

Innovations In Health And Social Services: The Synergy Between Laboratory Sciences And Social Work

Saleh Mohammed Alateeq ⁽¹⁾, Abdulaziz Mohammed Saleh
Alduwaysi ⁽²⁾, Abdulaziz Mushahhin Alanazi ⁽³⁾ Abdulelah
Abdulahdi Amiq Alanazi ⁽⁴⁾ Ahmed Asweed Jeryan Al-Anazi ⁽⁵⁾
Badr Hameed Alharbi ⁽⁶⁾ Sami Abdullah Alshubrumi ⁽⁷⁾
Abdulaziz Abdullah Alkhateeb ⁽⁸⁾ Khaled Abdulaziz Alnazha ⁽⁹⁾
Khaled Abdullah Alhassher ⁽¹⁰⁾ Barakah Mohmmmed Al
Nofaish ⁽¹¹⁾ Bandar Oraimt Alsalmi ⁽¹²⁾

1. Laboratory Specialist, King Khaled Hospital -Hail
2. Laboratory technician, Al- Al-Busaira Health Center - Al Majmaah
3. Medical Laboratory technician, Prince Abdullah bin Abdul-Aziz bin
Musaed Center for Cardiac Medicine and Surgery - northern
borders
4. Medical Laboratory technician, Prince Abdullah bin Abdul-Aziz bin
Musaed Center for Cardiac Medicine and Surgery - northern
borders
5. Medical Laboratory technician, Prince Abdullah bin Abdul-Aziz bin
Musaed Center for Cardiac Medicine and Surgery - northern
borders
6. Specialist Laboratory Microbiology, Ministry of Health in Medina
 7. Laboratory Specialist, King Khaled Hospital in Hail
 8. Laboratory technician, King Khaled Hospital in Hail
 9. Laboratory Specialist, King Khaled Hospital in Hail
 10. Laboratory technician, King Khaled Hospital in Hail
 11. Social Worker, Al-Shannan Hospital at hail
 12. Social Worker, King Abdullah medical complex -
Dahaban center- Jeddah

Abstract

The use of social innovation has occurred more and more to fulfill social objectives, such as, including better healthcare delivery. In addition, Social innovation is best understood as innovation in power dynamics, social relations, and governance transformations; it may also include changes in institutions and systems. The health systems have created interventions to

meet the social needs of their patients. A unique and significant approach to addressing the social determinants of health is care coordination between the health care include laboratory science and social service sectors; however, little is known about how care coordination functions in this setting. The authors conducted a systematic review of peer-reviewed publications that detail the coordination of social services and laboratory science in order to close this gap to evaluate the social service innovation application through synergy and collaboration with laboratory and social works to encourage the accomplishment of global health objectives.

Key words: - “social work”, “innovation”, “laboratory science”, “social service”, “healthcare”.

Introduction

Physicians and delivery systems are increasingly addressing patients' social needs through interventions that address work, housing, education, food security, and legal navigation in order to improve patient health and prevent avoidable utilization and cost. Unfortunately, it can be difficult to connect patients across these sectors for the right support because social services and health care have long been separated. **(Gottlieb et al.,2016).**

Health systems are adopting patient-level screening for social determinants and are starting to appoint directors of population health, health equity, and social determinants. Research is beginning to show that spending in this area can reduce morbidity and death **(Horwitz et al.,2020).**

Technological innovation is crucial to ensuring appropriate health services and developing efficient networks of health diagnostic and treatment services due to the population's changing health needs and demographic trends, as well as the need to control public spending **(Gopal et al., 2019).** Technological innovation can improve patient satisfaction and service efficiency while also making services easier to access, personalizing and humanizing treatments **(Schiavone et al., 2021).**

For many years, healthcare providers have employed care coordination as a means of minimizing fragmentation in the when providing medical care. It is a crucial tactic in promoting continuity

of care and social services for patients with complicated needs **(Groin et al.,2017)**. In order to increase service effectiveness and safety, care coordination is the deliberate division of patient care among several providers along with the exchange of pertinent data **(Agency for Healthcare Research and Quality.,2018)**.

