



Intervention and Impact of Social Casework in a Public Medical Setting in Bangladesh

Shahariar Mohammad Shadhin¹, Nurul Islam², Md. Roni Mridha³

¹Lecturer, Saic Institute of Management and Technology, Affiliated in University of Dhaka

²Coordinator, Migration and Re-integration Support Centre, BRAC

³Lecturer, Institute of social welfare and research (ISWR), University of Dhaka, Dhaka 1205

<https://orcid.org/0009-0007-0880-2146>

Corresponding Author: Md. Roni Mridha

Publication date: 10 December 2024

ABSTRACT: This study designed to examine the impact of social case work interventions on patient satisfaction, psychosocial well-being, and treatment adherence in a public medical setting in Bangladesh. Public hospitals, which are often the primary health care providers for economically disadvantaged populations, face challenges in offering holistic patient care due to limited resources and high patient volumes. The objectives of this study were to assess the influence of social case work on patient satisfaction and coping mechanisms, as well as to identify barriers and opportunities for integrating social case work into Bangladeshi health care. A total of 30 patients from diverse regions of Bangladesh has selected through purposive sampling for the case study and experiments. Quantitative data has collected using pre- and post-intervention experiments, to evaluate satisfaction levels across health care services, diagnostic understanding, treatment adherence, and follow-up attendance. Additionally, qualitative insights have gathered through in-depth interviews and were analyzed thematically to capture patient experiences with social case work. Findings indicate that social casework significantly improved patient satisfaction, with notable increases in adherence to treatment and follow-up attendance. Satisfaction with health care services rose from a primarily "Less Satisfied" rating to a predominantly "Very Satisfied" rating post-intervention. Patients reported greater emotional support, improved coping skills, and enhanced family communication, all of which contributed to their overall well-being. This study recommends policy changes to formally incorporate social case work in public hospitals, including the establishment of social work departments and the licensing of social workers for health care settings. These changes could foster a more patient-centered approach in Bangladeshi healthcare, addressing both medical and psychosocial needs.

KEY WORDS: medical, intervention, impact, social work, casework, public, hospital etc.

1. STUDY BACKGROUND

In Bangladesh, public health care facilities are essential for providing medical services to the vast population, especially to marginalized and low-income groups. However, these institutions often face challenges such as high patient loads, limited resources, and insufficient health care staff, creating gaps in delivering comprehensive, patient-centered care. Addressing these gaps requires an approach that not only focuses on physical health but also considers the broader social, emotional, and psychological needs of patients.

The social case work method, a well-established practice in social work, focuses on addressing individual psychosocial issues and helping patients manage personal and social problems that may affect their health and recovery (Perlman, H. H., 1957; Richmond, M. E., 1922). This approach has demonstrated positive impacts on patient outcomes in various health care systems worldwide, contributing to improved emotional support, enhanced coping mechanisms, and improved overall patient satisfaction. Turner, F. J. (Ed.) (2011) mentioned in his book that it is a comprehensive source for theoretical frameworks in social casework, emphasizing the dynamic between individual and environment. Despite its benefits, social case work remains largely absent in Bangladesh's public health care system.

Introducing social case work into the public health care context in Bangladesh could bridge existing gaps by providing a more holistic and supportive care model. By addressing factors beyond physical symptoms, such as mental health, family dynamics, and economic hardships, social case work can help patients better navigate the challenges of illness and recovery. Consequently, this study explored the potential of integrating social case work interventions in public medical settings in Bangladesh, aiming to evaluate their impact on patient care and satisfaction while identifying barriers and opportunities for implementation.

2. LITERATURE REVIEW

Social Casework in Healthcare: A Global Perspective

Social casework has emerged as a critical component of health care systems worldwide, enhancing patient care by addressing psychosocial factors. According to Harkness and Hutchison (2015), the integration of social work in health care settings facilitates comprehensive care, allowing for the assessment of patients' social determinants of health. This approach not only improves patient satisfaction and fosters adherence to treatment plans, ultimately leading to better health outcomes. Their findings suggest that social caseworkers play a vital role in bridging the gap between medical and social services.

