

ONCOLOGY SOCIAL WORK PROFESSION IN CONTEMPORARY WORLD: AN UPCOMING PRACTICE

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Abstract: *Oncology social work is an emerging career among students perusing social work profession for higher education, practice and an occupation. It depends upon individual's choice, motive or purpose towards the study & practice in different domains of social work profession. The various studies reveal that oncology social work is the selective profession among the students in various countries. The social worker may practice in different levels such are micro, mezzo and macro. There are various areas of practice for solving the problem of individuals, groups and communities. There are different areas called fields of practice involving correctional settings, child and social welfare, human rights, mental health, public health and community health etc. The professional practice has done with the coordination of interdisciplinary or multidisciplinary team in health and hospital settings, in which they performed the role of hospices social work, clinical social work, case worker, geriatric social work, medical social work or psychiatric social work etc. The oncology social work is an emerging profession as well as selective profession in hospital settings. To find this, the systematic review has been done to emphasize the relevance and scope in Oncology care and also conclusion has drawn to acquire knowledge towards oncology social work.*

Keywords: Counselling, Health setting, Oncology, Practice, Role, Social work,

Introduction: Oncology social work has completed nearly 40 years and developed as a profession. Initially oncology social workers focused in the provision of 'psychosocial service' to cancer patients and their families, but now they serve 'sophisticated, diverse and multisystem services'¹. The oncology social worker is trained practitioners for providing psychological and social support after being diagnosed with cancer to an individual's and their families. There are five prime areas of practice in oncology social work such as clinical, collaborative, discharge planning, documentation and program support etc². Oncology is the field of medicine that experts in diagnosis, prognosis and treatment of cancer. They are specialized in medical oncology, radiation oncology, and surgical oncology as well³. Stewart B. Fleishman and Carolyn Messner (2015) delineated the interconnection of Oncology social work with different types of expertise, such as social work theory and practice; the science and treatment of cancer¹.

Association of Oncology Social Work (AOSW) in 2020 described that the oncology social worker worked with oncology health care professionals for providing 'psychosocial service to cancer patients, their families, and care givers'. It is also said that they handled research and attached with cancer patients and their families at community, state, national and international levels⁴. Association of oncology social work (AOSW) focused the standard of practice in ways to serve cancer survivals. It explained the scope of practice in oncology social work such as:

1. The scope of practice involves various services in which include individual's with cancer, their relative or caregivers. OSW clinically practices in any stages of cancer through professional experience.
2. The standard ensured that the institutions and agencies must have the knowledge of the factor affecting to cancer patients such are psychosocial, cultural, and spiritual. It helps practice for improving the quality of life among cancer survival.
3. Oncology social work promotes supports and programs for the betterment of cancer patients through proper utilization of community resources.
4. Professional social work requires the knowledge about oncology. It assists to support cancer patients. Oncology social work needs good education, training and practice for advancing the

knowledge. It will help through 'orientation, supervision and evaluation of clinical social work in oncology'⁵.

Aim of the study:

1. To explore professional social work practice in Oncology worldwide
2. To identify the scope of oncology social work practice in India

Method and material: The paper is based on the systematic review of secondary data composing of literature related with Oncology Social Work and social work practice in cancer. Data bases of Google search, Google scholar, ResearchGate, sage journal, NCBI resources, Pubmed and Tandfonline. Keywords, such as Oncology Social Work, social work practice in cancer and role of OSW, scope of social work in cancer worldwide and in India and barrier in the role of OSW were searched to study the relevance and scope of OSW worldwide and in India. Nearly around 129 research studies, research papers, reports, case studies were evaluated and 32 studies included in this paper.

Finding and discussion: Two sections were encapsulated as findings of the research article. These sections were: A) overview of oncology social work practice worldwide and B) scope of oncology of social work practice in India. Section A would describe the role of oncology social workers and the time that spent in the area of practices. Section B would illustrate the range of social work practices in the field of oncology in India.

