

Review Article

Makale Gönderim Tarihi: 25.12.2021

Makale Kabul Tarihi: 20.02.2022

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

PARKİNSON HASTALIĞI TEDAVİ SÜRECİNDE DUYGUSAL ZEKÂNIN KULLANIMI VE VAKA YÖNETİCİSİ ROLÜNDE SOSYAL HİZMET UZMANI

¹Bülent Şen

CORRESPONDENCE

¹Doç. Dr., Independent

Researcher

ORCID: (0000 0003 1752 1876)

E-Mail: drbulentsen@gmail.com

DOI: 10.54467/trjasw.1045516

ABSTRACT

As the life span of human beings increases, they encounter diseases due to multiple causes, which their ancestors did not encounter much. Modern medicine has not yet found a definitive cure for such diseases. Parkinson's disease, which is believed to be caused by the effects of both genes and environmental conditions, is one of these diseases. A Team-Based Approach to Parkinson's care is necessary because the treatment process for Parkinson's disease is long, laborious, and expensive. In the treatment process of Parkinson's disease, specialists from many different branches may be involved for the new symptoms that the patient encounters. Interdisciplinary work can complicate the treatment process. A case manager is needed to follow the patient's treatment process without interruption and to coordinate the expanding treatment team. Social workers can do the best-case management with their knowledge, skills and values within the scope of medical social work. The case manager's job becomes more difficult as Parkinson's disease progresses and the treatment team expands. It may not be possible for the case manager to find holistic solutions to these problems with a classical sense of duty. New perspectives may be inevitable for solving problems. Emotional intelligence, which is used successfully in developed countries, can also be used successfully in the medical sector and especially in Parkinson's disease, whose treatment process is more complex than other diseases. A holistic treatment can be achieved by instilling emotional intelligence components, which are especially assimilated by the case manager and social worker, to the patient, caregiver and treatment team. In this article, it is aimed that the use of emotional intelligence in medical social work interventions will lead to interdisciplinary studies.

Keywords: Parkinson's disease, case manager, medical social work, social worker, emotional intelligence

ÖZET

İnsanoğlunun ömrü uzadıkça atalarının fazla karşılaşmadığı çoklu nedenlere bağlı hastalıklarla tanışmaktadır. Modern tıp bu tür hastalıkların kesin tedavisini henüz bulamamıştır. Gerek genler gerekse çevresel şartların etkisiyle ortaya çıktığına inanılan parkinson hastalığı da bu hastalıkların başında gelmektedir. Parkinson hastalığının tedavi süreci uzun, zahmetli ve pahalı olduğu için parkinson bakımına takım bazlı yaklaşım gereklidir. Parkinson hastalığının tedavi sürecinde hastanın karşılaştığı yeni semptomlar için çok değişik branşlardan uzmanlar dahil olabilir. Disiplinlerarası çalışma tedavi sürecini daha karmaşık hale getirebilir. Hastanın tedavi sürecini aksatmadan takip edebilmesi ve genişleyen tedavi ekibinin koordine edilebilmesi için bir vaka yöneticisine ihtiyaç olur. Tıbbi sosyal hizmet kapsamında vaka yöneticiliğini bilgi, beceri ve değerleri ile sosyal hizmet uzmanları en iyi şekilde yapabilir. Parkinson hastalığının ilerleyen aşamalarında ve tedavi ekibi genişledikçe vaka yöneticisinin işi daha da zorlaşır. Vaka yöneticisinin klasik görev anlayışıyla bu sorunlara bütüncül çözümler bulması mümkün olmayabilir. Sorunların çözümü için yeni bakış açıları kaçınılmaz olabilir. Gelişmiş ülkelerde başarıyla kullanılan duygusal zekâ tıp sektöründe ve özellikle tedavi süreci diğer hastalıklara göre daha karmaşık olan parkinson hastalığında da başarıyla kullanılabilir. Özellikle vaka yöneticisi sosyal hizmet uzmanı tarafından özümsemiş duygusal zekâ bileşenleri hasta, bakım veren ve tedavi ekibine aşılanarak bütüncül bir tedavi gerçekleştirilebilir. Bu makalede tıbbi sosyal hizmet müdahalelerinde duygusal zekânın kullanılmasının disiplinlerarası çalışmalara öncülük etmesi amaçlanmıştır.

Anahtar kelimeler: Parkinson hastalığı, vaka yöneticisi, tıbbi sosyal hizmet, sosyal hizmet uzmanı, duygusal zekâ

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

INTRODUCTION

In this century, where technology and medicine are developing at a dizzying pace, the average life expectancy in the world and in our country is increasing rapidly. Diseases related to old age, which were not seen in past centuries, are emerging as people's lifespans get longer. Since the causes of these diseases are not known yet, definitive treatment methods cannot be found. Therefore, we encounter diseases that last for a long time and that the patient's condition worsens day by day and ends with death. Such diseases are called chronic diseases. Chronic diseases reduce the quality of life of both the patient and their caregivers. At the same time, it takes the time of the treatment team and causes an increase in the health expenditures of the states. One of these diseases is Parkinson's disease.

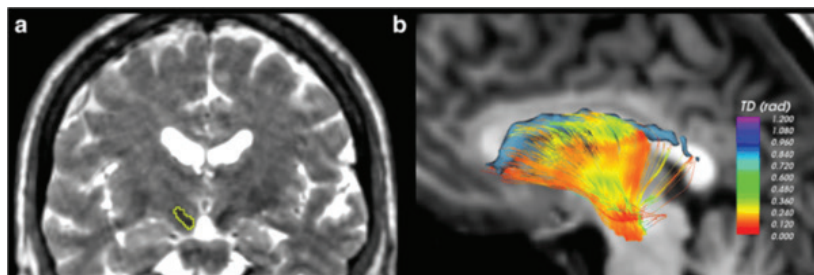
The diagnosis of the disease is usually made according to the United Kingdom Parkinson's Disease Society Brain Bank Clinical Criteria. According to these criteria, at least one of the clinical features such as bradykinesia, muscle rigidity, 4-6 Hz rest tremor or primary visual impairment, postural instability not due to vestibular problems should be present.

