



The invaluable contribution of the social worker in hospital settings: Analysis of needs, interventions, and outcomes

Federica Mesca^a, Cinzia Storace^{b,*}

^a Child Neuropsychiatry Simple Departmental Operative Unit, Maternal and Child Integrated Activity Department, University Hospital Federico II, Naples, Italy

^b Translational Medical Sciences Department, University of Naples Federico II, Maternal and Child Integrated Activity Department, University Hospital Federico II, Naples, Italy

ARTICLE INFO

Keywords:

Human rights
Integrated care
Patient well-being
Quality of life
Social work
Social support

ABSTRACT

Purpose: The research explores the role of the social workers within a hospital setting, focusing on their essential contribution to enhancing the overall patient experience and optimising the care pathway.

Through a thorough analysis of the tasks and responsibilities of the social worker in the hospital environment, this study demonstrates how the presence and intervention of the social worker are indispensable in addressing the multiple social, emotional, and practical needs of patients.

Materials and methods: This research analysis explores the essential and indispensable role of the hospital social worker through an in-depth investigation of their activities over the past three years, from 2021 to 2023, using data derived from patients' social records. The role of hospital social workers is considered fundamental for several reasons: emotional support and assistance, services coordination, needs assessment and treatment planning, advocacy and rights defence, and child protection.

Results: The results indicate that the activities of the hospital social worker are not only necessary but also increasing to meet the growing needs of patients and their families in complex hospital settings.

Conclusions: This research confirms the essential role of the social worker in the hospital setting in promoting integrated health and the overall well-being of the patient. Collaboration between the social worker and the medical team proves crucial in addressing the multiple challenges that patients may encounter during the hospital care pathway.

1. Introduction

The World Health Organisation defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). This definition clearly states that, in terms of health, physical, mental and social aspects are inseparable and mutually influence each other. This biopsychosocial model of health is now universally accepted and necessitates the existence of social work in the hospital setting.

According to the International Federation of Social Workers (IFSW), social work plays an important role in the development, implementation, and monitoring of the social dimension as part of the patient approach:

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion,

and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing” (global definition of Social Work: this definition was approved by the IFSW General Meeting and the IASSW General Assembly, July 2014).

The hospital social work service began in the 1950s and 1960s, in response to the growing awareness of the importance of addressing the social dimensions of health. Initially, the role of social workers was limited, but over time, the need to integrate social care with medical care to provide a more holistic approach to patient care became recognised. The evolution of hospital social work was influenced by health reforms and the establishment of the National Health Service in 1978, which emphasised the importance of integrated and universal care.

* Corresponding author. Integrated Activity Maternal and Child Department, Building 11/A, Federico II University Hospital, via Sergio Pansini 5, 80131, Naples, Italy.

E-mail addresses: federica.mesca@libero.it (F. Mesca), cinzia.storace@unina.it (C. Storace).

<https://doi.org/10.1016/j.xjep.2025.100779>

Received 9 September 2024; Accepted 16 October 2025

Available online 17 October 2025

2405-4526/© 2025 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Today, hospital social workers play a crucial role in coordinating care, supporting patients and their families, and ensuring access to community services after discharge.

It is important to distinguish between the work of hospital social workers and social assistance (welfare).

Hospital Social Workers: They offer holistic and integrated support, working closely with the healthcare team to address the complex needs of patients during their care journey. They focus on personalised interventions aimed at improving the patient's overall well-being.

Social Assistance (Welfare): It provides basic economic and material support to individuals and families in need, often in a reactive manner and without a personalised intervention plan. The focus is on meeting immediate needs rather than an integrated and long-term approach.

Therefore, the main difference between hospital social workers and social assistance as welfare concerns the approach, personalisation of interventions, and collaboration with other professionals. Hospital social workers have a more complex and integrated role, while social assistance primarily focuses on providing basic economic and material support.

Also, it is important to note that the role and activities of hospital social workers differ between countries. In some countries there are only social assistance services (welfare).

