(REVIEW ARTICLE)

Effectiveness of the Bridge Model in Improving Professional Performance of Social Workers in Hospital Settings: A Systematic Review

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Abstract

Background: Social workers play a vital role in hospitals by providing psychosocial support, facilitating multidisciplinary collaboration, and linking patients with community resources. However, their professional performance often remains constrained by traditional practices and limited integration with modern theoretical models. This study aims to propose a framework for activating the professional performance of social workers in hospitals through the Bridge Model, emphasizing its application at King Abdullah Specialist Children's Hospital.

Methods: The research adopted an analytical and descriptive approach, combining theoretical review of professional performance concepts and the Bridge Model with structured observation of social work practices in the hospital setting. Key elements such as professional knowledge, skills, ethics, and institutional support were examined, alongside challenges affecting social workers' ability to meet patients' complex needs.

Results: Findings revealed a gap between theoretical knowledge and applied practice, with social workers facing barriers including administrative overload, limited training opportunities, and weak institutional-community integration. The proposed framework highlights four components: the coordinating role of social workers, the use of bridging tools (digital files and referral systems), professional training and development, and systematic monitoring and evaluation. Implementation requires multi-level interventions—organizational, professional, and community-based—supported by policies, training programs, and partnerships with civil society.

Conclusion: Activating the Bridge Model in hospital settings can enhance the professional performance of social workers by ensuring holistic, continuous, and integrated care. The framework strengthens their role as mediators between healthcare institutions and community resources, thereby improving the quality of life of vulnerable patients—particularly children with cancer and chronic illnesses.

Keywords: Social work; professional performance; Bridge Model; hospital social workers; psychosocial care; King Abdullah Specialist Children's Hospital

1. Introduction

The social worker is an essential member of the medical team within hospitals, as their role involves providing psychological and social support to patients and their families, while also enhancing the quality of healthcare through professional interventions that take into account both individual and community dimensions. Social workers assess the

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social and economic conditions of patients, coordinate with multidisciplinary teams, prepare suitable intervention plans, and facilitate access to necessary community resources such as charities or government support programs. Their practice relies on a range of professional skills, including interviewing, assessment, planning, intervention, and follow-up, alongside adherence to professional ethics, such as respect for human dignity, confidentiality, and social justice. They also deal with complex issues that require a strong sense of responsibility, including chronic diseases, psychological conditions associated with illness, family breakdown, disabilities, and domestic violence.

In light of rapid social and economic changes, the need to develop social workers' professional performance is increasing, with the aim of delivering effective services that help address the problems faced by individuals and groups within institutions (Albrithen & Yalli, 2021). The Bridge Model is one of the modern theoretical models in social work. It focuses on linking theory and practice by activating critical thinking skills and integrating knowledge with practice. The model also enhances the social worker's ability to build effective links between patients, medical teams, and civil society organizations, ensuring the provision of holistic and sustainable care. This paper seeks to present a proposed framework for activating the professional performance of social workers using the Bridge Model by identifying its dimensions and possibilities for application in Arab societies. Despite the growing professional challenges that social workers face, practice still often relies on traditional patterns without fully utilizing modern theoretical frameworks. Here lies the need for professional models that harmonize theory and practice—such as the Bridge Model.

The importance of this study lies in its potential to enhance the professional performance of social workers in line with the Bridge Model as a modern approach that keeps pace with professional developments in social work practice. It also seeks to provide guidance for decision-makers in the health and medical sectors by offering effective tools when working with children diagnosed with cancer. Moreover, the study contributes scientifically and professionally to the development of social workers' applied skills within the field of social work. The central aim is to establish a proposed framework for activating social workers' professional performance using the Bridge Model, with application at King Abdullah Specialist Children's Hospital. To achieve this aim, the paper will address several themes, including the theoretical framework of professional performance concepts and the Bridge Model, the analysis of the reality of social workers' professional performance at the hospital, and finally, a proposed framework for activation through the Bridge Model.

