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*Article*

# Social work practice with older persons in acute care settings: A narrative review of social workers' roles as advocates for older persons' rights

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**Abstract**

The United Nations Convention on the Rights of Persons with Disabilities (2006) suggests that all individuals have the right to participate in decisions about their care. This rights-based framework calls on healthcare professionals such as social workers to prioritize older persons' rights to participate in care decisions that affect them. Hence, this review examines how social workers in acute care settings are positioned to act as advocates. We conducted a narrative review of literature using five scientific databases—CINAHL, MEDLINE, PubMed, Social Work Abstracts, and Social Sciences Abstracts, and one search engine, Google Scholar. Of 83 articles identified, 26 were selected for full-text review. We performed a thematic analysis to examine how and when social workers advocate for older persons' rights. Of 26 articles reviewed, 18 included perspectives of interprofessional team members. Thematic analysis revealed three main roles of social workers in acute care: coordinator, mediator, and advocate. While coordinating and mediating roles were widely recognized and valued as they prioritize system efficiency and service navigation, advocacy aimed at promoting older persons' rights was less visible and harder to enact. Social workers face many challenges in acting as advocates because they are most valued within hospital settings for their roles as coordinators and mediators. Further research is needed to identify how social workers can consistently prioritize their role as advocates. Without these guidelines, older persons' right to care involvement will not be realized and rights claims will continue to be sidelined by the rhetoric of efficiency and risk protection.

**Keywords**

social workers, rights-based practice, older person/s, acute care, care planning

**Résumé**

La Convention des Nations Unies relative aux droits des personnes handicapées (2006) affirme que tous les individus ont le droit de participer aux décisions concernant leurs soins. Ce cadre fondé sur les droits invite les professionnelles et professionnels de la santé, notamment les travailleuses sociales et travailleurs sociaux, d'accorder la priorité aux droits des personnes âgées de participer aux décisions les concernant. Cette revue examine donc comment les travailleuses sociales et travailleurs sociaux en milieu de soins aigus sont positionnés pour agir en tant que défenseuses et défenseurs de droits. Nous avons mené une revue narrative de la littérature en utilisant cinq bases de données scientifiques : CINAHL, MEDLINE, PubMed, Social Sciences Abstracts et Social Work Abstracts, et ainsi que d'un moteur de recherche, Google Scholar. Sur les 83 articles recensés, 26 ont été retenus pour une analyse de texte intégral. Nous avons procédé à une analyse thématique afin d'examiner comment et dans quelles circonstances les travailleuses sociales et travailleurs sociaux défendent les droits des personnes âgées. Parmi les 26 articles examinés, 18 incluaient les perspectives des membres des équipes interprofessionnelles. L'analyse thématique a révélé trois rôles principaux des travailleuses sociales et travailleurs sociaux en soins aigus : la coordination, la médiation et la défense des droits. Alors que les rôles de coordination et de médiation sont largement reconnus et valorisés parce qu'ils privilégient l'efficacité du système et la navigation dans les services, le rôle de défense des droits visant à promouvoir les droits des personnes âgées est moins visible et plus difficile à mettre en œuvre. Les travailleuses sociales et travailleurs sociaux rencontrent de nombreux défis dans l'exercice de leur rôle de défense des droits, car ils sont surtout valorisés à l'hôpital pour leur rôle de coordination et de médiation. Des recherches supplémentaires sont nécessaires pour identifier comment les travailleuses sociales et travailleurs sociaux peuvent, de manière systématique, donner la priorité à leur rôle de défense de droits. Sans ces lignes directrices, le droit des personne âgées à participer aux soins ne sera pas respecté et les revendications relatives à leurs droits continueront d'être mises de côté au nom de l'efficacité et de la protection contre les risques.

**Mots-clés**

travailleuses sociales et travailleurs sociaux; pratique fondée sur les droits; personnes âgées; soins aigus; planification des soins

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## Introduction

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (UNCRPD, 2006) suggests that all persons with functional limitations have the right to remain involved in their own care planning to the extent they are able. Within this legislative framework, healthcare professionals are directed to support the rights of all persons with disabilities to remain at the centre of their care planning and decision-making. While the UNCRPD was initially sparked by the disability movement, it has become central to revisioning the laws and practices governing practice with older persons who are often excluded from their own care planning due to ageism (Jackson et al., 2019). As such, different parts of the world, including some provinces in Canada, like Quebec and Nova Scotia, are using the framework to guide healthcare legislation which oversees practice with older persons experiencing functional limitations (Bill C-18, 2020; Nova Scotia Legislature, 2017; UNCRPD, 2006).