The University Hospital (AOU) is the largest and most comprehensive university clinical facility and is one of the highest quality and specialised healthcare facilities in our region. It performs functions of assistance, teaching, and research. The AOU is divided into 11 Integrated Activity Departments (DAI). Each DAI is composed of Complex Operating Units (UOC), Simple Operating Units (UOS) and Departmental Simple Operating Units (UOSD). Currently, there are two social workers operating in the departments within the AOU. This research examines the importance of social workers in a specific hospital facility such as the AOU, highlighting how their work contributes to promoting an integrated healthcare system that takes into account not only medical needs but also the social and emotional needs of patients.^{1,2}

The term "invaluable contribution" indicates that the role played by the social worker is so precious and significant that it is difficult to quantify or fully assess. In other words, it suggests that the work of the social worker is so essential and crucial that it cannot be adequately evaluated or fully measured based on standard or traditional criteria.

Specifically, this research examines how the social worker contributes to the overall management of the patient within a hospital setting, including counselling services, resource management, emotional and practical support, as well as coordination with other healthcare professionals.^{3,4}

The aim of the research is to demonstrate the importance of the social worker's role in enhancing the patient experience and optimising the care pathway both within the hospital environment and externally by facilitating their access to relevant community services.⁵ This study aims to analyse in detail the role of the social worker in the hospital setting, examining the various dimensions of their intervention and how they contribute to promoting a holistic view of health. Additionally, the objective is to explore the practices and strategies used by the social worker to address the multiple needs of patients, including social, emotional and practical aspects.⁶ The research will also focus on the social worker's impact on the overall well-being of the patient and their ability to navigate the healthcare system effectively, ensuring comprehensive and integrated care. Finally, efforts will be made to identify areas for improvement and recommend possible interventions to further optimise the role of the social worker in the hospital context.

Previous research has extensively discussed the concept of health as defined by the World Health Organisation (WHO) in 1948, which emphasises the interconnectedness of physical, mental, and social well-being. Studies have highlighted the importance of considering all these dimensions in healthcare delivery to ensure holistic patient care.⁷⁻¹³

Research has elucidated the role of social work in healthcare settings,

emphasising its practice-based nature and academic discipline. Studies have underscored social work's role in promoting social change, development, and empowerment of individuals. The principles of social justice, human rights, collective responsibility, and respect for diversities have been central to these discussions.¹⁴⁻¹⁷

Several studies have examined the significance of social workers in hospital settings. They have highlighted how social workers contribute to addressing not only the medical needs of patients but also their social and emotional needs. Research has emphasised the contribution of social workers in promoting integrated healthcare systems that provide comprehensive care to patients.¹⁸⁻²³

Previous research has delved into the specific practices and interventions carried out by social workers in hospital settings. Studies have explored counselling services, resource management, emotional and practical support, as well as coordination with other healthcare professionals. They have provided insights into the diverse roles and responsibilities of social workers in enhancing patient experiences and optimising care pathways.²⁴⁻²⁹

Research has examined the impact of social workers on patient well-being and satisfaction. Studies have investigated how social workers contribute to improving the overall quality of care, facilitating access to community services, and enhancing patient navigation through the healthcare system. They have demonstrated the positive outcomes associated with the involvement of social workers in patient care.³⁰⁻³³

Finally, some studies have also addressed challenges faced by social workers in hospital settings and proposed recommendations for improvement. They have identified barriers to effective social work practice and suggested interventions to optimise the role of social workers, enhance patient outcomes, and promote holistic approaches to healthcare delivery.³⁴⁻³⁷

2. Materials and methods

The study is grounded in the biopsychosocial model of health, as endorsed by the World Health Organisation (WHO). This model emphasises the interconnectedness of physical, mental, and social aspects of health, highlighting the importance of addressing all dimensions to promote overall well-being. The study also draws upon the principles of social work outlined by the International Federation of Social Workers (IFSW), which emphasise social justice, human rights, and collective responsibility in promoting social change and empowerment.

This research employs a descriptive and exploratory approach to examine the multifaceted role of hospital social workers in enhancing patient care and well-being within the AOU. The study utilises a retrospective design, analysing data collected over a three-year period, from 2021 to 2023.

