

Palliative care social work requires specialized knowledge and skills that are often unrecognized and/or underutilized. Despite being key members of the interdisciplinary team, social workers’ role and scope can be limited by challenges inherent to team collaboration.ⁱ These challenges include role confusion, as well as power inequities, within and across teams.

Advancements have been made to foster a culture of inclusion and recognition. Notably, the evidence-based certification exam for hospice and palliative care social workers, which was introduced in 2019, has elevated the professional standard of quality palliative care and hospice social work.ⁱⁱ However, more can be done in current practice to enhance the value case for specialty palliative care social work. Additionally, more research is needed to grow the evidence base for the discipline in years to come.

Articulating Your Own Value

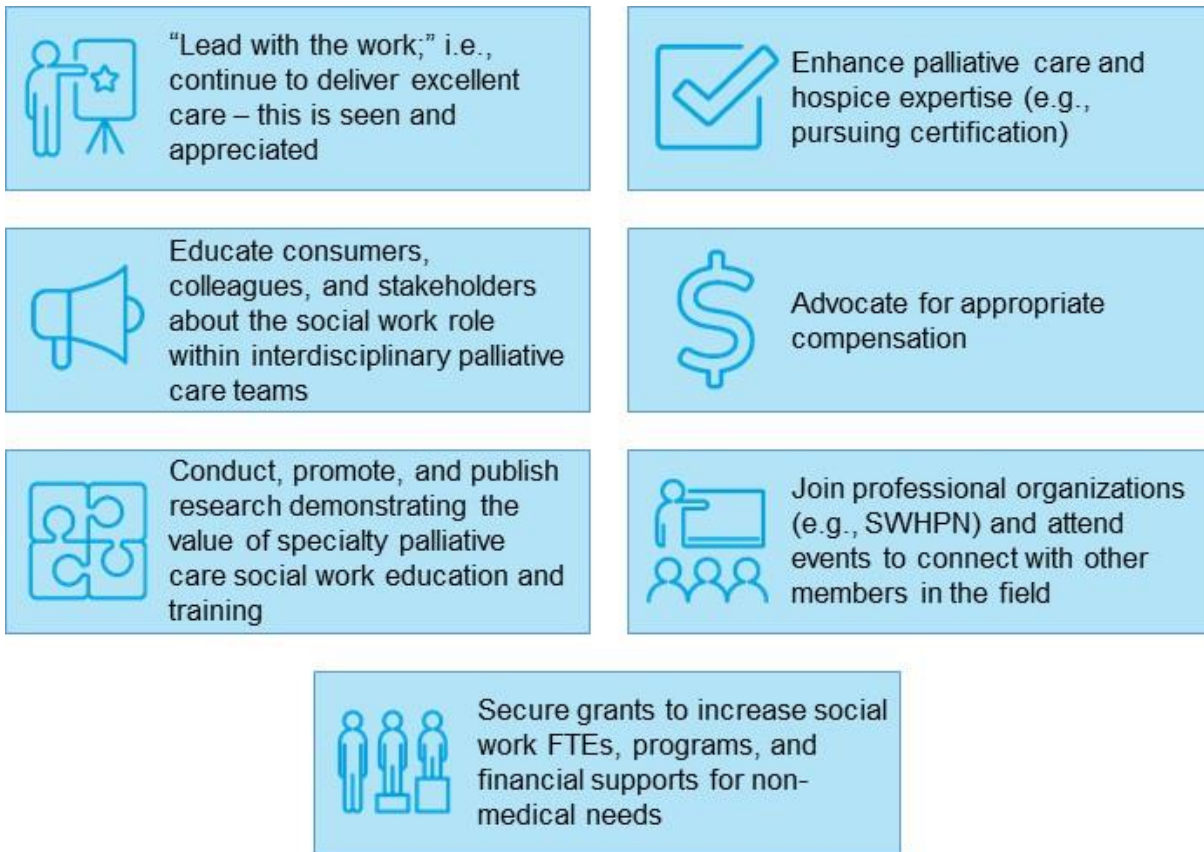
First and foremost, specialty palliative care social workers must be able to articulate their critical role in helping patients and families navigate the illness experience to a variety of audiences (see “Social Work Enhances Value”). They conduct a variety of specialist-level social work interventions, including addressing the social determinants of health to reduce barriers in care, enhancing adjustment and coping with serious illness, facilitating family meetings, navigating ethical concerns around end-of-life care decision making, and bridging transitions of care. In so doing, their involvement can help improve performance on key metrics and enhance palliative care team productivity and effectiveness.

