

Running head: SOCIAL WORK PRACTICE...

Social Work Practice in Medical Setting: The Case of Two Selected Public Hospitals in Jimma  
City, Southwest Ethiopia.

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**Acronyms and Abbreviations**

AAMSW-American Association of Medical Social Workers

AASW- Australian Association of Social Workers

ACOS-American Charity Organization Society

ESA-Ethiopian Standard Agency

FGD-Focus Group Discussion

IASSW- International Association of school of social work.

IFSW- International Federation of social workers.

MSW-Medical Social Worker

NASW- National Association of Social Work

USA-United States of America

### **Abstract**

This study was explored medical social work practice in health settings. The overall aim of the study was exploring the role of medical social workers in health setting to the particular reference of Jimma Medical center and Shenen Gibe hospital, South West Ethiopia. The study was helped to have deeper insights about the role of medical social workers in health setting, challenges of medical social workers in health setting, prospects of Medical social workers in health setting and the values and ethical principles of medical social workers in health setting. A qualitative approach, particularly qualitative case study research design with exploratory purpose was used. Purposive sampling technique was used to select the hospitals the study conducted in. Participants of the study were particularly social work practitioners and key informants. In-depth interview and observation were used to collect data. And the data were analyzed qualitatively. In order to enhance the trustworthiness of the research result, data triangulation was employed. The finding revealed that medical social workers played the role of psychosocial support to the clients and involved in multidisciplinary teams of the hospitals to address the needs of clients. And they are challenged with less attention of administrators, shortage of budget and unsupportive environments. The hospitals should work on the development of the medical social workers to improve the prospects of medical social workers. Medical social works are applying the core values and ethical principles of social work profession during practice time. It's a promising endeavors so far that medical social workers involvement in the hospital settings though it needs further work from concerned bodies for improvement.



## Chapter One: Introduction

### 1.1. Background of the Study

Social Work practice which implemented in hospital setting is particularly known as Medical social work practice. According to Mathews (2019, p.20.) medical social work is a specialized area of social work practice that requires a specific skill. Medical social work is a sub-discipline of social work, also known as hospital social work and typically works in hospital, outpatient clinic, community health agency, skilled nursing facility, long-term care facility or hospice.

Hassan (2016) explained that medical Social Work, a major domain of social work, is also called Hospital Social Work. And, medical Social Workers (MSWs) typically work in hospitals and facilitate those patients who need psycho-social assistance. He also explained that MSWs assess bio-psycho-social and spiritual requirements of the patients and their families and intervene for linking patients and their families to required resources and recuperation in the community; do supportive counseling and psychotherapy of patients to strengthen their social functioning in society( p.495).According to Parmar (2014), “The primary function of hospital social work was teaching doctors and nurses about social and psychological aspects of disease and to liaison or act as a bridge between hospital and the social environment and community resources of the patients”. He also mentioned as case work or medical social work in the hospitals is responsible for ensuring healthy conditions in preparation for the patient’s return at home (Major, 2011). According to Cannon (2010) *“Hospital social worker’s role includes the direct treatment of the patient’s social and psychological problems which were among the causes or effects of their health problems or which acted as barriers to cooperation with the medical treatment plan”*.

Many types of patients could benefit from the care of a MSWs. Specifically, individuals with mental illness; homeless individuals; the terminally ill; transplant patients; individuals with chronic degenerative illnesses; and individuals with numerous emotional, financial, social or housing problems. Therefore, understanding the services and the roles of hospital social workers will be significant to be studied the challenges and to suggest ways to overcome. Medical Social Workers help patients and their families regarding health-related problems and fears. They perform complete assessment of a patient's financial, emotional, social and environmental support requirements and intimate other health-care team members about these aspects, which may have an impact on the patient's well-being and health. They work with the patient's support systems or family along with other agencies to make a plan for patient's care in his house (Hassan, 2016, p.496).