The Role of Social Work in Enhancing Patient Adherence

Zeller and Rojas (2018) highlighted the significant impact of social work interventions on patient adherence to treatment regimens. Their study found that patients who received case management support demonstrated higher levels of medication adherence and follow-up attendance than those who did not receive such support. By providing emotional and practical assistance, social workers help mitigate barriers to adherence, thus improving overall patient outcomes.

Psychosocial Support in Public Health Settings

Meyer and Hwang (2019) emphasized the importance of psychosocial support in public health settings, particularly in low-resource environments. Their study illustrates how integrating social work into medical care enhances the quality of life of patients with chronic illnesses. By addressing both emotional and practical needs, social casework helps improve patient engagement and satisfaction, which are crucial for effective health care delivery.

Evaluating Social Work's Impact on Health Outcomes

A systematic review by D'Aunno and Vaughn (2017) examined the effects of social work interventions on health outcomes in various medical settings. Their findings revealed that social casework not only improves patient satisfaction and has a positive correlation with health outcomes, particularly in managing chronic diseases. The review suggests that social workers' involvement in health care can lead to more holistic and effective patient management, which is a strong case for policy changes to include social work as a standard practice in medical facilities.

3. STUDY OBJECTIVES

The main objective of this study is to assess the effectiveness of social case work interventions in public medical settings in Bangladesh. Specific objectives include the following:

1. Evaluating the impact of social case work on patients' psycho-social well-being and coping mechanisms;
2. The influence of case work on patients' overall satisfaction and adherence to study, diagnosis, treatment plans and follow-up; and
3. Recommending policy guidelines and propose plan to incorporate social casework methods in Bangladeshi health care settings.

4. STUDY JUSTIFICATION

In a country like Bangladesh, where health care resources are strained, the introduction of social case work can provide critical support to both patients and health care providers. This method may enhance patient outcomes by addressing psychosocial factors that influence health, such as mental well-being, family dynamics, and socioeconomic barriers. Implementing social case work could reduce patient relapse rates, improve treatment adherence, and optimize the use of hospital resources by empowering patients and their families to navigate health challenges more effectively. Mattison, D. (2000) stated that social casework in public health serves as a bridge between patients and healthcare systems, addressing psychosocial barriers and promoting access to care. Gitterman, A., & Germain, C. B. (2008) mentioned social casework into public health initiatives is essential for addressing social determinants of health and fostering community well-being.

By focusing on the holistic needs of patients, this intervention could fill a significant gap in current health care practices and promote a more patient-centered approach within the public health system. Therefore, this study aimed to provide evidence for the integration of social case work into public medical settings to foster a model of care that acknowledges both the medical and social determinants of health.

5. METHODOLOGY

5.1 Research Design

This study employs both qualitative and quantitative research techniques to gain a comprehensive understanding of the application of social case work in a medical setting. By integrating both approaches, this study can develop in-depth insights into this issue.

5.2 Study Location and Sample Selection

This study was conducted at the Hospital Social Service Office of Shaheed Suhrawardy Medical College Hospital, Dhaka-1207, Bangladesh. Thirty cases have been selected purposively for study on social case work intervention and investigating its impact.

5.3 Data Collection Tools and Techniques

For the qualitative case studies, an interview guide with open-ended questions was developed. Face-to-face interviews were conducted to allow respondents to share their experiences, personal stories, satisfaction, and problems. This approach provided a more nuanced understanding of the socio-physical and mental factors of the cases. For the quantitative approach, a satisfaction scale with level 4 was applied, which was named 4 = Very Satisfied, 3 = Satisfied, 2 = Less Satisfied, and 1 = Dissatisfied. By considering the availability of respondents in the hospital, 30 working days were fixed to count before and after the experiment.

5.4 Sampling Method

A purposive sampling method was used to select cases. Male and female ratios were considered in this study. Sixteen Female patient and fourteen male patients were studied and experimented.

5.5 Data Analysis and Presentation

Data analysis for this study focuses on evaluating the impact of social case work interventions on patient outcomes in public medical settings in Bangladesh. Qualitative data has analyzed and presented with direct quotation of the cases. Quantitative data were collected through pre- and post-intervention assessment of variables such as patient satisfaction, psychological well-being, and adherence to treatment plans.