In healthcare environments such as hospitals, social workers are the professionals charged with overseeing the protection of rights by advocating for the involvement of vulnerable people in care planning (Donnelly et al., 2021). Hence, when a rights-based framework is well integrated into care planning with older persons, social workers are expected to prioritize advocacy to ensure older persons' preferences are heard and incorporated into decisions about home care needs, relocation, and the overall direction of hospital-based care. This narrative review of the empirical literature aims to explore this integration by asking the following research question: How, and under what circumstances, are social workers in acute care positioned to prioritize advocacy when conducting assessments and care plans with older persons? Examining the current context of social work practice in acute care constitutes a first step towards informing the social work profession's readiness to meet its human rights mandate for care involvement in a component of the healthcare system that serves a high number of older persons (Islam & Gilmour, 2024). It also creates a space to identify knowledge gaps and advance more socially just practice.

This review is grounded in a human rights framework, which positions participation in care planning and decision-making as a fundamental right that should be respected and supported (Harbison, 2019). However, its implementation faces significant constraints. Cognitive impairments such as dementia may limit meaningful participation, while emergencies often necessitate rapid decisions without consultation. Legal decision makers may limit or avoid older person's participation in care decisions if care preferences are deemed unsafe. In routine care, barriers such as communication difficulties, inaccessible information, and resource limitations further limit participation. Given that older persons' capacities for care direction are often questioned by healthcare professionals and legal decision makers in part due to negative assumptions about age and capacity, adherence to a rights-based framework in acute care settings calls on social workers to advocate for older persons' care involvement (Ife, 2012; Libal & Harding, 2015).

A human rights framework also aligns with the foundational principles of the social work profession, including social justice, self-determination, and the promotion of individual dignity

(Ife, 2012). While often adopted as a guiding framework for international law and policy, a human rights framework also holds everyday relevance for frontline practice, especially when working with marginalized populations whose voices are frequently excluded from decision-making. In acute care settings such as hospitals, pressures to act efficiently and quickly can overshadow rights-based practice with older persons. This context makes it more important for social workers to foreground older persons' agency by identifying their care preferences and advocating for their right to participate meaningfully in care planning (Libal & Harding, 2015). As such, this narrative review pays particular attention to the extent to which social workers prioritize and exercise their roles as advocates for older persons' care involvement and preferences in acute care.

### The practice of social work in acute care settings

Social workers in acute care settings are called on to assess care needs and guide care planning when medical issues have been resolved (Barstow et al., 2018; Craig & Muskat, 2013). What social workers assess for and how they go about planning for care is shaped by the roles they play within specific organizational settings. For example, if social workers working with older persons are seen (or see themselves) as responsible for expedient discharge planning, they will be expected to conduct timely assessments that focus on older persons' current living situations, functional abilities, and care networks so that they can recommend appropriate post-discharge resources or environments (Heenan, 2021). This type of approach to assessment and care planning is underpinned by neoliberal principles of efficiency and biomedical priorities of risk mitigation (Cahill, 2022; Olaison & Donnelly, 2022). Conversely, if rights-based frameworks underpin a component of social work practice with older persons in acute care settings, social workers will prioritize older persons' involvement in problem identification and care planning (Ives et al., 2020; Keefler et al., 2013). This would include (a) conducting comprehensive and whole-person centered assessments that elicit social and psychological issues and preferences of older persons alongside functional and safety concerns and (b) advocating that the issues of priority to older persons take precedence in care planning even if they stand in contradiction to the opinions of the care team, are perceived as less efficient, and introduce some element of risk.

Hence, understanding how social workers attend to rights in their everyday practice with older persons in acute care settings necessitates a critical review of the roles and functions social workers play with older persons within the context of conducting their assessments and developing care plans. It was from this starting point that this paper aimed to answer the primary research question.

## Methodology

Narrative reviews are ideal for topics that have been conceptualized and studied differently by the researchers whose studies are under review (Snyder, 2019). While we entered this review with an eye on exploring if, how, and under what circumstances social workers in acute care are positioned to prioritize advocacy, we also understood that we would gain a more comprehensive

understanding of social work in acute care settings if we focused more broadly on the roles and functions social workers play in the context of their everyday practice. This meant that we used a wide variety of terms typically associated with social work practice in acute care (e.g., assessment, discharge planning, teamwork, and decision-making) to guide our search.

Narrative reviews also offer flexibility in addressing diverse perspectives and methodologies (Mackenzie et al., 2013; Sukhera, 2022). The empirical work in exploring social workers' roles and functions supporting older persons in acute care settings includes descriptive and intervention studies using a variety of methods (qualitative interviews, ethnographic observations, randomized controlled trials, mixed-method evaluations) and supported by myriad frameworks (e.g., systems theory, person-in environment, and human-rights). The flexible nature of a narrative approach permitted us to include and synthesize a broad range of studies in the review (Mackenzie et al., 2013; Sukhera, 2022).

## Search strategy

We selected five databases (CINAHL, MEDLINE, PubMed, Social Science Abstracts, and Social Work Abstracts) and one search engine (Google Scholar) to conduct our search. The databases we chose were known to house articles focused on either social work practice or acute care. To ensure comprehensiveness, we also manually searched the reference list of retained articles.