The most important role played by MSWs is patient's counseling. MSWs assist patients decide about appropriate health-care and other health services, initiate support group discussions, provide support to patients with severe or protracted illnesses and provide individual counseling. They also effectively coordinate patient's discharge planning in hospital settings. They facilitate patients and their families in making arrangements for in-home medical equipment, accessing in-home health-care services, coordinating follow-up treatments, providing transportation and referring patients to social service agencies working in the community. They are so often assisting patients in health insurance coverage and accessing financial support. In some cases, they also closely work with health insurance companies to decide about the patient's remunerations and support for the patient (Parmar, 2014).

Medical social workers value ethical concepts of self-determination of the patients. They strive to ensure the right of the patient to make his/her own choice about treatment, planning,

care and discharge. In numerous cases, expensive drugs may be advised and poor patients cannot purchase them. MSW provides medicines and needed help for the patients. Sometime a medical social worker plays a role of motivator by explaining the nature of disease to the patient and importance of its treatment as well. In many cases, treatment of the patient required past history and family background of the patient, at that time a medical social worker provide the case history of the patients under treatment (Ali & Rafi, 2013).

Hassan (2016) illustrated that Medical social work is extremely challenging work and MSW has to manage the deadlines, caseloads and ensure the provision of services. The medical social workers often face complex challenging cases involving patients with multiple psycho-social problems, all of which demand involvement of a case-worker to deal with their problem effectively. Therefore, a comprehensive and timely assessment of a “person in problem” is crucial. Concomitantly, there are various factors at societal level which hinder the effective functioning of medial social work in hospitals, such as, lack of fund’s provision, indistinct or vague concept of a Medical Social Welfare Officer by a lay-man and his roles and services which he can provide lack of team work and centralized decision making( p.503).

Since social workers make a great effort for the well-functioning of the society, it is very essential for the society to understand their roles especially in the health care setting. Most people do not even know who social workers are and what kind of activities they perform indifferent settings. To the best of my knowledge, there have been very few studies conducted on the areas of social work practice in hospitals in Ethiopia. Then the aim of this study was thoroughly exploring the general activities of medical social workers in hospitals focusing on the practices/roles of medical social workers in health setting, challenges of

Medical social workers, prospects of Medical social work unit and values and ethics of medical social workers in health setting.

## **1.2. Statement of the problem**

A number of researchers conducted studies to explore the activities of social workers in hospitals in different countries. According to the study conducted in United States at Catherine University by Matthews (2019), social work students require adequate education that was allow them to be effective. Medical social workers were able to work with all clients came into the healthcare system and were able to promote social justice through their practice .The findings from this banded paper were consistent with current social work literature regarding social workers' unpreparedness for practice in healthcare settings. Preparing medical social workers for practice in healthcare has been an area of debate for social work educators and practitioners since the inception of medical social work practice and in his study. Matthew tried to fill the gap that currently exists between social work education and medical social work practice. Therefore, his study helps me to explore the specific practices of medical social workers in selected hospitals to the study.

The further research conducted regarding Social work practice in medical setting is the work of Rahel Abate(2014) on the title of Practices of Health Professionals in Medical Social Work in Minlik II Hospital , Addis Abeba. The finding of her research shows as health professionals have no much understanding of the medical social work practice within the health service provision and no collaboration with the hospital social workers. As I have tried to mention research conducted in mentioned areas which related to the topic more of them were specified only in Addis Abeba and there is no more similar research conducted with Social work practice in medical setting in our country.

Another research conducted by Hiwot Temesgen (2016) on the title of Social Work Practice: Roles and Challenges of Social Workers in Selected Public Hospitals in Addis Ababa indicated that social workers practicing in the selected hospitals apply most of the standards stated on the NASW Standards for Social Work Practice in Health Care setting. Moreover, the finding stated that social workers in the selected hospitals provide various services both stated in their job description as well as outside their job description. It also stated as social workers in the hospitals face different challenges and these challenges they face are related to the lack of awareness about social workers role in the hospitals they are working in.

Alemayehu Gebru, Zena Berhanu and Tulu Hajji have conducted a study on discharge planning and post-discharge follow-up care practices at Jimma Medical Center (JMC), psychiatric department. And found that discharge planning and post-discharge follow up care were undertaken from the inception of the clients to their discharge and their home environments. However, the involvement of social workers in the psychiatric unit is very poor and suggested further social work researches in the healthcare settings (2021).

