Social Workers Coming to Voice within Multi-disciplinary Palliative Care Settings: An Exploration of Practitioners' Views and Experiences

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Abstract

This research explores the views and experiences of social workers practicing within multi-disciplinary palliative care settings. It aims to gain an understanding of the strengths and challenges facing the establishment of the palliative care social work role within the multi-disciplinary context. An overarching goal within the research was to unearth ways in which social workers promote their role and find their voice within multi-disciplinary palliative care settings. Research participants included professionally qualified social workers practicing within a variety of palliative care settings. Findings revealed that a number of strengths support the construction of the social work role within palliative care teams, including; parallels between the palliative care and social work ethos, clarity of role and purpose, and adopting an educational role within the team. Challenges to the role were identified to be the medical model, resource constraints and role ambiguity. The promotion of the social work role and establishment of the social work voice was identified to be enhanced through education, peer support and supervision, inter-disciplinary skills modelling and research minded practice.

Keywords: palliative care, social work, multi-disciplinary team

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Introduction

Social work, as a discipline, often works alongside many other professions practicing within a variety of settings. There has been significant emphasis placed on co-operation and partnership amongst these varying disciplines in their efforts to work together on multi-disciplinary teams. With this in mind, the author began to consider the 'multi-disciplinary experience' of palliative care social workers. It has been acknowledged that '…collaboration, co-ordination, partnership and teamwork…are today's buzzwords as policy makers, practitioners and consumer groups all call for a greater commitment to integrated care…' (Davies et al, 2006:143.) However, it is evident that achieving such integration is not always a 'straightforward' feat (2006:142.) Frost et al, (2005:189) propose that: 'professionals have to find a common language to make knowledge accessible to their colleagues from other disciplines.' The overarching aim and objective of this research is to explore and acquire a greater understanding of palliative care social workers' views and experiences on multi-disciplinary teams. It is the intention of the author to establish the strengths and challenges that exist for these social workers. Using the literature review and primary research as vehicles to gain a more comprehensive understanding of the multi-disciplinary experience, the research aims to look at ways in which social workers promote their role within the team, use their skills optimally, improve their abilities to communicate a clearer understanding of the social work role and lastly navigate their position within a multi-disciplinary context.

Defining palliative care

In order to successfully explore the area of social work within palliative care one must begin with a definition of what palliative care constitutes. The World Health Organisation defines palliative care as '…the active total care of patients and their families by a multi-professional team when the patient's disease is no longer responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is the achievement of good quality of life for patients and their families' (WHO, 1990). As illustrated here, palliative care focuses on the 'total' care needs of individuals and families experiencing life limiting illnesses. The emphasis placed on the total care needs of the patient and family is embedded within the holistic approach that palliative care endorses. This approach therefore implies that the concept of

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palliative care is deeply embedded within both the medical and social models of care. Achieving balance between these two contrasting models is the objective of all palliative care teams. Indeed, palliative care goes beyond working with the experience of the illness and embraces the experience of death for both the patient and their families. Bereavement support is an on-going process and occurs before and after death has occurred.

History of palliative care in Ireland

Dame Cicily Saunders (1918 - 2005) is internationally recognised as the founder of St. Christopher's Hospice London in 1967. Dame Cicily and her team were central to the establishment of palliative care. Twenty years later in 1987 the Royal College of Physicians in England recognised palliative care as a specialty (Saunders, 2001:791 – 799). The influence of St. Christopher's pioneering approach to hospice care soon spread to Ireland where the Irish Association of Palliative Care was established in the early 1990's and was soon followed in 1995 with the acknowledgement by the Irish Medical Council of Palliative Care as a specialty (Ling et al, 2005.) Hospice services in Ireland rely considerably on the voluntary efforts of fundraising committees and local support. Many services owe their very existence to these extensive fundraising efforts. State funding within hospice-care has been a contentious aspect of service provision in Ireland in recent times. Voluntary-statutory partnerships are common within palliative care provision in Ireland however difficulties arise in relation to inadequate state funding and the inconsistent availability of services from one area to another.