2. Theme One: Theoretical Framework of Social Workers' Professional Performance and the Bridge Model

2.1. Professional performance of the social worker in the medical field

The concept of professional performance refers to the social worker's ability to carry out their assigned tasks efficiently and effectively by translating theoretical knowledge, technical skills, and professional values into practical interventions that meet client needs and fulfill institutional goals. It is defined as the capacity to implement professional tasks within an ethical, knowledge-based, and skills-oriented framework that aligns with the objectives of social work. This performance reflects the interaction between theoretical knowledge, applied skills, professional values, and the ability to conduct accurate assessments, create intervention plans, and engage in continuous evaluation. Trevithick (2012) describes it as the professional capacity to use social and cognitive skills in an organized practice context guided by ethical and knowledge foundations, aiming to bring about positive change in the lives of individuals and groups. Payne (2020) further emphasizes that professional performance depends on commitment to professional standards, quality of service delivery, and positive engagement with multidisciplinary teams and the broader community.

The components of professional performance in the medical field include professional knowledge, work performance, professional and ethical behavior, individual capacities, and technical skills. Professional knowledge involves familiarity with theoretical concepts, models such as the Bridge Model, laws, and institutional policies. Within medical contexts, this extends to understanding diseases, referral systems, and community resources. Work performance refers to the ability to complete tasks with efficiency, accuracy, timeliness, and cost-effectiveness, all while adhering to institutional requirements (Trede & Smith, 2014). Professional and ethical behavior reflects the way social workers interact with colleagues, clients, and healthcare teams in a manner consistent with professional values, such as privacy, respect, dignity, justice, neutrality, and client empowerment. Individual capacities encompass decision-making, responsibility, commitment, self-development, teamwork, and communication skills—particularly crucial in complex settings like caring for children with chronic illnesses (Schön, 1983). Finally, technical skills cover practical competencies such as assessment, interviewing, communication, case management, documentation, crisis intervention, and interagency coordination.

Several organizational and environmental factors also influence professional performance. These include the nature of the work environment, such as policies, tools, training, and resources, as well as the clarity of roles and responsibilities and the quality of administrative supervision and institutional support. Effective performance requires fulfilling multiple conditions. First, social workers must meet knowledge requirements through mastery of social work foundations, theories, and models, with the ability to apply them in real-life practice. Second, they must meet skills requirements by demonstrating proficiency in information gathering, intervention, referral, and service evaluation. Third, they must uphold ethical requirements by grounding their work in values that ensure professionalism, humanity, and respect for clients.

Evaluation of professional performance therefore goes beyond simply measuring outcomes. It also considers how tasks are accomplished, whether ethical codes are respected, and how well the worker adapts to challenges and uses resources to create meaningful social impact. This is particularly relevant in sensitive cases such as supporting children with cancer, where performance is tested daily. To strengthen performance, social workers should engage in continuous training, supervised practice, self-assessment, and use of modern practice models like the Bridge Model and case management. Equally important is fostering community partnerships that enrich resources and support service integration.

2.2. .The Bridge Model in Generalist Social Work Practice

The Bridge Model is considered a modern framework for social work practice, focusing on linking service recipients with diverse community resources to improve quality of life and achieve empowerment. It is holistic in nature, addressing the client across medical, psychological, and social dimensions, thus reflecting the integrative principle of social work (Toseland & Rivas, 2017). Continuity is another essential feature, ensuring that clients do not lose support when transitioning between institutions, thereby reducing relapses and resource waste (Leutz, 1999). The model also highlights participatory practice, where professionals, including social workers, doctors, and nurses, work collaboratively, while clients themselves are actively engaged in planning and implementing interventions (Bronstein, 2003). Empowerment is central to the model, as it seeks to equip clients and families with the skills and resources needed to cope and achieve independence (Saleebey, 2006). Finally, institutional linkages broaden the support network by connecting hospitals with community organizations such as charities and home-care programs, thus enhancing sustainability and impact (Graham & Barter, 1999).

