

THE ROLE OF SOCIAL WORK IN PALLIATIVE CARE: HISTORICAL DEVELOPMENT AND CHALLENGES

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Abstract: The article explores the challenges and opportunities in social work within palliative care, emphasizing its role in addressing the complex needs of patients with life-threatening illnesses and their families. The primary aim is to analyze the emotional, ethical, organizational, and cultural dimensions of social work in this field and identify strategies for improving care delivery.

The findings highlight significant challenges, such as the emotional burden on social workers, resource limitations, and ethical dilemmas related to balancing patient autonomy with cultural and religious differences. Nevertheless, the conclusions demonstrate the pivotal role of social workers in providing psychosocial support, coordinating care within multidisciplinary teams, and advocating for culturally sensitive practices.

The conclusions emphasize the need for targeted interventions to enhance the effectiveness of social work in palliative care. These include specialized training, increased resource allocation, and the development of comprehensive policies and standards.

The recommendations focus on deeper integration of social work into multidisciplinary teams, promoting cultural competence, and ensuring the sustainability of professionals through improved support systems. These measures are essential for delivering compassionate, patient-centered care that meets the diverse needs of patients and families during the end-of-life journey.

Keywords: palliative care, social worker, social work

Field: Social science

1. INTRODUCTION

Palliative care is an interdisciplinary approach focused on providing comfort and quality of life for patients with advanced stages of illness. While the primary goal of palliative care is to alleviate pain and suffering, social workers play a crucial role in this process. Social work can play an important role in the process of providing comprehensive care for individuals suffering from incurable diseases and their families, contributing to the improvement of their quality of life (Stoykova & Encheva, 2020; Stoykova & Velichkova-Hadzieva, 2021). Social workers can perform essential functions within the multidisciplinary team, including needs assessment, care coordination, providing additional information, managing negative emotions, and offering support to enhance motivation for adherence to prescribed treatment (Stoykova & Velichkova-Hadzieva, 2021). Social work in palliative care involves assessing the social, emotional, and psychological needs of patients and their families, providing support to cope with stress and adjust to serious illness, and coordinating between various healthcare and social services. Historically, palliative care and social work have developed in parallel, with both disciplines becoming increasingly important in the context of an aging population and the rising number of patients with chronic and terminal illnesses. However, social workers often face challenges related to the emotional burden of the work, as well as ethical and moral issues that arise in the provision of palliative care. Through training and support, social workers can be effective in providing comprehensive care, while collaborating with other professionals to ensure the best possible experience for patients and their families. Social workers are essential in addressing the complex emotional and social needs of patients and families facing terminal illness. Their expertise in navigating end-of-life issues and providing holistic support is crucial for enhancing the quality of care in palliative settings.

2. MATERIALS AND METHODS

The following methods were used: the historical method to trace the chronology and key stages in the development of palliative care, the descriptive method to outline its primary characteristics and structural features, the comparative method to analyze different models of palliative care across time or healthcare systems, the analytical method to examine the socio-economic, political, and scientific factors

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that contributed to its evolution, the prognostic method to predict future trends in the field, such as the integration of technologies and the expansion of access, and the documentary analysis method to study official publications, guidelines, scholarly works, and policies related to palliative care.

3. DISCUSSIONS

A Brief Historical Overview of Palliative Care

Palliative care, as a modern approach in healthcare, is the result of decades of evolution that began with the hospice movement in the mid-20th century. From its origins in the United Kingdom to its global dissemination and integration into healthcare systems, palliative care has undergone significant transformations.

A pivotal role in the development of palliative care was played by Dr. Cicely Saunders, who founded St. Christopher's Hospice in London in 1967. She introduced the concept of "total pain," addressing not only physical suffering but also emotional, social, and spiritual distress in patients. The hospice movement focused on providing care for end-of-life patients, emphasizing pain relief and holistic support (Clark, 2014).

In the 1970s, the term "palliative care" was introduced by Canadian physician Dr. Balfour Mount, marking the expansion of the concept to include not only terminally ill patients but also those with chronic or progressive conditions. During this period, palliative care began to develop in North America and Europe, with the first hospital-based programs being established (Mount, 1976). In the 1980s, the World Health Organization (WHO) recognized palliative care as a fundamental component of healthcare and issued its first guidelines for its development. Over time, palliative medicine was established as an independent specialty with dedicated training programs and professional certifications (WHO, 1989).

