

## Impact Factor:

ISRA (India) = 4.971  
ISI (Dubai, UAE) = 0.829  
GIF (Australia) = 0.564  
JIF = 1.500

SIS (USA) = 0.912  
ПИИИ (Russia) = 0.126  
ESJI (KZ) = 8.997  
SJIF (Morocco) = 5.667

ICV (Poland) = 6.630  
PIF (India) = 1.940  
IBI (India) = 4.260  
OAJI (USA) = 0.350

SOI: [1.1/TAS](#) DOI: [10.15863/TAS](#)

### International Scientific Journal Theoretical & Applied Science

p-ISSN: 2308-4944 (print) e-ISSN: 2409-0085 (online)

Year: 2020 Issue: 11 Volume: 91

Published: 16.11.2020 <http://T-Science.org>

QR – Issue



QR – Article



Evgeniya Trifonova Bratoeva - Vasileva

“Angel Kanchev” University of Ruse

Doctor of Social Work

Bulgaria, Ruse -7020

Faculty „ Public Health and Health Care “  
Department „ Public Health and Social activities “

Tel. +359 887 243 807

[jeni\\_bratoeva1999@abv.bg](mailto:jeni_bratoeva1999@abv.bg)

## ANALYSIS OF THE IMPLEMENTATION MODELS OF SOCIAL WORK IN PERSONS WITH ONCOLOGICAL DISEASES

**Abstract:** *The article analyses the implementation models of social work and their application in the work with persons diagnosed with oncological diseases. Traditional models for implementation of social work are reviewed – three - aspect model, medical model, interactional model and management model of social assistance with individual case (“case management”). Their application in persons with oncological diseases has been analysed. Each of the considered models presents its essence, advantages and disadvantages when used in persons with oncological diseases. Based on the analysis, it is concluded that the case management model has the highest necessary advantages to ensure effectiveness in its application to persons with oncological diseases and to ensure the quality of social services provided.*

**Key words:** *oncological social work, models of social work, persons with oncological diseases.*

**Language:** English

**Citation:** Bratoeva-Vasileva, E. T. (2020). Analysis of the implementation models of social work in persons with oncological diseases. *ISJ Theoretical & Applied Science*, 11 (91), 168-173.

**Soi:** <http://s-o-i.org/1.1/TAS-11-91-30> **Doi:**  <https://dx.doi.org/10.15863/TAS.2020.11.91.30>

**Scopus ASCC:** 3300.

### Introduction

The implementation models of social work as a way of presenting the professional reality and the organizing of thinking and activity of the social workers are based on different theoretical and applied perspectives and reflect the desire of researchers and the professional community to present and use empirically confirmed and conceptually based constructions of the professional and practical activity. They represent alternative points of view in terms of both the methodological orientation (reflexive-therapeutic, individual-reformists and radical perspectives) as well as the structuring of the helping process and the functions and roles of the subjects in the working relationship (Radev, 2018). Social work with people with oncological diseases is one of the areas of the clinical social work, which at the present stage is developing intensively in many countries and contributes to the support of people with

specific needs. It is established as a practice of professional application of the theory and methods of the social work for solving and prevention of the psychosocial problems experienced by individuals, families and small groups. These problems can include difficulties, risks, disabilities, or disorders, including mental, emotional, and behavioural. The purpose of the interventions is to improve and maintain the psychosocial functioning of the individuals. Social workers help clients to undertake psychological and interpersonal changes, increase their access to social and material resources and maintain the achieved level of their abilities and strengths. Interventions in the social work for people diagnosed with oncological disease can be provided in the form of therapeutic, supportive, educational and advocacy activities. Such social work includes interventions aimed at interpersonal interactions and intrapsychic processes, as well as support for leading

## Impact Factor:

ISRA (India) = 4.971  
ISI (Dubai, UAE) = 0.829  
GIF (Australia) = 0.564  
JIF = 1.500

SIS (USA) = 0.912  
PIIHQ (Russia) = 0.126  
ESJI (KZ) = 8.997  
SJIF (Morocco) = 5.667

ICV (Poland) = 6.630  
PIF (India) = 1.940  
IBI (India) = 4.260  
OAJI (USA) = 0.350

an independent life. Those who perform social work towards people diagnosed with cancer are trained to combine individual psychotherapeutic methods for improvement of the physical, emotional and mental state of the client.

