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Review article

A literature review on methods of social work and their possible use in the field of work with patients and communities with nutrition disorders

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ABSTRACT

Aim: The aim of this article is to review literature on the applicability of social work methods in working with malnourished patients and communities. Health problems and social problems always coexist, where one leads to or worsens the other. Most interventions focus on solving either health or social problems at the expense of the other.

Methods: A traditional style of literature review was adopted in writing this article. It involved an online search of articles from databases (1975–2017): E-book Central (e-brary Academic Complete), EBSCO, ProQuest Central, Oxford Journals, Science Direct, Springer Link and Wiley Online Library. Some of the key words used were: 'Undernutrition', 'Overnutrition', 'Casework', 'Group work', 'Community work', and 'Obesity'. The Boolean Operator conjunctive adverb 'AND' was used in widening the search by pairing key words.

Results and conclusion: The three methods of social work, namely casework, group work and community are applicable in working with malnourishment in patients and communities. Their applicability fits very well with UNICEF's conceptual frame of malnutrition.

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Introduction

Social work is a profession that aims at promoting social change, solving problems in human relationships, as well as empowering and liberating people to enhance their wellbeing [1]. Social work is a relatively new academic field of study among the social sciences, and it has been less than

100 years since it was founded. Before that, its services were provided to the public informally, such as feeding those in need. After its inception as an academic field of study, it has grown and developed several specialized disciplines, such as 'social work in healthcare' or 'medical social work' as some would prefer to call it. Those who prefer to call it medical social work envision this new discipline as one that bridges the gap between the hospital and the patient's

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environment by removing barriers to effective medical treatment. From this perspective, the roles of Medical Social Workers entails helping patients to overcome social, economic and moral barriers that negatively influence treatment outcomes. Their other roles may include: offering psychosocial counseling to patients, reintegrating patients of long hospitalization with their relatives, repatriating abandoned patients in the hospital back to their homes, as well as linking patients who are unable to pay huge hospital bills with philanthropic and charity organizations [2, 3]. On the other hand, those who refer to it as 'social work in healthcare', see it as a discipline that aims at modifying any social, environmental or emotional courses or effects that impact patients' health conditions. From this perspective, social workers should be directly involved in the process of treating patient's social and psychological problems. This is because health problems and social problems always coexists, where one lead to or worsens the other [4, 5]. Most interventions focus on solving either health or social problems at the expense of the other.

Malnutrition, a condition signified by the deficiency, excess or imbalance of the nutrients required by the body and what is consumed, is a big concern to both clinicians and social workers. This is because its treatment entails addressing both medical and social problems. Depending on the amount of nutrients available in the body, malnutrition can be either classified as undernutrition or overnutrition. Undernutrition is a type of malnutrition that develops due to deficient amounts of nutrients in the body. Undernutrition may be caused by low consumption of nutrients, or by the presence of infection in the body that increases the energy requirements of the body. Overnutrition results when excess nutrients are consumed beyond the body's requirements, leading to a condition referred to as obesity [6–8].

Cases of obesity have been on the rise over the past few decades. According to Vadosava et al (2016), cases of obesity have increased by 10–40% in most European countries [9]. This trend can be attributed to a transition from traditional diets to energy dense diets as a result of rapid economic development and urbanization. On the other hand, there are still some populations that still face undernutrition [10].

In this article, we shall start our discussion by first outlining the materials and methods we used in conducting our research, followed by a brief theory of social work in healthcare, and finally a discussion on how methods of social work may be applied in managing malnutrition.

Materials and methods

A traditional style of literature review was adopted in writing this article [11]. It involved an online search of articles on applications of Social Work Methods in Healthcare. Key words used in conducting the online literature were: 'Medical Social work', 'Malnutrition', 'Undernutrition', 'Overnutrition', 'Casework', 'Group work', 'Community work', 'Obesity', 'Overweight', 'Community based management of malnutrition', 'Supplementary feeding program',

'Outpatient therapeutic feeding programs', 'Community mobilization', and 'Community sensitization'. The Boolean Operator conjunctive 'AND' was used in pairing these key words so as to expand the field of search.