We used the following search terms in our searches: "assessment" OR "care planning" AND "social work" AND "aging" AND "acute care setting". We used the terms assessment or care planning because both terms broadly capture the cornerstone of social work practice across settings (assessment) and within healthcare environments (care planning). We therefore expected these terms would identify literature describing what social workers do and prioritize in their everyday practice when working with older persons in acute care settings. See Table 1 for a full list of all search terms used.

**Table 1: Search terms**

| Concepts | Key terms |
|---|---|
| **Social Worker** | "social worker" OR "social work" OR "social service" OR "social services" OR "social justice" |
| **Care planning** | "care planning" OR "decision-making" OR "decision planning" |
| **Aging** | "aged" OR "aged, 80 and over" OR "frail elderly" OR "geriatrics" OR "old adult" OR "older adults" OR "older people" OR "older person" OR "seniors" |
| **Assessments** | "patient assessment" OR "needs assessment" OR "competency assessment" OR "functional assessment" |
| **Acute care** | "acute care" OR "hospitals" OR "hospitals, veterans" OR "acute care setting or hospital" |

**Inclusion and exclusion criteria**

Studies were included if they were peer-reviewed, empirical (qualitative, quantitative, or mixed methods), written in English, and accessible in full-text format. There were no restrictions for the year and location of the publication. To be eligible, articles also had to focus specifically on social workers' roles, functions, or experiences when conducting assessments and/or care planning with older persons in acute care/hospital settings. We excluded studies that did not include social workers in their sample or focus, were not situated in acute care contexts, or were non-empirical in nature such as opinion pieces, books, dissertations, conference papers, grey literature, or review articles (e.g., scoping or systematic reviews). See Table 2 for a summary of inclusion and exclusion criteria.

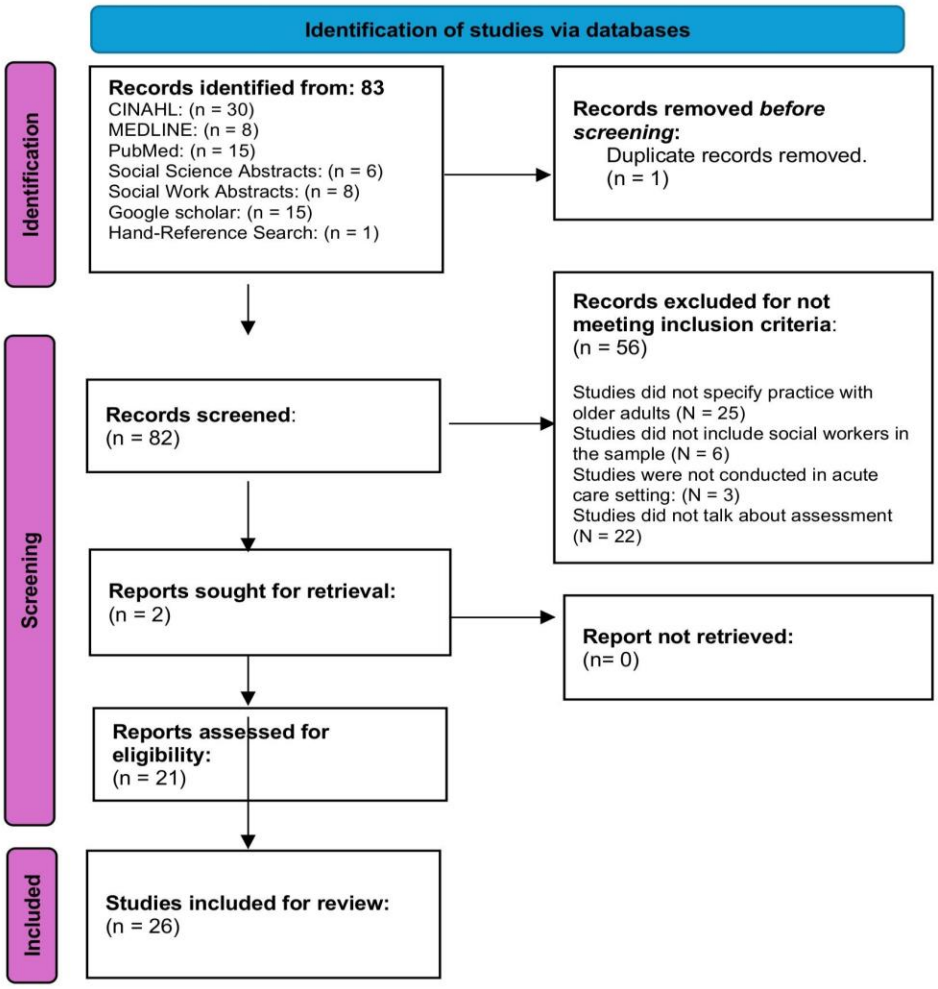
**Table 2: Inclusion and exclusion criteria**

| Inclusion criteria | Exclusion criteria |
|---|---|
| (i) Peer-reviewed empirical studies (no restrictions for the year and location) | (i) Studies not focused on social workers' experiences with older adults in acute care |
| (ii) Written in English | (ii) Published books, conference papers, grey literature, dissertations, opinion pieces, and scoping reviews, systematic reviews. |
| (iii) Accessible full-text papers | (iii) Studies conducted in languages other than English. |

