school in 1882 at Harvard. He accepted an appointment to work in the dispensary at MGH. At that time, medical treatment was not available. The patients were mostly immigrants. Cabot saw that social and mental problems underlay physical ones. According to his observation purely physical problems were rare. Gehlert (2012) argued that Cabot shaped social work in his own image. He believed that greater truth would emerge through a dialogue. He also believed in acting versus observing. He was influenced by John Dewey (contemporary philosopher) and Jan Addams (one of the pioneers of social work). He believed that knowledge is gained through problem solving and underlined the importance of learning from failure.

-Cabot fashioned Hospital Social Work in his own image. He saw that the social work role in healthcare is acting as

1- Translator and communicator between two sides with differing perspectives

-Social workers serve as translators of medical information to patients and families in a way they could understand. Their role was giving explanations to the patients. This was their chief business in the time of Cabot. Cabot thought that social worker could best fulfill this role of translator because nurses were more under the order of doctors/physicians and hence were simply implementing the orders.

Cabot and Cannon saw social workers as translators of medical information about patients and families to physicians. This approach allows patients to fill at home while residing in the hospital setting or community. The idea that a patient should feel as a member in the hospital community is very important even today where there are considerable number of chronic health conditions and where the need for disease management is emerging.

This role has an implication even for today. It is clear that social works are in best position to ensure that each side is understood by the other.

2-Problem solver to find a solution and learn from errors

-Both Cabot and Cannon saw social workers as problem solvers. For Cabot, physicians and social workers were natural allies and could learn from one another. Accordingly he argued that physicians could learn about the non-somatic aspects of health whereas social workers could learn how to become more scientific and systematic as being on the moral high ground was not considered to be sufficient.

Later developments through time

Between the years1905 to 1930, social work showed unprecedented growth almost exclusively in hospitals. In 1929 there were ten Schools of Social Work in the US offering formal coursework in Medical Social Work. The American Association of Medical Social Workers was established

in 1918. Until 1955 seven different associations of the social work profession had been functioning in the US. In 1955 these seven organizations got dissolved when the National Association of Social Workers (NASW) was founded.

The medical social work profession faced competition from psychologists and social scientists. After the enactment of Social Security Act of the 1930s and after WWII, social work grew beyond the hospital. From 1935 to 1945 social work branched out from hospital base. The 1935 Social Security Act did not include medical benefits and hence through social activism it was made possible to introduce amendments signed by President Johnson on July 30, 1960. These amendments were: Medicare (Title XVIII) or Medicaid (Title XIX). However, these amendments soared the costs of healthcare and hence in the subsequent years new attempts were made for cost containment. The medical social work doubled between 1960 and 1970. New settings and arenas emerged and new techniques and interventions were employed. Since the 1970s till the present time it is under redefinition and continued branching.

Gehlert (2012) argued that different health related amendments that tried to contain costs had brought effects on social work. One of the effects was that social work forces were downsized or reconfigured. Social workers were forced to spend less time with the patients. Health Maintenance Organizations (HMOs) Act of the 1973 limited the ability to act on own assessment of needs. Diagnostic and Regulatory Guidelines (DRGs) of 1983 forced emphasis on discharge planning. This made hard to perform as outlined by the founders such as Cannon. Cannon emphasized that to result in successful treatment all the obstacles should be removed.

Today social work stands as scientific and systematic. The profession promotes the evidence based practice that demonstrated effectiveness. Social workers are serving as research leaders in the US in institutions like National Institute of Health (NIH). Social workers are also serving as healthcare administrators, health policy makers and analysts. We can conclude that social work's guiding principles remain in force and are as strong today as in 1905.