The philosophy of the Bridge Model is built on three main principles: effective communication between clients and service providers, integration and coordination across health, social, and charitable sectors, and empowerment through accessible resources and skill-building. Within this framework, the social worker serves as an active mediator who links patients, families, healthcare professionals, charities, and support programs, while ensuring continuity of care even after hospital discharge (Albrithen & Briskman, 2015).

Successful applications of the Bridge Model have been documented in transitional care programs in the United States, where social workers played a central role in ensuring continuity of care for patients after hospital discharge. By linking them with community resources and providing follow-up support, these programs demonstrated improved outcomes. In Arab societies, increasing attention has been given to adopting the Bridge Model within hospitals, particularly as it provides a practical shift away from traditional individualistic practice towards a participatory, community-based, and holistic approach.

The Bridge Model offers multiple benefits. It promotes integration of medical and social care, enhances social workers' efficiency through teamwork, and supports rapid crisis response and effective referral pathways. It also helps alleviate hospital burdens by directing non-emergency cases to appropriate community resources. Importantly, it contributes to the psychosocial and financial support of cancer patients and their families, facilitates post-discharge rehabilitation for chronic disease patients in partnership with home-care services, and strengthens the support available for children with disabilities by linking them to rehabilitation, education, and family support programs (Jackson & O'Connor, 2017). The model essentially emphasizes the building of bridges—between professionals within teams and between clients and resources in the community—while ensuring fairness, resource sustainability, and continuous care.

2.3. The Importance of the Bridge Model

The importance of the Bridge Model lies in its ability to establish effective connections between clients on the one hand, and institutions and associations that provide programs and services on the other. This facilitates clients' awareness of available organizations and enables them to access the necessary services. The researcher highlights that the choice of the Bridge Model in this study is particularly relevant to the circumstances of children treated at King Abdullah Specialist Children's Hospital. These children and their families face complex challenges that go far beyond physical pain

and medical treatment. They also experience profound psychological, social, economic, and familial consequences. Examples include the high costs of treatment, feelings of isolation or depression, loss of employment or income, and the strain that illness places on family members, especially spouses and children. In addition, the need for ongoing follow-up after treatment, such as home care, psychological sessions, or rehabilitation services, makes their situation even more demanding.

Such challenges require a comprehensive support network that cannot be provided by a physician alone. Here, the role of the social worker becomes central, serving as both facilitator and motivator in mobilizing resources and directing them toward meeting the holistic needs of patients and families. The researcher emphasizes that the strength of this model lies in the fact that it does not leave the patient isolated; rather, it relies on community partnership in addition to medical care. By empowering patients to restore their lives and by integrating social workers into a network of community relationships, the Bridge Model enhances both professional practice and the sustainability of client outcomes.

2.4. Elements of the Bridge Model in Generalist Social Work

The Bridge Model is founded upon several core elements that form the framework of its application in generalist practice. First, values and ethics are fundamental. They constitute the pillars upon which change efforts are built, ensuring social justice, respect for client rights, and the promotion of human dignity. According to the National Association of Social Workers (NASW, 2020), adherence to professional ethics builds trust between social workers and clients, thereby increasing the likelihood of successful change.

Second, the client system in this model is broadly defined. It includes individuals, families, groups, organizations, and local communities who benefit from social services. The social worker seeks to achieve sustainable change within this system, with an emphasis on empowerment and the strengthening of clients' self-capacities (Pincus & Minahan, 1973). Third, the institution—often called the "action system"—represents the channel through which services are delivered. The social worker functions as a mediator of change by coordinating with health, educational, and community institutions. Through collaboration with other professionals, they help ensure that client goals are achieved (Kirst-Ashman & Hull, 2018).

