

**Female Clients and Endometriosis in the Social Work Health Care Setting**  
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**Abstract**

This piece highlights women's plight in the health care setting. Far too often, women seeking medical sanctuary are overlooked and dismissed as cases of what was once known as "female hysteria." This paper focuses on the journey of Cassie Bennett, a hypothetical client struggling with a diagnosis that primarily impacts women: Endometriosis. This paper aims to analyze and provide constructive feedback regarding the treatment provided to Ms. Bennett and start a conversation about the importance of client advocacy and empathy. The world of health care can seem quite intimidating to clients. It is the responsibility of health care professionals and social workers to establish healthy rapport and conduct in-depth assessments of clients to ensure that all used forms of intervention are appropriate for the client. Another important aspect of this case study is the need for a successful discharge plan. Care does not stop when the client leaves the facility. Please refer to Figure 1 for a brief brochure summarizing the findings of this paper.

**Introduction**

The client for this case is Cassie Bennett, an English-speaking white woman in her early 20s. Ms. Bennett is a woman living with Endometriosis (NBC, 2020). Endometriosis is a condition that causes inflammation and scarring of uterine tissue that can result in painful, dangerous cysts (Office on Women's Health, 2021). The client is admitted to the hospital after she explains that she is having excruciating pains in the abdominal region of her body. She is very familiar with her body and only admitted herself to the hospital because she knew that something different was occurring. Her regular OBGYN was not available until the following week. The client explains that previous doctors have dismissed her case and given her unrealistic advice in the past. The client does not indicate how long she has lived with this condition but expresses that she has "been [dismissed] more times than [she] can count" (NBC, 2020). She says that doctors have gone as far as to "prescribe" her to get pregnant to alleviate the painful symptoms of Endometriosis.

Even in this hospital, the physician quickly dismissed her case and explained that pain does not indicate a real problem more often than not. In the case of Ms. Bennett, the physician was not entirely familiar with Endometriosis, resulting in a lack of compassion and empathy toward the client. After conducting a transvaginal ultrasound, the results came back inconclusive. After reporting to others, the physician is told by their male superiors that there is nothing more they can do as a facility. Even after the physician expresses her concerns, such as possible inaccurate medical imaging, the superior explains to the physician that they will only offer pain medication and ask the client to return if their condition worsens. The superior ends the conversation by saying that surgical intervention is not an option until the physician can provide extreme and unmistakable evidence. The medics explain that they can refer her to her gynecologist and take it from there. The physician assigned to Ms. Bennett discharges the client and suggests they use simple pain medications and return if the pain progresses. The client is displeased and leaves. Later that day, the client returned to the facility in worse condition. The client is faint, losing color, vomiting, and has had a hemorrhage. Only at this point does the facility take immediate action to assist the client. Sadly, because service providers did not take the client's concerns seriously fast enough, the client must quickly enter invasive surgery. Sadly, the client loses an ovary in surgery. This was an incredibly traumatic experience for the client, and she explains that her intuition was correct and hopes that future clients in her position will be treated with the respect they deserve (NBC, 2020).

### **Dignity and Self-Advocacy of the Client in Health Care**

Advocacy is one of many critical components of the profession of social work (NASW, 2017). Clients can partake in "self-advocacy" when meeting with service providers. In self-advocacy, the client explains their situation and attempts to speak up for their interests. Listening

to and trying to understand the client while they self-advocate is a fantastic way to build rapport. By allowing open dialogue to flow directly from the client, the client can feel as if they are a part of the service plan, establishing a tremendous trust with their service provider.

Relating the importance of self-advocacy to the case of Ms. Bennett, upon meeting with the physician for the first time, Ms. Bennett immediately explains that she knows her body and knows what the physician will tell her. She asserts herself and tells the physician that she refuses to be sent away because she knows her body is trying to tell her something. This was self-advocacy, a significant strength to have as a client in a seemingly untrustworthy environment.

While self-advocacy is essential, it can only go so far. It is up to social workers to take the information given by the client and manifest a service plan. For example, in the case study, the physician wanted to ensure that the hospital provided the necessary services needed for Ms. Bennett. The physician discussed the possibilities of insufficient care previously and currently provided with their supervisor and advocated for additional care (Dziegielewski & Holliman, 2020). Advocacy was an ethical imperative in this situation because it could have been worse for the patient had the physician not gone above and beyond by seeking out their supervisors.

### **Dignity and Worth of the Client in Health Care**

Another critical aspect of social work that is important to the case of Ms. Bennett is the core value of dignity and worth of the person (National Association of Social Workers [NASW], 2017). The supervisors bluntly stated that the client was exaggerating the severity of the symptoms she was experiencing. This attitude and behavior go directly against this core value and put the client's life at risk. The fast-paced environment implied they lacked reasons to spend resources on this specific client, so they wanted to refer them elsewhere. The client was treated as if they lacked dignity and worth.