The quantitative findings of this study highlighted measurable improvements in patient satisfaction and coping mechanisms, whereas qualitative narratives emphasized personal experiences and the practical impact of social case work on patient well-being. This combination of data forms the basis for evidence-based recommendations on integrating social case work methods into the Bangladeshi public health care framework, highlighting the value of this approach as a holistic approach.

Table 01: Summarized Methodology of this Study

Approaches	Methods	Sample Size	Data Collection Techniques	Data Collection Tools	Data Sources	Analysis Application
Qualitative	Case Study	30	Face-to-face interviews and observation	Interview Guideline (Open-ended)	Primary	Objective 1-3
Quantitative	Experiment	30	Before-after responses	Scaling	Primary	Objective -2
Study Location: Shaheed Suhrawardy Medical College Hospital, Dhaka-1207						
Sampling Techniques: Purposive						
Respondents: 20 Indoor Patients, 10 Outdoor Patients						

6. FINDINGS AND DISCUSSION

6.1 Sociodemographic Information about Cases

A purposive sampling method was used to select participants for this study to ensure a representative view of patients in public medical settings in Bangladesh. A total of 15 patients were included, with a balanced gender distribution: 16 female patients (53.3%) and 14 male patients (46.7%). This ratio allowed the study to consider the potentially different psychosocial needs and experiences of different genders.

In terms of marital status, 20 participants (66.7%) were married, comprising 3 males and 7 females. The remaining 10 participants (33.3%) were unmarried. This variation in marital status enabled an exploration of the social support dynamics among married and unmarried patients in managing health challenges.

All participants were residents from various parts of Bangladesh, specifically outside Dhaka city, representing a range of rural and urban perspectives within the national health care system. Notably, 4 participants were from the Khulna division, reflecting the geographic diversity and facilitating an understanding of health care access and experiences across different regions.

Economically, multiparticipant reported poor financial conditions, highlighting the challenges faced by under-resourced populations in accessing and adhering to health care. This socioeconomic context is critical because financial hardship often impacts patients' ability to manage their health, particularly in terms of accessing consistent care, affording medications, and coping with medical expenses.

The sociodemographic diversity of the sample provides valuable insights into the barriers to and facilitators of implementing social case work interventions in public medical settings for diverse and economically disadvantaged populations in Bangladesh.

6.2 Impact of Social Casework on Patients' Psychosocial well-beings and Coping Mechanisms

The study revealed a significant positive impact of social casework interventions on patients' psychosocial well-being and coping mechanisms. Through structured casework support, patients reported improvements in emotional stability, stress management, and overall mental resilience. The following insights highlight key areas where social case work enhanced coping and well-being, as illustrated by direct quotations from patient interviews.

Emotional Support and Reduced Anxiety: Social case work provided a supportive environment in which patients could express fears and anxieties related to their health conditions. Several participants noted that having someone to talk to helped alleviate stress. For instance, a 45-year-old female patient.

“Talking to the case worker made me feel understood. I was always worried about my condition, but now I feel less alone.” Similarly, a young male patient stated, *“Before, I used to worry all the time. Now, I feel like I can handle things better because I know someone else is there to guide me.”*

Enhanced Coping Mechanisms: Patients developed stronger coping strategies, such as setting small recovery goals and focusing on self-care practices. A 50-year-old male participant commented,

“The case worker encouraged me to take it 1 day at a time, which made a big difference. I don’t feel as overwhelmed as I used to.” This reflects the role of social case work in promoting adaptive coping strategies, which can improve patient outcomes.

Improved Family Communication: Social case work helped strengthen family support systems. Married patients particularly found value in guidance on effective communication with family members. One married female patient remarked,

“I used to hide my feelings from my family. The case worker showed me how to open up, and now my family understands and supports me better.”