Methodology

The methodology that was used to carry out the research was qualitative in nature**.** This type of research method allowed greater variability in analysing the range of opinions gathered. In contrast to its counterpart – quantitative research - qualitative research focuses solely on 'the meaning behind different social theories and phenomena' (Miller et al, 2003: 192.) It places emphasis on studying a subject within its context which builds on its appropriateness within this study as it focuses specifically on social workers practicing within palliative care settings. It became apparent that this type of research would be particularly relevant as it allowed the researcher scope to explore the views and experiences of palliative care social

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workers and gain a greater understanding of these experiences (Jary et al, 2000.) Semi- structured interviews and a literature review were selected as the most appropriate research methods to acquire both primary and secondary data.

Sampling

The researcher carried out these interviews with a convenience sample of professionally qualified palliative care social workers. A disadvantage to such sampling is that it is not representative of the population however the objective was not to develop a hypothesis that represents a population but to explore practitioner's experiences and interpret the findings thematically (Bryman, 2008.)

Ethical considerations

The researcher ensured the confidentiality of each participant and obtained written consent from each party which allowed for the release of data but ensured the privacy of the participant concerned. Each consent form identified the participants' rights in relation to confidentiality, publication of data and retraction of data.

Conceptual framework

An interpretivist perspective guided this research as interpretivism holds the belief that the world is shaped by personal experience. This fitted well within the scope of this research topic as it focused on the individual experiences of several palliative care social workers practicing within multi-disciplinary settings.   This perspective develops concepts and theories from individuals' interpretations of the social world or social life. It takes the '…meanings and interpretations, the motives and intentions, that people use in their everyday lives and that direct their behaviour and it elevates them to the central place in social theory and research' (Blaikie, 2000: 115.)

The concept of 'voice'

The title of the research speaks to the conceptual framework upon which it is based. In order to explain the relevance of this concept within the research the author explores the concept basing her understanding of 'finding a voice' or 'coming to voice' on the work of Carol Gilligan, (1936, 1982.) The phrase 'finding a voice' is a term that is drawn upon throughout literary genres. It is employed across varying contexts; authors and activists alike, women and oppressed members of society, for

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whatever reason, often turn to the phrase 'finding a voice.' People use this phrase to communicate their understanding of the actions and efforts taken by them to form an identity or establish a perspective. Gilligan (1982) wrote extensively about the feminist perspective and used 'voice' to convey the feminist experience.

The researcher in this study endeavoured to conceptualise the phrase 'coming to voice' by firmly placing such efforts within a specific context. Gilligan ascertained that by representing 'the voice' the author would '…enable them to see better its integrity and validity, to recognise the experiences their thinking refracts, and to understand the line of its development…' (Gilligan, 1982:3) In essence, this research placed an emphasis on the social workers' experiences and views so as to determine how palliative care social workers find their voice and how they continue to establish this voice within the multi-disciplinary setting.

Literature Review

Before embarking on a literary excursion through the concept of palliative care and its tenets, one should commit to memory the underlying belief that informs palliative care; each person's experience is unique. To understand and appreciate the value of this simple message is to understand and appreciate the crux upon which the concept of palliative care rests. The social worker and the team carry the responsibility of ensuring that each patient's experience is treated uniquely and in accordance with their distinct wishes. It endeavours to attend to the whole person and their 'total pain.' Dame Cicily Saunders conceived the notion of 'total pain' when she observed that '…it soon became clear that each death was as individual as the life that preceded it…the whole experience of that life was reflected in a patient's dying…' (Saunders, 1996:275)

Palliative care social work

Social work practice within palliative care involves the union of values, knowledge and skills. They each inform one another. Oliviere et al (1998:6) states that '…values form the solid foundation upon which knowledge – theories, models and frameworks – accumulates, which in turn drives the skill at the interface with the ill person and family.' This suggests that a stable value base in palliative care of respect for the person and family's individuality and right to confidentiality should underpin

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developing knowledge of the ill person's experiences and their family's reactions to the illness.

