HOW THE SOCIAL WORKER CAN FIT INTO OUR PICTURE

The role of the Social Worker would begin with the patient's needs identified, clarified, and defined before the resident's admission to the hospital. Understanding of the individual's functional capabilities, personality characteristics, and past and present psycho-social needs should be well documented in order to help the facility so that continuity of care is not interrupted. The Social Worker must know the resources of the community in regards to an individual's need. For example, if the individual is incontinent, irrational, with abnormal mental disturbance, she would not place her in a facility where the residents are ambulatory and mentally alert if she wanted to meet the needs of this person. Rather, she would find a facility where there would be a blend of acute, rehabilitative, and psychiatric care which would meet the total needs of this individual.

The Social Worker, with knowledge of both the needs and the facilities available, can plan the placement with the individual so that the resident decide which bed, and which facility she will choose. The transfer is a traumatic experience in any situation, and the individual often feels they have lost their self-respect and it is the end of the line. However, when the individual has bee involved, there is a greater possibility of adjustment to the new surroundings and where the individual is not aware of his surroundings the social worker can help greatly by influencing the family and planning with them as to the proper facility.

Our records do not have histories because this resource person was not available, and it is sad to say the greatest majority of our residents cannot giv us the information we require. In many cases we do not know about their families their origin, or their vocation so we cannot converse with them in a meaningful way. We cannot readily tell whether they are rational because you cannot base their conversation on any fact and for this reason we cannot meet the psycho-

social needs causing the residents to be entirely cut off from their past. This cut off makes our remotivation program extremely difficult and it is little wonde that deterioration of the spirit is the outcome.

Once the patient is admitted, the social workdr can assist the resident to bridge the gap between her home life and the facility. This bridging is done keeping contact with family and friends of the resident and encouraging their assistance in order to lend support during this period of "Transplant Shock". Thus, the patient can make her adjustment with pride and dignity.

Since the Social Worker has a true understanding of this individual, sh should meet with the staff and plan with them the nursing care plan, as well as, the short and long term goals.

She would work with the Activity Director in planning rehabilitative, recreational activities, and would also assist her in initiating correspondence with friends and relatives.

In our situation where we have so much need of inservice education, th Social Worker would be a tremendous help in teaching the staff the true need of psycho-social aspect of care. She could also assist in getting information from our doctors and involving them in the overall picture.

The Social Worker would assist this individual in finding suitable accomodation when a resident has been restored to a level in which she finds her self discharged and in the new facility would have to continue to lend support so that this person could continue to grow mentally and physically.

Mrs. Vera McIver, R. N.,
Director of Hospital Services.

3/19