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The Role of Social Workers in Palliative Care: A Review of Prerequisites and Practical Implementation

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Abstract

Palliative care is a multidisciplinary practice that addresses the complex needs of individuals with serious and potentially life-threatening illnesses, their families, and caregivers. Social workers have been recognized as integral members of palliative care teams since the field's inception, fulfilling critical roles such as addressing psychosocial concerns, promoting advanced care planning, and providing grief counseling. However, social workers often encounter challenges in asserting their roles, and their capacities remain underutilized in professional palliative care delivery. This scoping review aims to investigate the prerequisites for meaningful involvement of social workers in palliative care and identify pathways and strategies for optimizing their contributions. The review identified nine substantial prerequisites operating at two levels: individual capacities of social workers and contextual factors. Key prerequisites include enhancing competence and confidence through education and training, pursuing holistic and transformational practices, fostering collaborative relationships with (para)medical professionals, clearly defining the social work role and core competencies, evaluating and documenting contributions, promoting job

satisfaction and preventing burnout, providing peer support, ensuring manageable caseloads, and advocating for early introduction of palliative care in clients' illness trajectories. The interconnectivity among these prerequisites highlights the need for interventions that simultaneously address multiple factors. However, the predominance of studies from a limited number of countries and the focus on formal palliative care service delivery indicate potential gaps in understanding social work involvement in the broader context of death, dying, and bereavement. Future research should explore the relevance and implementation of these prerequisites in diverse contexts to develop targeted interventions that maximize the contributions of social workers in palliative care.
Keywords: Social Workers, Palliative Care

Introduction

Palliative care is intrinsically a multidisciplinary practice (Bekkema et al., 2014). Contemporary definitions characterize palliative care as "care that helps with personal, social, and medical problems associated with serious and potentially mortal illness, assists families and carers and supports them in bereavement, and uses approaches from a trained team, but also involves friends, family members, and the wider community". The multifaceted nature of needs, combined with the numerous care recipients and providers involved, necessitates a coordinated and multidisciplinary approach to care. Furthermore, sociological perspectives emphasize that death, dying, and bereavement are fundamentally social processes with medical components, rather than being solely medical events. The social dimensions of the end-of-life phase underscore the relevance of social work within palliative care practice.

Since the inception of palliative care in the latter half of the 20th century, social workers have consistently played a role and today they are recognized as integral members of this field (Head et al., 2019). Brandsen identified three primary roles for social workers in palliative care: addressing the psychosocial concerns of clients and their relatives, contributing to and promoting advanced care planning (ACP), and providing grief counseling for bereaved family members. In fulfilling these roles, social workers pay particular attention to vulnerable groups with unique palliative care needs (Sumser et al., 2015). The theoretical value of these roles is rooted in the "person-in-environment" perspective, which originates from Mary Richmond's model of social diagnosis. By connecting individual clients with their physical and social environments, social work assessments are particularly well-suited to addressing the challenges of the end-of-life phase and complementing multidisciplinary palliative care practice. Empirically, these roles have been associated with improved outcomes for care recipients and cost savings for care institutions in end-of-life care.

Nevertheless, social workers frequently encounter challenges in asserting their roles and their capacities often remain underutilized within professional palliative care delivery. Concurrently, there is a growing emphasis on optimizing the underused potential of nonprofessional capacities in palliative care. This approach is seen as a strategy to address the increasing demand for palliative care services alongside the limited number of professionals explicitly trained to meet these needs (Hawley, 2017). This context creates new opportunities for social work, as the profession is uniquely positioned to extend palliative care delivery beyond formal healthcare settings into the broader community. Social work serves as a bridge between healthcare professionals, clients, and those important to them, such as informal caregivers and bereaved family members. As such, social work occupies a distinct role in palliative care practice, contributing significantly to both professional and nonprofessional care delivery.

To enhance the role of social workers and maximize their contributions to palliative care, it is necessary to identify the pathways and prerequisites for meaningful involvement. This is crucial for developing interventions that optimize the capacity of social work in both professional and nonprofessional palliative care settings. At present, no comprehensive list of such prerequisites exists.