**Study selection**

To identify relevant studies, we used a two-step screening process to retain articles for full review and synthesis. In step one, the first author screened the titles and abstracts of all retrieved articles. This initial screening yielded 83 articles including one duplicate. In step two, the full texts of the remaining articles were reviewed to confirm they met the inclusion criteria. Any uncertainties or disagreements during the screening process were resolved by consensus between the first and second authors. In total, 25 articles met the inclusion criteria, and one additional article was identified through reference list screening, resulting in a final sample of 26 articles for analysis. The PRISMA flow chart (Figure 1) provides an overview of our screening process.

*Figure 1*: **Flow chart**




## Data extraction and analysis

Our analysis of the included articles was guided by the combination of deductive and inductive methods. As a first step, the first author extracted key information from each article using an Excel spreadsheet. Extracted data included: authors' names, year and country of publication, article title, study purpose, research questions or hypotheses, methodology (qualitative, quantitative, or mixed methods), primary sample (e.g., social workers, older persons, or other professionals), type of assessment reported (e.g., discharge planning, relocation support, or end of life care), key findings, and recommendations.

To further explore how social work practice attended to rights, the first and second authors conducted an inductive analysis of the extracted data, focusing on content from the study purpose, key findings, and recommendation sections. This process involved iterative reflections and discussions between both authors guided by a rights-based practice framework that emphasized the ways in which social workers supported older persons' rights to care planning participation. More specifically, the authors looked for extracted data that evidenced social workers' efforts to conduct whole-person assessments that comprehensively elicited care

preferences, and advocate for the prioritization of these preferences when planning for discharge, relocation, end of life care, etc.

Through this collaborative process, we identified three key roles that broadly characterized the priorities and functions of social workers in acute care settings: care coordinator, mediator, and advocate. While we entered the analysis viewing advocacy as an avenue for enacting rights-based practice in acute care, our conceptualization of what this might "look like" and our appreciation for the relationship between other roles and rights-based practice evolved inductively from our discussions, reflections, and re-examination of extracted data. For example, as we inductively populated the activities and parameters associated with these three roles, we began to explore how each role supported or limited social workers' capacities to attend to older persons' rights to participation in care planning and decision-making. This lens led us to view these roles on a continuum of rights-based practice in which acting as a care coordinator represented limited consideration of rights, acting as a mediator represented moderate consideration of rights, and acting as an advocate foregrounded and prioritized rights throughout the assessment and care planning process.

In the following sections, we report on how each role shaped social work assessment and care planning with older persons, the frequency each role emerged in studies, and any trends noted in the prioritization of each role by reference group or assessment focus.

## Results

### Study characteristics

The 26 included articles represented studies from seven countries: Australia (n=2), Canada (n=2), Ghana (n=1), Sweden (n=1), Switzerland (n=1), United Kingdom (UK) (n=11), and United States of America (USA) (n=8). Most studies were conducted in the UK (n=11) and the USA (n=8), with fewer studies conducted in Canada (n=2). The methodology used in the studies varied, but most were qualitative interview-based studies (n=17). The stated topics of articles reviewed were relocation planning (n=4), transitions between healthcare systems (n=3), discharge planning (n= 5), end of life care/advance care planning (n=3), interprofessional collaboration (n=5), and general social workers' roles, functions and experiences (n=6). Most studies we reviewed (21 out of 26, 81%) included a significant focus on social workers' experiences collaborating with other professionals in the context of their work.

Eight of the 26 included studies captured only the perspectives of social workers. The remaining 18 studies captured the perspectives of multiple healthcare professionals such as physicians, nurses, physiotherapists, occupational therapists, and other clinical staff, of which five included the perspectives of older persons and/or family members. Table 3 provides a complete description of the location of studies, sample characteristics, research methods used, focus of studies, and perspectives.