The databases used for electronic searches of the literature were (1975–2017): E-book Central (e-brary Academic Complete), EBSCO, ProQuest Central, Oxford Journals, Science Direct, Springer Link and Wiley Online Library.

Theory – social work in healthcare

Since the introduction of social work in healthcare by Ida Cannon in the early 1900s, this specialized discipline of social work has tremendously grown. Currently, it addresses both healthcare needs of individuals, as well as those of a community [12]. This growth can be attributed to the close relationship between health problems and social problems. In most cases, whenever there is a medical problem there is always a social problem accompanies it [5]. Medical problems lead to the development of social problems and vice versa. Knowing how to intervene will be a milestone for social workers who opt to specialize in healthcare medical social work. In the long run, this will enable social workers to effectively contribute to a multidisciplinary or interdisciplinary team in managing both health and social problems. In the next subchapter, we shall peg our discussion on how methods of social work may be applied in managing malnutrition.

Results and discussion

Application of social work methods in managing malnutrition

The growth and development of medical social work can be traced back to 1905 when Dr. Richard Cabot hired a medical social worker at Massachusetts General Hospital. Since then, this specialty of Social work has grown tremendously to a point where most hospitals have departments of medical social work. Outside the hospital settings, social workers also work with malnourished communities by either providing them with ready to eat therapeutic diets or empowering them with various skills they may use in addressing root causes of their problems.

According to the UNICEF, causes of malnutrition can be classified as immediate, underlying and basic. **Immediate causes** are factors that occur at the level of individual. These factors negatively affect the quantity of nutrients available to the body for utilization. They are: the inadequate intake of nutrients and diseases. The inadequate dietary intake of nutrients may be caused by loss of appetite, and difficulties in chewing, and absorbing nutrients from digested foods. In elderly people, inadequate intake of nutrients may be caused by changes in hormones and anatomical structures of the body, such as loss of teeth. In addition, the elderly may experience loss of functioning of the taste buds, have difficulties with swallowing foods, or skip meals due to mental disorders. On the other hand, the presence of

infectious diseases in the body may increase the metabolic rate, as well as increasing the loss of vital nutrients through diarrhea and vomiting. For instance, the presence of fever or burns on the body surface pushes up the nutritional requirements [13–15]. **Underlying causes**, refers to factors that may predispose an individual to lack food or pick up infections. These factors occur at the level of community in general and specifically at the household level. These underlying factors are: food insecurity, behavior and care practices, and poor environment coupled with inadequate healthcare. Food security refers to the ability of all people, at all times, to have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and preferences for a healthy and active life. Food insecurity may be transitory or permanent, where the former describes periodic food insecurity such as seasonal food insecurity, while the latter describes a long-term lack of access to sufficient food [16]. Food insecurity may be caused by either the failure of a crop harvest, low food production or the sky-rocketing of market prices of foods. Behaviors and care practices that relate to type, quantity, frequency and mode of preparations may direct impact on the malnutrition status of an individual. Environmental factors such as poor hygiene and sanitation provide good grounds for the transmission of infectious diseases. **Basic causes**, refers to factors that act at national or international levels to cause malnutrition. These basic factors are: economic structure and effectiveness of political institutions of a given country or region.

Based on these hierarchical factors, social workers may work at individual, household or national levels to address malnutrition. In doing so, they may use any of the three methods of social work, namely: social casework, group work or community work.

Social casework

Casework is a method used in social work to assist clients come up with effective ways of addressing their own problems. Casework is normally used with individuals or families with problems that interfere with their ability to function optimally.

The aim of casework is to restore, enhance or maintain the socio-emotional functioning of individuals and families who are experiencing distress at an intrapersonal, interpersonal or environmental level [17]. There are four types of client situations that may necessitate the use of casework. The four situations are: (i) *Needs*, i.e. when the definition of the situation is related to the affected individual's own material life, such as food insecurity. (ii) *Difficulties*, are situations of distress that require solutions a client cannot or does not know how to solve, such as the difficulties first time mothers have with breastfeeding or with giving complementary foods to their children. (iii) *Problems*, refers to situations that are irreversible or unchangeable and do not have solutions, such as cases of diabetes mellitus which can only be managed once it has developed. (iv) *Conflicts*, refers to situations where participants have differing perspectives and solutions to the situation, such as a conflict that may arise between a medical procedure (such as blood

transfusion) and religion [18]. Social casework consists of four integrated phases, namely: social history taking, social diagnosis, social intervention and evaluation.