The disease affects the patient in bio-psycho-social dimensions and significantly reduces the quality of life of caregivers and relatives. Since the disease is a chronic disease, it requires long-term physician, medication, and physiotherapist support. Many specialists can join the treatment team in the later stages of the disease. This makes communication and coordination difficult. A case manager is needed to manage this process. In addition, during the disease process, patients and their relatives delay the treatment program for many reasons. The social worker is an important actor in the process of communication, cooperation and adaptation between the patient, health personnel and family in long-term treatment. Within the scope of medical social work, the social worker can both act as a case manager and defend the rights of the patient. Emotional intelligence has been used successfully in the business world and education field in the last two decades. By using emotional intelligence and its sub-components in the health sector, the social worker can facilitate this difficult process for each actor and act as a force multiplier in the implementation of an effective treatment program. In this article, it is aimed that the use of emotional intelligence in medical social work interventions will lead to interdisciplinary studies.

THEORETICAL FRAMEWORK

Parkinson's Disease is the most common multifactorial neurodegenerative disease after Alzheimer's Disease. With the increase in life expectancy, there is a significant increase in diseases such as cancer and neurodegenerative diseases (Dong et al., 2016). 0.3% of the general population has Parkinson's disease, and this rate varies between countries and increases to 1-3% in the population over 65 years of age (Raza and Anjum, 2019, Riley et al., 2014). Treatment for a Parkinson's patient can cost an average of about \$2,500 per year (Straif-Bourgeois and Ratard., 2015). Considering the rapid increase in the number of patients and its economic effects, studies on the treatment of Parkinson's disease have been increasing in recent years.

Due to the multifactorial nature of Parkinson's disease, there is no effective treatment in today's conditions. As shown in Figure 1, the loss of approximately 70-80% of dopaminergic neurons in the Substantia Nigra (SNs) region of the brain for unknown reasons is thought to cause the disease (Armstrong & Okun, 2020; Dauer & Przedborski, 2003).



Source: https://www.researchgate.net/figure/_fig1_327021750

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

Figure 1: Extraction of the SNS tract. a Delineation of the substantia nigra/VTA complex (SN/VTA) (in yellow).

Parkinson's disease is generally classified into two main groups and their subgroups according to their origins. The familial form of PD is defined by mutations in genes and constitutes 10% of the entire disease group. Sporadic PD (sPD) is a group of Parkinson's disease that occurs with the combination of variations in genes or the effect of some toxic chemicals, and 90% of the entire disease is in this group. The Parkinson's disease process is not the same for every patient. The disease stages transition and the process can be fast or slow (Dauer and Przedborski, 2003).

Parkinson's disease is an insidious onset and slowly progressive disease (Rowland, 2005). Motor and non-motor functions are affected (Politis et al., 2010). The clinical motor features of PD have been defined as resting tremor, bradykinesia, rigidity, loss of postural reflexes, flexion posture, and freezing. Tremor is the first symptom in 70% of patients (Fahn and Jankovic, 2007). With progression, rigidity, diffuse bradykinesia may develop; gait and balance disorders and falls can be added (Bradley et al., 2008).

Non-motor symptoms are as common as motor symptoms and increase disability. Non-motor symptoms include cognitive, neuropsychiatric (depression, anxiety, apathy, impulse control disorders, cognitive dysfunction, psychosis) and urinary and sexual dysfunction, sleep disorders, and fatigue (Truong et al., 2008; Park and Stacy, 2009).

Most non-motor symptoms are seen at all stages of the disease, some before motor symptoms (Park and Stacy, 2009). However, at the onset of the disease, non-motor symptoms are neglected or treated incorrectly (Chaudhuri and Naidu, 2008). Many non-motor symptoms, drug side effects may also occur as an effect (Park and Stacy, 2009). If non-motor symptoms are not treated, they may affect quality of life more than motor symptoms (Chaudhuri and Schapira, 2009; Simuni and Sethi, 2008). Parkinson's disease is an insidious onset and slowly progressive disease (Bradley et al., 2008). Untreated patients become wheelchair- or bed-dependent after a while (Rowland, 2005). The average time from the onset of the disease to becoming wheelchair dependent is 7.5 years. 1/3 of the patients have a mild course and show a stable course for at least 10 years (Ropper and Brown, 2006).

DISCUSSION

In this section, why a case manager is needed for Parkinson's disease, which starts with multiple causes and requires interdisciplinary treatment, and how emotional intelligence can be used will be discussed by giving examples.

The Need for a Case Manager

Parkinson's treatment can only begin after a diagnosis by a neurologist. The neurologist determines the stage of the disease and starts drug treatment. Medication is the main treatment. The neurologist may refer the patient to other specialists to relieve or alleviate the symptoms of the disease. However, when a case manager directs the treatment process to increase patient and caregiver motivation for treatment, communicate with other specialists and coordinate treatment, the effectiveness of treatment can be enhanced. With his knowledge, skills and ethical values, the social worker is the biggest candidate to be a case manager within the scope of medical social work.

Case managers find services for clients with multidimensional problems and help them access these services. Case management in social work interventions is especially applied to clients who form vulnerable groups (csc.edu).

Case management may also include communication, coordination, counseling, and mediation roles that will facilitate the process in long-term treatments such as Parkinson's disease and between the health personnel and the patient involved in these treatments. These roles are also used in medical social work interventions. Likewise, other social work roles such as Broker, Advocate, Educator, Facilitator, Organizer, Manager can be used during case management.