**Table 3: Study characteristics**

| *Authors/year* | *Location* | *Sample* | *Methodology* | *Focus* | *SW* | *SW +/** |
|---|---|---|---|---|---|---|
| *Awuviry-Newton et al., 2020* | Ghana | 8 social workers | Qualitative | General roles/experience | ✔ | |
| *Barber et al., 2015* | USA | 1 person case study | Qualitative | Transition care | ✔ | |
| *Beech & Verity, 2020* | UK | 23 participants (10 social workers, 4 PT, 3 OT, 2 nurses and 1 medical doctor | Qualitative | General roles/experience | | ✔ |
| *Black, 2006* | USA | 6 nurses and 5 social workers | Qualitative | Advance care planning | | ✔ |
| *Donnelly et al., 2019* | UK | 38 social workers | Mixed method | General role/experience | ✔ | |
| *Donnelly et al., 2013* | UK | 20 professionals (Social workers, OT, PT, nurses, dieticians, language therapist | Qualitative | General role/experience | | ✔ |
| *Duner, 2019* | Sweden | 10 nurses and 10 social workers | Qualitative | Interprofessional collaboration | | ✔ |
| *Eaton, 2018* | USA | 130 nurses and social workers | Quantitative | Discharge planning | | ✔ |
| *Ernst et al., 2019* | Switzerland | 339 HCPs | Mixed Meth | Discharge planning | | ✔ |
| *Fabbre et al., 2011* | USA | Social workers | Qualitative | Transition care | ✔ | |
| *Feder et al., 2018* | USA | 41 clinicians | Qualitative | Relocation planning | | ✔ |
| *Firn et al., 2018* | USA | 14 social workers | Qualitative | Interprofessional collaboration | ✔ | |
| *Healy et al., 2002* | UK | Clinical staff | Qualitative | Discharge planning | | ✔ |
| *Heenan & Birrell, 2019* | UK | 13Social workers | Qualitative | Discharge planning | ✔ | |
| *Heenan, 2021* | UK | 33 social workers | Qualitative | Discharge planning | | ✔ |
| *Hickam et al., 1991* | USA | Clinicians | Quantitative | Relocation planning | | ✔ |
| *Hutchinson et al., 1998* | UK | 34 patients | Quantitative | Relocation planning | | ✔ * |
| *Kirk et al., 2019* | UK | 37 social workers | Qualitative | Interprofessional collaboration | ✔ | |
| *McLaughlin, 2015* | UK | 33 participants (4 social workers,17 Nurse,9 Medicine, 4 OT, 2 PT | Mixed meth | Interprofessional collaboration | | ✔ * |
| *Moon et al., 2023* | Australia | Clinicians | Qualitative | Interprofessional collaboration | | ✔ * |
| *Osborne et al., 2018* | Australia | 112 patients (52 in social workers-led model) | Quantitative | Interprofessional collaboration | | ✔ * |
| *Phillips & Waterson, 2002* | UK | 11 social workers, 12 residents with their caregivers | Qualitative | Relocation planning | | ✔ * |
| *Rowland & Kitto, 2014* | Canada | 25 (2 Md,3 Nurse, 2 social workers, 2 OT & PT | Qualitative | Interprofessional collaboration | | ✔ |
| *Sims-Gould et al., 2015* | Canada | 25 HCPs | Qualitative | Transition care | | ✔ |
| *Stein et al., 2017* | USA | 641 respondents and clinical social workers | Quantitative | Advance care planning | ✔ | |
| *Willis et al., 2018* | UK | 5 social workers | Mixed meth | General roles and experience | | ✔ |

***Explanatory note:***
SW: Social worker; PT: Physiotherapist; OT: Occupational therapist; MD: doctor; HCPs: Healthcare providers
*: refers to the studies included the perspectives of older persons and/or family members.

**Overview of findings**
Our analysis of the study findings suggested that social workers' roles in acute care settings could be broadly understood as that of coordinator, mediator or advocate with each progressively affording more time, space, and attention to older persons' priorities, preferences, and participation. These functions appeared to represent social work practice across a broad spectrum of assessment types and topics or issues. When social workers were positioned as care coordinators, there was little space to identify and attend to the care preferences of older persons as the main priorities revolved around systems-based goals such as efficiency and risk reduction. This compromised the rights of older persons to participate in care planning and decision-making. Conversely, when social workers were acting as advocates, they were working towards ensuring that the right to participation was central by eliciting and integrating older persons' preferences during assessments and care planning. Social workers acting as mediators occupied a middle ground, articulating the views and preferences of older persons to team members with the hopes of these priorities being considered in some way in the context of care planning. The findings presented below offer an overview of the centrality of these roles in the everyday practice of social work by reporting on the frequency with which each was mentioned in studies; the importance placed on these functions from the perspectives of social workers, other professionals and older persons/families; and the challenges and opportunities social workers faced executing these roles and functions in the context of their daily practice. See Table 4 for the frequencies of roles reported by study.