Increased Motivation and Adherence to Treatment: The support and encouragement provided by case workers motivated patients to follow through with their treatment plans more consistently. An unmarried male patient stated,

“The case worker gave me hope and reminded me why it is important to keep going. Now, I’m more committed to my treatment.” These findings underscore the effectiveness of social case work in fostering emotional support, promoting adaptive coping, enhancing family dynamics, and encouraging patient adherence to medical regimens in Bangladesh’s public health care system.

6.3 Impact of Casework on Patients’ Overall Satisfaction

The study found that social casework interventions significantly enhanced patients' overall satisfaction with health care services, as well as their adherence to diagnosis, treatment plans, and follow-up recommendations. Through personalized support and guidance, case workers helped patients better understand their diagnoses, feel more engaged in their treatment, and motivate them to attend follow-up visits. The following quotations illustrate the positive impact of social case work in these areas.

Increased Satisfaction with Health care Services: Patients expressed greater satisfaction with their medical care because of the supportive role of social case workers. This additional layer of attention afforded the patients the feeling of valued and understood. A married female patient mentioned,

“For the first time, I felt like someone cared about my worries and answered my questions. It made me feel more respected at the hospital.” Another male patient noted, *“I felt at ease because the case worker explained everything in simple words. I wish all patients had this kind of support.”*

Better Understanding of Diagnosis: Case workers played an essential role in clarifying patients’ diagnoses and helping them to understand the nature of their conditions and the steps involved in their treatment. This understanding was critical to the patient’s confidence in managing their health. One patient stated,

“When I first heard about my diagnosis, I was scared and confused. The case worker explained it step-by-step, and now I feel like I can manage it.” Another patient echoed this saying, *“I had many questions, and the case worker answered them all. Now I know what’s happening to me and what to expect.”*

Improved Adherence to Treatment Plans: Through regular support and encouragement, case workers helped patients adhere more faithfully to their prescribed treatment plans. A young male patient expressed, *“Before, I would miss doses of my medicine because I did not see the point. The case worker helped me understand why each dose matters, so now I take it on time.”* A female patient similarly commented, *“I used to skip some parts of the treatment because it was difficult. But now, with the case worker’s help, I’m following it fully.”*

Consistent Follow-Up Attendance: Patients reported feeling motivated to attend follow-up appointments due to encouragement and reminders from their case workers. These regular contacts helped reduce missed appointments and improved long-term health outcomes. A male patient explained, *“I used to avoid follow-ups because I didn’t think they were necessary. But the case worker showed me their importance, so now I don’t miss them.”* Another patient stated, *“The case worker checked on me between visits, which encouraged me to come back. It’s like someone made sure I was okay.”*

These findings indicate that social case work interventions contribute significantly to patient satisfaction, better understanding of diagnoses, adherence to treatment plans, and commitment to follow-up care, supporting more effective and holistic healthcare outcomes in public medical settings.

Table 02: Result of Experiment of Patients' Overall Satisfaction

Variables	Level of Satisfaction (Before)				Level of Satisfaction (After)			
	4	3	2	1	4	3	2	1
Health care Services	0	6	20	4	24	4	2	0
Diagnosis	0	4	22	4	22	6	2	0
Treatment Plans	0	2	24	4	28	2	0	0
Follow-Up Attendance	0	0	0	30	30	0	0	0

4 = Very satisfied, 3 = satisfied, 2 = less satisfied, 1 = dissatisfied

- Total number of experimented cases = 30

**Before and after Time Difference = 30 Working Days

Over a 30-day period, the influence of social case work interventions on patients' satisfaction levels with health care services, diagnosis, treatment plans, and follow-up attendance was evaluated. Using a satisfaction scale where 4 represents "Very Satisfied," 3 is "Satisfied," 2 is "Less Satisfied," and 1 is "Dissatisfied," the results demonstrate significant improvement across all areas.

Health care Services: Before the intervention, most patients (20) reported being "Less Satisfied," with only 6 "Satisfied" and 4 "Dissatisfied." Post-intervention, satisfaction levels improved dramatically, with 24 patients feeling "Very Satisfied" and only 2 "Less Satisfied."