Overview of oncology social work practice worldwide: The psychosocial issues of cancer patient had raised a concern in the context of health. Physical and emotional needs of cancer patients and difficulties in medical treatment were some of the issues. Oncology social work developed as a profession to use multiple psychosocial interventions for cancer patients and their families with the support of national organization that provided education and support to oncology social workers. Oncology social workers were participating in psychosocial research team along with their clinical practice. Cancer centers in Boston, New York, Texas and California had increased their social work staff after 1968 due to the additional needs of cancer patients in clinical and research setting. Ida Cannon and Harriett Bartlett were two medical social workers of 20th century playing the role model for today's oncology social workers. Canon expanded the role of medical social workers that included advocacy and clinical services and initiated group work services. Bartlett defined comprehensive domain of practice. Oncology social workers are providing advocacy and clinical services to patients and their families. The practices, such as assessment of the need and intervention have followed to enable the patient in resolving their issues. During the last 100 years the achievement of medical social workers has been recognizing with the development in knowledge and intervention to resolve psychosocial issues of cancer patient⁶. Oncology social workers are expanding their role into the non-pharmacologic cancer pain management with the collaboration of chaplains, clinical nurses, specialist and psychologist⁷. The 24th annual conference of Association of Oncology Social Work (AOSW) described the relevance of oncology social workers and their role in helping cancer patients along with their families⁶.

Kennedy (1996) described the role of the oncology social worker in helping patients and their families to cope with pancreatic cancer in number of ways. The oncology social workers provided counseling about the psychological and social issues, such as adjustment with diagnosis and treatment; provided referral to community resources such as transportation, housing or financial concerns, and supported complex health care systems. This required coordination of oncology social workers with physicians, nurses, patients, and family members to utilize social work services in health institutions⁸. Oncology social workers can perform the role of socio-psychological care to patients and their families through screening, evaluation, and assessment; counseling; grief work; discharge planning; financial assistance referral; and advocacy^{9, 10}.

In the study of Messner (2006), a total of 57 oncology social workers interviewed. The result suggested that the nature of work among oncology social workers while dealing with life threatening illness and need of cancer patients along with their family recognized the need to develop innovative practices. These practices were administrative and supervisory underpinning support, staff development and continuing education. There was a need of training among oncology social workers to promote work culture that encouraged innovation¹¹. Yarlagadda et al. (2015) showed the significance of pre-operative social work counseling in the study of survey among 10 patients who went for surgery and received counseling. Finding showed that

there was an improvement in support during treatment, low level of anxiety, effective communication and earlier access of resources with pre-operative social work counselling¹².

The nationwide survey was conducted in the department of Oncology at a regional hospital in Northern Sweden in the year of 2017. The survey was based on 87 medical records and caseworks written by oncology social workers on their 302 face to face contacts with patients for the period of one year. A total of 21% of patients referred to oncology social workers during their treatment at regional hospital ended. There were 41% of nurses and 31% of physicians who referred patients to oncology social workers. Around 92% of oncology social workers were women and 57% of patients were women. Nearly 52% of cases had one or two session and mean session was 3.9. The sessions consisted of multifaceted and wide issues which patients confronted in their life due to illness. For example, there were 16 patients who took administrative help from oncology social workers, such as process of sick leave, return to work, rehabilitation and economic situation. About 10 patients talked about the experience related with illness and treatment and 14 patients focused on life after treatment in the session. There were 17 patients who described the restriction in life due to illness. About 15 patients described worry and anxiety related with illness and 15 patients discussed concerns about life outside the illness. The study discussed that oncology social worker would contribute for psychosocial services and counseling to cope up with distress and anxiety among cancer patients as compare to other oncology staff¹³.