Fourth, the change process itself involves six stages: identifying the problem, collecting information, assessment, planning, implementation, and evaluation (Shulman, 2016). These stages require analytical and interactive skills to effectively improve clients' social situations. Fifth, the "pillars" of the bridge symbolize the professional skills that sustain progress—such as assessment, planning, and intervention. These skills provide the foundations that ensure continuous advancement toward desired outcomes (Hepworth et al., 2017). Finally, the model emphasizes evaluation and the ongoing movement across bridges, with the social worker performing multiple roles including mediator, guide, and facilitator. These functions expand opportunities for positive change, particularly in health and medical settings that demand specialized intervention (Suppes & Wells, 2018).

2.5. Steps in Applying the Bridge Model in Social Work Practice

The Bridge Model unfolds through a sequence of stages that form an integrated framework for effective professional intervention. The process begins with identifying the area of concern. Here, the social worker collaborates with the client to define the primary problem or need, while carefully prioritizing interventions to ensure targeted efforts. The second stage involves collecting information, where the practitioner gathers both quantitative and qualitative data about the client and their environment using observation, interviews, and records.

The third stage is assessment, during which the social worker analyzes the collected data to identify root causes and contributing factors, thereby shaping a preliminary intervention plan. The fourth stage is planning, which involves developing a clear, goal-oriented plan in collaboration with the client, while assigning roles, identifying resources, and scheduling activities. Implementation follows as the fifth stage, where the plan is carried out through direct or indirect interventions in cooperation with professional teams and relevant institutions. Finally, the sixth stage is evaluation, in which outcomes are regularly assessed to ensure objectives are being met. This stage also highlights strengths, identifies obstacles, and generates recommendations for ongoing improvement. Literature in the field has confirmed that following these stages improves the quality of social care, empowers clients, and contributes to sustainable change (Sheafor & Horejsi, 2012; Netting et al., 2017; Mizrahi & Davis, 2008).

2.6. Conclusion of Theme One

At the end of this first theme, which reviewed the theoretical frameworks and literature related to professional performance and the Bridge Model, several conclusions can be drawn. Professional performance is one of the fundamental pillars enabling social work to achieve its developmental and intervention goals within institutions, especially in the medical field. The quality of this performance is determined by the social worker's commitment to professional standards, their role as a mediator between individuals and care institutions, and their ability to implement intervention plans based on a comprehensive understanding of clients' psychological, social, and economic realities.

Professional performance encompasses a set of integrated skills, knowledge, and values through which social workers carry out core tasks such as assessment, planning, intervention, and follow-up. These tasks must be guided by ethical principles that ensure respect for client dignity and the pursuit of social justice. Within this context, the Bridge Model has emerged as a contemporary framework in social work practice that seeks to bridge the gap between client needs and available services. By activating the social worker's role as a connector among various systems and institutions, the model emphasizes multidisciplinary collaboration, integrated use of community resources, and continuity of care to achieve the best outcomes for clients.

The application of this model enables social workers to ensure safe transitions for patients through comprehensive assessment of their health and social needs, effective coordination among all stakeholders—including hospitals, families, and community institutions—and empowerment of patients and their families by involving them in decision-making and care planning. It also emphasizes post-discharge follow-up to ensure stability and improve quality of life. The Bridge Model, therefore, represents a practical embodiment of generalist practice philosophy in social work, which operates across multiple levels—individual, family, and community—while employing professional techniques within a holistic systemic framework.

