

**SOCIAL NETWORK, PERCEIVED ILL HEALTH AND  
USE OF AN EMERGENCY DEPARTMENT**

**A descriptive and experimental study**

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# SOCIAL NETWORK, PERCEIVED ILL HEALTH AND USE OF AN EMERGENCY DEPARTMENT

A descriptive and experimental study

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## SUMMARY

The contents of this thesis are focused on relationships between social integration, social network and social support, on the one hand, and perceived ill health and care utilization on the other.

The aims of the thesis were to: investigate the relationship between social network, perceived ill health and utilization of an emergency department (ED); relate the frequency of ED use to socio-demographic risk indicators for social disintegration; describe the psycho-social and medical situation of a group of heavy users of ED services in comparison to the general population; relate changes in social network in a group of heavy users to utilization of ED; evaluate the effects of hospital social worker intervention for heavy users of ED;

The hypothesis was that if the informal network fails or becomes insufficient or if the work sector is deleteriously affected, the individuals may choose to turn to public agencies such as health care and social welfare for help. This hypothesis was tested in one such agency, the somatic ED of a general hospital.

The main findings were that social network variables such as perceived loneliness, lack of close friend, less contact with extended family, living alone, being outside the labour force and having economic problems were related to a higher utilization of ED resources. It was demonstrated that subjects living in areas characterized by high geographical mobility, high proportions of unemployed and of immigrants used ED services to a higher extent than those who lived in areas which did not show these socio-demographic risk indicators for social disintegration. Heavy users of ED were medically and psycho-socially more burdened than the general population of the catchment area. Individuals who originally recurrently visited the ED but whose access to support giving networks improved, reduced their number of ED visits in the course of time. Hospital social worker intervention for a group of heavy ED users reduced the effect of age, health problems and living alone on ED use, but did not affect total utilization rate.

In conclusion, use of emergency care is a complex product of many, sometimes concomitant factors; medical, social, psychological and structural. Some of these factors lay within the reach of individual or professional actions and interventions, but some, such as employment opportunities, geographical mobility and organization of care, are only amenable on societal level.

Key words: Social network, social disintegration, emergency care, hospital social work and care utilization.