### Exposition

*Traditional for the social practice models for implementation of social work, applicable for persons diagnosed with oncological diseases.*

The implementation models of social work as a way of presenting the professional reality and the organizing of thinking and activity of the social workers are based on different theoretical and applied perspectives and reflect the desire of researchers and the professional community to present and use empirically confirmed and conceptually based constructions of the professional and practical activity. They represent alternative points of view in terms of both the methodological orientation and the structuring of the helping process and the functions and roles of the subjects in the employment relationship (Nunev, 2019). The social work as a professional activity is aimed at assisting the client to restore his social functioning and to create the necessary for it social conditions. In this regard, its main goal is to regulate the fortune of connections and relationships of the human - subject with the society and to assist in overcoming and solving problems that have arisen in the micro-, meso-, macro social environment. With its deeply humane goal and orientation, it creates conditions for the realization of social security and social protection of people from different types and degrees of risk groups and for ensuring the well-being of society.

Traditional for the practice implementation models of social work are considered, and their application in persons with oncological diseases is analysed. In each of the considered models its essence is presented, advantages and disadvantages when used in persons with oncological diseases.

#### 1. "Three - aspect" implementation model of social work.

The researcher Sasho Nunev presents the "three-aspect" model for the implementation of social work in the following way: activity through which the "existing availability" is managed ("case of"); guidance and mediating activity ("case for"); activity directly related to interpersonal relationships ("case with"), emphasizing that the interpersonal relationships are involved both in the management of the "existing availability", as well as in the guidance and mediation, and they have their rational and emotional aspects (Nunev, 2019).

Social work in the aspect of "case of" allows to highlight the ability of a social worker to handle in a professionally sound manner with the legal framework of social assistance and to relate certain provisions and prescriptions to the specifics of the

problem in each case. This component of the professional competence is one of the important conditions influencing the focus, quality and effectiveness of the assistance process. In specific terms, the activity in this aspect creates a relationship that meets the regulatory and professional requirements, presented as: "existing problem - regulatory grounds for social support or intervention." Its constructive aspects can be represented by the following example, adaptable to the group of persons, object of our work: the social worker works on a case of a person with oncological disease, on a case of a close relative of a person with oncological disease, etc.

Depending on the nature and specifics of the clients' problems, the professional activity of the social worker covers cases that are also dealt with by other professions and institutions.

Then conditions are created for the emergence of social work in the aspect of a "case for", requiring guidance and mediation. When a need is established in the course of work, e.g. from technical aids, then this person with oncological disease becomes a case for the Department "People with disabilities" at the Social Assistance Directorate.

Social work in the aspect of "case with" is directly related to the previous "perspectives" and in specific terms reflects the specifics of the employment relationship as an interpersonal interaction - a case with a person with oncological disease, a case with a close relative of a person with oncological disease, etc. The working relationship between client and social worker as the core of the helping process and the main vision of the social work in the aspect of "case with" includes a system of elements, among which the leading ones are: the relationship between the assisting and the assisted, enabling the assisted to feel understood and accepted by the social worker and their joint activity is developing well; the client's trust, which represents his/her conviction that despite some worries, he/she can share with a social worker his/her feelings, worries, mistakes, failures; the concern, reflecting the client's sense of the social worker's responsible attitude towards his or her case and his/her unadulterated desire to help solve important problems in his/her life.

*The advantages of the three-aspect model of social work in its application to clients with oncological diseases: The model creates conditions for the emergence of social work in the aspect of "case for", requiring guidance and mediation of the person with oncological disease.*

*Disadvantages of the three-aspect model of social work in its application in clients with oncological disease:*

➤ The model is poorly applicable in the oncological social work due to the clearly expressed "catalytic" nature, static and stereotypical approach in

## Impact Factor:

ISRA (India)	= 4.971	SIS (USA)	= 0.912	ICV (Poland)	= 6.630
ISI (Dubai, UAE)	= 0.829	PIHII (Russia)	= 0.126	PIF (India)	= 1.940
GIF (Australia)	= 0.564	ESJI (KZ)	= 8.997	IBI (India)	= 4.260
JIF	= 1.500	SJIF (Morocco)	= 5.667	OAJI (USA)	= 0.350

considering and solving the problems of a client.

➤ Emphasized are positions of power of the social worker, defined as “expert” (“immutable changing”).

➤ The client’s service is defined from normative and deficient positions.

➤ There is a pattern and existing risk of artificial division of the professional activity into separate aspects - “perspectives” (Nunev, 2019; Payne, 2005).