Verulava et al. (2019) conducted a study in three cities of Georgia named Tiblisi, Kutesi and Batumi having a more than 40 thousand population. The study was used both quantitative and qualitative methods. It assessed the responses of pediatric oncologists and cancer patient family members. Nearly 15 in-depth interviews conducted among cancer patient families and 8 focus group discussions were done with them. Pediatric oncologists having 10-15 years of experience in related field were also interviewed. The data collected from 62 family members of patients (beneficiaries) and 12 medical experts (paediatric oncologists). Many respondents thought that psychosocial issues caused by cancer e.g. stress, anxiety, depression, lack of concentration, loss of appetite, insomnia and various disorders. They also faced psychological problems after diagnosed with cancer. Social workers involved in re-socialization of cancer affected children, sought effort in improving their quality of life and supported patients' families with the help of interdisciplinary team. Nearly 71% of the patient families believed that social workers facilitated the doctor in the cancer treatment. Social workers spent more time patient families as compared with doctor in solving their psychosocial problems and studying their social context. It was also observed that many patients family required psychosocial from the specialized 'pediatric oncology social worker'. The study recommended the team of oncology social worker in pediatric oncology for the quality of life among patients and their families¹⁴.

Online survey of 622 members of the association of oncology social workers in the United States was conducted to study the time period that oncology social workers spent in the area of practice. About 64.2% of time of the oncology social worker was involved in the direct services. The psychosocial assessment, counseling, group counseling, case work, management and discharge planning were identified as direct services. Nearly 13.7% of time was spent in administration, 12% in patient education, 9% in social work education-teaching and training, 5.4% in supervision, 6.1% in research, 4.9% in community organization and 2.7% in grant writing. Approximately 39.2% of time was spent with patients of 40-64 year of age, 32.1% with patients of 65-79 year of age, 12.3% with patients of above 80s, 15.3% with adolescent patients and 3.0% with child patients. There were 95% of respondents who had high level of competence in direct practice. Nearly 62.7% of respondents had high level of competence in patient education, 51.9% in social work education, 43.1% in programme development, 42.4% in administration, 6.6% in grant writing, 16.5% in community organization, 42.2% in supervision and 11.9% in research. The findings had associated the competence level with the year of experience and work setting. For example, less than five year of experience had low level of competence. Working in community based agency had less competency in clinical area, grief management and discharge planning¹⁵.

Location of social work office affects the number of session between oncology social workers and cancer patients. The study was conducted among 52 breast cancer patients to evaluate the impact of social work office relocation for using social work services through the lens of social ecological theory in USA. Social ecological theory underlined the impact of different aspects of environment on individual, such as availability of resources, social support, finance, climate etc. The study identified the location of social work office as a barrier in assessing social work services among breast cancer patients. There was a decrease of

0.8 contacts in face-to-face interventions and an increase of 1.8 contacts in telephone interventions after the relocation of social work office away from clinical area. The referral time to social work services was also decreased unexpectedly by 14.5 days. There was a need to understand barriers and find effective strategies in order to improve the accessibility of social work practice among cancer patients¹⁶. Despite of prominent role of social worker in oncology, lack of understanding of role among general public and healthcare professionals, lack of support, misconception about social worker and lack of resources were identified as barriers in psychosocial care¹⁷.

In the online survey, 68% of 156 social workers working in oncology in Australia reported the moderate or high needs of professional development. The professional development addressed the need of psychosexual concern (62% respondents), counseling technique (58% respondents), survivorship issues (57% of respondents), and use of complementary and alternative practices (52% respondents)¹⁷. In the study of Oktay et al. (2012), focused group discussion was conducted among 15 oncology social workers. Oncology social workers introduced distress screening tool in cancer setting, so that patients with high distress level should refer to oncology social workers. With this, oncology social workers could establish relation with patients, rapport building others healthcare personals, develop interpersonal relation and demonstrate the value of social¹⁸. Studies identified barriers in the functioning of distress screening, for example lack of understanding, unaware about the guidelines and lack of awareness about the availability of psychosocial service among public^{18, 19}. Neglecting the need of intervene the emotional distress could create a gap in comprehensive quality healthcare to cancer patients. There was a need of training, education on the distress screening tool and full time availability of senior social worker to manage the increased burden of role¹⁹.