Monroe (1993) suggests that once the medical team members have gained control over symptoms and managed pain accordingly then what is revealed within the patient are the emotional, social, practical and spiritual needs. It is at this point that the social work role truly takes effect by responding to these needs as they become apparent within the individual and the family. The palliative care social worker responds to these individual and collective needs through a process of assessment and intervention. These are the core social work tasks. Psycho-social care is defined by Powazki et al (2009:269) as 'multidimensional and addresses the impact of the illness on the patient and family in terms of physical and cognitive limits, social and emotional needs, and cultural, spiritual, religious, and ethical values and beliefs.' Psychosocial assessment, bereavement risk assessment and intervention with patients and family members is often carried out simultaneously as assessment is an ongoing process that takes place concurrently with methods of intervention.

Monroe (1993), Powazki (1999), and Randall et al (2006) point toward the emergence of a wider overarching identity for the palliative care social worker. This role involves social workers using their skills to educate, train and support multi-disciplinary team members in the psychosocial aspects of palliative care. This leads toward a discussion of teamwork in palliative care and navigation of the social work role within the multi-disciplinary team.

Multi-disciplinary teamwork in palliative care
Palliative care draws heavily on a broad spectrum of disciplines, knowledge, skills, experience and creative thought. Palliative care teams are typically consultant-led and may include nurses, doctors, social workers, chaplains, physiotherapists, occupational therapists as well as a multitude of other therapists.

The concept of 'total pain' that encompasses the palliative care approach demands the employment of a multi-disciplinary team. More specifically it is the physical, emotional, social and spiritual components of the concept that commands the need for a multi-professional team. Such a team is of paramount importance in the delivery of

an efficient and valuable palliative care service. It has been suggested by O' Brien (2012) that '...the complex and multifaceted needs of patients and their families cannot be adequately addressed by any one discipline working in isolation...' This consolidates the idea that a quality palliative care service can only be achieved through the utilisation of a multi-disciplinary team.

Frost et al (2005:189) highlights the underlying challenge that faces social workers working on multi-disciplinary teams 'Practitioners from different disciplines are not usually expected to justify the conceptual base of their actions...with clients in single agency settings. In a multi-agency team differences potentially collide as boundaries around specialisms are broken down...implicit knowledge must often be made explicit...'

Other challenges to multi-disciplinary palliative care team work include issues of team conflict, role ambiguity, role overload, inter-personal conflict, inadequate levels of communication and leadership dilemmas (Cummings, 1998.) Conflict has been described in literature as both a barrier and a benefit to multi-disciplinary team work (Speck, 2009, Payne, 2000, Lawson, 2007.) Twycross (1995:4) states that '…conflict inevitably erupts from time to time in a team of highly motivated, skilled professionals. One of the challenges of teamwork is how to handle conflict constructively and creatively.' Above all, conflict is placed at the forefront of team work as a natural and inevitable reality that occurs time and time again within this context.

Social work experiences within multi-disciplinary palliative care settings
There are intimations throughout literature that the experiences, roles and functions of the palliative care social worker have been insufficiently documented (Kulys et al 1986, Reese et al 2001, Arnold et al 2006, Beresford 2007.) In spite of this, it is the intention of the researcher to elicit examples from literature and research of the experiences of palliative social workers that both challenge and strengthen their practice within palliative care teams.

A number of recurring issues that social workers face within the team are:

Confidentiality

The integrated bio-psycho-social-spiritual approach practiced by multi-disciplinary palliative care teams often carries with it a significant challenge in the form of shared information amongst the team members. According to MacDonald (2004:58) '...central to a respect for personal autonomy is the concept that the privacy of individuals must be respected… ' Social workers are typically the members of the team that are privy to the most intimate details of a patient's personal life. It is the responsibility of the social worker to decide the relevance of sharing such information with the entire multi-disciplinary team. This can often be a source of tension amongst team members and it raises substantial ethical issues for social workers who endeavour to fulfil their patient's right to privacy while also remaining focused on the central importance of the integrative multi-disciplinary approach (Sheldon 2000.)