The utilization of social innovative techniques in healthcare and other domains to tackle societal issues has rapidly expanded. Despite the unclear conceptual framework this approach was met with enthusiastic interest and application **(Ayob et al.,2016)**.

research on the collaboration of care in various health care disciplines, such as primary care, behavioral health, and specialty care, has been extensively summarized through systematic and narrative reviews **(De Regge et al.,2017; Groin et al.,2017)** Nonetheless, care coordination between the social service and laboratory science for health and social service innovation has not been the subject of many previous study

Literature Review

1-Aim

The purpose of this systematic review is to evaluate the coordination between social work and laboratory science for the idea of social innovation in relation to health, healthcare, or social services across Healthcare centers and hospitals, through reviewing a previous study that focus on the same title.

2- Methods

There were 19 articles incorporated in the review according to certain criteria using electronic research of three disciplinary databases, including CINAHL, Google scholar, PubMed. In addition to websites “WHO” “Agency for Healthcare Research and Quality” The publications were preferred to be in English but there was no restriction in other languages inclusion and published over a period of ten years (2011-2021). Studies were evaluated based on established criteria before being included. The selection of bibliographies was searched using MeSH terms "social work" "laboratory sector," "social service," "healthcare," "technological transformation", care coordination". To find more research, a manual review of the reference lists of the pertinent papers was done.

3-Inclusion and Exclusion Criteria:

Authors Analyze original research papers, RCTs, and systematic reviews that assess how social work and laboratory science are coordinated to improve patient care and health in hospitals and healthcare facilities. The study inclusion standards are human subjects, healthcare professionals, and innovations in health and social services. studies that was published in English between 2011 and 2021 and accessible as full text, with no consideration of regional limitations. Studies conducted before 2011 as well as publications lacking peer review, webcasts, surveys, secondary data analysis, non-original reports, editorials, letters, were declined.

4. Selection Process:

Two of the authors conducted their own independent searches of all the titles and abstracts of the articles that turned up during the process, in addition to reading the entire texts of the pertinent papers that were found. The reviewers used the following criteria to evaluate the published full-text papers for inclusion; those that did not meet all the requirements were rejected. Conflicts that surfaced during the full-text evaluation, full-text review, and abstract and title screening were settled by adjudication by a third party.

Data Extraction and Quality Assessment

The review's authors separately assessed and compiled the information from the 19 publications that satisfied the requirements for inclusion. Following a detailed analysis of the included studies, relevant data was extracted from each publication according to the following standards: An author extracted and recorded the study design, the setting and demographics, population, strategy of innovation, the outcome and the conclusion. The process included reviewing earlier research, and to select and evaluate the data from the literature search.

A standardized tool suited for the different study designs were used to evaluate the quality of the integrated research., authors follow the established reporting guidelines for systematic reviews, known as PRISMA (Preferred. Reporting. Items. For. Systematic. Reviews. and Meta-Analyses) The research findings from the included studies were combined narratively.

Synthesized Result

There are four studies from 19 included researches that give a conceptual framework based on different definitions that highlights the salient features of social innovation described in table (1).

Table 1: - Different definitions of social innovation

Concept	Definition	Author
Participation methods, connections, and customs	“Social innovations: - as modifications to the attitudes, behaviors, or perceptions of a group of individuals connected by a network of shared interests that, in light of the group's experience horizon, result in fresh and better approaches to cooperative action both inside and outside the group”	(Neumeier., 2012)
Participation methods, connections, and customs	“Social innovations are brand-new social practices developed through deliberate, goal-oriented, and group actions with the intention of bringing about	(Cajaiba-Santana 2014),

	social change by rearranging the means by which social goals are achieved."	
Empowering for action	"Social innovation: as a process (shifts in social relations, empowering governance dynamics) and practice (collective satisfaction of human needs) in local development"	(Moulaert et al., 2013),
Institutional & systems change	"Systemic and institutional change define social innovation as the agentic, relational, situated, multi-level process of creating, advocating for, and putting into practice innovative solutions to social problems with the goal of creating significant institutional context changes"	(van Wijk et al., 2019)