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

Social Workers in Parkinson's Disease

Apart from case management in Parkinson's disease, social workers have a variety of roles, including: The social worker (SW) guides patients and families in accessing community services (such as support groups). SW monitors that the patient's insurance covers hospital expenses and medications during the illness. In long treatment periods, if necessary, SW follows the patient's disability retirement. SW ensures that uninsured patients receive support from the welfare and solidarity foundation. SW can assist uninsured patients with disability benefits or poverty benefits. If necessary, he/she decides to receive home care services or supports them. Educating patients, families and caregivers about the disease and available resources. SW counsels patients individually or as part of a couple or family. Social workers inform patients and their caregivers about the general course of the disease and advise them on what they can do to improve their quality of life (Cheshire, 2021).

Social workers perform all duties, including patient rights, within the scope of the Medical Social Work Directive of the Ministry of Health (Medical Social Work Practice Directive, 2011). Social workers are a consistent and accessible point of contact. The patient and caregiver may not always be able to reach all members of the treatment team and ask their questions. When social workers do not know the answer, they can reach the treatment team members more easily and ask these questions on behalf of the patient.

A question may arise as to which stage of the disease social workers should be included in the treatment team. Considering the quality of life of the patient, his family, and caregivers, the best answer may be the day the disease is detected.

Treatment Team

The treatment team should perform a full team effort. It is also beneficial to have specialists other than neurologists and social workers in the treatment team. In addition, it is useful for social workers who are in the role of case managers to know the job descriptions and responsibilities of the specialists in the treatment team.

Physiotherapists and Occupational therapists can be an important part of the Parkinson's treatment team. It may even be wiser to work with those who specialize in Parkinson's disease.

Physiotherapists deal with problems involving the main muscle groups of Parkinson's patients such as walking, balance, freezing when walking, falling and shoulder pain (Fischberg, 2021).

Occupational therapists, on the other hand, are interested in the muscles that are mostly related to fine motor movements such as buttoning, using spoon and fork, and writing. In addition, they carry out activities that will improve the quality of life, such as recommending special tools that will facilitate these processes, redesigning the bathroom and bedroom according to Parkinson's patients (Dolhun, 2021).

Speech therapists can help with communication and swallowing problems in Parkinson's. Speech therapists also provide support in the areas of nutrition, cognition and language function. In speaking and communication studies, they work with articulation, speed, fluency and breathing techniques. They teach swallowing muscle strengthening and compensatory strategies for the swallowing problems of Parkinson's patients. In addition, they do studies to improve the attention and memory of Parkinson's patients in advanced stages (Huber, 2021).

Drug use in Parkinson's is complex and expensive. Timing is especially important in drug use. Pharmacists determine the daily medication routine of Parkinson's patients, inform them about drug interactions and side effects of drugs. They can provide patients' hard-to-find medicines on time. They mediate the payment of medicines under insurance (Denson, 2021).

Knowing that it will never get better, a long, difficult, and expensive treatment process negatively affects both the Parkinson's patient, his family, and the caregiver's psychology. In this process, psychologists can take their place in the treatment team with individual therapy.

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

In the later stages of Parkinson's disease, half of Parkinson's patients experience dementia. In addition, other psychiatric diseases, if any, can reach further levels with the stress and hopelessness they experience. Psychiatrists contribute to the process by collaborating with neurologists and observing drug interactions.

Along with the difficult disease process, it also brings economic difficulties. Job losses and insurance problems are examples of this. It may be wise for the case manager to include an experienced lawyer in the treatment team to protect the rights of the patient and their family.

Parkinson's disease is a chronic disease. It is expected that the symptoms of the disease, which directly affect the quality of work and life of patients and caregivers, will not disappear completely, but will decrease. The treatment and rehabilitation process are difficult and expensive. It is important that the patient accepts the disease and the treatment process and continues the treatment patiently. All these issues necessitate an advanced level of communication between the patient and the healthcare team. However, focusing only on communication in the classical sense will not increase patient and healthcare team satisfaction. It is necessary to look at the subject holistically. In this context, it is considered that benefiting from the concept of emotional intelligence, which includes communication, will make significant contributions to patient satisfaction, job satisfaction of health personnel and corporate image.

The first step of emotional intelligence is recognizing and accepting emotions. Where there are people, there are emotions. It is thought that 10% of life consists of real events, and 90% consists of comments and emotional interactions related to these events. In this case, it turns out that emotions are an important reality that needs to be managed in life. It is not possible for an individual to isolate himself from his emotions. However, an individual can improve their quality of life by managing their emotions thanks to some emotional intelligence skills they will develop.

Recognizing emotions in Parkinson's disease can be an important aspect of treatment. Emotions can lead to different thoughts, reactions, and behaviors in each individual. For example, one patient may express his disappointment and sadness in a very harsh and hurtful way during the treatment process, while the other may face this situation calmly and express his feelings more calmly. The fact that the patient or caregiver expresses his feelings more calmly does not mean that he does not experience storms and does not get depressed.

Emotions can also give an individual unbelievably valuable information about herself, other individuals and the situation experienced. For example, if a neurologist or physiotherapist is angry and shouting at a colleague or patient for no reason, then he and his supervisors may realize that the specialists are under a workload. As a case manager, the social worker can step in and manage this process by using mediation, advocacy, or counseling roles together with emotional intelligence components. Definition of emotional intelligence with a general definition; "In a person's ability to recognize both his own and others' emotions and read them correctly, to use the knowledge obtained from this process in his thoughts and behaviors, to establish positive relationships with others, to regulate his mood, not to allow troubles to prevent thinking, to put himself in someone else's shoes and to feed hope, helping the person and those around him/her to cope successfully with the pressure and demands; It is an index of personal, emotional and social competences and skills." (Goleman, 1998; Bar-On, 2006).

According to Bar-On's emotional intelligence model, which developed the EQ inventory (EQ-i), there are five core competencies and 15 sub-dimensions that contribute to success (Bar-On and Parker, 2000).