### 2. Medical model for implementation of social work.

In the early stages of their development, the theory and practice of social work substantiate and construct in conceptual and methodological terms the helping process by borrowing a model of professional activity from the clinical practice, which includes the stages of anamnesis, diagnosis, intervention (therapy), evaluation. The researcher Sasho Nunev emphasizes that the clinical-therapeutic context of this model in modern conditions reflects the tendency to “psychologicalise” the social work and “the blurring” of some specific boundaries in the aspiration of some social workers to be psychotherapists. At the same time, it allows to be presented not a “literal clinical template”, but a way of practical-applied thinking and a process, which is carried out in several stages: conducting research and collecting information about the history of the case (anamnesis); clarification of the current state of the problems and planning of the possibilities for action (diagnosis); undertaking specific professional intervention in accordance with a specific goal, plan and differentiated steps (intervention or therapy); evaluation of the achieved results and identification of development measures (evaluation).

*The advantages of the medical model of social work in its application in clients with oncological diseases:* The model allows to be presented not a “literal clinical template”, but a way of practical-applied thinking and a process that takes place in several stages.

*Disadvantages of the medical model of social work in its application in clients with oncological disease:*

➤ The model reflects a tendency to “psychologicalise” the social work.

➤ The model creates preconditions for strong positions of power of the social worker and inequality in the working relationship with the client, which lead to limited communication between the two parties, schematism, lack of flexibility and compliance with the client's opinion, to deprivation of partnership and cooperation.

➤ The model is based on the vision of relatively unchangeable social workers and their services and institutions, which from the standpoint of “socially guaranteed competence” interpret the information provided by the client in accordance with established

professional views and standards and through planned intervention affect the “changing object” (client).

➤ The model assumes the creation of obstacles in presenting alternative points of view by the client (Nunev, 2019).

### 3. Interactional model for implementation of social work.

The interactional model of social work was developed by W. Schwartz and later supplemented in the works of L. Schulman, who noted that he presented “a holistic theory on an empirical basis, based on the interactional approach of helping”. Its main advantage is the illustration in an accessible way of the dynamics and systemic nature of the support process. Examining the interactional model of social work, Sasho Nunev emphasizes that the following leading ideas are embedded in its conceptual substantiation: consideration of the client in continuous dynamic interaction with various important for him/her systems from the environment; mutual need of the individuals and the systems relevant to them, expressed in concern and the need to support each other to ensure their own lives and development in the context of social responsibility for the well-being of everybody (“symbiotic relationship”); availability of real opportunities for blocking the connections between individual and social systems, related to: the constantly changing social systems and their growing complexity; the differences and conflicts between the interests of the individuals and the systems important to them (personal and mutual interests); problems in interpersonal communication; existence of aspiration and force for change and development in the client and the systems in the direction of their own interest; consideration of the interaction in the context of the environment in which it takes place, depending on the established stereotypes, creating conditions for dependence and depression, and such internalization, generating negative attitudes and perceptions of oneself. Considering the client in dynamic interaction with systems from the environment directly related to his or her life and development, is a basic idea in the interactional model of social work

The researcher Sasho Nunev emphasizes that the interactional model of social work has characteristics that in comparison with other models can be defined as significant. These characteristics can be defined as *advantages of the interactional model of social work in its implementation on clients with oncological diseases:*

➤ presents a “basic triangular model” of interaction with a dynamic nature between the client's system, important for it systems from the social environment and the social worker as a “third party” whose professional function of mediation and activity are focused on assisting the client and the systems to restore their understanding of the importance of the

## Impact Factor:

ISRA (India) = 4.971  
ISI (Dubai, UAE) = 0.829  
GIF (Australia) = 0.564  
JIF = 1.500

SIS (USA) = 0.912  
ПИИИ (Russia) = 0.126  
ESJI (KZ) = 8.997  
SJIF (Morocco) = 5.667

ICV (Poland) = 6.630  
PIF (India) = 1.940  
IBI (India) = 4.260  
OAJI (USA) = 0.350

symbiotic relationship between them and to overcome the barriers blocking their interconnection;

➤ examines the client in a process of dynamic interaction with various important for his/her life and development systems, where he or she is not the object of analysis, and the attention is focused on the course of interactions and interpretation of the problems in the context of interactions with social surroundings;

➤ focuses more on the process by which the client's potential and strength for change are assessed, rather than on the pathology (medical model);

➤ expands the scope of the functions of the profession, defining in general its role as a "mediator" in the relationship "client - social environment";

➤ connects the functional-role essence and specifics of the profession of the social worker with the realization of two leading and inextricably linked directions: care for the well-being of the individual and achievement of social justice;

➤ emphasizes the clear definition of the professional functions and roles of the social worker, which limits the likelihood of taking on foreign functions and roles and creates conditions for purposefulness, adequacy and effectiveness of the support process;

➤ examines the relationship between the clients and the important for them systems in an "environmental context" without losing the relationship between individual and society;

➤ includes in the actions of the social worker the aspects of the professional influence, both on the policy and services in the social assistance service and the social services institution or in other institutions, and on the overall social policy.