In recent decades, palliative care has been integrated into the national healthcare systems of many countries. This process includes:

- Expanding services beyond hospices to hospitals, home care, and outpatient centers.
- Establishing multidisciplinary teams comprising physicians, social workers, psychologists, and spiritual counselors.
- Developing policies to ensure access to palliative care for all patients, regardless of their diagnosis or socioeconomic status (Payne et al., 2008).

Today, palliative care is viewed as an essential part of universal healthcare. Key priorities include: the early integration of palliative services for patients with chronic diseases; leveraging technology, such as telemedicine, to provide care in remote areas; increasing public awareness; and reducing the stigma surrounding palliative care (WHO, 2021).

Different organizations and regional differences highlight the complexity and diversity of palliative care, as well as the need for global efforts to improve access to and the quality of services. The World Health Organization (WHO) plays a leading role in the development of palliative care globally. The organization sets standards and publishes guidelines for palliative care, advocates for the integration of these services into national health systems, and supports projects that increase access to care in low- and middle-income countries. In 2014, the WHO published its resolution WHA67.19, which requires all member states to develop palliative care as part of universal health coverage.

The hospice movement, which began in the 20th century with the founding of St. Christopher's Hospice by Dr. Cicely Saunders, is at the heart of the modern concept of palliative care. Hospices provide not only physical but also emotional, social, and spiritual support for patients and their families. They are now an integral part of healthcare in many countries, including the United States, the United Kingdom, and Australia. They serve as a model for an integrated approach to end-of-life care.

The International Association for Hospice and Palliative Care (IAHPC) is a key player on the international stage, working to promote education, the dissemination of best practices, and political support for palliative care. The organization assists in developing policies that improve access to care, especially in resource-limited countries.

Definition and Role of Social Work in Palliative Care

According to the World Health Organization, palliative care is defined as: "An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual" (WHO, 2021). One of the primary goals of social work is precisely to improve people's quality of life (IFSW & IASSW).

Social work plays a crucial role in palliative care, offering support to patients with life-threatening

illnesses and their families. Social workers aim to alleviate suffering and enhance the quality of life for both patients and their loved ones by addressing emotional, social, spiritual, and practical challenges. Health and social care share common goals concerning the individual, forming the foundation for their integration into comprehensive human care (Stoykova & Velichkova-Hadzieva, 2021). The work of social workers encompasses several key aspects that benefit the individual, their family, as well as the healthcare system and medical staff.

On one hand, social workers provide support to individuals, fostering their emotional and mental well-being, which enhances their ability to accept their condition and cope with its consequences. On the other hand, they assist individuals and their families in adapting to their condition and changed social functioning. A crucial element is the provision of support in daily life, preserving the individual's dignity, and offering assistance in a humane manner that does not undermine their self-respect while safeguarding their fundamental rights (Stoykova & Encheva, 2020).

Another essential aspect is the role of social work in delivering comprehensive and well-coordinated care centered on the individual, addressing their specific needs and capabilities (Stoykova & Velichkova-Hadzieva, 2021).

Key Functions of Social Work in Palliative Care:

1. Psychosocial Support:

Social workers identify the needs and concerns of patients and families, providing counseling, emotional support, and guidance. They assist in adapting to diagnoses and coping with the stress associated with end-of-life care (Payne et al., 2008).

2. Care Coordination:

Social workers facilitate access to services by organizing communication between patients, families, and the multidisciplinary team. This includes coordinating healthcare and social resources and assisting with decision-making processes (Clark, 2014).

3. Practical Support

Providing information about financial resources, legal assistance, and social programs is a key aspect of social work in palliative care. This includes assisting with the preparation of documents such as wills and resolving issues related to insurance (Payne et al., 2008).

4. Family Care

In addition to supporting the patient, social workers address the needs of family members, helping them cope with loss and transition to life after the death of their loved one (Clark, 2014). The family is a primary source of support for an individual. A severe or chronic illness is experienced not only by the patient but also by their loved ones. Providing support to the family is, in turn, support for the patient, as it enhances their ability to cope with the situation and provide effective care (Stoykova & Cholakova, 2021).