By requiring advanced coordination skills, comprehensive assessment abilities, case management expertise, teamwork, and professional leadership (Jackson et al., 2020), the model contributes significantly to the development of social workers' performance. Its integration into hospital practice, especially in pediatric oncology departments, offers a strategic opportunity to activate professional performance and to provide comprehensive care that addresses the psychological, social, and economic dimensions of patients and their families. Linking the concepts of professional performance and the Bridge Model therefore opens new avenues for developing intervention tools in health institutions and reinforces the social worker's role as a generalist practitioner capable of adapting to the rapid transformations of healthcare systems while ensuring the delivery of comprehensive, professional, and responsive services to vulnerable populations—most notably, children with chronic illness.
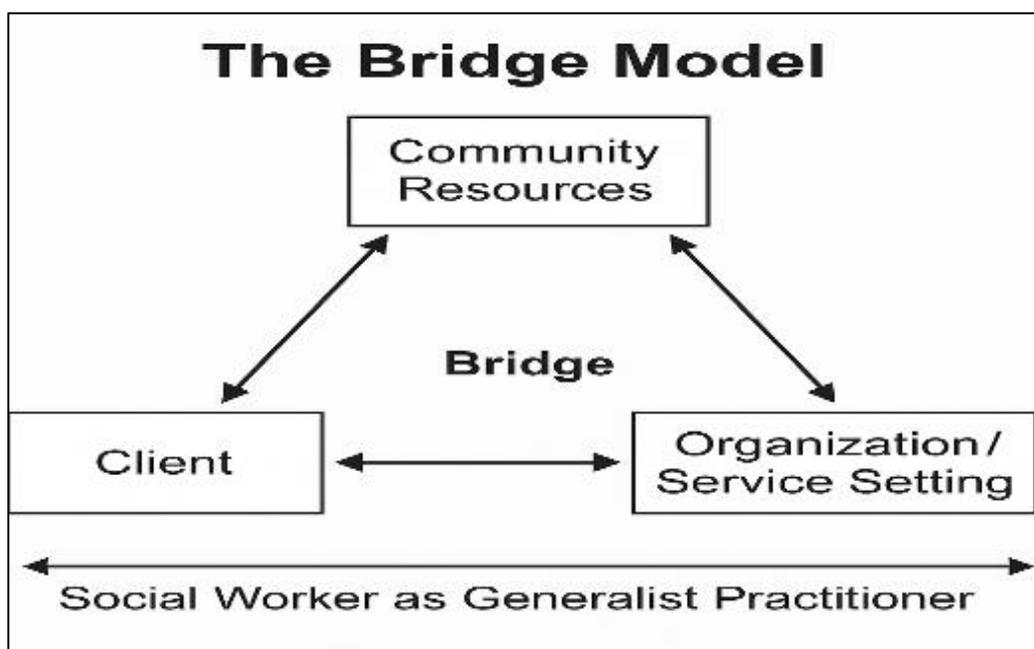

Figure 1 Bridge Model

The Bridge Model can be visually represented through a schematic that highlights the social worker's role as the "bridge" between three main parties: the client, the organization or service setting, and the community with its available resources. Acting as the connecting link, the social worker applies professional approaches such as empowerment, coordination, support, and follow-up to strengthen these relationships and ensure comprehensive care.

3. Theme Two: Analysis of the Reality of Social Workers' Professional Performance at King Abdullah Specialist Children's Hospital

The role of the social worker at King Abdullah Specialist Children's Hospital is a cornerstone in the delivery of specialized social services. Their work intersects with multiple medical and psychological disciplines, ensuring that patients and their families receive holistic support. With the advancement of healthcare systems and reliance on modern technologies, it has become necessary to analyze the current reality of this professional performance in order to enhance its effectiveness and ensure that it aligns with medical, technological, and societal developments.

At the hospital, the social worker's professional duties encompass social assessment, intervention planning, implementation, follow-up, coordination between the treatment team, patients, and families, and facilitating access to community resources. Contemporary research indicates, however, that this role is influenced by several external and internal factors. Analyzing the professional reality of social workers within hospitals is essential for evaluating the effectiveness of their interventions, identifying obstacles they face, and determining how well their practices correspond to theoretical foundations and professional standards in social work. In this context, King Abdullah Specialist Children's Hospital can be viewed as a comprehensive medical institution that not only provides clinical treatment but also integrates psychosocial support through its social services department.