Intrapersonal: Self-Regard, Emotional Self-Awareness, Assertiveness, Independence, Self-Actualization.

Interpersonal: Empathy, Social Responsibility, Interpersonal Relationship.

Stress Management: Stress Tolerance, Impulse Control.

Adaptability: Reality-Testing, Flexibility, Problem-Solving.

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

General Mood: Optimism, Happiness.

There are five core competencies and 25 sub-dimensions in the Goleman and emotional intelligence inventory (ECI). These:

- Self-awareness, personal competence, or self-awareness: emotional awareness, accurate self-assessment and self-confidence abilities,
- Self-regulation, emotional control: self-control, reliability, conscientiousness, adaptability, and innovation abilities,
- Self-motivation or motivation: drive to achieve, commitment, entrepreneurial or initiative and optimism abilities,
- Social competence: the ability to understand others, empathize, or more often empathize, develop others, be service-oriented, benefit from diversity, and political awareness,
- Managing social relations: These are the skills called influence, communication, work management, leadership, change catalysis, collaboration, team skills, and bonding (Goleman 1998).

Salovey and Mayer's (1990) emotional intelligence scale includes the following sections: recognizing and identifying one's own and others' emotions, emotional understanding, emotional togetherness, thinking about emotions, managing emotions.

Although there are many paradigm shifts in Social Work, authors such as Trevithick (2003) argue that relationship-based practices remain at the center of Social Work. Similarly, while defining the Social Work profession, the National Federation of Social Workers (IFSW, 2000) emphasized the importance of relationship-communication skills in the tasks of problem solving in human relations, empowering, and liberating clients, and thus increasing their well-being.

Social workers can function as case managers in interactions between Parkinson's patients and their caregivers and healthcare professionals by using emotional intelligence components and social work roles together. The social worker, who is the case manager and the health personnel who participate in the Parkinson's disease process, can use the components of emotional intelligence with the following examples.

Expression: Health personnel participating in the Parkinson's disease process, such as the Physiotherapist, should be able to fully express their feelings, emotions, thoughts, and beliefs both to senior management, colleagues and patients (Salovey and Mayer, 1990). The physiotherapist should be able to realize the effects of possible negative behaviors to be made because of these on other people and should have the ability to defend their rights in a non-offensive manner.

For example, due to the intensity of the patients applying to the clinic and the performance method, the top management may have referred more patients to the physiotherapist. Unlike other medical treatments, physiotherapy sessions may be periodic and long-term, so the physiotherapist may be concerned that they may not be able to show sufficient attention to their patients. Due to his professional beliefs, it is necessary to convey this matter to his superiors. For example, what can happen when he does not fully convey his feelings, emotions, thoughts, and beliefs on this subject, and is afraid of this? By trying to do his best, the physiotherapist will get tired over time, will not be able to rest and may find himself experiencing the burnout syndrome. As a result of both physical and mental fatigue, he may have arguments with his superiors, colleagues, and patients, and he may start to cool down by not enjoying his profession over time. The social worker, who is the case manager, can make him aware of the feelings and thoughts of the health personnel and give him consultancy services.

Self-Regard: It is the ability of the patient, caregiver and each health personnel who intervene in the process to be aware of himself, to accept himself and to respect himself. The individual's acceptance of himself; It means realizing the positive and negative aspects, sufficient and insufficient aspects, and accepting its limits and capacity (Bar-On and Parker, 2000). The social

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

worker strengthens this emotional intelligence component of everyone involved as a case manager. For instance, To highlight the positive personality of the Parkinson's patient that facilitates the treatment process, to emphasize the patient personality of the caregiver, to highlight the physiotherapist's expert personality in the field of Parkinson's, to make him realize that the neurologist should communicate more patiently with the patient.

Self-Awareness: It is the realization and development of the potential capacity of health personnel (Bar-On and Parker, 2000). Health personnel should love their profession and have goals. As the health personnel love their profession, their potential can be revealed more easily. The social worker should be aware that the process of Parkinson's disease is difficult, and the treatment progresses slowly. The social worker should make the health personnel working in the field of Parkinson's realize this and motivate them to specialize in this field by working patiently.

Independence: Self-directedness in one's thoughts and actions, being able to control oneself and not being emotionally dependent on anyone (Bar-On, 2006). Independent people are confident in planning and making important decisions. However, knowing getting ideas from others is not an addiction, they also ask for and consider the opinions of others.

The case manager social worker encourages the patient with Parkinson's to perform their daily routine and care independently. The social worker motivates the caregiver to respect the patient's independence and not look at him with pitying eyes. Works with occupational therapists to preserve the patient's independence until the disease level is advanced. Special tools to increase independence; Provides forks, spoons, gloves, walkers, wheelchairs. The social worker receives support from occupational therapists for domestic arrangements. The social worker motivates the patient and caregiver to go to regular appointments with physiotherapists for the patient's freedom of movement and occupational therapists for fine motor movements.

Empathy: Being aware of, understanding and evaluating the feelings and emotions of both colleagues and patients at that moment is an important emotional intelligence skill ((Bar-On and Parker, 2000; Goleman, 1998). Health professionals who can read others emotionally care about them, show interest in them, and can understand their feelings from their verbal expressions and body language without them saying it. Health personnel should be able to understand the emotion of the patient in front of him at that moment, by putting his own feelings and prejudices aside and putting himself in his place. Afterwards, he should be able to make him feel that he can understand his patient.

A Parkinson's patient usually receives a longer and more arduous treatment than other patients. Both the fact that the disease affected his quality of life and the problems he suffered may have negatively affected his emotional world. Looking for a branch to hold on to. Patient comes to treatment with fear, anxiety, and hope. Health personnel should be aware of this situation and listen to all his complaints and concerns without interrupting him, even if he has encountered the same type of disease and patient thousands of times. The first step of empathy is the ability to listen effectively. Afterwards, he should summarize the patient's words to him, as a health personnel, in his own words, that he understands the patient's complaints, concerns, fears and expectations. The patient, who feels that he is understood, will be able to trust the healthcare personnel more quickly and the treatment process will progress more comfortably and quickly. The social worker, who is the case manager, should follow the case very well in empathy. If he observes that the level of empathy decreases due to the heavy workload of the health personnel, he should draw attention to this issue. As the saying goes, "There is no disease, there is a patient. There is not a patient again, but a new patient."