Data for this study are derived from patient' social files kept in the hospital. The data used originated from the file social folders created and utilised by the social worker for each evaluated patient. These files differ from the medical records managed by healthcare professionals. These files contain comprehensive information regarding patients' demographics, medical history, social circumstances and interactions with hospital staff, including social workers. The data collection covers a period of three years, during which the impact of the Covid-19 pandemic on social work practice in hospitals is not specifically mentioned. Although the pandemic had a significant influence on patients' needs, it did not alter the core activities of social workers. These activities remained constant and central to their work, despite the additional challenges posed by the pandemic. In other words, the nature of social workers' activities did not change, even if the contexts and operational methods may have required necessary adjustments to address the new emerging needs due to the pandemic.

The study analyses all patient social files from the specified time frame, ensuring a comprehensive overview of the activities and interventions carried out by hospital social workers during this period. The inclusion criteria encompass all patients who received services from

the hospital social workers during the study period.

The analysis involves a thorough exploration of the activities and interventions documented in the patient files. From analysing the research data, five major phenomena emerged, referred to as dimensions. These five dimensions are: 1. Emotional support and assistance, 2. Services coordination, 3. Needs assessment and treatment planning, 4. Advocacy and rights defence and 5. Support for at-risk children and families.

Each of the five identified dimension of hospital social workers is examined in detail. Quantitative data, such as the frequency of interventions or the types of services coordinated, are summarised and presented descriptively. Qualitative data, such as narratives describing patient experiences or social worker interventions, are analysed thematically to identify common themes and patterns.

1. Emotional support and assistance

In point 1, initial assessment interviews and emotional support interventions have been included.

The social worker plays a fundamental role in providing emotional support to patients and their families during times of crisis, stress and difficulty related to illness or medical treatment. This type of support is essential for addressing the emotional challenges that may arise during the care journey and for promoting overall emotional well-being.

Key elements of the emotional support provided by the social worker include active listening and empathetic understanding of the concerns, fears, and anxieties of patients and their families. The social worker creates a safe and non-judgmental space where patients can express their feelings and emotions, receiving empathetic and supportive care.

The social worker validates the experiences of patients and their families, acknowledging the legitimacy and intensity of their emotions and feelings related to illness. This validation process is crucial for helping patients feel understood and accepted, reducing the sense of isolation and loneliness they may experience during illness.

The social worker collaborates with patients and their families to develop coping and adaptation strategies to better manage the stress and challenges associated with illness. This may include promoting self-fulfilment activities and creating social and community support networks.

2. Services coordination

In point 2, requests for information, counselling, linguistic-cultural mediation, transfer to intensive and extensive rehabilitation facilities and humanitarian transport have been included.

The social worker plays an essential role in coordinating services and resources available to patients, working to ensure they receive necessary support outside the hospital environment, facilitating better transition, recovery and overall quality of life.

This involves various activities aimed at identifying, organising and facilitating access to appropriate services and resources to meet the specific needs of patients and their families.

The social worker facilitates patients' access to organised services and resources, assisting them in navigating enrolment processes, admission procedures and any other formalities required to access services. This may involve negotiating with service providers and scheduling visits or appointments.

The social worker collaborates closely with other healthcare professionals, including physicians, nurses, therapists and social workers from other sectors, to ensure an integrated and coordinated approach to patient care. This interprofessional collaboration is essential to ensure that patients' needs are addressed comprehensively and that services are provided effectively and efficiently.

Once services are in place, the social worker monitors their progress and the effectiveness of the support provided, conducting regular follow-ups with patients and their families. This ensures that needs

continue to be met over time and that any problems or difficulties can be addressed promptly.

3. Needs assessment and treatment planning

In point 3, requests for Protected Hospital Discharges to Hospices, Special Permanent Care Units, Assisted Living Facilities, requests for Integrated Home Care and requests for territorial care management have been included.

The social worker conducts assessments of patients' needs and works with the medical team to develop treatment plans that take into account patients' social, economic and psychological aspects. This may include determining the need for home care, financial support or access to mental health or rehabilitation services.

