

Medical Social Workers' Intervention Space and Practical Challenges in Hospital Discharge Preparation: Postprint

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Abstract

Background: Discharge preparation can facilitate smooth transitions for patients from one care environment to another. In foreign medical institutions, discharge preparation constitutes one of the primary responsibilities of medical social workers. However, in mainland China, the involvement of social workers in discharge preparation remains relatively limited.

Objective: To understand the scope for involvement of medical social workers in discharge preparation and the practical challenges they encounter, thereby providing a reference basis for improving discharge preparation social work services.

Methods: From a multidisciplinary perspective, purposive sampling was employed to conduct in-depth interviews with 20 medical personnel (including physicians, nurses, medical social workers, and healthcare administrators) between March and June 2023. Nvivo12.0 software was utilized, and Colaizzi' s seven-step analysis method was applied to organize and analyze the interview data.

Results: Medical social workers in the discharge preparation service domain primarily conduct psychosocial assessments, develop professional service plans, provide social work interventions, and perform follow-up visits. While accumulating localized practical experience, they confront numerous practical challenges, including insufficient accessibility of social resources, multiple barriers in medical-social collaboration, absence of normalized mechanisms in hospitals, imperfect multidisciplinary collaboration, shortage of social work human resources, and the need for comprehensive capacity enhancement.

Conclusion: By advocating for the construction of social policy system mechanisms, establishing hospital multidisciplinary cooperation platforms, and pro-

moting the comprehensive capacity building of medical social workers, the development of discharge preparation social work services in China can be advanced.

Full Text

Intervention Space and Realistic Challenges of Medical Social Workers in Discharge Preparation

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Abstract

Background: Discharge preparation, also known as discharge planning, is a concentrated, coordinated, and multidisciplinary integrated process that helps patients smoothly transition from one healthcare environment to another. In foreign medical institutions, discharge preparation constitutes one of the primary responsibilities of medical social workers. However, in mainland China, social workers' involvement in discharge preparation remains relatively limited.

Objective: To understand the intervention space and realistic challenges faced by medical social workers in discharge preparation and to provide a reference basis for improving discharge preparation social work services.

Methods: From March to June 2023, we conducted in-depth interviews with 20 medical personnel (including doctors, nurses, medical social workers, and medical administrators) using purposive sampling from a multidisciplinary perspective. Interview data were organized and analyzed using NVivo 12.0 software and Colaizzi's seven-step analysis method.

Results: Medical social workers primarily conduct psychosocial assessments, develop professional service plans, provide social work interventions, and perform follow-up visits in the discharge preparation service domain. While accumulating some local practical experience, they face numerous realistic challenges, including insufficient access to social resources, multiple obstacles to hospital-community linkage, lack of standardized mechanisms in hospitals, inadequate multidisciplinary collaboration, shortage of social work human resources, and the need to improve comprehensive professional capabilities.

Conclusion: The development of discharge preparation social work services in China should be promoted through advocating for social policy system and

mechanism construction, building hospital multidisciplinary cooperation platforms, and enhancing the comprehensive capacity building of medical social workers.

Keywords: Social workers; Discharge preparation; Multidisciplinary cooperation; Intervention space; Realistic challenge

Introduction

Discharge preparation, also known as discharge planning, is a concentrated, coordinated, and multidisciplinary integrated process [1] in which interdisciplinary teams employ a bio-psycho-social approach [2] to guide patients through smooth transitions between care environments, such as from hospital to community. This process includes comprehensive patient assessment, collaborative decision-making with patients and families to determine optimal discharge plans, coordination and communication between families and medical teams, and connecting patient families with social support resources [3]. Research indicates that unmet needs at discharge often lead to poor prognoses, including complications, psychological distress, and readmission risks [4]. Discharge preparation services yield positive outcomes for both patients and hospitals. Patients benefit from continuous care and support between hospital and community services, increased satisfaction, reduced readmission rates [5], and enhanced recovery and community reintegration. For hospitals, these services reduce length of stay, improve bed turnover rates, and assist in cost control. As discharge preparation increasingly requires collaboration across professions, medical social workers play an important role as team members. What, then, are the intervention spaces available to medical social workers in discharge preparation services? What realistic challenges do they face in professional practice? This study employs a multidisciplinary perspective to conduct qualitative interviews, aiming to provide effective reference points for improving discharge preparation social work services.

