

# Social Workers in Health Clinics & Outpatient Health Care Settings

## occupational profile



## Overview

Social workers employed in health clinics and outpatient health care settings wear multiple hats—case managers, patient navigators, psychotherapists and community outreach coordinators—to name a few. In outpatient settings, social workers are often the bridge that connects primary and behavioral health care. In these busy environments, social workers identify psychosocial problems that are often overlooked or go unnoticed or by other health care practitioners. Social work practice in outpatient settings involves multiple methods, including clinical and macro approaches, as well as policy and advocacy.

Outpatient health care settings vary widely, and may include:

- Outpatient medical specialty clinics, such as endocrinology/diabetes; dialysis; HIV/AIDS; rehabilitation services; genetics and infertility; and clinics for children with special health care needs (asthma, autism, developmental disorders). These clinics may be independent or affiliated with acute care medical centers;
- Free-standing primary care clinics, such as community health centers; free clinics; migrant health clinics; school-based health centers; and family planning and pre-natal clinics; and
- Large physician group practices in both primary (e.g., family/internal medicine, pediatrics) and specialty care (e.g., oncology).

## Overview of Functions

Social workers in outpatient settings deliver services that touch all areas of their patients' lives. The following are key functions and tasks performed by social workers in outpatient health care settings (Gibelman, 2005; Grobman, 2005):

- Identification, assessment and treatment of mental health conditions, such as depression and anxiety;
- Case management/care coordination, particularly for individuals with chronic and/or complex medical conditions;
- Patient navigation, especially for patients moving among different health care levels (e.g., inpatient, outpatient, home health, or long-term care);
- Identification and referral for specialized services, such as drug and alcohol treatment, legal services, financial and employment counseling, and housing support;
- Education and support programming (e.g., diabetes education, parenting classes, domestic violence support programs) for individual and groups;
- Assistance with entitlements, medications, transportation, and advance directives;
- Assessment and intervention in domestic violence and child abuse situations;
- Counseling on end-of-life issues;
- Outreach and coordination with other community resources and agencies; and
- Community-level advocacy on behalf of patients and families.

# Benefits/Challenges of Working in Health Clinics and Outpatient Health Care Settings

The emphasis on prevention, and the opportunity to intervene in the lives of patients and families before major problems occur, is a gratifying aspect of social work in outpatient primary care settings. Social work practice in primary care often cuts across population levels—from individuals to groups to communities—and many social workers find this opportunity for broader impact rewarding. Social workers in specialized medical outpatient settings (e.g., oncology; nephrology; gynecology) acquire cutting-edge medical knowledge, which some consider a unique benefit of these positions. Social workers in all outpatient settings describe working in multi-disciplinary health care teams, in environments that are often fast-paced and stimulating, as among the most rewarding features of the job.

A major challenge of social work in outpatient health care is professional isolation. It is not unusual for outpatient clinics to employ only one social worker. As a result, the demand for social work services in these settings is significant, which can lead to high burnout levels. For these reasons, social workers in outpatient settings find membership in supervision and professional groups to be quite beneficial.

## REFERENCES

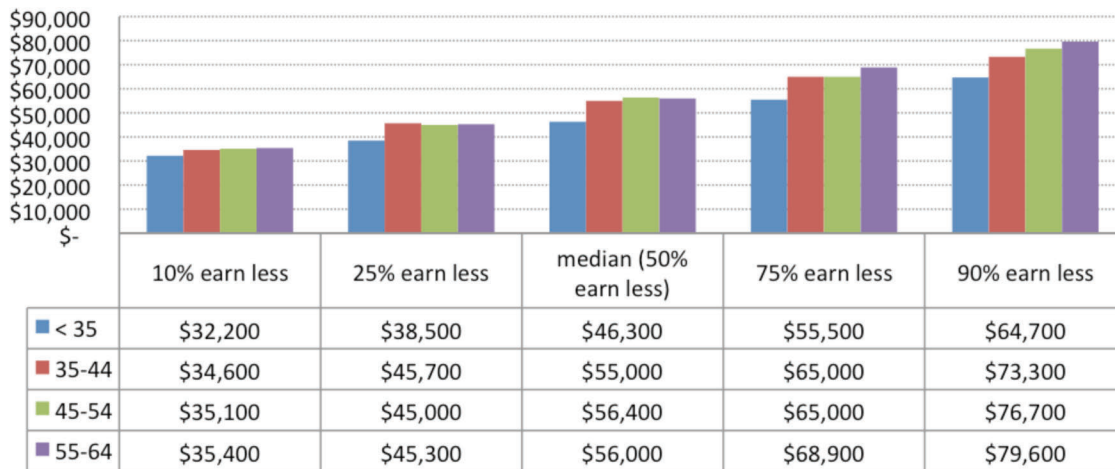
Gibelman, M. (2005). *What Social workers do* (2nd ed.). Washington, DC: NASW Press.