- **Social history taking**, this is the first phase of social casework and it involves interviewing clients to narrate how their current problems started. The social worker may interview clients themselves, or relatives and friends or people who brought the client. The aim of the interview is usually to better understand the social environment of the client, as well as to identify factors that may have led to the etiology of the problem. Various techniques may be used in conducting social history, such as assessing the social systems or early childhood experiences of the client. Social history entails assessing frequency of occurrence as well as the kinds of attempts the client has made in trying to address the problem. In the case of malnutrition, a social worker may assess frequency, amount and types of diets had in the past 24 hours or past seven days. The social worker may also assess the number of people in the household who have to share the food.
- **Social diagnosis**, is the process of determining factors in the clients' environment that causes social problems. These factors may range from biologic, economic, and socio-cultural. Social diagnosis may also be used in placing clients in various categories depending on the phenomena being investigated. This aspect involves a social worker carrying out tests or procedures to determine whether a client fits in a given category. In the case of malnutrition, a social worker takes anthropometric measurements of the client or requests lab reports to determine whether the client is malnourished or not, and if malnourished, to what extent (i.e. severe or moderately malnourished?). Once social diagnosis has been completed the social worker develops a raft of interventions to address the identified problem.
- **Social intervention**, refers to a set of activities done to address clients' problems. The intervention phase starts by informing and explaining to the client the meaning of the results obtained from the social diagnosis. This is followed by explaining to the client in simple language the kind and nature of therapeutic intervention they will be taken through. Before commencing the intervention, the social worker must ascertain from the client that they are ready to undergo the therapeutic process. The intervention may range from manipulating and modifying factors in the client's environment to providing practical services [17]. For instance, a social worker may modify the environment of an obese client by enrolling them in a weight reduction program (instead of leading a sedentary lifestyle), or providing practical assistance to undernourished clients by giving them therapeutic diets or distributing relief food items to those facing disasters such as earth quakes or armed conflicts. If they are comfortable with the therapeutic process, then the social worker implements the intervention and routinely monitors the progress [19].
- **Evaluation**, this is done at the tail end of the therapeutic sessions to ascertain whether their clients

gained enough weight in the case of undernutrition or lost enough weight in the case of overnutrition. Other parameters may be used when conducting evaluation [19].

Group work

Group work is a method of social work where clients with a common goal come together to enhance each other's ability through shared experiences. Group work is an effective method that may be used by social workers to enhance the competence of their clients [20]. For instance, a 'breastfeeding mothers group' may be used to enhance breastfeeding skills for first-time mothers, where they learn through the observation of those who are more experienced. Historically, group work has its roots in the settlement houses movement [21]. For group work to be effective in addressing objectives of its formation, a social worker needs to take their clients through four main stages. The first stage involves a social worker deciding whether to incorporate his/her clients into a group. The social worker must clearly know from the outset what objectives or learning experiences he/she would like his/her clients to achieve or gain. He/she must effectively plan how the group will be formed, effective number of participants in the groups as well as how goals and group rules will be negotiated.

This is followed by a second stage where a social worker teaches group members sets of new skills they may use in solving their problems. The sets of skills a social worker may teach group members are numerous and may vary depending on the objectives of the group. For instance, group members may be taught how to prepare nutritious diets using least cost budgets. Once, group members have been taught new skills, a social worker may progress to the 3rd stage. In the 3rd stage, the social worker, allows and observes group members try out sets of new skills they have been taught. In the process, the social worker may motivate and assist clients who are having difficulties in mastering skills they have been taught. In the last stage, the social worker, evaluates whether group objectives were met. Evaluation, marks the end of group work [22]. Examples of social groups that a social worker may form when working with malnourished individuals include: Self-help group, education group, therapy group, recreation group and socialization group. Because of space limitations, I will only highlight the first two examples of social work groups.