Knowledge about the guideline enables the oncology social worker to implement the procedure and use standardized instrument for screening psychosocial distress of patients²⁰. Both medical education and knowledge of modern approaches are important component in the role of oncology social workers. Public and doctors should be aware about the role and function of oncology social workers¹³. Oncology social workers should be trained in psychosocial, clinical intervention, grant writing, management, skill and resource development¹⁵. Shortage of oncology social workers, increased workload and limited resources acted as a barrier in achieving the goal of comprehensive healthcare of patients. Patients, caregivers and healthcare team suffered due to the shortage of oncology social workers. Messner (2010) identified the need of allocating the adequate number of oncology social worker in order to meet the need of cancer patients, their families, caregivers and healthcare professionals¹⁰.

Scope of oncology social work in India: Few years ago, OSW has developed as a demanding profession in India. It plays a major role in providing psychosocial services, family counseling, economic support measures, post treatment follow up, social rehabilitation to patients, their families and communities. Social workers are posted in various cancer hospitals and are working with multidisciplinary team e.g. psychologists, pathologists, oncologist, pharmacists, and oncology nurses. They apply their professional social work skills, method, tool and techniques^{7, 21}. They use different practices, such as interpersonal practice, group work, community work, social development, social action, policy development, research activities, social work education, supervisory and managerial function²¹. Harpham (2016) recognized the role of oncology social workers in providing comprehensive healthcare services to cancer patients. Oncology social workers can play an effective role in counseling patients through offering a place to express distress and grief. They can alert the physician about the mental health of patient and help patient's family members in supporting patient²².

Sirohi (2014) described three prolonged approaches to provide quality healthcare to cancer patients, such as preventive or education, service delivery and research²³. Oncology social workers can perform distinguished preventive functions and activities at different levels: for patients at micro level, families at mezzo level and community at macro level. Social worker also uses various supportive therapies along with these activities such as CBT (Cognitive Behavior Therapy) or psychotherapy, Dignity therapy, Group therapy, and Meaning-centered therapy²¹. They perform different roles in enhancing healthcare of cancer patients and smooth functioning of inpatient and outpatient healthcare settings at micro and macro level²⁴.

Table 1: Oncology social work at three levels

PATIENT	FAMILY	COMMUNITY
Registration	Counselling	Community organization
Data collection	Tobacco cessation	Awareness
Counselling	Group work	Screening camps
Case work	Motivation	Street play/drama
Tobacco cessation	Using therapies	Tobacco cessation
Admission/discharge	Awareness	
Motivation	Economic assessment	
Economic system	Support system	
Support system	Grief	
Grief	Family adjustment	
Follow up	Bereavement	
Referrals		
Using therapies		
Rehabilitation		

• *Source: Das, A. and Dey, N. 2016*

The micro social work practice has performed in various fields, such as clinical, psychiatric, children and family, social and human service, health care, medical, etc. Social worker practices at mezzo levels such are community health, administrator, group social worker, health educator etc. At this level, the main focus is group and assumed that an individual's are the part of group and community. At last level, the community problems are resolved with the support of private as well as government Institute. Social worker are placed in various settings at this level like public police social worker, research assistant, environment health worker, and public health administrator etc²⁵. It provides assistance from concrete service for needy people. It also provides counseling, psychotherapy, social and health services to an individual's, groups and community families or engages in 'legislative processes'. Social work practice needs to understand the human behavior and development and also the elements of socio-economic & cultural aspects²⁶.