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

Interpersonal Relationships: Healthcare personnel should have the ability to establish and maintain close relationships with patients, caregivers and colleagues based on sharing, satisfaction of the parties (Bar-On and Parker, 2000). Health personnel should give importance to patients and colleagues primarily because they are human beings, establish friendly relations with them, be willing to communicate and receive sincerity, love and warmth from them and give these emotions to them.

Social Responsibility: As a member of the clinic, health personnel should demonstrate their collaborative and contributory side (Bar-On and Parker, 2000). Social responsibility means being compatible with teamwork, helping colleagues and patients without their consent, arranging their own work to facilitate their work, and positively supporting the climate of the clinic, which consists of written and unwritten rules. Socially responsible health personnel both contribute to the regularity of work and are accepted as a loved one by their colleagues and patients. This also positively affects the treatment process of Parkinson's disease.

Stress Management: A healthcare professional should be able to manage the stress that occurs naturally in business life and minimize its harmful effects (Bar-On, 2006). Healthcare personnel should be able to cope with difficult situations in their work life without despairing, feeling helpless and losing control, have high stress tolerance and endurance, and be able to produce both appropriate and ethical solutions to problems in difficult situations. The case manager can use the roles of trainer and mediator so that the stress experienced by the health personnel is not reflected on the Parkinson's patient.

Impulse Control: Blocking or delaying an impulse is the ability to manage the impulse (Bar-On and Parker, 2000). A healthcare professional should be aware that if he or she cannot control feelings of frustration, anger, anxiety, and panic, this can make it difficult to focus on an unsolved task. This ability allows you to control some aggressive impulses and unpleasant behaviors by preventing them. Particular attention should be paid to Parkinson's patients who have a chronic illness.

Adaptability: Adaptation to conditions and environment highlights the ability to cope with problems and changes (Bar-On and Parker, 2000). Healthcare professionals dealing with Parkinson's should approach their challenges by taking one step at a time, stopping, and thinking about the problem before reacting. Healthcare professionals dealing with Parkinson's disease must be flexible in dealing with and responding to change and challenges. Health personnel should firstly adapt to the new practices and workload related to Parkinson's disease and fulfill the duties assigned to them without interruption. Many new applications bring with them some unforeseen setbacks and difficulties, just like a drug. He should be able to apply new treatments to his patients by consulting his colleagues about the difficulties and inconveniences that arise during the applications.

Adaptation of the patient and caregiver to the disease, its symptoms and process, and medications should also be one of the important duties of the case manager. The case manager should also support the patient and caregiver to adapt to the disease more quickly as a bridge between the patient and the health personnel. The patient and caregiver who adapt to their disease can also adapt to the long and troublesome treatment process and do not disrupt the treatment.

Reality Testing: It is the ability of the Parkinson's patient and caregiver to evaluate the similarity between their previous experiences and current ones objectively (Bar-On, 2006). The patient and caregiver evaluate unexpected symptoms that appear

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

suddenly during the disease process, looking through the right window and evaluating them objectively, without exaggeration. The patient and caregiver seek the best by intervening in the things they can change, and they can quickly adapt to them by realizing the things they cannot change. The case manager informs the patient and caregiver about the course of the disease in advance, with the support of health personnel.

Flexibility: The Parkinson's patient and caregiver should not be discouraged by the new symptoms and challenges they face as the disease progresses. He should be able to realize early on that the emotions, thoughts, and behaviors he experiences are wrong, and find the right ones without making the mistake of continuing them persistently and be able to change the wrong ones easily (Bar-On and Parker, 2000). In this regard, the case manager should provide training and counseling to the patient and caregiver with the support of the health personnel.

Health personnel who care for Parkinson's patients should accept and respect that different opinions and thoughts that may come from both their colleagues and patients may be natural. The case manager can function as a mediator in this regard.

Problem Solving: Recognizing problems and finding effective solutions to problems (Bar-On, 2006). Healthcare personnel dealing with Parkinson's should be able to recognize and define the problem they encounter during the treatment process and produce effective solutions to these problems with a conscious, disciplined, and systematic method. He should be able to choose the ones with the most benefit and the least harm from these solutions and apply these solutions with care and patience. For example, the neurologist should listen to the patient effectively, spare time for him, try to learn about the side effects of the drugs in detail, and make changes in the treatment to eliminate the side effects. The case manager seeks resources that can support the patient's treatment costs.

Emotional Consciousness (Self-Awareness): Healthcare personnel with high self-consciousness recognize their own emotions and the effects of these emotions (Bar-On and Parker, 2000). For example, he should be able to realize exceedingly early on that an anger that starts with a negative event or a word with his colleagues or patients, the physical effects it arouses in his own body, or it starts to turn into a feeling of anger. At the same time, he should be able to recognize the negative emotions that start in the other person's language of communication, both verbal and non-verbal. He should be able to see that the negative feelings of both parties can lead to negative thoughts and then irreversible negative words and behaviors, just like watching the end of a movie. He should be able to take the necessary measures to end this negative communication with the least damage, and if possible, to end it positively. The case manager can provide training and counseling services on anger management to the parties.

Self-confidence: Health personnel strongly feel their own worth and abilities and continue their professional life with confidence in their goals (Goleman, 1998). A self-confident healthcare professional can express himself freely and, if he believes to be correct, he can express opinions and ideas that he knows will not be welcome, without avoiding confrontation with his colleagues and patients. A healthcare professional with high self-confidence can make sound decisions despite uncertainties and pressures and does not hesitate to bend the rules by staying within reasonable limits if necessary. However, overconfidence can seem like arrogance, especially if the person lacks social skills.