**Table 4: Results**

| ***Perspectives*** | ***Author/s/Year*** | ***Care Coordination*** | ***Mediating*** | ***Advocacy*** |
|---|---|---|---|---|
| *Social workers only* | Awuviry-Newton et al., 2020 | | | ✔ |
| | Barber et al., 2015 | ✔ | ✔ | ✔ |
| | Donnelly et al., 2019 | | | ✔ |
| | Fabbre et al., 2011 | ✔ | ✔ | ✔ |
| | Firn et al., 2018 | | ✔ | |
| | Heenan & Birrell, 2019 | | | ✔ |
| | Kirk et al., 2019 | ✔ | ✔ | ✔ |
| | Stein et al., 2017 | ✔ | | |
| *Social workers+* | Beech & Verity, 2020 | | ✔ | |
| | Black, 2006 | | | ✔ |
| | Donnelly et al., 2013 | | ✔ | |
| | Duner, 2019 | | ✔ | |
| | Eaton, 2018 | ✔ | | |
| | Ernst et al., 2019 | | ✔ | |

| | | | | |
|---|---|---|---|---|
| | Feder et al., 2018 | | ✔ | |
| | Healy et al., 2002 | ✔ | ✔ | ✔ |
| | Heenan, 2021 | ✔ | ✔ | ✔ |
| | Hickam et al., 1991 | ✔ | | |
| | Hutchinson et al., 1998 * | ✔ | | |
| | McLaughlin, 2015 * | ✔ | ✔ | ✔ |
| | Moon et al., 2023 * | ✔ | ✔ | ✔ |
| | Osborne et al., 2018 * | ✔ | | |
| | Phillips & Waterson, 2002 * | ✔ | | |
| | Rowland & Kitto, 2014 | ✔ | | |
| | Sims-Gould et al., 2015 | ✔ | ✔ | ✔ |
| | Willis et al., 2018 | ✔ | ✔ | ✔ |

***Explanatory note:***
+: refers to studies that included other members of the interdisciplinary team, and voices of older persons and their families

**Theme one: Social workers as care coordinators**
Sixteen studies described social workers' roles as comprised of functions related to coordinating hospital care. More specifically, four of the eight social work studies and 12 of 18 interdisciplinary studies highlighted the centrality of this role to social workers' practice.

Articles describing care coordination portrayed social workers as responsible in full or in part for managing timely discharges, developing care plans that reduce the likelihood of hospital readmission, and supporting a seamless discharge to home, long-term care, or another setting. In this way, social workers' responsibilities as coordinators positioned them to prioritize systems-based goals such as supporting seamless transitions (Barber et al., 2015; Eaton, 2018; Fabbre et al., 2011; Hickam et al., 1991; Hutchinson et al., 1998; McLaughlin, 2015; Phillips & Waterson, 2002; Sims-Gould et al., 2015; Stein et al., 2017), assessing for and addressing safety (Heenan, 2021; Rowland & Kitto, 2014; Willis et al., 2018), and contributing to the prevention of immediate readmissions (Heenan, 2021; Rowland & Kitto, 2014; Willis et al., 2022).

Social workers acting in their role as coordinators were valued for ensuring timely intervention and follow up (Fabbre et al., 2011; Osborne et al., 2018), assessing for and addressing risks (Kirk et al., 2019), locating critical resources and supporting the flow of information between and across health systems (Healy et al., 2002; Sims-Gould et al., 2015). For the most part, this social work role was described as easily enacted in acute care because it aligned with organizational priorities. However, this role was sometimes perceived to be colliding with other ethical responsibilities such as representing the best interests of older persons and families (Moon et al., 2023; Stein et al., 2017).

**Theme two: Social workers as mediators**
Fifteen studies emphasized social workers' roles as mediators between families, older persons, and other healthcare professionals. When social workers were acting as mediators, their central

focus was that of bridging the gaps between the priorities of other members of the interdisciplinary team (such as doctors, nurses, physiotherapists, and occupational therapists) and that of older persons. Hence, while the preferences of older persons were elicited, social workers worked hard to find a middle ground between the priorities of older persons and those of the care team. Four of eight studies reporting from social workers' perspective and 11 of 18 studies reporting from interdisciplinary teams' perspective identified the mediator role, suggesting that it is the second most frequently cited social work role.

This role was viewed as valuable by all members of the interdisciplinary team because it allowed social workers to support seamless and efficient care planning when having disagreements within families (Ernst et al., 2020; Firn et al., 2018; Kirk et al., 2019; McLaughlin, 2015) or between older persons/families and teams (Feder et al., 2018; Willis et al., 2018). When social workers acted as mediators, they helped to strike a balance between what older persons/families wanted and the constraints imposed by the system (Feder et al., 2018; Willis et al., 2018). They achieved this through effective communication which ensured that all parties were heard and that all viable care options were understood (Beech & Verity, 2019; Donnelly et al., 2013; Duner, 2013) and incorporated into care decisions (Fabbre et al., 2011; Kirk et al., 2019; Moon et al., 2023; Sims-Gould et al., 2015). Social workers acting as mediators also fostered collaboration with community resources to ensure that preferences of older persons and families were heard and addressed (Healy et al., 2002; Heenan, 2021).