Diagnosis Understanding: Initially, 22 patients reported "Less Satisfaction" and 4 were "Dissatisfied." After case work support, satisfaction increased, with 22 patients "Very Satisfied" and only two patients remaining "Less Satisfied."

Adherence to Treatment Plans: Initially, 24 patients were "Less Satisfied." After the intervention, 28 patients were "Very Satisfied," indicating that case work support led to greater treatment adherence and comfort with plans.

Follow-Up Attendance: Before the intervention, all 30 patients were "Dissatisfied." Post-intervention, all 30 patients were "Very Satisfied," showing that case work encouragement was crucial for consistent follow-up.

In summary, the 30-day intervention markedly improved patient satisfaction across all aspects, particularly follow-up attendance and treatment adherence, indicating the effectiveness of case work in addressing psychosocial needs and enhancing overall care quality.

6.3.1 Effectiveness Measurement of Casework Intervention

Table 03: Calculation of Mean Differences Between Satisfaction Levels before and After

Measurement Area	Mean		Mean Calculation [Formula= $\Sigma f/N$]	
	Before	After	Before	After
Health care Services	62/30 = 2.07	112/30 = 3.7	$\Sigma f = 0 \times 4 + 6 \times 3 + 20 \times 2 + 4 \times 1 = 0 + 18 + 40 + 4 = 62$ $N = 0 + 6 + 20 + 4 = 30$	$\Sigma f = 24 \times 4 + 4 \times 3 + 2 \times 2 + 0 \times 1 = 96 + 12 + 4 + 0 = 112$ $N = 24 + 4 + 2 + 0 = 30$
Diagnosis	60/30 = 2.00	110/30 = 3.67	$\Sigma f = 0 \times 4 + 4 \times 3 + 22 \times 2 + 4 \times 1 = 0 + 12 + 44 + 4 = 60$ $N = 0 + 4 + 22 + 4 = 30$	$\Sigma f = 22 \times 4 + 6 \times 3 + 2 \times 2 + 0 \times 1 = 88 + 18 + 4 + 0 = 110$ $N = 22 + 6 + 2 + 0 = 30$
Treatment Plans	58/30 = 1.93	118/30 = 3.93	$\Sigma f = 0 \times 4 + 2 \times 3 + 24 \times 2 + 4 \times 1 = 0 + 6 + 48 + 4 = 58$ $N = 0 + 2 + 24 + 4 = 30$ After:	$\Sigma f = 28 \times 4 + 2 \times 3 + 0 \times 2 + 0 \times 1 = 112 + 6 + 0 + 0 = 118$ $N = 28 + 2 + 0 + 0 = 30$
Follow-Up	30/30 = 1.00	120/30 = 4.00	$\Sigma f = 0 \times 4 + 0 \times 3 + 0 \times 2 + 30 \times 1 = 0 + 0 + 0 + 30 = 30$ $N = 0 + 0 + 0 + 30 = 30$	$\Sigma f = 30 \times 4 + 0 \times 3 + 0 \times 2 + 0 \times 1 = 120 + 0 + 0 + 0 = 120$ $N = 30 + 0 + 0 + 0 = 30$

Table 04: Average Differences of Before and Safter Satisfaction

Intervention Area	Mean Before	Mean After	Mean Difference
Health care Services	2.07	3.73	1.66
Diagnosis	2.00	3.67	1.67
Treatment Plans	1.93	3.93	2.00
Follow-Up	1.0	4.0	3.00

Table 03 shows the calculation and measuring formula with its data and result about satisfaction levels of patient with the support of scale level 4. Table 04 represents the changes in various aspects of healthcare interventions, showing the mean scores *before* and *after* the interventions, along with the corresponding mean differences. Here's a detailed description:

About health care services, the mean score increased from 2.07 (before the intervention) to 3.73 (after the intervention), reflecting a mean difference of 1.66. This suggests a significant improvement in the delivery or quality of healthcare services post-intervention. In matter of diagnosis, the mean score rose from 2.00 to 3.67, with a mean difference of 1.67. This indicates enhanced accuracy, efficiency, or accessibility in diagnostic processes following the intervention. About treatment plans, the mean score improved from 1.93 to 3.93, resulting in a mean difference of 2.00. This shows a notable advancement in the planning and execution of treatment strategies post-intervention. At last, about the follow-up, most significant change is observed in follow-up practices, with the mean score increasing from 1.0 to 4.0, a substantial mean difference of 3.00. This highlights a dramatic enhancement in the consistency, frequency, or effectiveness of follow-up care. Overall, the data suggests that the interventions led to marked improvements across all areas, with follow-up care showing the most profound impact.