Although there were some researchers tried to conduct studies on health social work in other parts of our country including Jimma, they were few in number and they were not encompass the overall practice of Medical social work. As far as my knowledge concerns, there are knowledge and geographical gaps regarding the topic in the study area. Even though there were few studies conducted in relation to this topic in different settings with different research approaches it has not been studied before on the topic of Social Work Practice in medical setting, in Jimma Town, Shenen Gibe public hospital and Jimma Medical Center as far as I know. This research was undertaken to fill the existing knowledge gaps regarding medical social work practices in health setting.

### **1.3. Research Questions**

1. What are the roles/practices of Medical social workers in Jimma Medical Center and Shenen Gibe Hospital?
2. What are the challenges of medical social workers in Jimma Medical Center and Shenen Gibe hospitals?
3. What are the prospects of medical social workers in Jimma Medical Center and Shenen Gibe hospital?
4. How do the values and ethical principles of medical social workers in Jimma Medical Center and Shenen Gibe hospitals are practiced?

### **1.4. Objectives of the study**

#### **1.4.1. General Objective**

The main Objective of this study is to explore Social Work Practice in Medical setting in Jimma Medical center and Shenen Gibe hospital, South-West Ethiopia.

#### **1.4.2. Specific objectives**

- To investigate the roles/practices of Medical Social Workers in Jimma Medical Center and Shenen Gibe hospital.
- To explore the challenges of medical social workers in Jimma Medical Center and Shenen Gibe hospital.
- To identify the prospects of hospital social workers in Jimma Medical Center and Shenen Gibe hospital.
- To know the values and ethical principles of medical social workers in Jimma Medical Center and Shenen Gibe hospitals.

### **1.5. Significance of the Study**

The aim of the study focused on identifying the roles/practices, challenges, Prospects and values and ethical principles of medical social workers in Jimma Medical Center and Shenen Gibe hospitals. The result of this study was helped to identify challenges and communicating the responsible bodies and the heads of department the existing challenges facing medical social work professionals into medical practice to be understood. This can help in developing strategies on how to eliminate these challenges and can maximize the benefits of clients who require social workers interventions. This study assisted to create awareness to policy makers and other concerned bodies to strengthen the social work practice in terms of allocating adequate funds as well as increasing the number of social workers into medical practice. Moreover, on job programs it was designed to orient all staff on the roles and functions of medical social workers into medical practice including cases required to be attended by social workers. Finally, the result of the research findings can help as a reference for future studies that are going to be conducted on the related topics in the study area.

### **1.6. Scope of the study**

The overall scope of the study was exploring the Social Work Practice in Medical setting in Jimma Medical Center and Shenen Gibe hospital. The study covered the role/practices of Medical Social Workers, Challenges of Medical Social Work practitioners in medical setting, prospects of Hospital Social Workers and values and ethical principles of hospital social workers in selected area.

Even though Medical Social Work service has been given in other health care institutions in Jimma, South West Ethiopia, the study did not go beyond two selected hospitals and it was specifically focused on the Medical Social Work practice in this area,

because Many people have been served as Medical social workers in these areas than other settings in jimma city south west, Ethiopia.

### **1.7. Operational Definitions**

**Medical social work**-Medical social work is a specialized area of social work practice that requires a specific skill.

**Medical Social Worker**-A Medical Social Worker is a social worker who works in a medical setting such as a hospice, outpatient clinic, hospital, community health agency, or long-term care facility. A Medical Social Worker in this study is individual who holds the position of social worker and do social work practices in hospitals.

**Social work services**-Social work service, in this study refers to health/hospital or medical social workers in the selected two public hospitals.

**Client**- For the purpose of this study, the term “client” refers to an individual who get service from the social worker.



## **Chapter two: Literature review**

In this chapter, related literatures were reviewed and discussed according to their categories. The first section of this chapter discusses the origin and development of Social Work in Health Care System. The second section gives a brief explanation for the Role of MSWs in health setting. The third part of this chapter describes the contribution of social work practitioners in health care setting. In the fourth part of this chapter the services that provided by social work unit was explained. Under the fifth section the challenges social workers face during practice in health care setting were discussed. The sixth section describes the general standards guide hospital social workers to practice in health care setting and the last section of this chapter is the discussions of related models by which social work practice can be understood in health care settings.