Social and medical models of care

While there is significant evidence to suggest that palliative care, as a field of practice, has been most successful in breaking barriers between these models, it remains a topic that warrants discussion (Clark et al, 1999.) Social workers, as members of a discipline that emphasises, and indeed espouses the virtues of the social model often meet with difficulties when faced with working on a team that is predominantly trained from the medical model perspective. This is not a criticism of medical trained staff but rather an acknowledgement that these divisions remain in existence. It was identified in Oliver et al (2006:18) that 'while a holistic interdisciplinary approach is valued by team members, physical dimensions often supersede psychosocial dimensions of care. The latter concerns are often slighted by the preoccupation with the former'.

Anti-oppressive practice

Bray et al (2006:147) speaks to the importance of '…empowering staff in the pursuit of effective anti-oppressive practice…' It is suggested that this '…requires recognition of and dialogue about the tensions, practice dilemmas and conflicting imperatives…' in this field of work. It has been identified in Sheldon (2000) that working in a non-judgemental capacity can often be a challenge for some disciplines who have not been trained in the importance of

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working in an anti-discriminatory manner. It is perceived to be the role of the social worker, as an advocate for social justice, to adopt an educating position from which the team will benefit in terms of cultural competence and anti-oppressive practice skills.

Collaboration and issues of power

Bray et al (2006:143) argues that collaboration '...involves working creatively across difference and a willingness to cede power to others, not just to share control.' This argument is controversial in that it questions traditional understandings of partnership and teamwork. It is suggested by Leathard (2003) that teams often, unrealistically, aspire and strive for the ideal concept of balance. Power and its variations are consistently referred to as contentious aspects of teamwork. Oliver et al (2006:18) in a study of the experience of hospice social workers practicing within inter-disciplinary teams highlighted '…a reluctance to compromise…a lack of flexibility and…demonstrations of power…' amongst medical staff. This appeared to be the overall consensus of this group of participants with another suggesting that '…an external review could…shift some of that culture of negativity and blame' and perhaps bring about a '…commitment to accountability' within the team (2006:17.)

Peer support and supervision

The concepts of support and supervision were raised in Oliver et al (2006.) Assertions centred around management offering support but from a distance. Participants highlighted the benefits of external peer support whereby they were engaged in a network of palliative care social workers practicing within other settings. Similarly the importance of formal supervision was affirmed however comments suggested that this was not always available or worthwhile.

Research Findings and Discussion

The Construction of the Social Work Role – Strengths Observed:

Role establishment and communication

Each participant identified areas of responsibility that fall within the remit of the role of the palliative care social worker. These provide insight into the experiences of the social worker. Each focuses on responding to the social, emotional and practical

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needs of the patient and family. This table encapsulates the role of the palliative care social worker as perceived by the participants interviewed:

Area of Responsibility	Associated Tasks
Psychosocial Support	Psychosocial assessment, co-facilitation of family meetings, bereavement risk assessment and bereavement support.
Advocacy	Practical guidance in relation to financial support, legal issues, provision of statutory resources and the fulfilment of an individual's rights.
Team-work and Partnership	Working and communicating co-operatively and collaboratively with members of the multi-disciplinary team, attendindance at all meetings
Education & Training	Providing education in relation to the psychosocial perspective to staff and students on an on-going basis, maintaining a high standard of continuous professional development and engaging in meaningful research that enhances the role of the palliative care social worker.
Therapeutic Interventions	Developing and designing therapeutic interventions to suit patients and their families. Examples of such interventions include: art, play, and story telling therapy, the compilation of memory boxes as well as reminiscence therapy and cognitive behavioural therapy.

Establishing a clear understanding of the social work role has been identified as the foremost important feature that ensures successful integration within a multi-disciplinary palliative care team (Oliviere et al 1998, Small 2001, Saunders 2001.) Participant 1 stated that '…one of the things that distinguish' palliative care from other settings is that there are clear role boundaries which are usually understood and

respected…' It is then suggested that what arises from this clarity is a personal and professional confidence in one's role which gives practitioners space to eventually blur the boundaries for the benefit of the patient and their families. Payne (2000) asserts that a balance between both role clarity and role blurring must occur in order to reap the benefits within multi-disciplinary practice. '…the most important thing is to know yourself, be secure in your professional role… know that what you are doing is really valuable…' (Participant 4)

Similarities between social work and palliative care philosophies

Similarities between the foundations of social work and that of palliative care have been drawn upon extensively throughout literature in discussions relating to the place of social work within palliative care (Speck 2009, Sheldon 2000, and Payne 2007.) Participant 1 suggested that '…the symmetries between the palliative approach and the social work profession, with its systemic thinking and its emphasis on empowerment…all helped to facilitate my experience here…it fitted very well...' In essence, palliative care deals primarily with loss and change in patient's lives. Similarly, in the wider context, social workers endeavour to facilitate losses and changes as they occur along the life course.