The primary objective of this study is to investigate the prerequisites for meaningful involvement of social workers in palliative care. The term "prerequisite" refers to a condition

or situation that must exist to enable the effective engagement of social workers in palliative care. Many of these prerequisites are likely to address existing challenges in contemporary social work and palliative care practices. "Meaningful involvement" is defined as a state in which social workers' knowledge and skills are fully developed and effectively utilized in the delivery of palliative care. Given the breadth of this subject, a scoping review approach is appropriate, as it allows for a broad yet structured and reproducible exploration of the topic. Since this review represents an initial step in gathering relevant information on this subject, it is recommended to approach it comprehensively.

Enhancing the Level of Competence and Confidence of Social Workers

The concept of "competence and confidence" encompasses multiple dimensions and is regarded as the most critical prerequisite for the meaningful involvement of social workers in palliative care. Some scholars highlight the necessity of culturally competent practice, while others focus on specific skills such as contributing to advanced care planning (ACP) and providing emotional or grief counseling. Moreover, authors emphasize the importance of acquiring specialized knowledge on physical aspects of death, dementia and the interplay between physical and psychosocial symptoms (Chan, 2014).

The practical realization of this prerequisite is explored through two primary recommendations in the literature. The first is enhancing palliative care content within undergraduate and graduate social work curricula. However, there is debate regarding the extent of such content. Some authors advocate for the inclusion of at least a minimum level of general palliative care content, whereas others suggest a mandatory and specialized component on palliative care should be incorporated. The second recommendation is the development of postgraduate or continuing education opportunities for social workers. Preferred methods for continuing education include participation in local or regional workshops and conferences or engagement in online courses. Additionally, peer-to-peer learning between experienced social workers and those new to palliative care has been shown to enhance competence and confidence, as well as to provide training for skills not adequately addressed in undergraduate curricula (Firn et al., 2021).

In practice, "competence and confidence" emerge as outcomes of undergraduate education, continuing education, and experiential on-the-job learning. However, given the growing demand for palliative care, it is imperative that competency development not rely solely on on-the-job learning and continuing education. Studies indicate a significant gap in this area; for instance, Sumser et al. reported that only 46% of social workers felt prepared by their academic curricula, while a majority indicated that they gained competence through interprofessional collaboration (81%) and peer-to-peer interactions (74%). This deficiency is unsurprising, as numerous studies document the lack of palliative care content in social work education, resulting in inadequate competence and confidence upon graduation. While addressing gaps in undergraduate curricula is vital, it may be more practical to focus on continuing education, as undergraduate programs are already constrained by numerous topics. However, the development of continuing education initiatives must consider barriers such as costs, time constraints, inadequate social work content, and lack of external funding.

Pursuing Holistic and Transformational Social Work

The adoption of holistic and transformational practices is another essential prerequisite for the meaningful involvement of social workers in palliative care. These practices not only underscore the unique role of social workers but also enhance job satisfaction by aligning with core social work values (Marmo et al., 2021).

Holistic social work involves addressing the "broader picture," informed by the "person-in-environment" perspective, in the assessment of client needs. Social workers must recognize that clients are embedded within a social context and that environmental factors significantly shape their circumstances. Holistic care, therefore, extends beyond the individual client to

include family and other relevant social actors. In the context of increasingly diverse societies, the primary challenge of holistic social work is fostering "culturally sensitive practice," which entails addressing issues of diversity, multilingualism and varied spiritual beliefs (Wiebe, 2014).

In contrast, transformational social work positions social workers as intermediaries between clients and society. Drawing on their work with individuals and families, social workers are tasked with fostering positive societal transformations. Examples include influencing policy and practice by advocating for equitable service design for marginalized populations or initiating public discourse on reducing inequalities in palliative care access. Reith and Payne refer to such initiatives as "social work macro interventions."

Three factors facilitate the implementation of holistic and transformational practices. First, educational programs should equip social workers with skills for conducting holistic and transformational assessments, including targeted programs for specific minority groups, as highlighted by Arthur and Bekkema et al.. Second, Csikai and Martin argue that holistic practice benefits from early introduction of palliative care in the end-of-life trajectory, which allows social workers greater engagement opportunities with clients. Third, maintaining adequate staffing ratios in palliative care services can mitigate high caseloads, enabling more effective holistic practices (Jones & Phillips, 2016).

Collaborative Relationship Between Social Workers and (Para)Medical Professions

A collaborative relationship between social workers and (para)medical professionals is essential to increase opportunities for social workers to engage in palliative care and thereby influence practices.