### **2.1. Origin and development of Medical Social Work**

According to Hassan (2016) explanation the professional method of social case work originated in USA in the second decade of the century. One of the earliest organized efforts in USA to help poor was the establishment of “American Charity Organization Society” in 1877. On the pattern of charity, their collective experience of knowing the poor families and their problems by social scientists broadens the understanding of human behavior. There was growing recognition that there are internal and external forces within the individual which influence his behavior and the nature of his existence in the society. In the course of time the term “paid agents” or the “poor” were supplanted by “case workers” and the “client” respectively. In the terminology of help giving organizations and the office of organization came to be known as “agency”.

In early 1900s, the professional social workers were appointed in the Massachusetts General Hospital in America. Richard Clarke Cabot created this position to assist patients to

cope with those arenas of life which had made their cure problematic. In 1905, Cabot appointed Garmet I. Pelton, a nurse, as hospital social worker at Massachusetts General Hospital. Dr. Ella Webb established a medical dispensary for sick children in Ireland in 1918 which became the initiation of medical social work in Ireland. In 1945, the Institute of Almoners in Britain was formed, which was renamed in 1946 as the Institute of Medical Social Work (Chary, 2018, p.20).

Social Work in health care was eventually divided into medical and psychiatric social work, a division stimulated by the introduction of Freudian Psychoanalytic Theory around 1920. Since 1905, in hospital setting, medical social work in the health-care field has extended to various health care settings, like, community based clinics, nursing homes, psychiatric and other hospitals, public health agencies, rehabilitation services centers, home care agencies and private medical practice. American Association of Medical Social Workers and American Hospital Association published major studies of Medical social practice in the form of pamphlets and books in the period from 1925 through 1940. Although the most striking characteristics of the case work literature of this period was its growing recognition of psychodynamics but it is unfortunately true that the major parts of such writing tends to be descriptive rather than analytical. The literature on case work in medical setting is filled with articles that describe in detail the work of the writer in few cases or his experience in specific kind of emergency, such articles offer generalization regarding the range of social needs which reveal little of treatment's method or diagnostic thinking Hassan (2016,p.498).

Chary (2018) cited as practice of hospital social work emerged in UK and USA. Some major steps can be identified in the way of development of Hospital Social Work. The first step was recognition of after care of patients of mental hospitals and appointment of visitors to avoid recurrence of ill near. The second step of development of medical social work was

appointment of lady almoners in English Hospitals. The third step was practice of visiting home of patients by visiting nurses. The fourth one was training of medical students in social agencies. The fifth step was establishment of medical social work department in Massachusetts Hospital in Boston in 1905. The sixes step was establishment of American Association of Medical Social Workers (AAMSW) in 1918. The last and most important step was establishment of National Association of Social Workers (NASW) in 1955.

Since the early 20th century, social work has been an integral component of the U.S. health care system, and the profession continues to play a leadership role in the psychosocial aspects of health care. Today, social workers are present in settings across the health care continuum, including prevention and public health, primary and acute care, specialty care, rehabilitation, home health, long-term care, and hospice. Professional social workers provide services to individuals and families throughout the life span, addressing the full range of bio-psychosocial–spiritual and environmental issues that affect well-being. Social work’s strengths-based, person-in-environment perspective provides the contextual focus necessary for client- and family-centered care and is unique among the health professions (NASW, 2016).

According to Baja and Beerhouse (2014);Social workers from the twentieth century have been involved in health care system such as providing services for poor people, worked with the elderly and patients with tuberculosis. In 1977, the World Association of Social Work published standards for the provision of health care services in hospitals and in 1980, the standards for social workers in health centers developed and it replaced hospital standards. Between 1981 and 1982, the National Association of Social Work Board’s new developed standards approved and added to the previous standard of care. These standards include the activities of social workers in the field of kidney patient, disability, treatment and

health care and followed by social workers into the health care system and the public and private sectors were engaged. More activities of social workers concentrate on transferring the patient or refer him or her to home and in some cases solve the financial problems.