This involves gathering information through observations and analysis of clinical and social documents to identify challenges and available resources for the patient and their family.

The social worker considers a wide range of factors in assessing patients' needs, including social factors such as marital status, employment, family and social support network, economic aspects such as financial resources and access to healthcare service, and psychological aspects such as emotional status, personal resources and coping abilities of the patient.

Once needs are identified, the social worker works to organise the services and resources needed to meet them. This may involve researching home care programs, financial or legal assistance, as well as coordinating with external agencies and other community organisations.

Once the needs assessment is complete, the social worker works closely with the medical team, which may include physicians, nurses, therapists, and other healthcare professionals, to develop individualised treatment plans that take into account patients' social, economic, and psychological aspects. This holistic approach ensures treatment plans are comprehensive and targeted to the specific needs of each patient.

Treatment plans developed by the social worker are personalised and tailored to the unique needs of each patient, taking into account their needs, resources, and preferences. This may include access to integrated home care services, participation in psychological support or counselling programs, connection with financial or legal resources and navigation through the healthcare system for access to necessary medical treatments.

The social worker constantly monitors the effectiveness of treatment plans and collaborates with the medical team to make any changes or adjustments based on patient needs and progress. This ensures that patients receive appropriate and personalised care over time, ensuring comprehensive and integrated treatment.

4. Advocacy and rights defence

In point 4, interventions related to rights defence have been included.

Advocacy and rights defence represent one of the fundamental components of the social worker's work in the hospital setting. This role is based on the social worker's ethical and professional commitment to ensuring that patients' rights and interests are respected and promoted within the healthcare system.

Patients, especially those who are vulnerable or disadvantaged, may face a range of obstacles in navigating the complex healthcare system. The social worker strives to provide practical and informational support to patients, helping them understand the healthcare system, available services and their rights as patients. This may include explanations of medical procedures, informed consent rights, treatment options, and methods of accessing specialist services.

The social worker educates patients about their rights in the healthcare context, including the right to privacy and confidentiality of medical information, the right to receive appropriate and respectful

care, the right to make informed decisions about their treatment and the right to receive non-discriminatory or prejudiced care. The social worker is committed to ensuring that patients are aware of their rights and can effectively exercise them.

Many people may have difficulty accessing the healthcare services they need due to financial, language, cultural or logistical barriers. The social worker is committed to removing these barriers and ensuring that patients receive the assistance and support they need. This may involve seeking financial or assistance resources, coordinating with other social or community services and negotiating with healthcare providers to ensure fair and appropriate treatment for all patients.

5. Support for at-risk children and families

In point 5, interventions related to abandoned minors, minors who are maltreated, abused or neglected and requests for anonymous childbirth have been included.

These activities are carried out with the aim of safeguarding the well-being and safety of minors involved in situations of risk during hospitalisation and ensuring appropriate interventions to protect their rights and welfare.

The social worker assesses the safety and well-being of minors accompanying or involved in cases of adult patients. This includes identifying any signs of abuse, neglect or direct or assisted domestic violence that may jeopardise the minor's safety.

If during the risk assessment the social worker suspects that a minor is a victim of abuse or neglect, they are obliged to report the case to the relevant social services or authorities for further investigation and child protection interventions.

The social worker collaborates with other healthcare professionals, such as doctors, nurses, and psychologists, as well as legal representatives, to ensure adequate assessment and management of risks for minors. This interprofessional collaboration allows for early identification of signs of abuse or neglect and activation of necessary resources to protect the minor.

If protective measures for the minor are deemed necessary, such as involving social services or temporary removal from the family, the social worker collaborates with the relevant authorities to plan post-hospitalisation care and ensure a safe and secure environment for the minor.

The social worker collaborates with external support services, such as local social services, home care agencies, and non-profit organisations, to provide additional resources to the patient's family and ensure ongoing support after hospitalisation.

Table 1 (Table 1 to feature here) provides a clearer and more concise overview of the activities and interventions associated with each dimension of the hospital social worker, allowing for quick visualisation and understanding of the information.