This argument is supported by four examples. First, such collaboration is vital for advocating the appropriate treatment of nonmedical issues including addressing psychosocial barriers to symptom reporting the long-term financial consequences of cancer treatments and the familial context of illness and care. Second, effective collaboration allows social workers to advocate for the early integration of palliative care into the treatment trajectory of clients. Third, collaborative relationships enable social workers to act as effective intermediaries between clients and multidisciplinary teams. This is particularly important for facilitating challenging client–physician discussions and addressing the needs of clients unfamiliar with medical terminology. In this regard, social workers, as described by Otis-Green et al. serve both "as consultants to the team and as the voice of the patient." Fourth, collaboration with other professionals contributes to greater job satisfaction for social workers (Marmo & Berkman, 2020).

Despite its importance, social workers frequently encounter barriers in collaborating with (para)medical professionals. These barriers are often attributed to the dominance of the medical model in palliative care, which prioritizes clinical needs and regards social work as secondary to medicine. For example, Kimura et al. reported that medical professionals often withhold essential medical information from social workers, hindering their ability to influence multidisciplinary practice. Social workers also frequently feel undervalued by other team members and team meetings are often perceived as unsuitable for conducting holistic assessments of clients' needs. The medical model's physical focus further marginalizes the role of social workers in highly medicalized settings like hospitals, where nurses and physicians tend to take on more prominent coordinating roles. Conversely, social workers adopt more leading and coordinating roles in hospice environments, as shown by Lawson and Stein et al..

Two strategies can enhance collaborative relationships between social workers and (para)medical professionals. First, social workers must clearly communicate the value of the bio-psycho-social model in palliative care and define their unique professional contributions to avoid overlap with roles assumed by nurses and psychologists. Second, fostering collaboration requires "competent and confident" social workers with foundational medical knowledge and expertise in palliative and end-of-life care. Interdisciplinary training opportunities that respect the diversity of disciplines within palliative care can improve cooperation among professionals.

Such training should be incorporated into educational curricula at early stages of professional development. An example of this approach is provided by Neuderth et al. who reported positive outcomes from interdisciplinary training for medical and social work students in Germany.

Clear Role Description and Set of Core Competencies

A clear description of the role of social workers in palliative care, operationalized through a well-defined set of core competencies, represents another critical prerequisite. While the importance of articulating the social work role has already been highlighted, the dominant focus on physical aspects in palliative care often undermines this articulation (Adshead & Dechamps, 2018). This issue becomes particularly pronounced in the absence of a formal role description.

A clear role description offers three significant benefits. First, it makes the contributions of social workers more visible to other professionals, reduces the likelihood of role conflicts and maintains professional boundaries (Sanders et al., 2012). This clarity facilitates better multidisciplinary collaboration. Second, role descriptions support advancements in educational programs, leading to more confident and competent social workers. Without a clear understanding of their role, social workers may lack confidence in their abilities and adopt a less active presence in palliative care. Third, a defined role simplifies the evaluation and assessment of social workers' contributions to palliative care practice. As noted by Munn and Adorno, “without a clear definition of what social workers bring to the table, it is difficult to place a value on the social work contribution.”

Realizing this prerequisite in practice requires a comprehensive theoretical and operational description of the social work role in palliative care. However, this effort largely depends on the specific national context. For instance, Canada has developed detailed outlines of social work competencies and a general framework for European countries is also available. In the United States, Gwyther et al. introduced a comprehensive outline of core competencies, later expanded by Head et al. in a nationwide analysis of hospice and palliative care social work roles. In many other countries, particularly those with limited traditions of social work research, such frameworks are either lacking or unpublished in English. Consequently, developing a clear role description and set of core competencies remains a priority in these contexts.

Evaluating and Documenting Social Work Contributions

Although the social work profession has historically been slow to evaluate and document its contributions, these activities are critical prerequisites for meaningful involvement in palliative care. Without evidence of proven expertise, the value and effectiveness of social work interventions can easily be called into question (O’Donnell et al., 2020). Evaluation and documentation practices can empirically demonstrate the unique value of social work in palliative care (Reese & Csikai, 2018).