Literatures described as school of social work was opened for the first time in the year of 1959 in Haileselassie I University, which is now Addis Ababa University in Ethiopian history. During that time the program was two-year diploma training, which later, upgraded to a Bachelor of Social Work (BSW) in 1967. However, in 1974, when the socialist regime came to power, the school of social work was closed and all references and methodological approaches related to social work were discouraged because of the government ideology of socialism. Social work education in Ethiopia re-birth at master's level in September 2004. At the same time as the successful completion of the first batch in social work, the PhD program in social work and social development opened at Addis Ababa University in August of 2006. Respectively, the Bachelor of Social Work program was opened with 81 students. Currently the schools of social works were opened in different universities in Ethiopia and educating actively with the three programs, BA, Master and PhD level (Wassie Kebede, 2019).

It is important to note that, there is no much research done on the history of social work education in Ethiopia and very few publications are available in the subject area. Additionally, social work is recent field and there are no many documents which deal with history of medical social work practice in particular in Ethiopia.

## **2.2. Role of Medical Social Workers in health setting**

One of the scholars explained that the role of medical social services is to help individuals, by assisting in the remediation of problems aggravated by social, emotional, physical, psychological or economic problems, such as, the inability of the parents to accept

the handicapped child or face the situation like hospitalization of a bread-earner of the family (Hassan, 2017, p.499).

A social worker's role in the health field is to enhance the person's social and emotional functioning through targeted interventions and the mobilization of services and supports. Social workers intervene in the context of a person's social environments and relationships, recognizing the impact of the socioeconomic, cultural, psychological and political determinants on health and overall wellbeing. In their commitment to human rights and social justice, social workers advocate for the rights of clients, against discrimination, reduced opportunities and abuse. This association also described that hospital social workers provide direct services to patients and their families/careers (including significant others) aiming to minimize the negative impacts of illness and hospitalization. A hospital social worker's role is to enhance social and emotional functioning through targeted interventions and the mobilization of services and supports(AASW, 2016, p.4).

Currently social workers across the continuum of treatment services (outpatient, acute, chronic, crisis intervention, and counseling, advocacy and case management) will play their role. Participation in natural disasters, global and national challenges in line with the privatization of health-care and stress inflicted on patients and their families are the major role that social workers can be involved in it (NASW, 2005). Social worker in a medical team helps to solve social problems in individual patients and their families, and the interaction between the patient and the family is the main role of social workers in health care for patients in order to obtain their health. Therefore the health of human beings needs to meet the growing demands and social workers need to balance life roles. Advances in medical science have provided hope and improved quality of life for many people, although

this advancement, it has created ethical dilemmas for individuals and families (Sajjad, 2013, p.60).

As AASW (2015) specification social workers draw on a broad range of theories, knowledge, research and skills to ensure comprehensive and holistic analysis of the client's situation. Social workers' assessments range from targeted and brief specific-needs analyses through to comprehensive psychosocial and risk assessments of the full range of social and psychological needs, strengths and stressors. These assessments underpin needs-based interventions that address the social and emotional issues that are impacting on the individual and family members' health and wellbeing.

### **2.3. The contributions of medical social work practitioners in hospital**

Hospital social workers are regularly involved with patients and families/caregivers experiencing complex social, psychological, family and institutional dynamics. In their commitment to self-determination and respect, hospital social workers ensure that patients, and their families/careers, have access to information and are able to make informed decisions concerning their health and wellbeing (AASW, 2016).

As AASW (2016, p.6) described social workers contribute at an organizational level by: Providing interventions that acknowledge the full range of bio-psychosocial impacts of illness and hospitalization. Social workers also contribute in developing culturally appropriate models of service delivery and reducing health service demand by identifying and removing barriers that may be limiting effective engagement with services, reducing inappropriate health service demand through comprehensive psychosocial assessments and intervention including linkages and referrals to community-based services. Additionally, Social workers contribute in preventing readmissions through attention discharge planning and by addressing critical psychosocial determinants including the establishment of strong,

supportive familial and community networks and access to appropriate resources. They serve as leadership when working in multidisciplinary team around response planning for issues of risk, abuse and trauma and take part in conducting comprehensive and culturally appropriate psychosocial assessments that greatly inform the decision making of other professionals and the multidisciplinary health team. Social workers also can contribute in provision of critical incident/single session debriefing and in providing professional development for other health professionals on psychosocial issues relevant to recovery and contribute to future planning in health service delivery by innovative social work practices, programs and research activities

