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# Roles and Responsibilities of Oncology Social Workers

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**Abstract**

This paper deals with oncology social work. It outlines the social work responsibilities of oncology social workers and their referral services. This paper makes a special note on role and responsibilities of oncology social workers aid advocacy duty of oncology social workers. This paper concludes with some interesting findings.

**Keywords:**Health care, Referral Service and Social workers

## Introduction

The primary role of the oncology social worker is that of psychological care provider. In this role, the oncology social worker is trained in a philosophy of care which is framed by the following basic tenets. First, the patient and family are viewed as aunit of care. Social work theory supports a system focus through its emphasis on working with a person -in environment approach. This view maintains that all individuals are part of an intricate web whose central ties begin with the family. Understanding, this allows for an enhanced assessment of the psychological dynamics of the patient's illness and its effect on the family.

## Oncology Social Work Responsibilities

The oncology social worker is attentive to the psychological, social spiritual/existential and practical concern of patients and families. Thus, the task of oncology social worker is multi-faceted and must be comprehensively framed at each stage of illness. In the realm of direct service, these tasks include: screening, evaluation and assessment and adjustment to illness counseling, and individual, family, or group psychotherapy;

Social workers, unlike many other psychosocial care providers, are trained in communityorganization and human rights advocacy with enables them with facilitate collaborative or other efforts on the part of the groups, organizations, and communities to effect social action and social change. Oncology social workers serve a expert advisors to

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policy makers and beat influence on central and state health care reform initiatives to insure comprehensive psychological care of person affected by cancer. Effecting change at the policy level strengthens the social worker' s ability to impact the individual healthcare of patients and is viewed as a necessary role of oncology social work.

In addition to serving in the primary role of psychosocial care provider or patients and families with its multiplicity of tasks, oncology social workers are, at times, also called upon to serve as administrators and clinical supervisors. As such, they address the clinical training needs of students and beginning workers, as well as experience workers through a variety of methods including; the tutorial model of one-to-one relationship, peer supervision, group supervision, and case consultation. Through these specific educational, administrative, and supportive techniques oncology social workers at the administrative/supervisory leve strive to enhance worker performance and job satisfaction.

These pressures, and many others, accompany social work practice in an oncology setting, and require a high level of skill and training behalf of the social worker in the administrative and supervisory role. Fortunately, oncology social workers at all levels are continuouslydeveloping their clinical expertise through ongoing in service training, attendance at and participation in professional conferences, and clinical practicums at the master's, post master's and doctoral level.

The pressures oncology social workers experience as inherent in the oncology setting are shared by all the members of the multidisciplinary team. While mutual support among the members is readily available, oncology social workers, designated psychosocial care providers, are often called upon to take the lead in supportive interventions with staff. Oncology social workers often lead staff support groups, do critical incident stress debriefings and met one-on one with individual oncology staff members, both formally and informally to defuse work-related stressors and offer psychosocial support.

**Member in Oncology Health Care Settings**

The oncology social worker is a vital member of the multidisciplinary team. They recognize the interconnectedness of the patient's internal and external environmental system and are uniquely qualified to help the team address the patient's psychological and social

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well-being in relation to his or her illness. Oncology social workers assist the team in moving beyond the disease process, to attend to very practical matters that may affect the patient's quality of life. They serve as a conduit between patient and staff to facilitate optimum responsiveness to treatment goals. Issues related to adjustment to illness and discharge planning are designated clinical tasks of the oncology social worker. In this important role, the social worker becomes a valued team member.

As a multidisciplinary team member, oncology social works are not only skilled in providing clinical services, but are also cognizant of the explicit and implicit obligations they may have to other team members, the social work profession and to the patient and family. They are taught the parameters of teamwork, which include the team composition, purpose, member roles and responsibilities, value bases, and processes. As ethical dilemmas may result from conflict of competing values in fulfilling obligations to equally entitled sources, responsibility and accountability for decisions made by the team are shared by the oncologysocial worker.

**Referral Service of Oncology Social Worker**

Social workers are conduit for the referral process as referrals are both received and made on behalf of the patient. Knowing when to refer is critical to the effective oncology social worker in providing psychosocial care to cancer patients and their families. The referral process is a key component of psychosocial care as social workers are called upon to provide clinical intervention in the form of individual, couples, family, or group psychotherapy, and to link patients with other appropriate resources to match their concrete service needs. Referrals are received by social work from all members of the multidisciplinary team. As a primary psychosocial care provider, the social work then determine the treatment plan, manage the case, and refers to adjunctive services such as nutrition, financial services, chaplaincy, psychiatry. Social workers are uniquely trained through the person-in-environment model to understand the specialized process of referring. They have a clear understanding of the types of referrals appropriate for social work intervention, as well as how to skillfully refer the patient to other specialty sources.

Irrespective of the form of intervention – community organization, casework, administration, or political activity- the source most needed for advocacy is information.

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Through research, publication of clinical literature, education and training, oncology social workers are actively engaged in acquiring and sharing information which leads to making communities, and society in general, more responsive to the needs of persons with cancer.

**Types of Referrals**

**Usual Referral**

Durable medical equipment, hospice, homecare, transportation, housing, adjustment to illness counseling, support group, psychoeducational group, medical insurance, entitlements and grief/bereavement.

**Urgent Referral**

Patient distress related to: poor prognosis, deteriorating condition, test results, procedures, diagnostic tests, uncontrollable anxiety, depression, noncompliance, with TX and family distress.

**Emergent Referral**

Suicidal ideation, substance abuse, homicide ideation, signing out AMA, treatment refusal and fear of death.

**Advocacy and Social Change**

Patient and family advocacy is another task in psychosocial care giving for which the oncology social worker is uniquely prepared. Coursework and training at the master's level equips social workerswith macro skills that allow them to integrate the specialized needs of patients and families with larger systems issues. Acting as an advocate with schools, communities, neighborhoods, etc. on behalf of the cancer patient and family moves psychosocial care giving out of the psyche to the social environment. A person-in-environment perspective provides many points of intervention and different form of advocacy efforts.

**Conclusion**

It could be seen clearly from the above discussion that oncology social workers perform many roles and functions in inpatient and outpatient health care settings to assist

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persons with cancer on he micro and micro levels. These roles and functions serve to enhance both patient care and the smooth efficient functioning of the health care systems in which they are cared for. They also require intensive training beyond the master's degree which addresses the specific psychosocial issues associated with cancer. In the past three decades the social work profession has produced some of the most expert psychosocial clinicians working the field of oncology today. These clinicians in conjunctions with their professional organization , have developed a wide variety of interventions and programs to facilitate coping with cancer. The empirical studies have documented the efficacy and cost – effectiveness of these interventions, and their future research and clinical literature will continue to contribute to our understanding of how to prevent as well as manage the divesting effect of this life threatening illness.

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