Social Workers in Hospitals & Medical Centers

occupational profile
Overview

Social workers in hospitals and medical centers provide frontline services to patients with conditions spanning the entire health care continuum. According to a national survey of licensed social workers, hospitals are the most common primary employment setting for health care social workers (Whitaker, Weismiller, Clark & Wilson, 2006). For purposes of this document, the term “hospital” refers to the variety of general and specialized acute care medical facilities. Hospital social workers practice in increasingly specialized environments, and are frequently assigned to specific medical units that are based on diagnosis, age, or gender (Gibelman, 2005). Examples of social work specialization within a hospital include pediatrics, oncology, nephrology, transplant, and emergency/trauma. In addition to clinical roles, social workers are also employed in hospital leadership roles, and may serve as managers or administrators for specific hospital programs such as mental health, aging or community outreach.

Overview of Functions

Hospital social workers help patients and their families understand a particular illness, work through the emotions of a diagnosis, and provide counseling about the decisions that need to be made. Social workers are also essential members of interdisciplinary hospital teams. Working in concert with doctors, nurses, and allied health professionals, social workers sensitize other health care providers to the social and emotional aspects of a patient’s illness. Hospital social workers use case management skills to help patients and their families address and resolve the social, financial and psychological problems related to their health condition. Job functions that a social worker might perform within a hospital include:

- Initial screening and evaluation of patient and families;
- Comprehensive psychosocial assessment of patients;
- Helping patients and families understand the illness and treatment options, as well as consequences of various treatments or treatment refusal;
- Helping patients/families adjust to hospital admission; possible role changes; exploring emotional/social responses to illness and treatment;
- Educating patients on the roles of health care team members; assisting patients and families in communicating with one another and to members of health care team; interpreting information;
- Educating patients on the levels of health care (i.e. acute, sub-acute, home care); entitlements; community resources; and advance directives;
- Facilitating decision making on behalf of patients and families;
- Employing crisis Intervention;
- Diagnosing underlying mental illness; providing or making referrals for individual, family, and group psychotherapy;
- Educating hospital staff on patient psychosocial issues;
- Promoting communication and collaboration among health care team members;
- Coordinating patient discharge and continuity of care planning;
- Promoting patient navigation services;
Social Workers in Hospitals & Medical Centers

- Arranging for resources/funds to finance medications, durable medical equipment, and other needed services;
- Ensuring communication and understanding about post-hospital care among patient, family and health care team members;
- Advocating for patient and family needs in different settings: inpatient, outpatient, home, and in the community; and
- Championing the health care rights of patients through advocacy at the policy level.

Benefits and Challenges of Working in a Hospital or Medical Center

Hospital social workers view the opportunity to make an immediate, positive impact in the life of an individual or family, as one of the unique benefits of the job. Individuals who enjoy working in fast-paced environments, and those who are interested in cutting edge medical interventions, often enjoy hospital social work. Hospital social workers enjoy interdisciplinary work settings, and often derive personal satisfaction from being the member of the health care team who offers the “person-in-environment” perspective, which incorporates all the factors that influence a patient’s health care experience.

Hospital social workers report an increase in the severity of client problems, caseload size, paperwork and waiting lists for services (Whitaker, et al, 2006). In recent years, there has been an increase in closures of hospital social work departments, with social work staff being reassigned to other departments, or eliminating these positions altogether and re-assigning social work task to other professions. In certain cases, such reorganization has replaced departmental directors with non-social work personnel, raising questions about proper social work supervision.

REFERENCES


Data referenced in this profile are based upon results from the 2009 NASW Salary & Compensation Study (see Notes).
Salary Analysis of Social Workers in Hospitals & Medical Centers (n=1,577)