Self-Control: A healthcare professional with high self-control can be in a positive mood and act calmly, even in times of

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

difficulty (Goleman, 1999). For example, since both Parkinson's disease and physical therapy are long-term and troublesome treatments, some distressing situations may arise because of negative feelings accumulated on the patient or physiotherapist from time to time. With a well-directed interaction and communication by the physiotherapist, the treatment process can continue without interruption.

Health personnel and social workers with good self-control plan their time in the best way and give priority to important work. It does not get lost among the details. He can control his immediate desires and impulses and postpone them until later in professional practice.

Reliability: A healthcare professional maintains the standards of integrity, ethics and honesty related to his profession, and acts openly, honestly, and consistently (Goleman, 1999). A reliable health personnel: While doing his duty, he exhibits a determined and principled attitude, even if not everyone likes it. He is sincere to both his patients and colleagues. He accepts his own mistakes in his professional practice and helps his colleagues to face their mistakes within the limits of courtesy. Health personnel dealing with Parkinson's do not allow ethical problems arising in professional practice to be ignored. The social worker, who is the case manager, also follows the solution of errors and ethical problems that arise during the treatment process in favor of the patient.

Conscientiousness: It can be defined as taking responsibility for personal performance, being someone who is trusted and responsible to fulfill their obligations (Goleman, 2001a). A conscientious health personnel is known as a responsible person who is punctual, always does his duty to the smallest detail and is believed to do, even if his supervisors, colleagues, and patients do not see or follow him. He accepts the mistakes he made in his professional practices without burdening anyone and strives as the leading actor in solving the problem.

Being extremely conscientious, as known by the society, can put both the health personnel and the institution in a difficult situation during professional interventions. Acquaintance and social intimacy can be more because the Parkinson's disease process is longer than the treatment of other diseases, the sessions cover longer duration, and generally the same healthcare personnel treat the same patient.

Health personnel are responsible for setting the border between the patient and the health personnel during the treatment process and maintaining it in a healthy way, without making this situation a problem of conscience. This limit is necessary because the treatment process of Parkinson's is a disciplined process that requires the patient's participation in the treatment.

Innovativeness: A healthcare professional and social worker who takes care of Parkinson's patients with an innovative perspective seeks new and original ideas to solve the problems that arise during their professional practice (Goleman, 1998). He thinks that alternatives may be more than meets the eye and seeks innovative ideas from a wide variety of sources. Keeps up to date with new treatments and approaches. They also care about the opinions of others and encourage them in this regard.

Drive to Achieve: Health personnel should not be discouraged by the difficulties and defeats they encounter during their professional practice and should persistently try to do their best (Goleman, 1999). He should try to improve himself throughout his professional life.

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

Dedication (Commitment): Healthcare personnel with high emotional intelligence adopt the mission, vision and goals of the health institution and clinic to which they are affiliated and perform their professional practices in a self-sacrificing manner in line with them (Goleman, 1998).

Entrepreneurship or Initiative: Health personnel should be able to see problems before they occur and act proactively and take the necessary precautions (Goleman, 2001b). The social worker, who is the case manager, should identify the problems that occur or may occur during the long and exhausting treatment process of Parkinson's disease and contribute to the solution of them with proactive methods through the treatment team and social support tools.

Optimism: Health personnel and social workers continue to strive towards their goals and objectives despite the obstacles or difficulties they encounter during their professional practice (Goleman, 1998). It considers the hope of success rather than the fear of failure. An optimistic attitude is an emotional intelligence skill that protects the treatment team, Parkinson's patient and caregiver against indifference and hopelessness in the face of difficult situations.

Developing Others: Social workers, especially those in the position of case managers, reveal the strengths of both healthcare professionals, Parkinson's patients, and caregivers for the success of treatment, guide them, and approve and reward their success (Goleman, 1998). They give them useful feedback on their work and identify their need for improvement. They provide coaching and counseling when necessary and support them in receiving programmed training.

Utilizing Diversity: It can be defined as seeing, creating, and using opportunities through people from different abilities and groups (Goleman, 1998). Social workers with this ability respect and establish good relations with professionals with diverse backgrounds and working in different units. Invites new specialists to the treatment team for additional problems encountered during the disease process. While the psychologists within the health institution contribute to the mental state of the patients, social workers can contribute to the economic situation of the patients and the continuation of their treatment from the solution of family problems, communication with the workplace, finding a new job and, if necessary, from the social assistance foundation and other resources.

Effect: By using persuasion tactics, certain feelings and desires can be aroused and excitement can be created in the treatment team and the patient. Case managers with this competence are skilled at winning the hearts of healthcare professionals, patients, and caregivers by communicating effectively. Uses effective communication methods to produce effective solutions to the problems that arise during professional practices. He speaks effectively and presents well in public, thereby creating public opinion in the acceptance and implementation of solutions. Can use complex strategies to build consensus and a common language.

Communication: Health personnel and case managers with effective communication skills notice the emotional signals that their messages convey to the other party and exchange messages effectively. He maintains his calmness in difficult situations and does not allow communication to be negatively affected. Strives to resolve difficult issues through effective communication and straightforward ways (Goleman, 1999). It uses active listening during communication and maintains communication over

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

truthful information without distracting the subject during communication. It promotes open communication, welcomes, and conveys bad news as good news, using both verbal and body language in a positive way.

There is a magic language in communication, "I" language. For example, both the health personnel in the treatment team, the Parkinson's patient and the caregiver should be able to express the effects of the situation, word or behavior that bothers them with the "I" language to the other person. The formula of "I" language can also be expressed mathematically in order to keep it in mind and to internalize it. "I" language = Event + Emotion + Effect + Response.