Another substantial factor in social work is collaboration in Health Care. The physician assigned to Ms. Bennett worked alone and only confided in the supervisor for a short conversation. This physician was only thinking about what to do in the current moment, not the future. The client left the hospital without any guidance on dealing with the toll of the experience. The team could have considered multiple values and perspectives (Dziegielewski & Holliman, 2020). Since there was essentially one person making unilateral decisions for Ms. Bennett, she was rushed into a form of intervention without being consulted or briefed. No one took the time to ask Ms. Bennett if she was accepting of the interventions proposed. A suggestion for this would be to inform the client about all possible solutions and surgical procedures. Pamphlets and briefs could be gathered and given to the client to review and process. Preferably, this would be completed during the initial visit, rather than when the client returns in a worse condition.

### **Research in Health Care**

Another area to consider in social work is research in Health Care. Without research, underserved populations will continue to be mistreated. Endometriosis is an incredibly underfunded and under-researched condition (Rogers et al., 2009). This could lead to a lack of solid guidelines for treating this chronic condition. Without research, professionals will struggle to understand how the client feels and how to manage their condition. A lack of research also means limited evidence-based treatments available for the client. Evidence-based treatments are essential to social work because it allows the social worker to make treatment plans that are most optimal for the client's success (Virginia Commonwealth University School of Social Work, 2021). A lack of documented successful and evidence-based options could result in the client not having a confident intervention plan.

## **The Importance of Discharge Plans**

Discharge plans are essential in the field of social work health care. Efficient discharge plans are needed to improve a patient's quality of life and ensure continuity of care (Patel & Bechmann, 2021). Clients need stability in their lives, but sadly, social workers cannot be the constant support a client needs. Social workers and health care workers must appropriately terminate their relationship with their clients. When termination and discharges are made, the need for care does not stop. For example, Ms. Bennett has a chronic condition that does not have a cure. When she is discharged from the hospital, she will still need treatments and interventions to manage her condition. Rather than having a specific social worker be a constant in a client's life, social workers can network other resources that can assist their clients in the long run, post-termination.

A successful model for discharge plans is the Ambulatory Integration of the Medical and Social (AIMS) model. The AIMS model considers the following: patient engagement, assessment, care plan development, case management, and ongoing maintenance as needed (Rizzo et al., 2016). First and most importantly, patient engagement must occur. The service provider should discuss the desired goals and possible impacts with the client. For example, in the case of Ms. Bennett, the client's goal is to eliminate her pain. Since the client has already gone through surgery, the social worker should ask how they feel and how they would manage their future. A social worker familiar with OBGYN practices, fertility, and trauma would greatly benefit Ms. Bennett.

Next, the client can explain their experiences with their condition for assessment purposes (Rizzo et al., 2016). The client can explain, in chronological order, the relevant areas of their biopsychosocial-spiritual map. This can be followed by questions when needed. This is

important because it will highlight the influential areas of their life course and illuminate their social determinants of health (SDOH) (Rural Health Information Hub, 2020). For example, since this is a case about a woman and her reproductive system, it is essential to consider her SDOH of reproductive rights (Rural Health Information Hub, 2020.). Reproductive history should be asked about. Policies and practices that might have impacted her in the past can be considered. Her history and relationship to policies will be relevant when considering SDOH in light of healthcare practices (Rural Health Information Hub, 2020.). Questions such as her access to care, how often she has been turned away, whether the treatment has been affordable for her, and what services have been provided are essential. By discussing this information with the client, the social worker and client can collaboratively create an action plan that suits her goals and personal preferences.

Next is case management, which ideally means reviewing problem-solving issues and linking the client with needed services and support systems (Rizzo et al., 2016). For Ms. Bennett, this would specifically be an OBGYN specialist in addition to individual and group counseling. The first purpose would be the core service of information and health education (Dziegielewski & Holliman, 2020). By attending these sessions and having a reliable OBGYN, the client will obtain information relevant to their condition. For example, these sessions could provide her with insight and experiences that she is unaware of. She could learn how to manage her condition and learn about accessible and affordable versions of needed services. These systems could also be used to help manage trauma. The client just underwent invasive surgery after having her voice minimized. That could be a traumatic experience, and counseling could be beneficial.

Finally, for ongoing care, regular check-ups from an OBGYN are recommended. Since it was explained that pain is not the most significant indicator of the severity of the diagnosis, it is safe to say that check-ups could ease some stress of the uncertainty of the future. Mental health and physical health are connected (Ohrnberger et al., 2017). This case was traumatic for Ms. Bennett and could have left emotional trauma. As a result, the client might struggle with anxiety and distress over their condition. They might fear that this same situation could occur again. The client should have a continuous relationship with a medical professional to be proactive in their plans. Since the client's goal is to alleviate the pain, her service providers can recommend various methods such as birth control, pain-relieving medication, non-medicated pain relievers (e.g., physical therapy or heating pads), holistic approaches, and surgery.