Grobman, L.M. (Ed.). (2005). *Days in the lives of social workers: 54 professionals tell real-life stories from social work practice*. Harrisburg, PA: White Hat Communications.

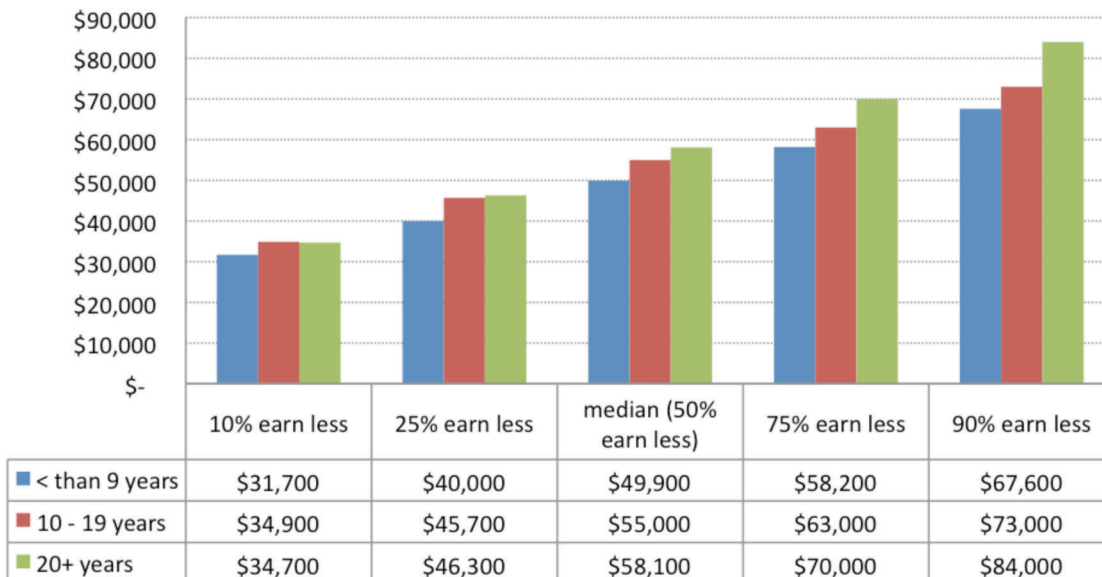
Data referenced in this profile are based upon results from the *2009 NASW Salary & Compensation Study* (see Notes).

# Salary Analysis of Social Workers in Health Clinics & Outpatient Facilities (n=784)

## ANNUAL SALARY BY AGE<sup>1</sup>



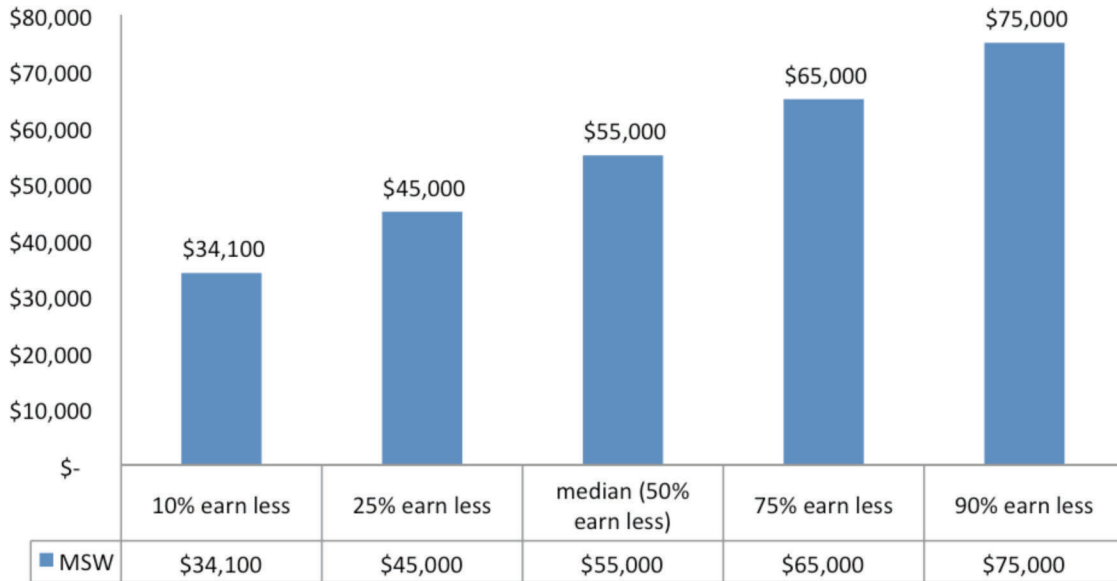
## ANNUAL SALARY BY YEARS OF EXPERIENCE<sup>2</sup>



<sup>1</sup> Your age? (under 25; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65 and older)

<sup>2</sup> In what year did you first begin working in the social work field?