Methods

1.1 Study Subjects From March to June 2023, we used purposive sampling to select 20 medical personnel as study subjects, including 6 nurses, 5 doctors, 7 medical social workers, and 2 medical administrators. Inclusion criteria required participants to have ≥ 3 years of professional experience in their respective fields. Exclusion criteria applied to non-employed personnel. Sampling continued until data saturation was achieved. Among the 20 participants (6 male, 14 female), professional experience ranged from 3 to 28 years. There were 4 senior-level, 13 intermediate-level, and 3 junior-level professionals. Participants were from tertiary hospitals (n=15), secondary hospitals (n=3), and primary hospitals (n=2).

1.2 Interview Outline Based on literature review, expert consultation, and group discussion, researchers developed an interview outline. Pilot interviews were conducted with 2 medical personnel before formal interviews, and the outline was adjusted accordingly to form the final interview questions .

1.3 Data Collection Semi-structured interviews were conducted via Tencent Meeting or in-person in conference rooms, each lasting approximately 40-60 minutes. Interviews were audio-recorded with consent. Researchers practiced active listening and empathy, avoiding interruptions and asking follow-up questions during pauses. Participants were asked for additional comments or clarifications before concluding. Subject recruitment ceased when interview data reached saturation.

1.4 Data Analysis Interview recordings were transcribed and imported into NVivo 12.0 software for analysis using Colaizzi' s phenomenological approach. Two researchers independently coded and analyzed the textual data, with themes refined through group discussion.

Results

2.1 Intervention Space In China' s discharge preparation work, doctors and nurses assume primary roles. Doctors focus on disease diagnosis and treatment, assessing patients' post-discharge physiological rehabilitation needs, and recommending follow-up schedules and precautions. Nurses serve as the main coordinators, managing discharge plan development, quality control, multidisciplinary team coordination, and providing care knowledge and skills to patients and families (e.g., pressure sore and skin care, nasogastric tube management). However, with the emergence of holistic health concepts and transformation of medical models, people recognize that health and disease influences are multidimensional, encompassing biological, psychological, and social dimensions. Factors affecting patient discharge extend beyond physiological indicators to include psychosocial needs such as family caregiving requirements, social support systems, economic burdens, and psychological adaptation. Due to heavy clinical workloads, healthcare professionals have limited capacity to address patients' psychosocial needs, creating space for medical social workers to join multidisciplinary teams.

Medical social workers maintain a “person-in-environment” perspective and can undertake the following activities in discharge preparation services:

2.1.1 Conducting Psychosocial Assessments of Emotional, Family Care, and Community Support Needs: Medical social workers use discharge preparation questionnaires or scales for high-risk screening. For potential clients, they obtain information from medical teams about disease recovery and subsequent care needs, particularly regarding activities of daily

living, mental status, and medication management capabilities. Using professional skills such as listening, empathy, and clarification, social workers establish professional relationships with patients, assess family and community support systems (e.g., family relationships, caregiving support, available economic/human/environmental resources), and identify psychosocial needs, available resources, and coping mechanisms to provide a foundation for service goal development.

2.1.2 Collaborating with Medical Teams and Families to Develop Professional Service Plans: Medical social workers coordinate with healthcare teams and communicate with patients and families to develop personalized discharge preparation plans. Service plan objectives should directly address patient problems and needs, be actionable, align with multidisciplinary team capabilities, and invite patient and family participation. Social workers help patients prioritize problems based on urgency, difficulty, and individual circumstances. One social worker explained: “After understanding patient needs and communicating with families, we identify suitable nursing homes together to improve the patient’s quality of life in their final days while ensuring convenience for family visits. For elderly patients, children’s participation is crucial because most discharge placement targets are patients in poor condition with limited self-determination capacity, so families often make final decisions. In multi-child families, we help children achieve decision-making balance.” (S2)

Another noted: “Organizing discharge preparation meetings allows healthcare providers and social workers to collaboratively develop discharge plans. Patients can prepare questions in advance, and social workers assist them in organizing these questions to receive comprehensive responses through group discussions.” (S7)

2.1.3 Providing Psychosocial Professional Services and Empowering Patient Families: Medical social workers provide necessary support and referrals. During implementation, they serve as supporters, coordinators, educators, and policy advocates.