However, several factors complicate the evaluation and documentation of social work practices. First, the lack of a clear role description for social workers in palliative care poses challenges for evaluation and documentation efforts. Second, organizational constraints may limit opportunities for practice evaluation and documentation, such as restricted access to patients due to cost-saving measures or the exclusion of social workers from decisions about evaluation instruments. Third, social work interventions are not easily quantifiable, and narrative documentation is often deemed insufficient (Christophel Lichti & Cagle, 2020).

To address these challenges, advancements in evaluation and documentation practices must be implemented. In the United States, significant progress has been achieved with the development and testing of Social Work Assessment Notes (SWAT) and the introduction of a certification exam for social workers in palliative care. In other countries, similar initiatives may still need to be developed. Additionally, educational curricula and social work conferences should emphasize the importance of evaluating and documenting social work interventions. Beyond efforts by the social work profession, organizations must also assume responsibility

for facilitating evaluation and documentation. Agencies and institutions should incorporate data on social work activities into medical records or administrative databases, highlighting the specific contributions of social workers within their organizational structures (Tadic et al., 2020).

Increasing Job Satisfaction and Preventing Burnout Among Social Workers

Improving job satisfaction and preventing burnout are essential prerequisites for meaningful involvement of social workers in palliative care. The emotional burden associated with social work in this field can significantly impact job satisfaction (Berzoff et al., 2020). Research has shown that social workers in palliative care settings often experience low job satisfaction due to the high-stress, high-loss environment, leading to a high prevalence of burnout. Personal experiences with death, dying, and bereavement also affect professional care delivery, with those having more exposure to such experiences being better prepared for palliative care practice. Furthermore, low job satisfaction is associated with a limited understanding of the social work role among other professionals' feelings of being undervalued in multidisciplinary teams and the inability to practice holistic social work values due to policy or organizational constraints.

To address these issues, the development of coping skills is crucial for enhancing job satisfaction and preventing burnout. Social workers must be equipped with coping strategies to deal with death, dying, and bereavement, as these are inherent aspects of palliative care (Muskat et al., 2017). These skills should include the ability to reflect on personal values, attitudes, and anxieties related to end-of-life care. Understanding one's own beliefs is essential for respecting the beliefs of others and making objective recommendations. Competency-based training programs can address the lack of preparation in dealing with end-of-life issues during social work education, improving emotional readiness and comfort levels in such settings (Chow, 2013).

Responsibility for fostering job satisfaction and preventing burnout lies with both educational institutions and employing organizations. Educational programs should incorporate training in coping skills to prepare social workers for end-of-life challenges. Employers, including home care and hospice services, should promote job satisfaction through self-care initiatives and coping strategies for their social workers (Muskat et al., 2017). Furthermore, aligning organizational culture with holistic social work values can enhance job satisfaction, as social workers are more likely to thrive in environments where their values are reflected in practice.

Peer Support Through Social Work Networks or Organized Mentorship

Support from peers is a critical prerequisite for social workers dealing with end-of-life matters in palliative care. Research indicates that social workers prefer support from their peers rather than other professionals, such as nurses or physicians. In the high-stress, high-loss environment of palliative care, social workers may experience feelings of isolation when they lack local colleagues with expertise in this field. Consequently, inadequate peer support is associated with job dissatisfaction and a higher prevalence of burnout (Stensland & Landsman, 2017).

Peer support can be fostered through existing social work networks or organized mentorship programs. Experienced social workers play a vital role in enhancing the competence and confidence of less experienced colleagues or those in training (Vargas & Ostrander, 2012). A notable example is advanced care planning (ACP), which is often not covered in undergraduate or graduate curricula, making it a prime case for on-the-job learning. Skilled and experienced social workers are instrumental in preparing their less experienced peers for effective ACP practice.

Manageable Caseloads

High caseloads are recognized as a significant challenge, making the assurance of manageable caseloads a critical prerequisite for meaningful social work engagement in palliative care. In their research, Munn and Adorno emphasized that reducing the staff-to-resident ratio could enhance social workers' involvement. They observed that "social workers

are unable to become as involved as needed due to the large number of residents for whom they are responsible."

There are two primary disadvantages associated with high caseloads in palliative care social work. Firstly, high caseloads, often resulting from insufficient staffing ratios, impede the practice of holistic social work. When caseloads are excessive, there is limited time for thorough contributions, leading to inadequate social services (Munn, 2012). Secondly, high caseloads contribute to an increased risk of burnout among social workers (Quinn-Lee et al., 2014).