Considering the importance of the subject, an example can be given for this. The physiotherapist, who is a member of the treatment team, can use the "I" language against a patient who is resistant to treatment and is not a partner, far from reconciliation. (Event) Mr. Mustafa, your illness needs long-term and challenging treatment. There is little chance of a full recovery. Complaining constantly, not coming to the treatment on time, and aggressive behavior towards the treatment team reduce the effect of the treatment. (Emotion) I understand your situation and feelings very well. However, not being able to fully use my professional knowledge, skills, and experience as a physiotherapist in your treatment also makes me feel uncomfortable and unhappy. (Effect) We may not be able to devote enough attention and time to our other patients due to the disruption and failure of your treatment. This situation affects our clinic negatively. (Response) Our clinic and physiotherapists are the best in their field and a place where your condition can be best treated if you are a partner in the treatment. However, I would like to inform you that you have the right to change the clinic and your physiotherapist within the scope of patient rights and we can refer you to another clinic.

Conflict Management: In conflict, the parties are in disagreement, conflict and incompatibility, and one party tries to make the other party accept their wishes, desires, needs and ideas (Goleman, 2001a). During the long and difficult treatment process of Parkinson's disease, both patients, caregivers and health personnel may feel nervous from time to time. The case manager social worker, who can manage the conflict that arises in the clinic, acts as follows. He can deftly handle difficult people and tense situations using diplomacy. He realizes the possibility of conflict from the beginning, reveals the real causes of the disagreements and helps to reduce the tension between the parties. He encourages mutual and open discussion and moderates if necessary, so that the parties find the truth instead of conflict. He does not take sides and strives for solutions that everyone feels win.

Leadership: Leadership is the process of leading the individual to know himself and his environment and to meet the needs of the group they are interested in (Goleman, 1998). Social workers who are case managers who have this qualification; They bring together the treatment team and Parkinson's patients and their caregivers within the scope of a common mission and vision in the treatment process of Parkinson's disease. Regardless of their position in their environment, they come forward for leadership when necessary. They guide the parties in their activities by reminding that everyone has a responsibility. They set an example to others with their leadership personalities.

Change Catalyst: It can be defined as initiating, promoting, or managing change (Goleman, 1999). The social worker, who is the case manager, enables patients and health personnel who resist change in the treatment process to look at the issue from different perspectives. They advocate the necessity of change in the treatment plan when necessary and ask for everyone's helping to maintain the change. They set an example to others for change.

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

Collaboration: The social worker, treatment team and patients who have this emotional intelligence ability work in harmony with others towards common goals during the treatment process.

Team Competencies: Teamwork creates synergy by bringing together the knowledge, skills and experiences of different disciplines in institutions (Goleman, 1999) . Case managers with this competence; They exemplify team qualities such as respect, helpfulness, and cooperation. They motivate all members of the team and patients and engage them in active and willing participation in tasks. They create team identity, a spirit of solidarity and commitment within the team.

Connecting: It can be defined as developing relationships that serve a purpose (Mayer and Salovey, 1997). Case managers with this competence; They get along well with anyone who participates in the treatment process and can solve patients' problems. To achieve this goal, they create and maintain widespread informal networks.

Happiness: The case manager knows that happiness does not mean that everything is going well (Bar-On, 2006). He does not disturb the morale and motivation of both the treatment team and the patients by constantly considering the things that go wrong during the treatment process. He helps everyone participating in the treatment process to see the glass half full and focus on their work.

CONCLUSION AND RECOMMENDATIONS

A Team-Based Approach to Parkinson's care is necessary because the treatment process for Parkinson's disease is long, laborious, and expensive. Parkinson's disease directly affects the patient's and caregiver's quality of life and may cause job losses. There is a need for monitoring the patient and caregiver in a bio-psycho-social dimension and a holistic communication and coordination that includes the treatment team. Social work solves the problems of patients and caregivers within the scope of human rights and patient rights and in accordance with the principle of social justice.

In the treatment of Parkinson's disease, specialists from many different branches may be included in the treatment team to treat the new symptoms that the patient encounters. This can complicate the treatment process. A case manager is needed so that the patient can follow the treatment process without interruption and coordinate the expanding treatment team. Social workers can do the best-case management with their knowledge, skills, and values within the scope of medical social work.

Case managers are concerned with finding services and helping their clients access them. Case management in social work interventions applies particularly to vulnerable groups such as the homeless, the elderly, those with chronic physical or mental health conditions, the disabled, victims of domestic or other violent crimes, and vulnerable children.

Case management may also include communication, coordination, counseling and mediation roles in Parkinson's disease, where a wide range of healthcare professionals are involved in the treatment process. These roles are also used in medical social work interventions. Likewise, other social work roles such as Broker, Advocate, Educator, Facilitator, Organizer, Manager can be used during case management.

For the social worker to be a case manager successfully, it is necessary to know the duties and authorities of each branch that can be included in the treatment team in the best way. The treatment team may include a neurologist, physiotherapist, occupational therapist, speech therapist, ophthalmologist, psychiatrist, psychologist, pharmacist, nurse, caregiver, social worker. In addition, an experienced lawyer can deal with the patient's legal affairs. According to the patient's request, a religious officer can be included in the team.

As the Parkinson's disease process progresses and the treatment team expands, the case manager's job becomes more

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

difficult. People with Parkinson's may have worse health. The economic status, morale, and quality of life of the patient and caregiver family member may decrease. There may be task confusion, communication and coordination problems among specialists who have not previously worked together on the treatment team. It may not be possible for the case manager to find holistic solutions to these problems with a classical sense of duty. There may be a need to try something new here.

Emotional intelligence is used successfully in education and business life all over the world. It can also be used successfully in the medical sector, especially in Parkinson's disease, whose treatment process is more complex than other diseases. In particular, a holistic treatment can be achieved by instilling emotional intelligence components, which are internalized by the case manager, social worker, to the patient, caregiver and treatment team.