3. Results and discussion

From Fig. 1 (Fig. 1 to feature here), it appears that the activities of the hospital social worker are not only necessary but also increasing.

For point 1. Emotional support and assistance.

The increase in the number of emotional support and assistance activities suggests a growing demand for emotional support from patients and their families. Social workers are crucial in providing this type of support in hospital settings.

For point 2. Services coordination.

The rise in the number of service coordination activities indicates a growing complexity in patients' needs and a necessity to coordinate services provided by various agencies and professionals. Social workers are often tasked with coordinating this network of services to ensure comprehensive and integrated care.

For point 3. Needs assessment.

The increasing number of needs assessments suggests a greater

Table 1

Activities and interventions associated with each dimension of the hospital social worker.

Dimension	Activities and Interventions
1. Emotional Support and Assistance	- Provide active listening and empathetic understanding to patients and families during times of crisis and stress. - Create a safe and non-judgmental space for patients to express their feelings. - Validate the experiences and emotions of patients and families to reduce isolation and loneliness. - Collaborate with healthcare professionals for integrated emotional support.
2. Services Coordination	- Identify, organise, and facilitate access to services and resources outside the hospital. - Assist with administrative procedures. - Collaborate with healthcare professionals to ensure comprehensive patient care. - Monitor the progress of services.
3. Needs Assessment and Treatment Planning	- Conduct social assessments to identify patients' needs. - Develop individualised treatment plans with the medical team. - Organise services and resources to meet identified needs. - Provide personalised care tailored to patients' unique needs and preferences. - Monitor treatment effectiveness and collaborate with the medical team for adjustments.
4. Advocacy and Rights Defence	- Provide practical and informational support to patients regarding their rights. - Educate patients about their rights within the healthcare system. - Remove barriers to healthcare access and ensure fair treatment for all patients. - Advocate for patients' rights and intervene in cases of discrimination or prejudice.
5. Support for at-risk children and families	- Assess the safety and well-being of minors - Report cases of abuse, violence and mistreatment, or neglect to relevant authorities. - Collaborate with healthcare professionals and legal representatives for risk management. - Plan post-hospitalisation care and support for minors.

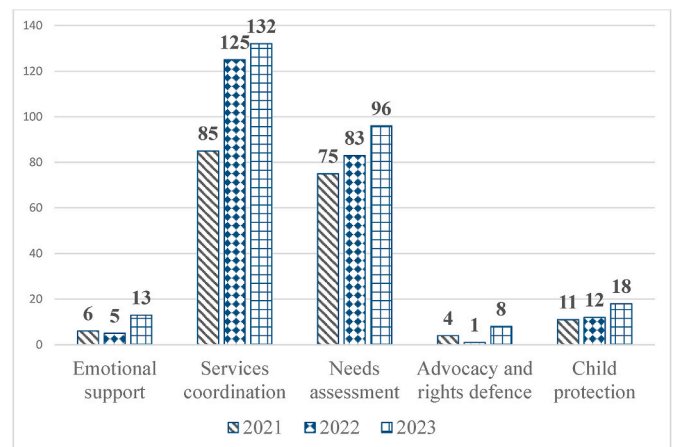


Fig. 1. Hospital social worker activities. Years 2021–2023.

awareness of the importance of understanding patients' needs and providing personalised care.³⁸ Social workers are qualified to conduct these assessments and ensure that patients receive the assistance they require.

For point 4. Advocacy and rights defence.

The increase in advocacy and rights defence activities may indicate a heightened awareness of the challenges and inequalities patients may face in the hospital environment.³⁹ Social workers can advocate for patients' rights and work to ensure access to fair services and resources.

For point 5. Support for at-risk children and families.

The increase in child protection activities suggests a growing recognition of the need to safeguard minors involved in complex hospital situations.⁴⁰ Social workers are trained to protect minors and work for their well-being.

4. Conclusions (limitations and implications for practice)

From the provided results, several significant conclusions emerge increasing demand for hospital social services across all categories. This indicates that patients and their families are facing increased complexity and challenges that require the involvement of social workers to provide support, coordination and resources.