How can this prerequisite be achieved in practice? The reviewed studies recommend either reducing the caseload or increasing the ratio of social work staff, as both approaches address the same issue. Implementing these strategies facilitates the practice of holistic social work and helps prevent social workers from becoming disillusioned. However, Munn and Adorno noted that justifying the recruitment of additional social work staff is challenging without clear evidence of their contributions in palliative care. Consequently, evaluating and documenting these contributions is essential for advocating for increased staffing.

Early Introduction of Palliative Care in Clients' Illness Trajectories

Another critical prerequisite for meaningful social work involvement in palliative care is the early introduction of palliative care within clients' illness trajectories. In practice, palliative care is often initiated late in the illness journey, thereby reducing the opportunity for social workers to contribute meaningfully.

How can this prerequisite be addressed in practice? Social workers should have ample opportunities to facilitate the early integration of palliative care during multidisciplinary discussions. While physicians generally determine the initiation of palliative care, social workers play a vital role in presenting the client's situation for discussion. Assigning social workers to clients shortly after diagnosis enables them to inform clients and their families about available options throughout the illness trajectory fostering informed discussions with physicians. Early involvement is essential, as "the lack of inclusion of the social worker in initial diagnostic conversations" hinders the implementation of holistic practices later in the palliative trajectory. Clausen et al. argue that social workers should be integral members of the multidisciplinary care team to establish enduring relationships with clients and their families.

Discussion

This study identifies nine substantial prerequisites for meaningful social work involvement in palliative care, summarizing recommendations and evidence-based practices from the literature to implement them. These prerequisites operate on two significant levels. The first pertains to the individual capacities of social workers, such as competence and confidence in palliative care practice. This involves pursuing holistic and transformational practices, collaborating effectively with (para)medical professionals, and evaluating and documenting their own contributions. The second level concerns contextual factors, including the composition of social work educational curricula, the care model, and the organizational structures within which social workers operate.

Three critical observations can be made. Firstly, the overlap among prerequisites demonstrates the interconnectivity of the levels they represent. For instance, the competence and confidence of social workers in palliative care are influenced by the extent of palliative care content in their education. Simultaneously, the care model and organizational structures shape how their skills are applied in practice. Thus, while some prerequisites depend on individual social workers and educational institutions, others rely on contextual factors like organizational and policy regulations. Nevertheless, most studies emphasize the individual capacities of social workers, raising questions about whether contextual factors are less significant or simply underexplored. In some cases, social workers may possess essential palliative care skills but be unable to apply them effectively due to organizational or policy constraints.

Secondly, although this review broadly interprets social workers' involvement in palliative care—as encompassing the broader field of death, dying, and bereavement, not just formal palliative care service delivery—most included studies focus on the latter. Much of the literature examines social work involvement as part of a multidisciplinary palliative care team alongside (para)medical professionals. However, many social workers addressing issues of death, dying, and bereavement operate outside formal palliative care teams. As the demand for palliative care is expected to increase, it is crucial to understand how social workers can maximize their involvement in this broader context.

Thirdly, the predominance of articles from a limited number of English-speaking countries—especially the United States—indicates a potential lack of research on this topic in other regions. It is unlikely that only a small number of researchers from non-English-speaking countries publish their findings in English.

The primary contribution of this review lies in presenting a comprehensive list of prerequisites for meaningful social work involvement in palliative care, along with corresponding recommendations and evidence-based practices. These insights have implications for future interventions aimed at enhancing social workers' roles in palliative care and maximizing their contributions. Effective interventions should address multiple prerequisites simultaneously. For instance, ensuring that social workers are competent and confident through robust educational curricula is insufficient if the care model and organizational structures limit their involvement. Nevertheless, meaningful engagement begins with articulating the distinct role of palliative care social work, defined through a set of core competencies. Without clarity on the functions and expectations of social workers in palliative care, intervention efforts lack direction.

This review has three notable limitations. The first limitation pertains to the typical lack of formal quality appraisal in scoping reviews, which means that the included evidence has not been systematically graded according to its research quality. Additionally, although grey literature was excluded from this scoping review, nonempirical contributions, such as editorials and essays, were included.