### **Conclusion**

To conclude, the client has had some very rough experiences with the healthcare system in their life. This is a significant SDOH because it is directly related to life course frameworks such as unfolding and health development (Halfon & Forrest, 2017). The client has lacked mezzo-level support systems (e.g., supportive and nurturing medical professionals), which means their health development was poor (Halfon & Forrest, 2017). Lacking a support system means that the client lacks an external environment to grow in. This also impacted the unfolding of her biological development because the roadmap for her growth did not have any interventions to prevent her condition from worsening (Halfon & Forrest, 2017). For example, the genes directly related to her diagnosis continued to unfold and declined her state of health since doctors refused even to entertain the idea of providing treatments. Since doctors continued to turn her away, her condition worsened.

All clients should receive culturally responsive care. In the case of Ms. Bennett, womanhood plays a prominent role. Biological sex is a crucial factor that impacted the case study of Ms. Bennett. A woman is in agony because her reproductive system is being attacked by excessive tissue. The physicians labeled her as a hysterical woman overreacting to an incurable condition. The physicians, at times, seem to be annoyed with her because of her bodily reaction to Endometriosis. A client should feel empowered when speaking to social workers and health care service providers.

Another essential facet in the case of Ms. Bennett is age. We must consider biological factors. Another life course development factor is time (Halfon & Forrest, 2017). As clients age, their bodies will change and handle health symptoms differently. The client might not bounce back as quickly from other flare-ups. There needs to be a discussion on how age will impact her treatment and future. Another question to consider, does the client plan on starting a family in the future? This condition might make it hard for the client to start a family as soon as possible, and age might add another challenge. Long-term planning is needed to address this immediately if this is a future that the client would like. This case study should consider the intersectionality between sex, age, and relationship status because they could impact the client's desired treatment. Service providers should consider sex for biological development purposes and relationship status for family planning purposes.

For the treatment of this client post-operation, counseling and medical specialists are required for ongoing care and treatment. Since Endometriosis is not curable, the client needs a road map for managing their condition (U.S. Department of Health and Human Services, 2020). This roadmap must be directly tailored to the client's biopsychosocial-spiritual needs so that the client is more likely to follow through with the plan. If they are uncomfortable with a program or



plan, they might abandon it, creating future problems. Therefore, the client should be referred to specialists and counseling resources. With a specialist, an individualized plan can be created to assist in her goal of alleviating pain since there is no cure. Counseling is also an excellent form of care that can be implemented into a care plan because it will provide a constant support network.

To conclude, the client, Ms. Bennett, would have significantly benefitted from an empathetic team of service providers and a discharge plan that considered the various social determinants of health that could have impacted the client. Refer to Figure 1 to view a handout that summarizes the case of Ms. Bennett and review possible treatment and discharge plans.

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Figure 1

The Case of Cassie Bennett Handout

### Care Plan

**Diagnosis**

- Pelvic exams, ultrasounds, magnetic resonance imaging, and Laparoscopy [2]

**Treatment**

- Pain medication
- Hormone therapy
- Conservative surgery
- Fertility treatment
- Hysterectomy
- Coping and support
- Lifestyle and home remedies
- Alternative medicine

**Social Work Core Services**

**Patient Advocacy** - patients with this diagnosis are often dismissed and sent home

**Psychosocial Evaluations** - physical pain and fertility issues can impact mental health

**Concrete Service Provisions** - find aftercare plans for client since this is a chronic issue: gynecologists, therapists, counselors, support circles [3]

### EXAMPLE OF CASSIE BENNETT

Cassie Bennett is a young woman who has been suffering from Endometriosis for what appears to be a long time. In the past, doctors have neglected her concerns and self-advocacy. Cassie explains that she has been experiencing pains that are significantly different from her usual “flare-ups” [4].

Cassie Bennett is determined to seek further treatment and is not assisted until she finally hemorrhages in a public space. She is immediately taken into surgery, where she loses an ovary.

Cassie Bennett is just one example; this pamphlet aims to prevent situations like this from occurring with future patients.

### Care and Discharge Plan

**Patient Engagement** - discuss desired goals of the client, WITH THE CLIENT

- What kind of treatment would they like, how would they like to manage their experience, etc.

**Assessment and Care Plan Development** - ask the client to explain their experiences and situation

**Case Management** - link patient to specialists and concrete services

**Ongoing Care as Needed** - encourage routine checkups (pain is not an indicator) and self-motivation [5]

### IMPORTANCE

There has been little to no advancements in treatment and management of the disease for the past decade

Endometriosis could explain up to half of unexplained infertility cases and nearly all of chronic pelvic pain in women

Severely underfunded area of treatment and management

Chronic disease that becomes expensive and life consuming [6]

### Endometriosis



Note. This is a brochure made for the purpose of briefly educating the public about Endometriosis and the case of Cassie Bennett.