Social Work in Palliative Care: Challenges and Opportunities

Social work in palliative care faces numerous challenges related to the emotional, ethical, social, and organizational contexts of this field. The main challenges include:

1. Emotional Burden on Social Workers

Dealing with Loss and Death: Constant interaction with terminally ill patients and their families can lead to emotional burnout and secondary trauma.

Empathy and Professional Boundaries: Social workers must maintain a balance between empathizing with patients and safeguarding their own emotional well-being (Papadatou, 2009).

2. Insufficient Training and Education

Lack of Specialized Knowledge: The absence of specialized education and practical skills in palliative care may hinder social workers from addressing the complex needs of patients (Reith & Payne, 2009).

Need for Cultural Competence: Training focused on cultural competence and ethics in palliative care remains a key priority (Krakauer et al., 2007).

3. Ethical Dilemmas

Autonomy and Decision-Making: Social workers often encounter ethical issues related to patients' rights to make decisions, including those concerning the cessation of treatment (Beauchamp & Childress, 2013).

Cultural and Religious Differences: Patients' and families' diverse beliefs and traditions can create tension and challenges in finding common ground (Payne et al., 2008).

4. Limited Resources

Funding Constraints: Inadequate funding for palliative care limits the ability to provide quality services (Clark, 2014).

Workforce Shortages: A lack of specialists, including social workers, in palliative care makes access to necessary support more difficult (Connor, 2014). The lack of clarity in legislation regarding funding opportunities leads to an absence of social workers in healthcare institutions, limiting the provision of effective social support for patients and their families (Stoykova & Ivanova, 2020).

5. Integration in Multidisciplinary Teams

Undefined Roles: Despite the importance of social work, the role of social workers in multidisciplinary teams is sometimes unclear or undervalued.

Collaboration Challenges: Effective communication and cooperation among professionals present ongoing challenges. This also includes the limited understanding of the role of social workers within the multidisciplinary team by medical professionals (Stoykova & Velichkova-Hadzieva, 2021; Stoykova & Ivanova, 2020).

6. Cultural Competence

Cultural Sensitivity: Variations in cultural perceptions of illness, suffering, and death require social workers to be well-trained in cultural sensitivity (Kagawa-Singer & Blackhall, 2001).

Language Barriers: Working with patients from diverse ethnic and cultural communities often complicates communication (Krakauer et al., 2007).

7. Support for Families

Psychosocial Support: Providing emotional support to families, who also suffer emotionally, is a complex process requiring significant effort and resources (Hudson et al., 2010).

Addressing Social and Economic Challenges: Issues such as social isolation, financial difficulties, and emotional stress among family members often exceed the time and resource capacities of social workers.

8. Policy and Standards Development

Regulatory Gaps: In many countries, palliative care remains inadequately regulated, creating obstacles for social workers in delivering quality services (Clark, 2014).

Lack of National Guidelines: The absence of national standards for social work in palliative care complicates the provision of coordinated support (Connor, 2014).

Opportunities for Overcoming Challenges

To address these challenges, palliative care social work requires:

- Improved training and specialization;
- Development of multidisciplinary approaches;
- Increased funding and resource support;
- Policies promoting integrated and culturally appropriate care.

These measures can contribute to more effectively meeting the needs of patients and their families while enhancing the resilience of professionals in this field.

4. CONCLUSIONS

Social work in palliative care plays an essential role in addressing the complex and multifaceted needs of patients and their families during some of life's most challenging moments. Despite numerous challenges—including emotional strain, ethical dilemmas, resource limitations, and cultural barriers—social workers remain vital in ensuring holistic, patient-centered care. Their contributions include providing psychosocial support, coordinating care, advocating for patient autonomy, and fostering cultural sensitivity within multidisciplinary teams.

To overcome existing barriers, it is crucial to invest in specialized training, promote the integration of social work into healthcare teams, and establish comprehensive policies and standards that recognize the importance of palliative care. By addressing these needs, social work can further enhance its capacity to provide compassionate and effective support, contributing to a more humane and equitable healthcare system.

Ultimately, the development of palliative care services, supported by well-trained and resilient social workers, ensures that patients and their families receive the dignity, comfort, and care they deserve.

during the end-of-life journey.

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