The second limitation relates to the fact that a significant proportion of the contributions included in this review originate from countries where, despite notable national differences, individual psychosocial casework predominates within the social work profession. The critique by Høgsbro and Shaw about the disproportionate influence of American scholarship in social work research is particularly relevant here, as American social work is characterized by a strong focus on casework and a higher degree of professionalization compared to other countries. Furthermore, the influence of the Social Work Hospice and Palliative Care Network (SWHPN) and the introduction of a certification exam for palliative care social workers (APSHW-C) have contributed to a significant emphasis on individual competencies within American social work research. This may partially account for the focus of this review's findings on individual social work capacities, with less attention given to contextual factors.

The third limitation is closely related to the second and concerns the challenge of generalizing the insights derived from this scoping review, as prerequisites for meaningful social work involvement may be highly specific to particular contexts. However, this could also be considered a strength of the study. The identified prerequisites, combined with a summary of recommendations and evidence-based practices for their implementation, offer potential avenues for the development of future interventions aimed at enhancing social work involvement and maximizing their contributions in palliative care. Using this scoping review as a foundation, future researchers may determine which prerequisites are relevant within their specific contexts, assess whether these prerequisites are currently met, and identify strategies for their realization.

Conclusion

This review provides a comprehensive exploration of the prerequisites for meaningful social work involvement in palliative care, emphasizing the integration of individual capacities and

contextual factors. Social workers play a vital role in addressing the psychosocial and broader social needs of clients and their families, contributing to holistic and transformational care. However, their meaningful involvement depends on several critical prerequisites, including competence and confidence, manageable caseloads, early integration into care trajectories, collaborative relationships with (para)medical professionals, and a clear articulation of their role and competencies.

The findings highlight the interconnectedness of individual and contextual factors, illustrating that while social workers' capacities can be enhanced through education and training, their effectiveness is often constrained by organizational structures and care models. Addressing these barriers requires a multifaceted approach, combining improvements in educational curricula with systemic changes in healthcare delivery and policy.

Despite its contributions, the review acknowledges several limitations, including the absence of formal quality appraisal, the dominance of research from American contexts, and the challenge of generalizing findings across diverse settings. Nevertheless, these limitations underscore the need for further research to explore context-specific prerequisites and broaden the evidence base.

The insights from this review serve as a foundation for future interventions aimed at enhancing social work contributions to palliative care. By addressing the identified prerequisites, stakeholders can optimize the role of social workers in delivering compassionate, holistic, and effective palliative care. These efforts are vital as the demand for palliative care services continues to grow, necessitating innovative strategies to meet the complex needs of individuals and communities facing serious illness and end-of-life challenges.

References

Adshead, L., & Dechamps, A. (2018). End of life care: Everybody's business. In *Social Work Practice and End-of-Life Care*. Routledge.

Bekkema, N., de Veer, A. J. E., Albers, G., Hertogh, C. M. P. M., Onwuteaka-Philipsen, B. D., & Francke, A. L. (2014). Training needs of nurses and social workers in the end-of-life care for people with intellectual disabilities: A national survey. *Nurse Education Today*, *34*(4), 494–500. https://doi.org/10.1016/j.nedt.2013.07.018

Berzoff, J., Kitsen, J., Klingensmith, J., & Cohen, L. M. (2020). Advance Care Planning Training for Renal Social Workers. *Journal of Social Work in End-of-Life & Palliative Care*, *16*(1), 5–18. https://doi.org/10.1080/15524256.2020.1721396

Chan, W. C. H. (2014). Relationships between Psycho-Social Issues and Physical Symptoms of Hong Kong Chinese Palliative Care Patients: Insights into Social Workers' Role in Symptoms Management. *The British Journal of Social Work*, *44*(8), 2342–2359. https://doi.org/10.1093/bjsw/bct090

Chow, A. Y. M. (2013). Developing Emotional Competence of Social Workers of End-of-Life and Bereavement Care. *The British Journal of Social Work*, *43*(2), 373–393. https://doi.org/10.1093/bjsw/bct030

Christophel Lichti, J. L., & Cagle, J. G. (2020). Documenting the contributions of palliative care social work: Testing the feasibility and utility of tracking clinical activities using medical records. *Social Work in Health Care*, *59*(4), 257–272. https://doi.org/10.1080/00981389.2020.1740378

Firn, J., Preston, N., & Walshe, C. (2021). Hospital-based social workers' perceptions of generalist- and specialist-level palliative social work activities. *Journal of Social Work*, *21*(3), 416–434. https://doi.org/10.1177/1468017320911507