While the mediator role provided some time and space for social workers to elicit the preferences of older persons, when conflict ensued between the opinions of the team and those of older persons and families, social workers still found themselves limited in their capacities to advance the rights of older persons to participate in care planning due to workload demands and bureaucratic pressures (McLaughlin, 2015; Moon et al., 2023; Sims-Gould et al., 2015). In these instances, institutional priorities regarding safety and readmission prevention made it difficult for social workers to prioritize the view and preferences of older persons and hindered their capacity to uphold rights of participation for older persons in care planning.

**Theme three: Social workers as advocates**

Thirteen studies described functions most closely aligned with advocacy such as challenging exclusionary practices of other team members (Awuviry-Newton et al., 2022) and nurturing supportive relationships with older persons and their families so that care preferences could be identified and prioritized (Barber et al., 2015; Heenan, 2021; Willis et al., 2018). Social workers' roles as advocates were described more frequently in studies based solely on the perceptions and experiences of social workers (six of eight) than in studies that included a variety of professionals including but not limited to social workers (7 of 18).

Advocacy was viewed as of particular importance by social workers when working with older persons without familial support (Black, 2006, Sims-Gould et al., 2015), limited socioeconomic resources (Awuviry-Newton et al., 2022; Healy et al., 2002; Kirk et al., 2019), and/or with people living with dementia (Donnelly et al., 2019), who are often at risk of

premature exclusion from care planning (Moon et al., 2023). However, it sometimes positioned social workers in opposition to other team members, making it the most difficult role to enact in an acute care environment.

When social workers explicitly discussed advocacy, they described it as central to their professional identity, particularly in the context of hospitalization, which was seen as exacerbating older adults' vulnerabilities to marginalization, disempowerment, and age-related bias (Heenan & Birrell, 2019). In these accounts, advocacy involved challenging interdisciplinary team members to reconsider assumptions and care plans through a more person-centered lens (Sims-Gould et al., 2015). However, despite its alignment with core social work values, the ability to enact advocacy was frequently limited by systemic constraints including time pressures, staff shortages, resource limitations, heavy workloads, and organizational contexts that relegated social workers to administrative functions (Heenan, 2021; McLaughlin, 2015; Moon et al., 2023; Willis et al., 2018). As a result, while advocacy was viewed as essential by social workers, it also emerged as the most difficult role to enact in acute care settings.

## Discussion

This narrative review set out to uncover how social workers in acute care settings support the rights of older persons in their everyday practice. Our findings revealed a significant gap in the literature on the specific role of social work in this context, with only two Canadian studies identified. Of the 26 included studies, the majority (18) captured the perspectives of various healthcare professionals alongside social workers, making it difficult to clearly distinguish the unique contributions and challenges of social workers within interdisciplinary teams. This points to an urgent need for further research that centers the voice of social workers to better assess their positioning and readiness to fulfill their human rights mandate, particularly in the Canadian acute care context.

The findings of this review suggest that social workers in acute care settings face multiple challenges when attempting to advocate for older persons' preferences during care planning. When social workers adopt a rights-based perspective, they recognize older persons as rights-holders entitled to autonomy and active participation in care planning. This position requires advocating for the meaningful inclusion of older persons' preferences, even when these priorities conflict with the views of other healthcare team members, which can present significant challenges (Ife, 2012). Yet our findings indicate that systemic barriers – such as time constraints, administrative demands, and institutional priorities – often reduce advocacy from a core responsibility to a discretionary act. Although social workers are theoretically mandated to uphold older persons' rights to participate in decisions affecting their lives, both through legislation and professional regulations, their capacity to do so is frequently constrained by acute care systems that prioritize efficiency and risk management over relational and rights-based approaches (Kirk et al., 2019; Rowland & Kitto, 2014). These structural limitations create a fundamental tension between the human rights mandate of the profession and the practice realities in the clinical settings.

Our analysis of existing literature suggests that social workers play three key roles in their everyday practice in acute care: care coordinators, mediators, and advocates. Our analysis further revealed that these roles vary in the degree to which they centre older persons' voices and preferences. Notably the role of advocate was emphasized most strongly in studies that focused exclusively on social work perspectives and was less visible in studies that included interdisciplinary viewpoints. This suggests that while social workers value their role as advocates, their roles as coordinators or mediators are more likely to be recognized by other professionals.

Advocacy was particularly valued by social workers when supporting older persons without families, living with dementia, or facing socioeconomic disadvantages as these persons were identified as especially vulnerable to exclusion from care planning (Awuviry-Newton et al., 2022; Black, 2006; Donnelly et al., 2019; Healy et al., 2002; Kirk et al., 2019; Moon et al., 2023; Sims-Gould et al., 2015). This suggests that social workers emphasized a rights-based approach particularly when older adults' ability to assert their preferences was most at risk. In such cases, they appeared more willing to challenge care team priorities to amplify the voices of those deemed most marginalized. However, the tendency to foreground rights only in situations of heightened vulnerability, while sidelining them in everyday practice with most older adults, is concerning.