Emotional and Cognitive Interventions: Social workers provide emotional support to patients and families, facilitate disease adaptation and understanding, alleviate anxiety, promote family communication and relationships, and coordinate doctor-patient relationships. One doctor stated: “Social workers can conduct pre-discharge education, particularly for patients with difficult social adaptation, helping them and their families adjust post-surgery and develop correct understanding of changes.” (D5)

In psychiatry departments with high patient-to-staff ratios, social workers play a crucial role: “When doctors cannot perform this work due to heavy workloads, social workers conduct discharge education emphasizing medication adherence. They discuss with patients: ‘What were you like when admitted? With medication help, your symptoms disappeared, your mind cleared, and your state returned,’ helping patients comprehend this transformation.” (S4)

Linking Social Resources: For patients recovering at home, social workers organize volunteers to assist with smooth discharge, connect families with alternative care or respite services, and empower families. They also collaborate with medical staff to provide training on post-discharge self-care knowledge and skills through educational groups and health manuals, helping families become competent caregivers.

One social worker explained: “On levels where medical staff cannot help—for instance, when patients cannot discharge themselves and need assistance from hospital to hotel—social workers can integrate volunteer resources to assist patients.” (S3)

Regarding care arrangements: “When communicating with families, we suggest finding alternative care such as hiring caregivers, accessing long-term care insurance, or entering institutions. We provide stress relief for caregivers in the hospital and help connect them with community care resources or respite services outside the hospital.” (S2)

Social workers also compile support manuals informing patients about psychological support resources: “When patients develop serious psychological issues that families cannot address, the manual tells them which hotlines to call or whom to seek help from. It includes resources like peer support platforms—for example, how cancer patients can manage home care—and even legal aid information for issues like end-of-life estate planning, which many patients begin struggling with at the bedside. Social workers can also assist with questions about commercial insurance usage.” (S3)

For patients transferred to other care facilities, social workers collaborate with medical staff to establish connections with these institutions, transferring patient information, health status, psychosocial needs, and discharge plans [6].

Building Post-Discharge Peer Support Platforms: Social workers facilitate mutual aid and exchange platforms for discharged patients and families. As one explained: “From the patient perspective, the ‘Concentric Circle Club’ allows them to meet peers with similar experiences who can share knowledge, provide emotional support, and offer information about national policies or financial assistance for diseases that patients might not otherwise know.” (S4)

2.1.4 Conducting Follow-up Visits and Evaluating Discharge Preparation Work: Medical social workers conduct regular follow-ups via phone or WeChat to understand discharge plan implementation and physical recovery, monitor self-management capabilities and quality of life, comprehensively evaluate service processes and patient improvement, and provide necessary support and guidance.

One social worker described: “After assessing needs, we begin linking institutional resources, typically recommending two to three referral options. We provide relevant information for clients to schedule visits and make confirmations themselves.” (S2)

Another explained their follow-up process: “We call clients more than one week post-discharge, or have them contact us proactively to report stability in institutional or home settings and whether further supportive service coordination is needed. If everything is stable, services are terminated.” (S2)

2.2 Realistic Challenges In recent years, China’s medical social workers have explored discharge preparation services for elderly chronic disease patients [7], stroke patients [8-9], and work-related disability patients [10], accumulating some local practical experience while facing many realistic challenges. Based on social-ecological systems theory, these challenges manifest at three levels: macro (societal), meso (hospital), and micro (social worker).

2.2.1 Macro Level: Insufficient Social Resource Accessibility and Multiple Hospital-Community Linkage Obstacles. Discharge preparation services require effective hospital-community 衔接 to provide continuous care. In 2009, the CPC Central Committee and State Council proposed gradually implementing community-first diagnosis, tiered medical care, and two-way referral in *Opinions on Deepening Medical and Health System Reform* [11], which would facilitate establishing a collaborative medical service system across institutions. In 2023, *Opinions on Further Improving the Medical and Health Service System* [12] provided more detailed guidance, emphasizing the need for enhanced collaboration among medical institutions, nursing homes, specialized rehabilitation institutions, elderly care institutions, and hospice institutions to promote tiered diagnosis and treatment, integrated systems, and optimized health service networks. This high-level government attention provides policy support for positive interaction between different medical institutions, particularly tiered diagnosis and treatment system construction.

However, reality reveals that China’s social welfare security system remains imperfect, with unbalanced regional development, insufficient community medical service capacity, and scarce community resources, affecting patient and family willingness to accept referrals and trust in the system. Furthermore, hospital-community linkage mechanisms remain immature, with no established resource-sharing platforms. Competition and conflicting interests between institutions at different levels [13] create obstacles in information communication and resource utilization.