Suraj et al. (2019) has discussed various social work practices, such as counseling, planning, guidance, financial assistance, research activities, care and management in assisting cancer patients. The review article focused on the delay in initiating the cancer treatment and their life style or its impact on the outcome of cancer treatment. The social work practice is the systematic method to manage the cancer patients while starting and end of the cancer diagnosis and treatment. The social worker plays a wide role in field of oncology by using the intervention e.g. guidance and counseling, preventing cancer, reducing the financial burden, using musical therapy, engaging in research activities and planning for managing advancer cancer cases etc²⁷. Oncology social worker can play an important role in Palliative and End-of-Life Care among cancer patients²⁸.

They can also engage in improving the quality of life and wellbeing of cancer patients and their families through early diagnosis, timely treatment, regular follow up and quality of life studies. These life studies can facilitate the oncologists in planning and management of cancer patients. They can collect information on different aspects of quality of life, such as social, physical, psychological, spiritual, financial and functional through the use of questionnaire on quality of life²⁹. Social workers can function in reducing the burden of tobacco habits and improving healthy life pattern among general public through conducting community awareness programmes which include both dietary and life style habits³⁰. With the growing role of professional social worker, all oncology centers should have professional social work in India²⁷.

Conclusion & Recommendations: The function of oncology social work has developed in the worldwide. But it is an emerging profession in India. Oncology social worker required training while dealing with various types of cancer, including breast cancer. Today, social work profession links with mental health services, utilization of community services, supporting financial burden and psychosocial assessment services. These roles also perform while dealing with patients with breast cancer in India. Other roles involve guidance and counselling, discharge planning, opting of treatment plan, management of myths associated with breast cancer. They perform these roles with multiple staff including oncology members. For this, oncology social worker requires training, education and awareness of cancers^{9, 24}. Lack of manpower, lack of knowledge, inadequate educational background of social worker, insufficient hospital

social services, and lack of professionalism were major concerns in performing the role of social worker. Recruitment of skilled manpower, organization of training, seminars and symposium, and liaison with welfare agencies could improve the situation³¹.

The Professional Social Worker (PSW) requires in supportive care and assistance to cancer patients, PSW facilitates the patients as well as family adjustment towards cancer diagnosis and its treatment. The role of social worker explains the importance of diagnosis, prognosis, treatment plans and pain management to the patients. The social worker can minimize the psychological trauma with care, support and counselling (grief) and maximises the potential to complete the treatment. Social worker in oncology setting also assists the poor or economically backward patients in liaison with financial assistance schemes for bearing out of pocket expenditure^{11,27}. Oncology social worker should be trained to perform different roles and function at various levels in promoting healthcare of cancer patients and smooth running of oncology department²⁴. Rai et al. (2018) recommended wide range of counselling that included group counselling, family and individual therapy, identification of behaviour, crisis intervention, and emotional support for patients. OSW should be empowered to bolster the capacity in dealing with the growing prevalence of cancer⁹.

Pandey et al. (2019) conducted a hospital based descriptive study on 3012 cancer patients to assess the level of delays and socio-economic burden on cancer patients, concluded that the 95.5% patients were highly satisfied with treatment provided in host institutions because of the facilities provided to them. It included 9:00 am to 5:00 pm availability of doctors, daily OPD, radiotherapy, chemotherapy, counselling and guidance by medical social workers, dietary counselling by dietician, etc., provided to the patients impacted better results. Around 50% patients were observed delayed for 1 to 2 months and nearly about 20-30% was delayed initiating cancer directed treatment for 2 to 3 months. But the delay was reduced by giving palliative care to the patients from the first day of visit to hospital with the help of proper guidance and counselling by medical social worker to reduce delay and financial burden of treatment. Among 3012 cancer patients around 57.54% were belongs to Stage III and IV because of wrong guidance and treatment³². The role of physician is to provide comprehensive treatment to the cancer patients but physician cannot provide guidance and counselling to each patient, here the professional social worker assists the physician to start the treatment on-time or without delay. Hence it is evident in various studies that the social work is becoming an upcoming profession in world as well as in India.

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