- **Self-help group**, sometimes called mutual support, this is a type of social work group that provides informal care to individuals. Self-help groups provide support, goal directions and structure to their members by espousing positive social values and the importance of strong bonds with family and friends [23]. In the context of malnutrition, social workers may assist malnourished individuals or their caregivers to form self-help groups. In these groups, members can, at an agreed time, meet to share their experiences, difficulties or the situations they go through due to their nutritional status. For instance, a social worker may facilitate a self-help group for first-time mothers to share their experiences on how to breastfeed and how to take a care of the children.

The self-help group of new mothers can take place in a newborn unit or maternity sections of hospitals. This can go a long way in preventing malnutrition among infants and young children.

- **Education group**, this is a type of social work group used in facilitating the acquisition of specific knowledge that can be used by clients in ameliorating or managing their conditions. Group work is often used in the management of diabetes, which in most cases is caused by being overweight. In this kind of education group, clients acquire knowledge, information, selfcare practices, coping skills and attitude required for the effective self-management of diabetes [24, 25].

Community work

Community work is one of the methods of the social work profession that is concerned with enabling people to develop collective responses to shared needs. The concept of community work varies depending on the context in which it is being used. It may be used to mean community building through the provision of services provided by state or other organizations, such as healthcare, food and other items, to refugees of armed conflict. It may also mean organizing communities to challenge social and structural inequalities through mobilization [26]. There are two main approaches in doing community work, namely: 'technicist' approach and radical approach.

- **The 'technicist' approach** or professional approach as it is commonly known, focuses on applying managerial principles and community work techniques in promoting self-help, and improving the effectiveness and appropriateness of service delivery within a wider framework of existing social relations.
- **Radical approach**, focuses on the potential contribution of community work to shifting the framework of existing social relations, empowering the powerless to question the causes of their deprivation, and to challenge the sources of their oppression. The radical approach seeks social transformation as forms of justice and emancipation [27]. Whatever the approach, community work can be applied at three main levels (i) *grassroot level*, such as working with individuals and families. In this level, social workers working with malnourished individuals may run campaigns to educate people on the importance of eating properly balanced diets, conduct mass screenings, referring malnourished individuals to available health facilities, and training community volunteers or members of the community on basic principles of nutrition and healthcare; (ii) *local agency or interagency*, such as local statutory authorities and voluntary organizations. When employed by these agencies/organization, the social worker may be involved directly in implementing policies developed at national level in addressing malnutrition. Part of implementing national policies may involve them assessing clients who meet eligibility criteria for admission into various program. For instance, Supplementary Feeding Program (SFP) admits only children and pregnant mothers who are moderately malnourished. (iii) *National or regional*

community, planning work such as working on an economic development issue or an environmental issue that spans local geographical boundaries. Social workers working at these levels are mostly involved in analyzing and interpreting the data they have received from lower levels, developing policies, and allocating resources that go towards addressing malnutrition. The resource may range from financial to human capital [28, 29].

Conclusion

We conclude that the three main methods of social work: Casework, Group work and Community work are applicable in working with malnourished patients and communities. Their applicability fits very well with UNICEF's conceptual frame of malnutrition. For instance, casework may be used in addressing immediate causes by conducting nutrition counseling to individuals who are malnourished, or enrolling them in a weight reduction program. Group work may be used in working with individuals at risk of developing malnutrition, such as children below five years, pregnant and lactating mothers, inmates in some prisons, and the elderly. In working with these groups, a social worker for instance, may teach young and new mothers how to breastfeed, since most of them lack the required skill. Community work as a method may be used in addressing basic causes of malnutrition. For instance, social workers may work with state agencies or non-governmental organizations to distribute food items to communities affected by food shortages due to either natural or man-made disasters, or alternatively to mobilize members of a community to adopt a healthy lifestyle to prevent chronic diseases and obesity.

Conflict of interests

The author declare no conflict of interests in regards to this article.

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