Two studies published in 2020 from 19 included articles focus on infectious diseases (Chagas disease, HIV, and malaria) prevention

and treatment access **(Castro-Arroyave et al and Awor et al.,2020).**

While 12 Other studies from **2013-2019** four of them in 2017, three in 2018, two in 2019, and one in each 2013, 2014, 2015 and all of them demonstrate the social challenges and The healthcare system and care management focus on different issues, four of them focus on non-communicable disease **(Alexanderson et al. 2013; Henry et al.,2017; Kroll et al., 2017; Windrum et al. 2018),** and three of them related to Women, children, and mothers' health, **(Alexanderson et al., 2013; Dufour et al., 2014; Carlisle et al., 2018),** while, one study related to mental health **(de Freitas et al.,2017),** and two of them in ageing population **(Alexanderson et al., 2013;Kim et al.,2019).** While 4 studies include no disease focus and related Social factors that affect health, such as gender, water and sanitation, and poverty **(Monsen et al. 2015; Ballard et al., 2017; Vijay et al. 2018; Cicellin et al. 2019).**

One study demonstrates the quantity of social work support services offered in Family Health Teams and Community Health Care, as well as the kinds of services that social workers can perform in these settings The majority of practices (~84. %) employed social workers, however some also employed different kinds of mental health professionals.

Palliative care approximately (~17%), preventative measures medical care and wellness promotion (~64. %), and other services went beyond providing mental health treatment directly in numerous ways. These employees also provided group sessions on self-management (~33%) and healthy behavior (43.6%) in a number of practices **(Tadic et al.,2020).**

The following table contain5 studies describes Social innovation outcome

Table (2): The outcomes of social innovation

Author	Country	Innovator	Elements	Outcome
Henry et al.,2017	New Zealand	medical doctor	Overcoming cultural inconsistencies, high service costs, and limited access to care	1. ↑Community control over health in accordance with cultural collectivist ideals 2. ↓The indirect expenses of receiving care through a face-to-face medical consultation 3. ↑ Care affordability 4 ↑The suitability of in-person discussions
Vijay et al. 2018	India	medical doctors and volunteers	Overcoming the limitations of a hospice-based approach and gaining access to end-of-life services	1. ↑ Healthcare access 2. Affordability of medical care 3-↑ Knowledge of hospice care
Windrum et al. 2018	Austria	-	reorganizing diabetes treatment for chronic illnesses in a patient-centered manner	1. ↑ Patient education and self-care

				2. ↑ Diabetics' healthy lifestyle habits
Kim et al., 2019	South Korea	American	fixing the issues of an aging population, a high rate of mental illness and suicide among the elderly, and a lack of coordination between social and health services	1. ↑ Agency and community solidarity 2-↑ Well-being, both physical and mental, of the individual 3- ↑ Access to essential social services 4-↓ In expenditures related to health
; Cicellin et al. 2019	Italy	-Centro Medico Santagostino -Nuova Citta -Medici in Famiglia	utilizing various business models to close service deficiencies in the country's healthcare system where waiting lists are lengthy or quality is low	1-↑ Affordability of medical care 2-↑ Access to of medical care

Discussion

services of social workers

Despite the increasing primary care coordination in healthcare and social services, little research has examined coordination of laboratory science with social workers. A wide range of services are offered by social workers, such as patient education, mental health care, psychosocial care, and occasionally end-of-life care (McMillan et al., 2018)

In settings for primary healthcare, social workers' patient care responsibilities include conducting psychosocial evaluations and treatments, finishing thorough risk assessments, offering psychotherapy and other forms of counseling, referring patients to to neighborhood resources, encouraging healthcare provider actions, carrying out health promotion initiatives, navigating systems and coordinating care, providing ongoing case management, fostering stronger patient-provider relationships, helping to build teams, and occasionally helping with the education and training of other healthcare providers **(Horevitz and Manoleas 2013; Sverker et al.,2017; McMillan et al., 2018)**.