One social worker noted: “Our hospital primarily serves Shanghai local patients, so resources within Shanghai are relatively accessible, and we can easily contact relevant institutions. However, connecting with out-of-province psychological counseling institutions is quite difficult.” (S2)

Another healthcare provider observed: “Although national policy currently calls for discharge referral from tertiary to lower-level medical institutions, the actual 衔接 is severely disconnected. There are few designated connections between tertiary hospitals and community hospitals.” (D2)

An administrator added: “Both upward and downward referral pathways are

difficult to establish and cannot be solved at the hospital level. We cannot influence secondary hospitals, primary hospitals, or nursing homes, as their beds are also tight. Community hospitals with serious patients cannot directly transfer to our hospital either, because our beds are also tight. Current medical consortiums and tertiary hospital groups are relatively loose.” (M2)

2.2.2 Meso Level: Hospitals Have Not Established Normalized Mechanisms, and Multidisciplinary Collaboration Remains Inadequate.

Hospitals lack unified, systematic, and clear definitions of discharge preparation services, with understanding limited to vague perceptions and experimental attempts [14]. No institutionalized discharge preparation mechanisms or comprehensive procedures/guidelines exist, affecting patients’ access to continuous, comprehensive health care.

Discharge preparation services require multidisciplinary team effort. Multidisciplinary collaboration emphasizes patient-centered care, effectively integrating technical expertise from doctors, nurses, medical social workers, and other professionals to improve medical service quality and patient satisfaction. While multidisciplinary diagnosis and treatment are well-developed abroad, they started late in China and face numerous implementation challenges. Cross-team collaboration mechanisms remain unestablished, with unclear division of labor and professional boundaries. Currently, some Chinese hospitals and physicians have unclear understanding of multidisciplinary collaboration, limiting it to specialized diagnosis and treatment. Interdisciplinary communication is inadequate, with poor communication including lack of communication skills among team members, unclear role positioning, inability to share common goals, and improper conflict resolution [15]. Additionally, insufficient organizational incentives and unbalanced performance distribution reduce participation enthusiasm. Although research indicates that involving patients in treatment discussions incorporates more information into decision-making, reality shows the opposite: one study found that 95% of multidisciplinary discussions exclude patients [16].

One social worker explained: “Discharge placement is not highly valued as a routine task in hospitals. Our implementation lacks normalized practice. It’s more reactive—if referred, we act; if not referred, it’s difficult to proactively identify cases. This prevents forming a normalized, more professional, and influential program. Multidisciplinary team collaboration also has communication barriers. Some medical staff have strong awareness and provide detailed information about patients’ post-discharge conditions, enabling us to identify suitable institutions more accurately. Other doctors are relatively indifferent, lacking professional medical advice when we promote discharge preparation, which hinders our ability to help patients find appropriate facilities.” (S3)

Another noted: “From hospital leadership or medical staff perspectives, they feel social workers are unnecessary or optional, which involves the issue of social worker recognition within hospitals. Social work currently suffers from ‘blooming inside the wall but fragrant outside’ —we do discharge preparation work, and external conferences or social work exchanges think we do it well, but hospital

departments may not know you exist, understand your significance, or know what social workers do.” (S3)

A third social worker observed: “The medical team’ s positioning of the social worker role is unclear. Yesterday, a nursing department teacher contacted us about a disabled patient needing wheelchair assistance. This reveals that nursing and medical teams have inaccurate or biased understanding of social workers, which greatly affects multidisciplinary teamwork because the most basic premise of cooperation is mutual understanding. I know what doctors do, but do doctors know what we do?” (S7)

2.2.3 Micro Level: Social Worker Human Resource Shortage and Need for Comprehensive Capacity Enhancement. As an important member of the discharge preparation service team, social workers are severely understaffed. Although the 2006 Sixth Plenary Session of the 16th CPC Central Committee proposed building a large social work workforce, and subsequent national and local documents promoted team construction, the reality remains concerning.