#### **2.4. The basic functions of medical social workers**

Parmar (2014) stated that the basic functions of MSWs are; Psycho-social, physical and spiritual assessment for determining the resilience and strength of the patients, their families and community support systems to assist the people function within the society. They use in educating the patient's family on bio-psycho-social requirements of the patients and how they can acquire resources; and mediating familial skirmishes and in counseling patients and their families. MSWs do risk assessment of patients (self-harm like suicide or others such as child abuse, family violence). Funds management and providing financial assistance to deserving cases, discharge planning of patients, referring services for associating patients to available community resources are also the other uses of medical social workers.

#### **2.4. Services provided by medical social work unit in hospitals**

AASW (2015) discussed as professional social workers are present throughout the health field across a wide range of settings including: Hospitals, Community health, Primary health networks, Mental health services and All levels of government, Homelessness services, Refugee services, Indigenous services, Policy and program development,

Management and governance, Asylum seeker and migrant services, Alcohol and drug services.

Health care can refer to a variety of interventions and therapies intended to improve or address disease, illness or injury. Health care includes: prevention, early intervention, treatment and maintenance of one's health and wellbeing (AASW, 2014, p. 5). Based on the health condition or imperative and the nature of the intervention or therapy, health care services are provided in different settings at different levels. As it has been identified by the social determinants of health, there exists a mutual relationship between the general health situation of an individual with that of their significant involvement with in the community and the society as a whole (AASW, 2014, p. 5).

According to AASW (2015) illustration professional social workers are employed in a wide range of hospital settings including public and private, both acute and sub acute, across metropolitan, regional and rural areas. They work with children, adults, families and communities across a wide range of units and specialty areas including, but not limited to: Emergency departments, Intensive care, including neonatal, Pediatrics, Obstetrics, Oncology, Renal, Neurology, Trauma, Chronic health conditions, Cardiac, Burns, Geriatric services, Psychiatric and mental health, Sexual assault and child abuse, Rehabilitation, Transplantation, Drug and alcohol services, Palliative care.

AASW (2015, pp.4-5) discussed that the services provided by social workers include: Bereavement, grief and loss support work in order to improve coping and psychosocial outcomes, in relation to chronic sorrow, disability, suicide, sudden and traumatic death. Social workers provide services like risk assessment and therapeutic interventions in relation to child abuse and neglect, domestic and family violence, intimate partner violence, elder abuse, and exploitation. They also give services like socio-legal issues and ethical decision making,



for example: advanced health directives; enduring power of attorneys; end-of-life decision making; cessation of medical procedures and organ donation and comprehensive discharge planning particularly where there are complex psychosocial issues, therapeutic intervention in relation to a range of chronic health conditions including: mental health, trauma, adjustment to diagnosis and disability. They do family intervention and support, which includes family therapy and family case conferencing.

Additionally, social workers provide leadership in case management and in the coordination of services both within and external to the health care service. They work with groups and communities to provide health information and education on a wide range of biopsychosocial factors that impact on wellbeing. They also provide by undertaking a range of statutory functions relevant to local legislative requirements, this may include: child protection; mental health services and vulnerable adults. Social workers provide advocacy in relation to health inequalities to improve health outcomes for individuals, families, groups and populations in relation to social issues that may affect the health outcome and psycho-education for patients and their families in a range of health care settings.

In other way, Social workers provide crisis intervention, which can include psychosocial services provided to emergency departments and sudden traumatic injury or death. They work with older people, including psycho-geriatric issues and give service in policy development and research.

Social workers provide specialist clinical expertise in addressing the psychosocial aspects of: child abuse and neglect, elder abuse and domestic and family violence and child, youth and adult mental health. Social workers provide service in oncology and palliative care. They provide on issues of chronic sorrow associated with grief, loss and adjustment to diagnosis and disability and trauma across the age spectrum, which contributes to better

outcomes for individuals and communities, for example: working with patients with brain injury.