Education within the team

Each discipline is required to adopt an informal educational role within the multi-professional team (Randall 2006 and Monroe 1993.) Every participant echoed this sentiment in their responses as they recognised, that, by using their social work skills to educate the team in the psychosocial perspective they were provided with a unique opportunity. This allowed them to form a stronger position within the team and, ultimately, foster a positive development in the team's way of thinking which would undoubtedly benefit the patient experience. This results in the team remaining steadfast in their pursuit of achieving the best possible palliative care for each patient and their family.

Challenges Facing Palliative Care Social Workers within a Team

The medical model

Research affirms that social work is a less populated discipline within the domain of palliative care (Oliver et al 2006, Sheldon 2000 and Clark et al 1999.) This may not

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emerge as a difficulty but for the fact that social work is a discipline firmly embedded within the social model of care practicing within a predominantly medical model trained team. Participants did, however, acknowledge that they are in a 'superior position' to those practicing within acute settings given that palliative care adopts such a holistic approach. Nevertheless, challenges do exist for social workers practicing, as they are within a team where the medical model is very well represented. Participant 2 stated that '… it's difficult sometimes putting a point across about a patient's emotional state, when it's so obvious the main concern at that time is symptom control…but I wouldn't be doing my job if I omitted relevant information…it's then that you see yourself staring into the face of the medical model and sometimes you feel a bit isolated…' Information sharing and 'confidentiality to the team' are aspects of multi-disciplinary team-work that challenge the ethics of the social work profession. Participant 4 noted that: '…I battled with the emphasis placed on confidentiality to the team…information sharing is a delicate process…social workers are in a unique position, we are privy to some of the most private details of a patient's life…so where do you draw the line?' The reality evidenced through the findings indicates that the social and medical models are poised within a palliative care setting in such a way that seeks to maintain equilibrium at all times. Naturally this balance is subjected to instability at times; the achievement of such a balance is an ongoing struggle for both palliative care social workers and the colleagues with whom they work.

Role ambiguity

Cummings (1998) highlights role ambiguity as a factor which affects social work practice across every context. Correspondingly role ambiguity is an ever-present challenge facing multi-disciplinary teams. Several participants referred to role ambiguity and how it impacts upon the functionality of the social work role. For existing members of a multi-disciplinary palliative care team the integration of new medical staff every three months is considered an on-going challenge facing the establishment of the social work role. Participant 2 stated that '…you have to explain your role sometimes over and over again…it can be exhausting…it's not a criticism but it's... sometimes a struggle knowing that you will face the same thing in another three months…' Participant 4 consequently noted that '…there's a change in the team's system when the changeover of medical staff occurs… every one is working

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harder to communicate their roles…' Alternatively Participant 3 suggested that '…it's refreshing, it keeps you in touch with your purpose…' These conflicting viewpoints reflect the varying perspectives of social workers and the reality of battling against role ambiguity with reference to a very specific example of staff changeover and its implications for practice.

Impact of resource constraints: a time of static and shrinking resources
The economic climate in Ireland was identified as one of the '…biggest challenges facing palliative care social workers today' (Participant 1.) This was evidenced by the accounts of several participants as they highlighted the reality of practicing at a time of static and shrinking resources. It was suggested by Participant 1 that '…expectations of the health service are growing…' and this is occurring at a time when palliative care services are evolving. The difficulty surfaces when smaller departments are expected to '…become more involved with patients at an earlier stage …but with no additional resources to facilitate this earlier in- depth, involvement…' The experiences on the ground reflect the national policy response. The most recent publication by the HSE in 2009; *'Palliative Care Services - Five Year/Medium Term Development Framework' indicated, amongst its recommendations and plans for service development, that given the current economic climate, additional funding for palliative care services was not likely.*