One social worker explained: “Current social worker staffing is too low. If I provide social prescriptions, social rehabilitation, and admission/discharge services for patients, how do I determine which patients to serve? Our hospital has only 2 social workers, but we discharge 3,000-4,000 patients monthly—how can we manage? This is a systemic issue.” (S3)

Another noted: “Social worker staffing is insufficient relative to medical staff and patients, limiting clinical participation time. We hope hospitals will prioritize this and provide human resource support in new employee recruitment to ensure adequate social work staffing.” (N2)

Taking Shanghai as an example, the 2012 *Implementation Opinions on Promoting the Construction of Medical Social Work Talent Teams (Trial)* [17] specified staffing requirements: 1 full-time medical social worker per 300-500 beds in general hospitals, and 1 per 100-300 beds in specialized hospitals (pediatrics, mental health, oncology, rehabilitation). By 2020, Shanghai health statistics showed 123 hospitals employing 350 medical social workers [18]. Additionally, Beijing had 265 medical social workers across 89 institutions in 2021 [19], while pilot hospitals in Hubei averaged 2.7 social workers per hospital, and Guangdong averaged 3.2 [20]. Even in these leading regions, staffing inadequacies highlight China’ s overall shortage of medical social workers, affecting multidisciplinary team completeness.

Furthermore, discharge preparation services demand high professional competence from medical social workers, including psychosocial assessment and high-risk screening, crisis intervention, family therapy, group counseling, community resource linkage, coordination with community rehabilitation institutions, and caregiver support. The complexity of high-risk patients’ physiological, psychological, and social functioning poses greater challenges.

One social worker noted: “This work involves extensive communication and coordination, requiring accurate prediction of family needs—including which resources suit the family best and what plans they can accept. The comprehensive challenge is significant, requiring coordination among patients, families, and doctors for integrated communication to identify needs and establish plans.” (S2)

Another questioned: “Is our technology sufficient? Doctors provide personalized discharge summaries for each patient. Do social workers have the capacity to provide social prescriptions? Are our offerings targeted and scientifically sound? How do we evaluate them when industry standards are lacking?” (S3)

Discussion

Based on the realistic dilemmas faced by China’s medical social workers in discharge preparation services and drawing on experiences from other countries and China’s Hong Kong and Taiwan regions, we propose the following intervention pathways:

3.1 Advocating for Social Policy System and Mechanism Construction

Medical social workers should use research, policy proposals, and social advocacy to call for policy improvements and strengthen primary medical service system construction. Simultaneously, they should promote medical social work team building through supervision, education, and multi-party employment. Medical social workers need organizational and advocacy awareness, a social-ecological systems perspective, and the ability to build strategic community partnerships to participate in optimizing medical service processes and policy recommendations, actively promoting positive interaction between hospitals, communities, and social organizations.

3.2 Building Hospital Multidisciplinary Cooperation Platforms

Discharge preparation services are a coordinated, multidisciplinary integrated process. Research shows that systematically integrating healthcare and social work resources can improve discharge preparation service quality [21]. To facilitate smooth patient transitions from hospital to community, multidisciplinary cooperation and referral mechanisms must be established, with formal, comprehensive communication platforms built through information systems. Multidisciplinary teams require dynamic collaboration and effective communication. Different disciplines must clarify their responsibilities and roles while maintaining role flexibility, reaching consensus on team norms, values, responsibilities, and goals, with mutual respect, trust, awareness of interconnections and interdependencies, and open communication and sharing [22].

3.3 Promoting Comprehensive Capacity Building of Medical Social Workers

Discharge preparation services represent a core business of medical

social work and a crucial step for patients' smooth discharge, continued rehabilitation, and physical and mental recovery. Medical social workers need to enhance their practical capabilities, particularly comprehensive assessment and intervention skills for patients with discharge difficulties. Through regular ward rounds and high-risk screening, they can promote early intervention in discharge preparation services. They should also map and integrate community resources, collaborate with social organizations, and strengthen active connections between hospital and community social workers.

Discharge preparation services integrate medical and community care resources to address patients' diverse needs during the discharge stage, ensuring safe, smooth transitions from hospital to home or appropriate healthcare institutions to guarantee continuity of care. Medical social workers must actively leverage professional strengths, establish good professional relationships with patients and families, explore their capabilities and resources, and use professional methods to support patients and families in disease adaptation, emotional regulation, policy awareness, and access to welfare resources, while inviting them to participate in discharge plan development and implementation.

Currently, nursing dominates discharge preparation research in China, with social work perspective research relatively scarce, leaving considerable development space compared to international contexts. Future Chinese medical social work needs breakthroughs in discharge preparation practice model summarization, interdisciplinary team cooperation and support, and social work evidence-based research.

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