Administrative reports and field observations reveal that social workers in the hospital perform diverse roles, including offering psychological support to children and families, coordinating between medical and social care teams, contributing to discharge planning, and activating community partnerships. Yet, their performance is hampered by challenges such as a shortage of specialized human resources, administrative overload that overshadows professional practice, limited opportunities for continuous training, and weak institutional integration between medical and social teams.

Based on structured observation by the researcher, who is herself a social worker at the hospital, it became evident that levels of professional empowerment vary considerably. Some practitioners lack systematic training in modern intervention models such as the Bridge Model. Findings also revealed a gap between theoretical knowledge and practical application, which negatively affects the quality of services provided to patients and their families. This reality highlights the urgent need for a new intervention framework that restructures professional performance and enhances the effectiveness of social workers. Such a framework would allow for more integrated and responsive practice, particularly for children with chronic illnesses or cancer.

Drawing on the Bridge Model, the professional practice of social workers in this hospital can be conceptualized in several key phases. First, the social worker must identify the direct goal of intervention, ensuring that clients are able to use personal and social bridges to improve their lives and strengthen their social relationships. Second, they must establish connections across client systems, providing services that help individuals face their problems and mobilize resources. Third, the social worker facilitates communication between clients and resources that are otherwise out of reach, thereby easing access to services such as education, housing, healthcare, and other essential support. Fourth, the social worker builds new social bridges by creating innovative methods of connecting diverse clients—including children, adults, and individuals from different cultural backgrounds—with the resources they need. Finally, empowerment becomes a guiding principle of intervention. By helping clients access choices, reframe their understanding of problems, and develop life skills, social workers enable them to improve living conditions, strengthen human relationships, and connect with essential or newly created resources.

4. Theme Three: A Proposed Framework for Activating Social Workers' Professional Performance through the Bridge Model

4.1. Vision

The proposed framework envisions the achievement of effective integration between medical social services and community resources through the Bridge Model, thereby improving patients' quality of life and supporting innovative professional practices for social workers within hospitals. The framework seeks to provide a practical and applicable

strategy for developing the performance of social workers, especially in managing chronic cases such as cancer. It focuses on building strong links between the patient and the medical system on the one hand, and between the patient and community resources on the other.

4.2. Rationale

Several justifications underscore the importance of this proposed framework. The increasing complexity of medical and social cases requires integrated interventions, while traditional models have proven inadequate in responding to the evolving healthcare environment. Weak connections between hospitals and community resources, including charities and support centers, hinder the sustainability of patient care. Furthermore, there is a pressing need to position the social worker as a central coordinator who activates social networks in line with the contemporary vision of social work.

4.3. Objectives

The framework aims to activate the social worker's role as a generalist practitioner applying the Bridge Model in healthcare institutions, to improve coordination between social workers and community resources, and to guarantee the continuity of psychosocial care for children with cancer and their families. It also seeks to advance the shift toward holistic, multidisciplinary care.

4.4. Foundations

The framework is grounded in theoretical and professional bases. From a theoretical perspective, it draws on systems theory and role theory in social work. Professionally, it adopts the philosophy of generalist practice, which emphasizes interventions at individual, group, and community levels. In addition, the framework emphasizes empowerment and partnership, ensuring that patients and families can access resources with dignity and independence.

4.5. Components

The proposed framework is structured around four main components. First, the coordinating role of the social worker involves identifying patients' social and psychological needs, mapping available community resources, and mediating between medical teams and external support systems. Second, the use of bridging tools includes creating digital social files for each patient, applying electronic models to streamline referrals and communication between the hospital and community organizations, and establishing a support network that incorporates the family, the institution, and civil society. Third, training and professional development are critical; this involves organizing workshops on the Bridge Model, promoting exchange programs between hospitals and associations, and building interactive databases of community resources. Fourth, monitoring, follow-up, and evaluation are emphasized through the design of indicators to measure the effectiveness of the model's implementation, regular case monitoring, and the production of reports that capture both successes and challenges.