Overcoming Challenges, Promoting the Social Work Role and Finding a Voice within the Team:
Overcoming role ambiguity in practice
Frost et al (2005) ascertains that role ambiguity is a noteworthy challenge facing social workers. Emphasis, therefore, should be placed on the means and measures employed to overcome such a challenge. Participant 1 endorses the merit of avoiding a referral process within the team. '…I avoided any process of referral being made by other disciplines in a formal way…it means your referrals are being filtered by disciplines who may not know what social work does...' This places an onus on social work to attend all ward rounds and home care meetings to assess which patients need social work intervention. This contribution fundamentally improves the positioning of the social work profession within the team and over time facilitates a

clearer understanding of the role. An emerging theme unearthed within these findings points toward the value of executing social work tasks '…by inviting a colleague to come and sit with myself and a patient…while we go over some of the ground…by doing joint home visits…other disciplines are experiencing the psychosocial approach and are learning more about it…' (Participant 3) This practice of modelling skills has a two-fold benefit; it is educational for colleagues but also the patient is profiting from the multi-disciplinary approach. Similarly Participant 4 recognises the worth in co-facilitating family meetings and taking opportunities to inform colleagues about pieces of work undertaken within the social work department.

Promoting the social work role through education and training
The importance of formal education and training in the broader context was noted by participants as a vital tool at the hands of the social work profession. Participant 3 commented that '…education needs to begin at university level…' The wider social work profession needs to have an understanding of palliative care. It is an aspect of social work practice that is under-represented within social work training in Ireland. Participant 1 affirms that: '…as a social worker first and foremost, I've always had a sense of obligation to my profession to offer learning and education opportunities for students…we do this by offering placements to student social workers…' The incorporation of palliative education within social work training is also suggested to '…raise the profile of working in the field of palliative and end of life care…'

Finding and maintaining the social work voice
Extracting styles of thinking and techniques that support the establishment and preservation of the social work voice was a key objective within this study. Participants highlighted the need for internal team building within the social work profession. It was suggested by Participant 4 that the social work voice could not be communicated effectively in the broader context of the multi-disciplinary team if individual social workers did not 'feel supported within the smaller social work team.' The provision of peer support, sufficient levels of supervision and intrinsic professional encouragement toward fellow social workers are elements which were identified as receiving inadequate attention at times. One participant spoke about the Hospice and Palliative Care Social Workers Group which was set up over ten years ago as an independent ad-hoc group. This group is recently affiliated with the Irish

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Association of Palliative Care. The move occurred with the intention of '…giving voice to the psychosocial…giving a stronger voice to the social work profession…'

Several participants agreed that it is essential to focus on the broader objective of promoting the social work voice and ensuring its place within the team. Participant 1 asserted that '…we need to be strategic, find a voice and feed the strategy from within our profession… by allying with other less populated allied health professions…' Social work endeavours to ensure that the essence of the patient remains central to the conversation. This would be an impossible task if social work did not strive to find and maintain a passionate and resilient voice within the multi-disciplinary team.

Summary of Key Findings

This research explored the role of the social worker within multi-disciplinary palliative care settings and the emergence of the social work 'voice' within the team and within the wider context of palliative care. The incorporation of qualitative research in the form of interviews and documentary research in the form of a literature review provided an ideal platform from which to explore such an all-encompassing topic. The research questions remained central to the analysis of data as the findings were presented thematically in accordance with the research objectives. This section endeavours to encapsulate the findings and ultimately answer the research questions set forth.

The construction of the social work role within palliative care settings is grounded within the findings. As the origins of palliative care are embedded in a holistic view the social work role appears, therefore, to sit contentedly within this paradigm. The presence of such congruence supports the role and its establishment within the team. The strength of the role rests within its ability to communicate and clarify its responsibilities to the team. This ability stems from a professional confidence which facilitates the team in its efforts to offer patients and families a multi-disciplinary approach by encouraging role blurring amongst disciplines. Role blurring is optimised in the presence of inter-disciplinary trust and respect but leads to conflict at times. Such conflict is a healthy experience for a team when emphasis is placed on communication and resolution. Additionally, the social worker's skills, values and ethics are central strengths for the team and practitioners often use these values and

skills to support, guide and educate colleagues in respect of anti-oppressive and anti-discriminatory practice. These strengths are not untouched by challenges which are naturally present within the social work experience.