*Disadvantages of the interactional model of social work in its application in clients with oncological disease:*

➤ Insufficiently clear position regarding the integration of radical views for the development of the society and active search for the challenges of the radical practice.

➤ Insufficient empirical substantiation and definition of some assumptions, which are not always confirmed in real life (Nunev, 2019).

#### **4. Management model of social assistance with individual case ("case management").**

The management model of social assistance with individual case is conceptually substantiated and practically implemented in the late 70s of the XX century in the USA, and in the early 80s it was adopted in Great Britain. The orientation and the essence of the model in general are connected with ideas from two relatively independent areas, which represent the general framework conditions: social management, which refers to the organization and management of the system by social institutions and "self-government in the field of personality", which requires a sufficient level of social competence and refers to the ability to structure one's own activities, behaviour and life in

such a way, which allows careful assessment of the situations, reasonable reading and use of the personal potential and resources, operational and strategic planning, realistic assessment of opportunities for success and alternatives, awareness of existing dependencies, from whose positions they (activity, behaviour, life) to be assessed as successful in subjective terms.

The functions and roles of the social worker as a case manager are primarily related to those of a supporter, attendant, mediator, organizer, planner. His or her professional competence is expressed in the ability to interact and work together with the client to form the necessary "common ground" that allows to make an adequate choice of ways and means to achieve the goal, and to mediate between the client and various professionals and institutional structures and, depending on the specifics of the problems, to select and organize those networks of resources and support systems that are necessary and can be included in the support in the given case. In procedural and technological terms, the management model of social assistance with an individual case is aimed at creating and organizing a network of resources and assistance systems and with its help the client can develop its competence, use the capabilities of the organizational structure in order to solve their own problems.

The model is designed to work with clients who encounter significant difficulties in their personal and social functioning and face problems of a complex nature, as well as for those who have failed to solve problems or find it difficult to find a support system and accept help. In organizational and technological terms, case management combines social services and benefits in a way that allows to give an appropriate response to the needs and problems of individual clients with possible effective ways and means. Procedurally, it is defined as practice of an individual social worker or a professional group of assisting specialists, aimed at "organizing, coordinating and maintaining a network of formal and informal support and activity systems designed to optimize the client's ability to cope with life and to increase the well-being of those in need in a number of ways ". Examining the management model of social assistance with individual case, Sasho Nunev points out that it is implemented through certain phases of work with its functional significance and specificity (Nunev, 2019; Frankel, Gelman, 2012).

My view is that the described model of social work is most suitable for use in people with oncological diseases, because its implementation emphasizes the responsibility of the client to the extent that allows to actively involve their own strengths and capabilities in any support, so they can manage their own life. In this context, case management achieves its goal based on positive and constructive positions, i.e. focuses on the joint

## Impact Factor:

ISRA (India) = 4.971	SIS (USA) = 0.912	ICV (Poland) = 6.630
ISI (Dubai, UAE) = 0.829	PIHII (Russia) = 0.126	PIF (India) = 1.940
GIF (Australia) = 0.564	ESJI (KZ) = 8.997	IBI (India) = 4.260
JIF = 1.500	SJIF (Morocco) = 5.667	OAJI (USA) = 0.350

assessment of the client's competence and ability to be productive, not on the pathology. The management model of social assistance with individual case, having a specific conceptual basis, stands out with the following essential theoretical and applied aspects:

➤ presents a significant response to the public requirements for efficiency and effectiveness of the social work and the system of social services by introducing entrepreneurial competence in the professional space of the social work;

➤ focuses on the individual responsibility and self-affirmation of the client, which emphasizes the positive, productive and constructive beginning in the support process and avoids the static perception of the client, focusing on pathological characteristics as inherent in the medical model of social work;