It is evaluated that emotional intelligence, which is successfully applied to the treatment team, patients, and caregivers under the coordination of the case manager during the Parkinson's disease process, will also enter the medical and social work literature. It can be suggested that emotional intelligence should be planned and reflected in practices in the course curricula of medicine, health faculties and social work departments, seminars and conferences, internships, and practices.

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

REFERENCES

- Armstrong M. J., Okun M. S., (2020). Diagnosis and treatment of Parkinson disease: A review, *Jama*, 323(6), 548-560.
- Bar-On, R. (2006). The Bar-On model of emotional- social intelligence (ESI). *Psicothema*,18,13-25.
- Bar-On, R. & Parker, J.D.A. (2000). (Eds.) *The handbook of emotional intelligence: Theory, development, assessment, and application at home, school, and in the workplace*. San Francisco, CA: Jossey-Bass.
- Bradley, W.G., Daroff, R.B., Fenichel, G.M. & Jankovic, J. (2008). *Neurology in Clinical Practice Fifth Edition*, 2081-2096.
- Chaudhuri, K.D. & Naidu, Y. (2008). Early Parkinson's disease and non-motor issues. *J Neurol*,255(5), 33-38.
- Chaudhuri, K.R. & Schapira, A.H. (2009). Non-motor symptoms of Parkinson's disease: dopaminergic pathophysiology and treatment. *Lancet Neurol*, 8, 464-474.
- Cheshire, A. (2021). The role of social worker in parkinson's disease. <https://www.michaeljfox.org/news/ask-md-role-social-worker-parkinsons-care>
- Dauer W., Przedborski S., (2003). Parkinson's disease: Mechanisms and models, *Neuron*, 39(6), 889-909.
- Denson, B. (2021). How a Pharmacist Can Help Manage Parkinson's. <https://www.michaeljfox.org/news/ask-md-how-pharmacist-can-help-manage-parkinsons>
- Dolhun, R. (2021). Occupational therapy and parkinsons. <https://www.michaeljfox.org/news/ask-md-occupational-therapy-and-parkinsons>
- Dong, X., Milholland B. & Vijg J., (2016). Evidence for a limit to human lifespan, *Nature*, 538(7624), 257-259.
- Fahn, S. & Jankovic J. (2007). *Hypokinetic disorders. Principles and Practice of Movement Disorders*.2nd ed. China. Churchill Livingstone/Elsevier
- Fischberg, G.V. (2021). Physical therapy and parkinson's disease. <https://www.michaeljfox.org/news/ask-md-physical-therapy-and-parkinsons-disease>
- Goleman, D. (1998). *Working with emotional intelligence*, New York: Bantam Books.
- Goleman, D. (1999). Emotional competence. *Executive Excellence*, 16(4), 19-21.
- Goleman, D. (2001a). *Emotional intelligence: Issues in paradigm building*. (Ed. C. Cherniss, D. Goleman). *The Emotionally Intelligence Workplace*, San Francisco: Jossey-Bass.
- Goleman, D. (2001b). *Emotionally intelligence: A theory of performance*. (Ed. C. Cherniss, D. Goleman). *The Emotionally Intelligence Workplace*, San Francisco: Jossey-Bass.
- Huber, J. (2021). *Speech Therapy and Parkinson's*.
<https://www.michaeljfox.org/news/ask-md-speech-therapy-and-parkinsons>
- Park, A. & Stacy, M.(2009). Non-motor symptoms in Parkinson's disease. *J Neurol*, 256(3), 293-298.
- Politis, M., Wu Kit, Molloy, S. (2010). Parkinson's disease symptoms: The patient's perspective. *Mov Disord* 25(11), 1646-1651.
- Raza C., Anjum R., (2019). Parkinson's disease: Mechanisms, translational models and management strategies, *Life sciences*, 226, 77-90
- Riley B. E., Gardai S. J., Emig-Agius D., Bessarabova M., Ivliev A. E., Schüle B., Braxton S., (2014). Systems-based analyses of brain regions functionally impacted in Parkinson's disease reveals underlying causal mechanisms, *PLoS One*, 9(8), e102909

THE USE OF EMOTIONAL INTELLIGENCE IN THE TREATMENT OF PARKINSON'S DISEASE AND SOCIAL WORKER IN THE ROLE OF CASE MANAGER

- Ropper, A.H. & Brown, R.H. (2006). Adams and Victor's Principles of Neurology. Eight edition, 915-925.
- Rowland, L.P. (2005). Merritt's Neurology. Eleventh Edition, 828-845.
- Salovey, P. ve Mayer, J.D. (1990). Emotional Intelligence. NY: Baywood Publishing.
- Simuni, T, & Sethi, K. (2008). Nonmotor Manifestations of Parkinson's Disease. Ann Neurol, 64 (suppl), 65-80.
- Straif-Bourgeois S., Ratard R., (2015). Parkinson Disease Hospitalizations and Mortality in Louisiana, 1999-2012, The Journal of the Louisiana State Medical Society: official organ of the Louisiana State, Medical Society, 167(6), 248-251
- Trevithick, P. (2003). Effective relationship-based practice: A theoretical exploration, Journal of social work practice, 17 (2), 163-172.
- Truong ,D.D., Bhidayasiri, R. & Wolters, E. (2008). Management of non-motor symptoms in advanced Parkinson disease. J Neurol Sci, (266 (8), 216-228.
- IFSW (2000). Definition of social work, <http://ifsw.org/get-involved/global-definition-of-socialwork>
- Medical Social Work Practice Directive, (2011). <https://www.saglik.gov.tr/TR,11270/tibbi-sosyal-hizmet-uygulamasi-yonergesi.html>
- Roles of a Social Worker - Social Work - Chadron State College (csc.edu), <https://www.csc.edu/socialwork/careers/roles/index.csc>