Ethiopian Standard agency described the service provision of Medical Social Workers in the hospital shall provide social work service. Accordingly, there shall be an organizational chart or alternative documentation clearly delineating the lines of responsibility, authority and communication for the social services. The social work service shall have written policies and procedures that are reviewed at least once every five years, or revised more frequently as needed, and implemented. The policies and procedures concerning the social work services shall address; Counseling, Discharge management and planning, Social work assessment, Consultation and referral to support groups, centers and/or organizations, Patient advocacy, Community liaison and education (ESA, 2012).

## **2.5. Challenges of medical social work profession in health setting**

As Mathew (2019, p.21) mentioned medical social workers are faced with grave challenges. Medical social workers must deal with health disparities, increases in chronic illness, an increasing aging population and a significant increase in the prevalence of socially and environmentally determined diseases (Volland, Berkman, Phillips, & Stein, 2003). Their long-standing role in the health system notwithstanding, social workers practicing in health care settings today face significant challenges. Ongoing changes in the financing and delivery of health care and a shortage of social work effectiveness data have contributed to the reduction of social work services in certain health care settings. Increasingly, health care social workers are supervised by individuals without social work degrees, and tasks previously performed by social workers are often assigned to other personnel, including nurses, paraprofessionals, and volunteers, in an effort to reduce costs, are considered to be the challenges of social work in health care setting (NASW, 2015, p.4).

Medical social work is extremely challenging work and MSW has to manage the deadlines, caseloads and ensure the provision of services. The medical social workers often face complex challenging cases involving patients with multiple psycho-social problems, all of which demand involvement of a case-worker to deal with their problem effectively. Therefore, a comprehensive and timely assessment of a “person in problem” is crucial. Concomitantly, there are various factors at societal level which hinder the effective functioning of medical social work in hospitals, such as, lack of fund’s provision, indistinct or vague concept of a Medical Social Welfare Officer by a lay-man and his roles and services which he can provide, lack of team work and centralized decision making(Syeda,2016).

## **2.6. The general standards guide the Medical Social Work Practice in health setting**

Different literatures have been explained as social work practice is guided by standards. For the purpose of the study the recently developed standard by NASW in 2016 is reviewed as the following. According to NASW (2016, p.8) These standards articulate the necessary knowledge and skills health care social workers should possess to deliver competent and ethical services in today’s health care environment; provide benchmarks for quality social work practice for use by health care employers; and assist policymakers, other health professionals, and the public in understanding the role of professional social workers in health care settings. These standards are intended to guide social work practice and may be applied differently, as appropriate, to different health care settings.

According to NASW(2016, P.8) explanation the specific goals of the standards include to ensure that social work practice in health care settings is guided by the NASW Code of Ethics, to enhance the quality of social work services provided to clients and families in health care settings, to advocate for clients’ rights to self-determination, confidentiality, access to supportive services and resources, and appropriate inclusion in decision making that

affects their health and well-being, to encourage social work participation in the development, refinement, and integration of best practices in health care and health care social work, to promote social work participation in system wide quality improvement and research efforts within health care organizations, to provide a basis for the development of continuing education materials and programs related to social work in health care settings, to promote social work participation in the development and refinement of public policy at the local, state, federal, and tribal levels to support the well-being of clients, families, and communities served by the rapidly evolving U.S. health care system, informing policymakers, employers, and the public about the essential role of social workers across the health care continuum.

According to NASW (2016) Standards for Social Work Practice in Health Care Settings reflect the guiding principles of the social work profession include: Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers treat each person in a caring and respectful fashion. With skills in cultural awareness and cultural competence, social workers affirm the worth and dignity of people of all cultures. Social workers understand that each individual experiences a mutually influential relationship with her or his physical and social environment and cannot be understood outside of that context. This ecological perspective recognizes that systemic injustice and oppression underlie many challenges faced by clients. Rather than focus on pathology, social workers elicit, support, and build on the resilience and potential for growth and development inherent in each individual. The therapeutic relationship between the social worker and the client is integral to helping the client achieve her or his goals. At all levels, from local to global, social workers promote and advocate for social, economic, political, and cultural values and institutions that are compatible with the realization of social justice. Social workers promote the value of research as a means of

improving the well-being of individuals, families, and society; strengthening the current workforce; and maintaining the social work profession's role in health care settings (PP.14-15). The thirteen standards reviewed in National Association of social workers are described as follows.