➤ links the management of the client's problem situation with the functions of the social worker - case manager: mediation, coordination, partnership, providing access, assistance, advocacy (protection), implemented in the process of linking formal and informal support systems in the network and in a wider institutional and social space;

➤ considers the social worker - case manager in his work as an "agent of change", which in the context of social management and social work connects him/her with the function of a "social entrepreneur";

➤ includes in the professional repertoire of the supporting manager the function and the role of "system agent" and connects them with the process of "system integration" in managing the support for an individual case, i.e. cooperation of the systems of formal and informal support and activity in order to increase the competence of the client and to improve his or her well-being;

➤ provides the client with the opportunity to choose those support offers that, in his/her opinion, meet his/her needs and would contribute to solving the problems;

➤ pays special attention to the types of difficulties (barriers) that the client encounters in reaching and using the provided resources and systems, and to the ways to overcome them.

The scope of the case management concept allows it to be successfully integrated into the basis of a model for organization and management of the activity of services, centres and institutions with a wider range of the provided social services (modified version). In this case, the responsibility for ensuring internal and external interaction and coordination is assumed by one social worker (case manager), who is familiar with the work of each specialist in the team. The social worker explains their functions to the clients, advises them and directs them while maintaining cooperation. Thus, the management of the support in working with an individual case is linked to the management of the institution (Nunev, 2019).

### Conclusion

Social work with people with oncological diseases is one of the areas of the clinical social work, which at the present stage is developing intensively in many countries and contributes to the support of people with specific needs.

The models for implementation of social work as a way of presenting the professional reality and organizing the thinking and activity of social workers are based on different theoretical and applied perspectives and reflect the desire of researchers and the professional community to present and use empirically confirmed and conceptually based constructions of the professional and practical work. Of the traditional social work models, as applicable in the practice with people with oncological diseases, I believe that they are the "three-aspect" model, the medical model, the interactional model and management model of social assistance with individual case. The article presents the advantages and disadvantages of the targeted models in their application in people with oncological diseases. My view is that the case management model has the highest necessary advantages to ensure effectiveness in its application to people with cancer and to ensure the quality of the provided social services.

### References:

1. Bratoeva, E. (2020). *Development of the social work with clients with oncological diseases in order to be increased the quality of life*, dissertation work for the awarding of educational qualification degree "Doctor", Varna.
2. Nunev, S. (2019). *Community social work. Contemporary theory, models and practice*, Sofia: "Paradigma".
3. Nunev, S. (2012). *Current issues of the cultural competencies and professional activity of the social workers*. Science, Technology and Higher Education: International Conference on

<b>Impact Factor:</b>	<b>ISRA (India) = 4.971</b>	<b>SIS (USA) = 0.912</b>	<b>ICV (Poland) = 6.630</b>
	<b>ISI (Dubai, UAE) = 0.829</b>	<b>PIHII (Russia) = 0.126</b>	<b>PIF (India) = 1.940</b>
	<b>GIF (Australia) = 0.564</b>	<b>ESJI (KZ) = 8.997</b>	<b>IBI (India) = 4.260</b>
	<b>JIF = 1.500</b>	<b>SJIF (Morocco) = 5.667</b>	<b>OAJI (USA) = 0.350</b>

---

- Research and Practice Westwood, 2012/  
publishing house Accent Graphics  
communication - Westwood - Canada, No Vol.  
II, pp. 299-302.
- Nunev, S. (2019). *Anti-discrimination social work education model. Contemporary theory and practice*. Sofia: Publishing house "Paradigma".
  - Nunev, S. (2019). *Fundamentals of social work* Part I, section 2, lecture course, topic 2, 3, 5.
  - Radev, N. (2018). Regarding the subject of the science social work, *E-magazine of social work*, issue 1.
  - Challis, D., Chessum, R., Chesterman, J., Lockett, R., & Traske, K. (1990). *Case Management in Social and Health Care: The Gateshead Community Care Scheme*. PSSRU Canterbury, University of Kent.
  - Christ, G., Messner C., & Lynn Behar, L. (2015). *Handbook of Oncology Social Work: Psychosocial Care for People with Cancer* Retrieved from <https://global.oup.com/academic/product/handbook-of-oncology-social-work-9780199941926?cc=bg&lang=en&>
  - Frankel, A. J., & Gelman, S. R. (2012). *Case management: An introduction to concepts and skills* (2nd ed.) Chicago, IL: Lyceum Books.
  - Payne, M. (2005). *Modern Social Work Theory*, 3rd edition. Basingstoke: Macmillan.