### ANNUAL SALARY BY DEGREE<sup>3</sup>



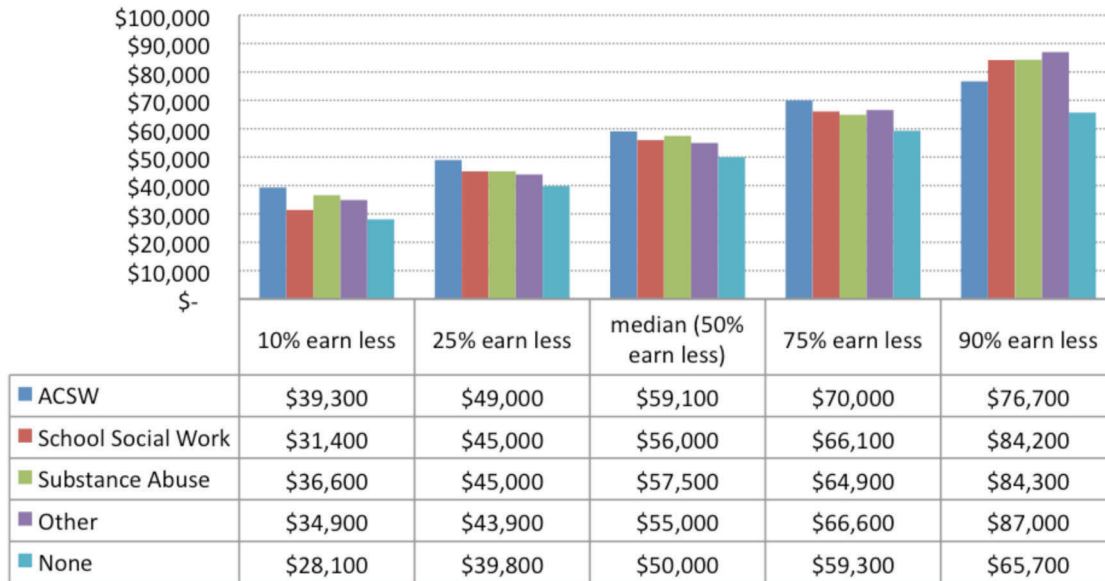
### ANNUAL SALARY BY CERTIFICATION<sup>4</sup>



<sup>3</sup> Which of the following academic degrees do you hold (if any?)

<sup>4</sup> In which of these areas (if any) do you hold current certifications? Please check all that apply.

## ANNUAL SALARY BY CERTIFICATION (CONTINUED)

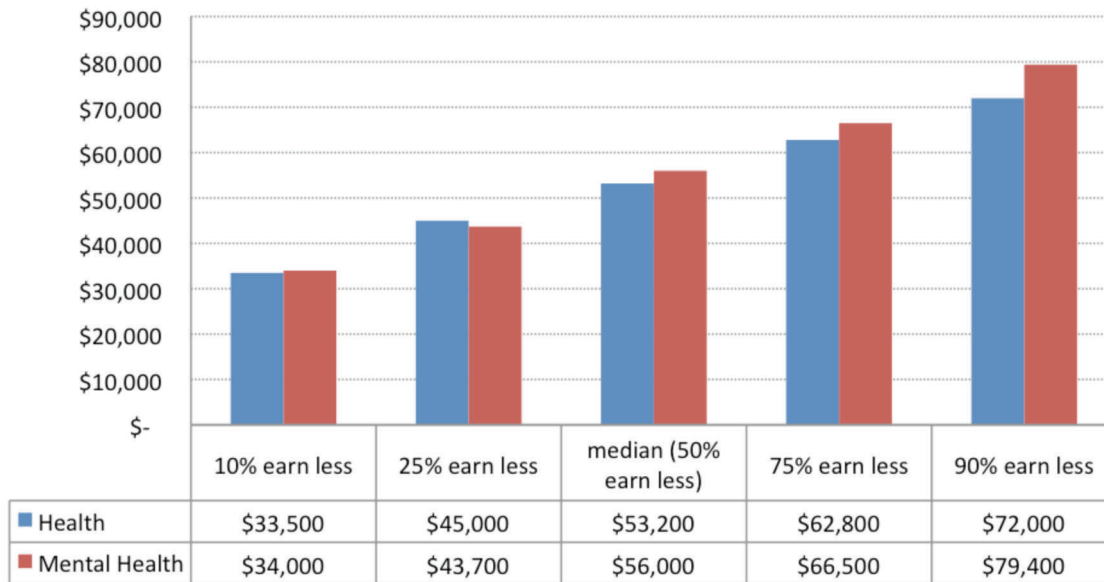


## ANNUAL SALARY BY SECTOR<sup>5</sup>



<sup>5</sup> On October 1, 2009, what was the sector of your primary social work position?

## ANNUAL SALARY BY PRACTICE AREA



## ANNUAL SALARY BY REGION<sup>6</sup>



<sup>6</sup> 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  $\pm 0.6\%$ .

## 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  $\pm 0.6\%$ . *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.



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