It is essential to acknowledge several limitations inherent in the study. Firstly, as a retrospective analysis of existing data, the study is subject to potential biases and limitations associated with the completeness and accuracy of the recorded information. Additionally, the study focuses solely on the activities of hospital social workers and does not explore the perspectives or experiences of patients or other healthcare professionals. Future research could incorporate qualitative methods to further explore these aspects and provide a more comprehensive understanding of the role of hospital social workers in patient care.

In summary, the conclusions indicate a growing need for hospital social services to address the complex and evolving challenges that patients and their families may encounter during the hospital care journey. This underscores the importance of having well-trained social workers capable of effectively responding to the needs of patients and their families.

Close and collaborative interaction with other healthcare professionals becomes an important daily practice for the social worker. This collaboration aids communication and service coordination, ensuring an integrated and comprehensive approach to patient care.

Commitment to continuous education becomes an essential practice to stay updated on best practices and developments in the field of social work and healthcare. This ensures that the social worker can provide patients with the best possible care.

Clearly defining the tasks, responsibilities and procedures of the hospital social worker through the creation of protocols and guidelines. This helps ensure consistency in professional practices, promoting the quality and safety of hospital social care.

The adoption of innovative technologies, such as healthcare information systems and digital platforms, becomes an integral part of the social worker's daily practice, improving efficiency in accessing patient information and case management.

Continuous performance evaluation helps the social worker identify strengths and areas for improvement in their practice, enabling ongoing adaptation and enhancement of the services offered.

Advocacy and promotion of patients' rights become an integral part of the social worker's practice, ensuring that patients have access to quality care, understandable information and respect for their dignity and decisional autonomy.

Encouraging the participation of hospital social workers in research and innovation helps maintain evidence-based practice and contribute to the ongoing development of the profession.

These implications for practice provide guidance and direction for the hospital social worker to ensure effective, patient-centred service based on the best available evidence.

CRedit authorship contribution statement

Federica Mesca: Conceptualization, Formal analysis, Supervision, Visualization, Writing – review & editing, Data curation, Methodology, Validation, Writing – original draft. **Cinzia Storace:** Data curation, Methodology, Validation, Writing – original draft, Conceptualization, Formal analysis, Supervision, Visualization, Writing – review & editing.

Ethical approval

The ethical approval was waived because of the retrospective nature of the study.

The study is limited to the analysis of anonymised data and does not involve interviews, questionnaires, or other types of direct interactions with participants.

Availability of data

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

Participants

The study did not involve direct participation or contribution from patients or the public in any phase of the research process.