Strengthening the Case in Current Practice

Second, collect and share data on existing measures that demonstrate your value.^{iii,iv,v} These include social work impact on improving health outcomes and advancing health equity.^{vi,vii}

Patient Health Care Utilization and Cost	Patient Mental Health Outcomes	Patient/Caregiver Quality of Life Outcomes
→ Hospital admissions/readmissions	→ Symptoms/severity of depression, anxiety, or existential distress	→ Social determinants of health (e.g., social, cultural, and economic risk factors)
→ Hospital length of stay	→ Risk of suicide	→ Social service needs (e.g., assistance with finances or legal issues)
→ Hospice enrollment	→ Spiritual well-being	→ Satisfaction with care, including with discharge plan
→ Emergency department/medical visits	→ Program attendance (e.g., patient support group)	→ Effectiveness of patient-provider communication
→ Inpatient or outpatient health care costs/ reimbursement	→ Social support mechanisms	→ Knowledge/awareness of resources for advance care planning
→ ICU stay within 30 days of death	→ Normative adjustment in coping with serious illness	→ Barriers to accessing care
→ Appointment adherence	→ Meaning-making in the dying process	

Beyond measure collection, there are a number of additional ways that palliative care social workers can continue to strengthen and promote the profession.



Directions for Future Research

Finally, more research is needed to expand the evidence base for specialty palliative care social work. Research in the following areas can enhance the value case and support advocacy efforts for payment, workforce investment, and other priorities:

- Addressing gaps in the research on how social work involvement impacts health care utilization across settings;^{viii} e.g., quantifying how de-pathologizing normative adjustment, adaptation, and coping reduces exacerbation of mental health crises and potentially avoidable admissions
- Securing data that informs structuring of job scope and staffing ratios to allow palliative care social workers to practice at the "top of one's license;"^{ix} consider differences based on setting, e.g., inpatient vs. outpatient, teaching hospital vs. mid-size hospital
- The impact of specialty palliative care social work's focus on addressing social determinants of health in the midst of serious illness, with an expanded focus on families/caregivers

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- ⁱ de Saxe Zerden, Lombardi, B. M., & Richman, E. L. (2019). Social workers on the interprofessional integrated team: Elements of team integration and barriers to practice. *Journal of Interprofessional Education & Practice*, 17, 100286–100286. <https://doi.org/10.1016/j.xjep.2019.100286>
- ⁱⁱ Advanced Palliative Hospice Social Worker Board. (n.d.). The APHSW certification. <https://aphsw-c.org/about/>
- ⁱⁱⁱ Given the limited data on measuring the value of palliative care social work services, it is useful to examine health and service utilization outcomes as it relates to social work interventions for other vulnerable populations. For example, see Steketee, Ross, A. M., & Wachman, M. K. (2017). Health outcomes and costs of social work services: A systematic review. *American Journal of Public Health* (1971), 107(S3), S256–S266. <https://doi.org/10.2105/AJPH.2017.304004> and Rizzo, V. M., & Rowe, J. M. (2016). Cost-effectiveness of social work services in aging: An updated systematic review. *Research on Social Work Practice*, 26(6), 653–667. <https://doi.org/10.1177/1049731514563578>
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- ^v Zebrack B, Kayser K, Bybee D, et al. A practice-based evaluation of distress screening protocol adherence and medical service utilization. (2017). *J Natl Compr Canc Netw*, 15(7), 903-912. doi: 10.6004/jnccn.2017.0120
- ^{vi} Zerden LD, Cadet TJ, Galambos C, et al. Social work's commitment and leadership to address social determinants of health and integrate social care into health care. (2021). *J Health Human Serv Admin*, 43(3), 309-323. doi.org/10.37808/jhhsa.43.3.5
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- ^{viii} Christophel Lichti, J. L., & Cagle, J. G. (2020). Documenting the contributions of palliative care social work: Testing the feasibility and utility of tracking clinical activities using medical records. *Social Work in Health Care*, 59(4), 257-272. <https://doi.org/10.1080/00981389.2020.1740378>
- ^{ix} Sumser, B., Remke, S., Leimena, M., Altilio, T., & Otis-Green, S. (2015). The serendipitous survey: A look at primary and specialist palliative social work practice, preparation, and competence. *Journal of Palliative Medicine*, 18(10), 881–883. <https://doi.org/10.1089/jpm.2015.0022>