**ANNUAL SALARY BY AGE**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>10% Earn Less</th>
<th>25% Earn Less</th>
<th>Median (50% Earn Less)</th>
<th>75% Earn Less</th>
<th>90% Earn Less</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 35</td>
<td>$31,800</td>
<td>$41,000</td>
<td>$50,000</td>
<td>$59,000</td>
<td>$68,800</td>
</tr>
<tr>
<td>35-44</td>
<td>$36,300</td>
<td>$48,300</td>
<td>$56,000</td>
<td>$67,900</td>
<td>$79,900</td>
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<tr>
<td>45-54</td>
<td>$40,600</td>
<td>$52,000</td>
<td>$62,000</td>
<td>$72,900</td>
<td>$90,400</td>
</tr>
<tr>
<td>55-64</td>
<td>$39,900</td>
<td>$52,000</td>
<td>$63,000</td>
<td>$78,600</td>
<td>$99,000</td>
</tr>
<tr>
<td>65+</td>
<td>$28,200</td>
<td>$49,600</td>
<td>$59,100</td>
<td>$87,500</td>
<td>$99,100</td>
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</table>

**ANNUAL SALARY BY YEARS OF EXPERIENCE**

<table>
<thead>
<tr>
<th>Experience</th>
<th>10% Earn Less</th>
<th>25% Earn Less</th>
<th>Median (50% Earn Less)</th>
<th>75% Earn Less</th>
<th>90% Earn Less</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; than 9 years</td>
<td>$33,400</td>
<td>$42,700</td>
<td>$52,000</td>
<td>$60,600</td>
<td>$70,000</td>
</tr>
<tr>
<td>10 - 19 years</td>
<td>$36,200</td>
<td>$48,300</td>
<td>$57,800</td>
<td>$70,000</td>
<td>$79,100</td>
</tr>
<tr>
<td>20+ years</td>
<td>$44,900</td>
<td>$54,800</td>
<td>$64,900</td>
<td>$80,000</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

1. Your age? (under 25; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65 and older)
2. In what year did you first begin working in the social work field?
ANNUAL SALARY BY DEGREE

ANNUAL SALARY BY CERTIFICATION

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3 Which of the following academic degrees do you hold (if any?)

4 In which of these areas (if any) do you hold current certifications? Please check all that apply.
On October 1, 2009, what was the sector of your primary social work position?
ANNUAL SALARY BY PRACTICE AREA

ANNUAL SALARY BY REGION

6 Which one option best matches the primary practice area of your primary position? (Please check the one best option.)

7 On October 1, 2009, what was the city, state, and ZIP code of your primary work location?
ANNUAL SALARY BY CENSUS REGION

ANNUAL SALARY BY CENSUS REGION (CONTINUED)
Survey Methodology

This survey was sponsored and developed by NASW. Data were collected and tabulated by Readex Research, an independent research company. To broaden representation of the profession, NASW partnered with a number of other social work membership organizations to create an expanded list of U.S. professional social workers for sampling purposes. These partner organizations were:

- Association for Oncology Social Work (AOSW)
- National Hospice & Palliative Care Organization (NHPCO)
- National Network for Social Worker Managers (NNSWM)
- The Rural Social Work Caucus
- Society for Social Work Leadership in Health Care (SSWLHC)

The total number of unduplicated individuals among these five lists and the NASW domestic membership was 101,995. The overall sample size of 78,777 consisted of the 73,777 with a valid email address on file and a systematic sample of 5,000 (from the 28,218 who could not be reached via email).

Data collection utilized a mixed mode approach. For those with a valid email address, invitations were sent via email to access a Web-based survey. Those without an email address were sent invitations via regular mail, with the option to fill out a provided paper survey or to access the survey online via a provided Web site address.

Data were collected between October 1 and November 24, 2009. A total of 23,889 unduplicated usable responses were received, for a 30% response rate. Among these, 22,000 responses were randomly chosen for inclusion in the final tabulation. The data have been weighted to account for disproportional response between the email and regular mail samples. Percentages based on all 22,000 responses are subject to a margin of error of ±0.6%.

RESPONDENT STATUS

The compensation analysis focuses on the subset of “valid answering practitioners”—that is, U.S.-based respondents confirming paid employment or self-employment on October 1, 2009 in a social work-related position (defined as any position that requires or makes use of one’s education, training, or experience in social work), and reporting regular salary or wages. Percentages based on these 17,851 “valid answering practitioners” are subject to a margin of error of ±0.6%. Results are not shown in this profile if there were fewer than 30 valid values in a category.

Removed are those who did not answer at all, those who provided a report considered to be an outlier (top 1% and bottom 1% of all responses), and those who did not answer in a coherent manner. The tabulated base of the “answering practitioners” is 17,911.