Funding information

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

- Gregorian C. A career in hospital social work: do you have what it takes? *Soc Work Health Care*. 2005;40(3):1–14. https://doi.org/10.1300/J010v40n03_01.
- Petruzzi L, Ewald B, Covington E, Rosenberg W, Golden R, Jones B. Exploring the efficacy of social work interventions in hospital settings: a scoping review. *Soc Work Publ Health*. 2023;38(2):147–160. <https://doi.org/10.1080/19371918.2022.2104415>.
- Atwal A, Caldwell K. Do all health and social care professionals interact equally: a study of interactions in multidisciplinary teams in the United Kingdom. *Scand J Caring Sci*. 2005;19(3):268–273. <https://doi.org/10.1111/j.1471-6712.2005.00338.x>.
- McDermott A. The social worker in the care of the stroke patient. *Delaware J Publ Health*. 2023;9(3):38–41. <https://doi.org/10.32481/djph.2023.08.009>.
- Ross H, Dritz R, Morano B, et al. The unique role of the social worker within the hospital at home care delivery team. *Soc Work Health Care*. 2021;60(4):354–368. <https://doi.org/10.1080/00981389.2021.1894308>.
- Balaban R, Batalden M, Ross-Degnan D, Le Cook B. Using a social worker transition coach to improve hospital-to-home transitions for high-risk nonelderly patients. *J Healthc Qual: Off Publ Nat Assoc Healthcare Quality*. 2020;42(6):315–325. <https://doi.org/10.1097/JHQ.0000000000000219>.
- Engel GL. The need for a new medical model: a challenge for biomedicine. *Science*. 1977;196(4286):129–136. <https://doi.org/10.1126/science.847460>.
- Engel GL. The clinical application of the biopsychosocial model. *Am J Psychiatr*. 1980;137(5):535–544. <https://doi.org/10.1176/ajp.137.5.535>.
- Keefler J, Duder S, Lechman C. Predicting length of stay in an acute care hospital: the role of psychosocial problems. *Soc Work Health Care*. 2001;33(2):1–16. https://doi.org/10.1300/j010v33n02_01.
- Lindau ST, Laumann EO, Levinson W, Waite LJ. Synthesis of scientific disciplines in pursuit of health: the interactive biopsychosocial model. *Perspect Biol Med*. 2003;46(3, Suppl):S74–S86. <https://doi.org/10.1353/pbm.2003.0069>.
- Wade DT, Halligan PW. The biopsychosocial model of illness: a model whose time has come. *Clin Rehabil*. 2017;31(8):995–1004. <https://doi.org/10.1177/0269215517709890>.
- Saxena A, Paredes-Echeverri S, Michaelis R, Popkirov S, Perez DL. Using the biopsychosocial model to guide patient-centered neurological treatments. *Semin Neurol*. 2022;42(2):80–87. <https://doi.org/10.1055/s-0041-1742145>.
- Bolton D. A revitalized biopsychosocial model: core theory, research paradigms, and clinical implications. *Psychol Med*. 2023;53(16):7504–7511. <https://doi.org/10.1017/S0033291723002660>.
- Globerman J. Hospital restructuring: positioning social work to manage change. *Soc Work Health Care*. 1999;28(4):13–30. https://doi.org/10.1300/J010v28n04_02.
- Beaulaurier RL, Taylor SH. Social work practice with people with disabilities in the era of disability rights. *Soc Work Health Care*. 2001;32(4):67–91. https://doi.org/10.1300/J010v32n04_04.
- Payne M. *Social Work in Health Care: A Handbook for Practice*. Macmillan International Higher Education; 2005.