In PHC settings, a variety of modalities are utilized in the provision of social work services **(Sverker et al. 2017)**. research show that the majority of social work services are delivered through in-office appointments, with a greater focus on individual than on group appointments. We didn't ask in our survey how long social work appointments typically last, so we don't know. The data demonstrated that some social workers provide home visits; however, it is unknown what clinical scenarios and patient characteristics allow social workers in CHCs and FHTs to provide home visits most effectively Less than half of the social work practices reported offering group therapy to patients for lifestyle and self-management. **(McMillan et al., 2018)**.

Social innovation explanation

Following a systematic review in 2017, that found 252 distinct explanation of social innovations. **(Edwards-Schachter and Wallace.,2017)** Based on a variety of explanation from four articles, we offer a conceptual framework in this review for the distinctive features of social innovation.

Over the past ten years, social innovation has gained prominence as a viable solution to difficult and unyielding societal issues like poverty, globalization, inequality, and climate change. It also serves as a means of bringing about long-lasting social transformation. Innovative social work cut across administrative, political, and geographic borders **(Cajaiba-Santana 2014)**.

Health and social service innovation

In context of health and social service innovation three studies have done to address different issues in health care facilities in order to cope with issues with service delivery vertically low

contentment among employees, and onerous bureaucratic care processes, **(Monsen et al.,2015)** investigated the (Neighbourhood Care) Model example in the Netherlands. **(Windrum et al.,2018)** present the case of developing a standardized diabetes avoidance and treatment program based on patient-centered principles, and **(De Freitas et al.,2017)** offer a collaborative approach that involves families of patients with congenital defects in the planning of interventions in places where the responsiveness of the health system is lacking. Numerous nations' systems of care were reformed due to this initiative.

Four categories of social innovations for equitable health care were put forth by **(Mason et al.,2015)**: digital products, services, social enterprises, and social movements.

The social method for innovation was the subject of these studies **(Kroll et al., 2017; De Freitas et al.,2017; Carlisle et al., 2018; Srinivas et al.,2020)**. Participatory mechanisms were used in these studies to encourage the creation of fresh approaches to regional problems. In every instance, improving social ties and patient or public involvement in healthcare were the main objectives. Think tank methodologies, design sprints, and co-design processes were used as forms of collaborative workshops.

Care model innovation involved reorganizing care processes, including the way services were provided. This frequently involved moving facility-based services into the community and changing the nature and extent of providers to allow for greater autonomy or the delegation of tasks to non-health professionals **(Kreitzer et al.,2015; Henry et al.,2017Windrum et al. 2018; Vijay et al. 2018; Srinivas et al.,2020)**.

Difficulties in maximizing social work integration in health care

One of the issues is that administrative databases used to calculate It is frequently challenging to document the social work profession's contributions to care due to the based-on populations impact of care, as well as data from community health care interprofessional teams, have only recently become accessible. Results data were outside the purview of this study, but in order to emphasize the influence social workers have on the treatment of patients and medical results, we counsel social workers and leaders in in health care settings to incorporate data collection within the practice implementation **(Kiran et al. 2015)**.

We advise researchers to create surveys in a manner that can record social workers' contributions and laboratory specialists in health and social services.

Conclusion

Social innovation is a multifaceted thought that has been examined through a variety of paradigmatic lenses and theoretical frameworks. Social innovations fundamentally question the fundamental beliefs and culture of the prevailing system, rather than being seen as concrete outputs or solutions designed to satisfy unmet societal needs.

Health and social services now have access to numerous services that can enhance both outcomes related to population and individual well-being health thanks to social work incorporation and laboratory science.

Given the growing complexity of patients, future research will assist in identifying the best practices for social work and laboratory science in health and social settings in order to meet the increased demand for services.

In order to effectively identify the best kinds of activities, strategies, and delivery modalities that social workers and laboratories can employ to address the needs of patients with increasingly complex issues within the current framework of health and social services.

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