4.6. Implementation Steps

The framework unfolds across several phases. The preparation and assessment phase involves training social workers on the model and creating structured intervention programs, alongside formalizing partnerships with supportive organizations. The planning and implementation phase requires applying the Bridge Model to client systems, ensuring alignment between professional roles and program objectives. The program and activity phase translates the identified needs of clients into concrete activities and interventions. Finally, the follow-up and evaluation phase includes systematic review of outcomes, with adjustments to methods and roles as needed.

4.7. Challenges

Despite its potential, the application of the Bridge Model faces multiple challenges. Institutionally, hospitals often lack formal policies recognizing the Bridge Model, which restricts social workers' ability to build external partnerships. Weak internal coordination between medical and social departments hampers collaboration, while heavy administrative burdens limit opportunities for social workers to focus on community-based bridging. Bureaucratic tendencies within healthcare institutions often prioritize technical aspects of care over psychosocial needs, thereby marginalizing the role of social workers despite its importance in ensuring sustainable support.

On a professional level, many social workers lack adequate training in the Bridge Model, particularly in coordination and community partnership skills. The scarcity of Arabic-language resources and practical guidelines further complicates its implementation. Additionally, varying levels of professional competence—especially in institutional communication, database use, and time management—reduce the effectiveness of interventions. These challenges

largely stem from the fact that multidisciplinary collaboration, a key requirement for the Bridge Model, is not sufficiently embedded in social work training or professional development programs.

From the perspective of community and governmental institutions, there are also barriers. Civil society organizations often have limited awareness of the role of social workers, resulting in reluctance or refusal to cooperate in patient support programs. The lack of updated, comprehensive databases of supportive organizations, including charities and psychological support programs, makes it difficult for social workers to establish effective bridges. Moreover, inadequate funding and logistical support from governmental or nonprofit institutions—such as transportation, accompaniment, or access to medications—further hinder the establishment of strong community linkages.

In this regard, the researcher highlights the importance of incorporating the theory of social capital into academic training for social workers. The success of the Bridge Model depends on the existence of trust-based networks and collaborative relationships between individuals and institutions, which cannot be fully realized in societies dominated by individualism.

4.8. Additional Challenges: Personal and Human Dimensions

Beyond organizational and professional barriers, social workers also face personal and human challenges that affect their ability to apply the Bridge Model. Continuous exposure to patients in critical humanitarian conditions often leads to emotional and psychological exhaustion, particularly in the absence of sufficient psychosocial support for the social workers themselves. The lack of recognition or administrative appreciation can also generate frustration, pushing practitioners to retreat into traditional roles rather than adopting innovative practices. Daily professional pressures further limit opportunities for creative thinking or for building external networks, both of which are essential foundations of the Bridge Model.

The researcher emphasizes that applying the Bridge Model within medical environments requires transformation at institutional, professional, and community levels simultaneously. Since the challenges are interconnected, they require strategic interventions. Moreover, the success of social workers in implementing this model depends on specialized training, strong administrative support, and the establishment of genuine community partnerships rooted in trust and cooperation.

4.9. Mechanisms to Overcome Challenges in Applying the Bridge Model

Addressing the obstacles identified above requires activating a variety of mechanisms spanning organizational, developmental, cognitive, community, and psychological dimensions. This multifaceted approach ensures the effective application of the Bridge Model in medical settings.

At the institutional level, hospitals should develop formal policies and internal regulations that explicitly recognize the Bridge Model and embed it within the responsibilities of social workers, supported by ministerial decrees or executive regulations. Social workers must be restructured into medical teams as core members of multidisciplinary practice, thereby legitimizing their coordinating role. To maximize efficiency, administrative burdens should be reduced by assigning clerical support, allowing social workers to focus on their primary professional tasks related to community linkages.