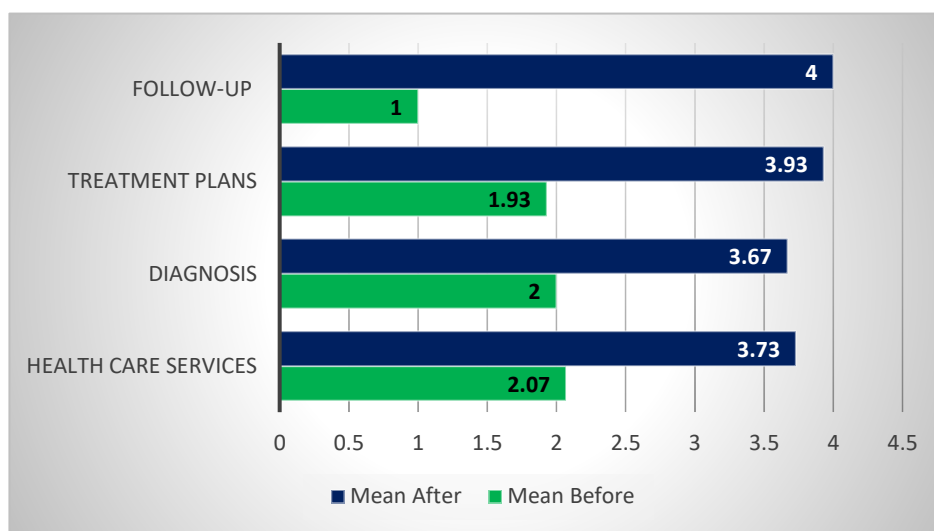


Chart 01: Effect of casework intervention on patients Satisfaction

Chart 01 reflect a successful casework intervention that has meaningfully enhanced patient satisfaction across various aspects of health care delivery. Such improvements are essential for building trust, encouraging patient engagement, and improving health outcomes. The most striking difference is in follow-up practices, with a **mean difference of 3.00**. This indicates a transformative impact, suggesting that follow-up care, previously neglected or underdeveloped, became a major focus post-intervention. Such a significant change could lead to improved long-term health outcomes and patient satisfaction. The data underscores the effectiveness of the interventions in improving healthcare services, with follow-up care showing the most dramatic improvement. This emphasizes the critical role of sustained patient engagement in achieving better healthcare outcomes.

6.4 Recommendations and Policy Guidelines

To enhance patient-centered care and address psychosocial needs within the Bangladeshi health care system, integrating social casework methods in public medical settings is crucial. Based on this study's findings, several policy-level recommendations are proposed:

a) Establish Social Work Departments in Hospitals

Each public hospital should establish a dedicated social work department staffed with trained social workers to support patients' psychosocial and emotional needs. This department provides ongoing counseling, family support, and follow-up care to help patients manage the nonmedical aspects of their conditions. This aligns with global models in which social work departments are integral to hospital settings, such as in the United Kingdom and the United States, where they significantly improve patient outcomes (International Federation of Social Workers, 2014).

b) Formal Collaboration with University Social Work Programs

Universities with social work programs can partner with hospitals to provide structured internships and research opportunities, creating a formal pipeline for future health care social workers. Departments or institutes of social work at universities actively participate by assigning faculty and advanced students to work under supervised settings in hospitals. Such collaborations could bring evidence-based, academic knowledge into practice, fostering a new generation of health care social workers who are prepared to meet specific local needs.