Undoubtably, structural barriers undermined social workers' ability to act as advocates for older persons' rights. The pressure to facilitate rapid discharge often restricted social workers' capacities to conduct holistic assessments and promote older persons' self-determination (Heenan, 2021; McLaughlin, 2015; Moon et al., 2023; Willis et al., 2018). Institutional priorities around safety and efficiency further overshadowed the emotional and relational dimensions of care, reinforcing inequities in whose voices were heard and prioritized in acute care settings (Cahill, 2022; Olaison & Donnelly, 2022). Although social workers understood and valued the importance of advocacy in their everyday practice, it appeared that this role was less visible and/or less valued by other members of the interdisciplinary team, limiting its integration into broader care planning process. Without systemic support and shared commitment across healthcare teams, social workers may be constrained in the meaningful inclusion of older persons in care planning. Advancing a rights-based approach in acute care settings hence requires a collective reimagining of roles, responsibilities, and institutional priorities across the healthcare team.

Overall, our review suggests that social workers in acute settings are predominantly positioned as facilitators of discharge, who are responsible for ensuring resource coordination and reducing readmission risks (Heenan, 2021; Rowland & Kitto, 2014; Willis et al., 2022). While many strive to promote older persons' rights and preferences, their influence is constrained by the need to align with the goals of interdisciplinary teams, particularly when those goals prioritize operational efficiency. Legislative changes, such as Quebec's Bill C-18 (2020), reinforce social workers' responsibilities to uphold the rights of older persons, including those with diminished capacity. Yet, our findings raise questions about the extent to which social

workers in acute care are adequately supported or empowered to meet this mandate without broader cultural and institutional alignment. Potential avenues for achieving this alignment should include interprofessional education and policy changes.

Our review of social workers' roles was dominated by the voices of other healthcare professionals such as nurses and physicians whose perceptions and experiences were captured in most studies reviewed. This research trend is not surprising considering the well documented realities that social workers are often positioned as peripheral actors within the healthcare team (Hickam et al., 1991; Kirk et al., 2019; McLaughlin, 2015). As such, social workers' capacities to enact the full scope of practice including advocacy often depends on whether others recognize and support these functions by those outside of the profession who hold a great deal of power in the hospital sector. Given this context, it is important to understand further what team-based reactions facilitate or hinder social workers from enacting the full scope of their practice with older persons from the perspective of social workers themselves (Best et al., 2021).

Social workers' relational approaches to assessment and their efforts to coordinate services in ways that reflect the lived realities of older persons often go unnoticed by other healthcare professionals, who may primarily associate social work with administrative discharge tasks (Rowland & Kitto, 2014; Sims-Gould et al., 2018; Willis et al., 2018). This limited visibility may explain why advocacy was the least mentioned role in studies involving interdisciplinary teams. Somewhat paradoxically, when advocacy is recognized, it is often seen as being in opposition to rather than in harmony with coordination and mediation. In such a context, social workers advocating for older person's rights may find themselves positioned in tension with more powerful actors who ultimately shape decisions around length of stay and discharge planning. This highlights the need for further research into how interdisciplinary practices and organizational conditions support or hinder social workers' capacities to fulfil their role as an advocate and by so doing, support the rights of older persons.

## Strengths and limitations

A key strength of this review lies in its ability to synthesize a diverse body of literature encompassing a wide range of theoretical perspectives and methodological approaches. By using a narrative review, we were able to integrate findings from qualitative, quantitative, and mixed-method studies to provide a comprehensive understanding of social work practice, and a nuanced view of the core roles social workers play in acute care settings. Additionally, the rights-based lens used in the analysis foregrounds important ethical and practice-based considerations, particularly regarding older persons' participation in decision-making and care planning.

Despite these strengths, this review has two limitations. First, our search was limited to peer-reviewed articles published in English, which may have excluded relevant studies conducted in other languages or presented in non-traditional formats such as grey literature or dissertations. Second, we employed broad search terms to capture a wide range of studies, which may have led to the omission of more narrowly focused or context-specific research of relevance. For example, choosing topic areas such as end-of-life care and/or relocation which are reflective of the issues

social workers often participate in acute care may have revealed other studies not captured in the current review. These limitations should be considered when interpreting the findings.

## Conclusion

This review found that it is challenging in acute care to act as advocates for and with older persons in part because they are most valued for their roles as coordinators and mediators. This limits social workers' capacity to foreground rights-based practice despite the legislative and professional expectations to do so. Although social workers understood and valued the importance of advocacy in their everyday practice, it appeared that this role was less visible and/or less valued by other members of interdisciplinary teams, limiting its integration into broader care planning process. Further research is therefore needed to identify how social workers can more consistently prioritize their role as advocates within acute care. Without this knowledge base, older persons' right to care involvement will not be realized and rights claims will continue to be sidelined by the rhetoric of efficiency and risk protection.

### Declaration of conflicting interests

No potential conflict of interest was reported by the authors. The statements made and views expressed are solely the responsibility of the scholars.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