17. Ferrario M. *Il Servizio Sociale in Sanità: Funzioni, Metodologie E Strumenti Operativi*. Franco Angeli, Milano: Social Work in Healthcare: Functions, Methodologies, and Operational Tools; 2010.
18. Peckover S, Aston M. A critical examination of the place of social work in contemporary health care. *Soc Work Health Care*. 2018;57(3):148–165.
19. Santinello M, Zani B. The integration of social and healthcare services: an analysis of collaborative practices [L'integrazione dei servizi sociali e sanitari: Un'analisi delle pratiche di collaborazione]. *Servizio Sociale e Sanità*. 2003;4(2):87–101.
20. Viganò M. Social care of the hospitalised patient: experiences and reflections [La presa in carico sociale del paziente ospedaliero: Esperienze e riflessioni]. *Salute Soc*. 2010;9(4):33–47.
21. Degiuli F. The role of the social worker in the hospital setting: perspectives and challenges [Il ruolo dell'assistente sociale nell'ambito ospedaliero: prospettive e sfide]. *Rivista Italiana di Servizio Sociale*. 2011;3(1):45–60.
22. Kreuter MW, Thompson T, McQueen A, Garg R. Addressing social needs in health care settings: evidence, challenges, and opportunities for public health. *Annu Rev Publ Health*. 2021;42:329–344. <https://doi.org/10.1146/annurev-publhealth-090419-102204>.
23. Sadler E, Khadjesari Z, Ziemann A, et al. Case management for integrated care of older people with frailty in community settings. *Cochrane Database Syst Rev*. 2023;5(5), CD013088. <https://doi.org/10.1002/14651858.CD013088.pub2>.
24. Sommers LS, Marton KI, Barbaccia JC, Randolph J. Physician, nurse, and social worker collaboration in primary care for chronically ill seniors. *Arch Intern Med*. 2000;160(12):1825–1833. <https://doi.org/10.1001/archinte.160.12.1825>.
25. Bronstein L. A model for interdisciplinary collaboration. *Soc Work*. 2003;48(3): 297–306. <https://doi.org/10.1093/sw/48.3.297>.
26. Simmons J. The role of social workers in hospital settings: a systematic review of interventions and outcomes. *J Soc Work Health Care*. 2016;55(2):134–150. <https://doi.org/10.1080/00981389.2015.1129587>.
27. Browne T, Keefe RH, Ruth BJ, et al. Advancing social work education for health impact. *Am J Publ Health*. 2017;107(S3):S229–S235. <https://doi.org/10.2105/AJPH.2017.304054>.
28. Mazzoleni M. Collaboration between social workers and healthcare personnel: a case study [Collaborazione tra assistenti sociali e personale sanitario: Un caso di studio]. *Rivista di Politiche Sociali*. 2018;7(1):56–70.
29. Noel L, Chen Q, Petruzzi LJ, et al. Interprofessional collaboration between social workers and community health workers to address health and mental health in the United States: a systematised review. *Health Soc Care Community*. 2022;30(6): e6240–e6254. <https://doi.org/10.1111/hsc.14061>.
30. Galati M, Wong HJ, Morra D, Wu RC. An evidence-based case for the value of social workers in efficient hospital discharge. *Health Care Manag*. 2011;30(3):242–246. <https://doi.org/10.1097/HCM.0b013e318225e1dd>.
31. Browne T, Darnell J, Savage TE, Brown A. Social workers as patient navigators: a review of the literature. *Soc Work Res*. 2015;39(3):158–166. <https://doi.org/10.1093/swr/svv017>.
32. Morrison E, George S. The impact of social workers on patient well-being and satisfaction: a systematic review. *Soc Work Health Care*. 2018;57(4):289–305. <https://doi.org/10.1080/00981389.2017.1416673>.
33. Elswick S, West K, Hirschi M, Durham A, Bowden M, Yaun J. The social work discipline in the management of failure to thrive in infants and children: an integrated behavioral health approach to pediatric programming. *Soc Work Health Care*. 2024;63(3):131–153. <https://doi.org/10.1080/00981389.2023.2286243>.
34. Gagliardi L, Morassaei S. Optimizing the role of social workers in advance care planning within an academic hospital: an educational intervention program. *Soc Work Health Care*. 2019;58(8):796–806. <https://doi.org/10.1080/00981389.2019.1645794>.
35. Saxe Zerden L, Lombardi BM, Jones A. Social workers in integrated health care: improving care throughout the life course. *Soc Work Health Care*. 2019;58(1): 142–149. <https://doi.org/10.1080/00981389.2019.1553934>.
36. Jones L, Smith T, Brown K. Challenges and recommendations for social work practice in hospital settings: a qualitative study. *J Soc Work Pract Health Mental Health*. 2020;20(3):321–339. <https://doi.org/10.1080/15332985.2020.1775956>.
37. Hamilton C, Zilberfein F, Gordon E, Xenakis N. Social work collective leadership in a large urban hospital during an era of unprecedented transformational change. *Soc Work Health Care*. 2024;63(4-5):263–271. <https://doi.org/10.1080/00981389.2024.2316694>.
38. Elman A, Cox S, Gottesman E, et al. The critical role of the specialized social worker as part of ED/hospital-based elder mistreatment response teams. *J Elder Abuse Negl*. 2023;1–11. <https://doi.org/10.1080/08946566.2023.2255742>. Advance online publication.
39. Ben-Sira Z, Szyf M. Status inequality in the social worker-nurse collaboration in hospitals. *Soc Sci Med*. 1992;34(4):365–374. [https://doi.org/10.1016/0277-9536\(92\)90296-3](https://doi.org/10.1016/0277-9536(92)90296-3).
40. Farley S, Bansal S, Barks MC, et al. Role of social workers in family conferences for critically ill infants. *J Palliat Med*. 2022;25(8):1236–1242. <https://doi.org/10.1089/jpm.2021.0574>.