Several challenges were identified which impact on the role of the palliative care social worker practicing within multi-disciplinary settings. These challenges reflect the experiences of social work practice across the board. The medical model is identified as a dominant discourse within palliative care. Inevitably this presents certain challenges to palliative care social workers who are practicing from the psycho-social perspective. Some experiences refer to the reality that a patient's pain and symptom control is typically of paramount importance and social workers sometimes find their depictions of the psycho-social aspects of a patient's illness are overlooked in light of the physical. Another challenge expressed by practitioners' concerns information sharing within the team. It is highlighted within the findings that, while the team is central to the provision of care, it is not always appropriate to divulge the finer details of a patient's life to the entire team. This appears as a recurring ethical quandary faced by the social work profession. The current economic climate was described as a challenge at a time when palliative care is evolving and demands for social work services are increasing**.** Furthermore, role ambiguity is perceived as an on-going struggle for social workers with the change-over of medical staff signifying the arrival of a time dedicated to communicating and re-establishing the social work role. Findings show that this struggle is also considered a source of learning for social work as professionals strive to clarify their role and function.

The utilisation of co-working forums to indirectly clarify the social work role for other disciplines is identified to be a positive measure in overcoming role ambiguity. Modelling skills by incorporating colleagues from other disciplines into psycho-social interventions emerged as a useful platform in the pursuit of conquering role ambiguity. Additionally, social work attendance at all multi-disciplinary meetings and ward rounds is said to ensure representation and contribution of the psycho-social voice which enhances the positioning of the role within the team. Social work education is identified as a gateway to the promotion and establishment of the palliative care social work profession. It was found by participants that palliative care does not receive adequate attention in social work curricula at Masters level

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education. This is considered detrimental to the establishment of the specialised role as fellow social workers in the wider context remain uninformed of its presence and purpose. Participants asserted that team building, peer support and supervision within social work departments develops and ultimately enhances the provision of psycho-social care. However, it was deemed to be a resource often overlooked within departments. Similarly, the smaller social work team should encourage one another to engage in research and participate in the establishment of the social work voice at national levels. Membership of the Irish Association of Palliative Care and the Hospice and Palliative Care Social Workers Group ensures the promotion of the social work voice.

Concluding Recommendations and Implications for Social Work Practice

1. It is recommended that a seminar on palliative care social work be incorporated into Master of Social Work and Bachelor of Social Work curricula in Ireland. The onus is on universities to ensure that social work graduates are qualified to practice competently within domains that require skills pertaining to illness, death, grief, loss and bereavement.

2. Similarly, it is recommended that a Multi-disciplinary Skills Workshop be a feature of the Master of Social Work and Bachelor of Social Work curricula in Ireland. A sizeable population of the social work profession work within multi-disciplinary settings. This research found that social workers face significant challenges as they battle to establish their role within such a context. For this reason students should be entitled to receive training specific to the skills needed to work effectively within multi-disciplinary teams.

3. The development, publication and circulation of palliative care social work competencies to all concerned multi-disciplinary settings in Ireland should be prioritised. This will ensure and aid the establishment of the social work role by clarifying its purpose for other disciplines and providing social workers with a set of standards upon which to base their practice.

4. It has been acknowledged that research does not play a central role in social work practice. It is recommended that social work practitioners encourage one another to be research minded in their approach to practice with patients and make concerted efforts to contribute to social research. This will

ultimately promote the role of social work and ensure the preservation of the social work voice within the broader field of palliative care research.

5. It is recommended that palliative care social work teams engage with practices relating to peer support, supervision and team building activities. It was found that, by fostering stronger partnerships at the core of the social work team, the members would be better equipped to incorporate their role and maintain their voice within the wider multi-disciplinary team.

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