c) Licensing and Accreditation for Social Workers in Health care

The government should also implement licensing system to accredit social workers at all private and public medical clinic or hospital. This formal recognition, similar to licensure in countries such as Canada and Australia, would professionalize health care social work in Bangladesh and standardize practices to ensure quality care (Canadian Association of Social Workers, 2019). Such licenses would also help establish accountability and ethical standards, which are essential for patient trust and systemic consistency.

d) Government Funding and Resource Allocation

To sustain social work departments in public hospitals, the government must allocate funds specifically for staffing, training, and ongoing professional development of social workers. Investing in these resources will ultimately reduce patient relapse rates, improve treatment adherence, optimize health care efficiency, and reduce long-term costs.

e) Public Awareness and Advocacy Programs

The introduction of social work into health care requires a cultural shift. Therefore, public awareness campaigns can educate healthcare providers and patients about the role of social case work. These campaigns should highlight the benefits of psychosocial support in managing health conditions, thereby normalizing and advocating for the presence of social workers in medical settings. Through these policy changes, Bangladesh can make significant strides toward more holistic health care model that recognizes both medical and psychosocial determinants of health. University partnerships, licensing, and dedicated resources will pave the way for social work to become a cornerstone of patient care and foster well-being for diverse communities across the nation.

f) Engaging Stakeholders for Collaborative Policy Development

Establish a multi-stakeholder task force involving the Ministry of Health, universities, research institutions, social work organizations, and representatives from hospital management. This task force should:

- Design comprehensive policies for integrating social work into the health care system.
- Ensure alignment between academic training and practical needs in health care settings.

g) Expand Fieldwork and Practical Training Opportunities

Facilitate structured **fieldwork placements** in hospitals and community health settings for social work students. Collaborate with universities and medical institutions to create internship programs that allow students to gain hands-on experience in addressing psychosocial needs in health care.

ACKNOWLEDGMENT

I would like to extend my heartfelt gratitude to the Institute of Social Welfare and Research, University of Dhaka, for entrusting me with the role of supervising field workers as a Social Service Officer at Shaheed Suhrawardy Medical College Hospital, Shere-e-Bangla Nagar, Dhaka, for three years. This opportunity has been instrumental in advancing my professional development in the field of social work methods application. I am particularly grateful to hospital supervisor at Shaheed Suhrawardy Medical College Hospital, and to the dedicated staff who have provided unwavering support and collaboration throughout this period. I also extend special thanks to the apprentice social workers who completed their fieldwork under my supervision. I also thank my 2 co-authors who help me in conducting this study specially in data collection process. Their enthusiasm, diligence, and dedication to learning in this medical setting have been truly inspiring. Regular supervisory conference with all my apprentice social workers enring my knowledge about this aspect.

REFERENCES

1. Harkness, L. S., & Hutchison, P. (2015). *Social Work in Health Care: A Handbook for Practice*. Routledge.
2. Zeller, R., & Rojas, S. (2018). The Impact of Social Work Interventions on Patient Adherence in Health Care. *Social Work in Health Care*, 57(7), 608-623. <https://doi.org/10.1080/00981389.2018.1453721>
3. Meyer, L., & Hwang, E. (2019). The Role of Psychosocial Support in Public Health: A Review of Social Work Integration in Medical Settings. *Health & Social Work*, 44(3), 185-193. <https://doi.org/10.1093/hsw/hly014>
4. D'Aunno, T. A., & Vaughn, T. (2017). The Impact of Social Work Interventions on Health Outcomes: A Systematic Review. *Journal of Health and Social Behavior*, 58(3), 344-359. <https://doi.org/10.1177/0022146517715021>
5. Perlman, H. H. (1957). *Social casework: A problem-solving process*. University of Chicago Press.
6. Richmond, M. E. (1922). *What is social casework? An introductory description*. Russell Sage Foundation.
7. Turner, F. J. (Ed.). (2011). *Social work treatment: Interlocking theoretical approaches* (5th ed.). Oxford University Press.
8. Gitterman, A., & Germain, C. B. (2008). *The life model of social work practice: Advances in theory and practice* (3rd ed.). Columbia University Press.
9. Mattison, D. (2000). Social casework and public health: Bridging gaps in healthcare access. *Journal of Social Work in Public Health*, 15(3), 45-62.