Hawley, P. (2017). Barriers to Access to Palliative Care. *Palliative Care*, *10*, 1178224216688887. https://doi.org/10.1177/1178224216688887

Head, B., Peters, B., Middleton, A., Friedman, C., & Guman, N. (2019). Results of a nationwide hospice and palliative care social work job analysis. *Journal of Social Work in End-of-Life & Palliative Care*, *15*(1), 16–33. https://doi.org/10.1080/15524256.2019.1577326

Jones, B., & Phillips, F. (2016). Social Work and Interprofessional Education in Health Care: A Call for Continued Leadership. *Journal of Social Work Education*, *52*(1), 18–29. https://doi.org/10.1080/10437797.2016.1112629

Marmo, S., & Berkman, C. (2020). Hospice social workers' perception of being valued by the interdisciplinary team and the association with job satisfaction. *Social Work in Health Care*, *59*(4), 219–235. https://doi.org/10.1080/00981389.2020.1737306

Marmo, S., Pardasani, M., & Vincent, D. (2021). Social Justice, Organizational Commitment and Job Satisfaction for Palliative Care Social Workers. *Human Service Organizations: Management, Leadership & Governance*, *45*(3), 184–199. https://doi.org/10.1080/23303131.2021.1875093

Munn, J. C. (2012). Telling the story: Perceptions of hospice in long-term care. *The American Journal of Hospice & Palliative Care*, *29*(3), 201–209. https://doi.org/10.1177/1049909111421340

Muskat, B., Brownstone, D., & Greenblatt, A. (2017). The experiences of pediatric social workers providing end-of-life care. *Social Work in Health Care*, *56*(6), 505–523. https://doi.org/10.1080/00981389.2017.1302034

O'Donnell, A., Gonyea, J. G., & Leff, V. (2020). Social work involvement in palliative care heart failure research: A review of recent literature. *Current Opinion in Supportive and Palliative Care*, *14*(1), 3–8. https://doi.org/10.1097/SPC.0000000000000482

Quinn-Lee, L., Olson-McBride, L., & Unterberger, A. (2014). Burnout and death anxiety in hospice social workers. *Journal of Social Work in End-of-Life & Palliative Care*, *10*(3), 219–239. https://doi.org/10.1080/15524256.2014.938891

Reese, D. J., & Csikai, E. L. (2018). Social Work Assessment and Outcomes Measurement in Hospice and Palliative Care. *The American Journal of Hospice & Palliative Care*, *35*(12), 1553–1564. https://doi.org/10.1177/1049909118788342

Sanders, S., Bullock, K., & Broussard, C. (2012). Exploring professional boundaries in end-of-life care: Considerations for hospice social workers and other members of the team. *Journal of Social Work in End-of-Life & Palliative Care*, *8*(1), 10–28. https://doi.org/10.1080/15524256.2012.650671

Stensland, M., & Landsman, M. (2017). Burnout Among Iowa Hospice Workers: A Test of the Job Demands-Resources Model. *Journal of Social Work in End-of-Life & Palliative Care*, *13*(4), 219–238. https://doi.org/10.1080/15524256.2017.1385567

Sumser, B., Remke, S., Leimena, M., Altilio, T., & Otis-Green, S. (2015). The Serendipitous Survey: A Look at Primary and Specialist Palliative Social Work Practice, Preparation, and Competence. *Journal of Palliative Medicine*, *18*(10), 881–883. https://doi.org/10.1089/jpm.2015.0022

Tadic, V., Ashcroft, R., Brown, J. B., & Dahrouge, S. (2020). The Role of Social Workers in Interprofessional Primary Healthcare Teams. *Healthcare Policy = Politiques De Sante*, *16*(1), 27–42. https://doi.org/10.12927/hcpol.2020.26292

Vargas, M., & Ostrander, N. (2012). Learning to be: Reflections of a social work student on a pediatric hospice internship. *Journal of Social Work in End-of-Life & Palliative Care*, *8*(4), 281–285. https://doi.org/10.1080/15524256.2012.732443

Wiebe, M. (2014). Social Work, Religion, and Palliative Care. *Journal of Religion & Spirituality in Social Work: Social Thought*, *33*(3–4), 339–352. https://doi.org/10.1080/15426432.2014.930638