At the professional and cognitive level, specialized training programs on the Bridge Model should be designed in collaboration with universities and training centers. Standardized operational manuals should be developed to provide clear guidelines for implementation, supported by replicable examples of success. Encouraging research on contemporary models—especially the Bridge Model in chronic illness and palliative care—will expand the evidence base. For instance, a national training program could be developed to strengthen social workers' competencies in community networking, support coordination, and effective referrals.

At the community level, updated and comprehensive databases of partner organizations—such as charities, community initiatives, and psychological support institutions—must be created to streamline referrals and partnerships. Awareness campaigns should target civil society organizations, emphasizing the importance of collaboration with social workers in supporting patients. Formal memoranda of understanding between hospitals and community entities will further strengthen institutionalized partnerships.

Equally important are mechanisms for psychosocial and professional support of social workers themselves. Providing regular professional counseling for those working in high-stress departments such as oncology and palliative care is essential. Incentive and recognition programs can further motivate practitioners to embrace innovative models like the

Bridge Model. Strengthening teamwork and participatory practices within healthcare institutions will help reduce professional isolation and foster a culture of initiative.

Finally, technology must be harnessed to strengthen the model. Digital platforms should be developed to facilitate referrals and communication between hospitals and community organizations, connecting social workers to an integrated digital resource environment. Artificial intelligence tools and digital mapping can identify the most suitable supporting institutions for each case, while electronic documentation systems allow interventions to be recorded and outcomes evaluated in real time.

4.10. Future Vision

This proposed framework paves the way for redefining the role of social workers in hospitals from that of traditional practitioners into strategic actors for community integration. They serve as a link between the medical treatment perspective and a comprehensive social vision of care. In the future, the Bridge Model could evolve to connect patients with digital platforms for integrated care and virtual support networks, aligning with the digital transformation of healthcare services.

Strategic plans at the institutional level may include establishing community coordination units within hospitals dedicated to linking social workers with supportive organizations. The integration of the Bridge Model into academic and field training curricula for social workers would prepare graduates for the challenges of complex medical environments. Technology can also be used to track children's needs and maintain updated databases for efficient resource allocation. Long-term partnerships with charitable organizations and civil society would ensure continuity of care beyond hospital walls. Periodic evaluations of professional performance, based on measurable and realistic indicators, would create opportunities for self-improvement and institutional development (Yip, 2006).

Building bridges between social workers and their environment is therefore not a luxury but a necessity for fulfilling the mission of social work, especially when serving the most vulnerable groups, such as sick children. The activation of the Bridge Model represents a pathway toward a more conscious, just, and impactful profession.

4.11. Success Indicators

Measuring the effectiveness of the proposed framework requires both quantitative and qualitative indicators. Professional performance can be assessed by tracking the number of cases successfully connected to community organizations through the Bridge Model, documented in social work records. Partnerships may be measured by the number of cooperation agreements signed with community institutions, while training indicators could include the number of workshops conducted and participants trained. Patient satisfaction can be gauged through surveys assessing the benefits of community referrals. The effectiveness of follow-up interventions may be measured by the proportion of external interventions completed successfully. Institutional adoption of the model can be assessed through the number of hospital departments officially implementing it, and workforce retention can be evaluated by monitoring reductions in social worker attrition. Together, these indicators provide a comprehensive framework for monitoring and refining the application of the model.

5. Conclusion

Activating these mechanisms is the cornerstone for transforming the Bridge Model from a theoretical concept into a practical and effective professional tool. This transformation enhances the position of the social worker as the critical link between the healthcare system and community institutions. It also contributes to improving the quality of life of the most vulnerable populations within hospitals.

The proposed framework represents a practical step toward adopting the Bridge Model as an advanced professional approach in hospital environments. By integrating theoretical depth, practical mechanisms, and monitoring indicators, it offers a framework that is both actionable and adaptable to the realities of different medical institutions. Ultimately, this model empowers social workers to address complex patient needs, strengthens multidisciplinary collaboration, and ensures that healthcare provision extends beyond clinical treatment to embrace the psychological, social, and economic dimensions of patient well-being.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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