### **Standard1. Ethics and Values**

Social workers practicing in health care settings shall adhere to and promote the ethics and values of the social work profession, using the NASW Code of Ethics as a guide to ethical decision making. The profession's mission is rooted in core values that have been embraced by social workers throughout the profession's history and highlight social work's distinct purpose and perspective. These values are service, social justice, dignity and worth of the person, importance of human relationships, compassion, integrity and competence that constitute the foundation of social work and underlie the practice of social work in health care settings (NASW, 2016, p.16).

### **Standard2. Qualifications**

Social workers practicing in health care settings shall possess a baccalaureate or master's degree in social work from a school or program accredited by the Council on Social Work Education, shall comply with the licensing and certification requirements of the state(s) or jurisdiction(s) in which she or he practices, and shall possess the skills and professional experience necessary to practice social work in health care settings (p.16).

### **Standard3. Knowledge**

Social workers practicing in health care settings shall acquire and maintain a working knowledge of current theory and evidence informed practice, and shall use such information to ensure the quality of social work practice. As health care professionals, social workers

require specialized knowledge and skills. This knowledge and skill base can be obtained through multiple approaches, including coursework and field practice in a social work degree program, specialty practice credentials earned after graduation, health care–related employment experience, and ongoing continuing education. Developing a knowledge and skill base is a cumulative process that requires a commitment to career-long learning (p.17).

#### **Standard4. Cultural and Linguistic Competence**

Social workers practicing in health care settings shall provide and facilitate access to culturally and linguistically appropriate services, consistent with the NASW Standards and Indicators for Cultural Competence in Social Work Practice (NASW, 2015). Health care social workers must acquire a cross-cultural knowledge base to provide effective, culturally competent practice. In particular, social workers must develop and maintain an understanding of the history, traditions, rituals, values, family systems, and communication patterns of major client groups served, as well as an understanding of the influence of culture on help-seeking behaviors and perceptions of health, illness, health care treatments, disability, and care giving roles, and death and dying among client/patient groups served. Social workers should also recognize how societal oppression and privilege related to cultural and linguistic diversity (such as racism, sexism, homophobia, ageism, or xenophobia) affect clients' bio-psychosocial– spiritual well-being, access to and use of supports and services, and health outcomes( p.23).

#### **Standard5. Screening and Assessment**

Screening for psychosocial issues is now common in health care settings. Within emergency departments, clinics, and other points of entry, individuals are often screened for pain, mental health disorders, domestic violence, substance use disorders, self-harm, and distress, among other concerns. Screening can also occur throughout a disease trajectory. The

presence of psychosocial screening programs has become a criterion for institutional accreditation in certain health care settings. Assessment is an ongoing activity, not a onetime event. During the reassessment process, the social worker and client (and, if appropriate, members of the client support system) revisit the needs, assets, and priorities identified in the initial assessment and discuss the client's emerging concerns (pp.24-26).

#### **Standard6. Care Planning and Intervention**

Social workers practicing in health care settings shall develop and implement evidence-informed care plans that promote client well-being and ensure a client and family-centered continuum of care. Care plans outline the necessary steps, identified collaboratively by the social worker, the client, the client support system (at the competent client's discretion), and other members of the health care team, to achieve the goals and objectives identified in a comprehensive bio-psychosocial–spiritual assessment. Implementing care plans with individuals across the life span, and with different health conditions and cultures, requires health care social workers to tailor practice techniques to best meet client needs (p.27).

#### **Standard7. Advocacy**

Social workers practicing in health care settings shall advocate for the needs and interests of clients and client support systems and promote system-level change to improve outcomes, access to care, and delivery of services, particularly for marginalized, medically complex, or disadvantaged population. Social workers have a responsibility to advocate for the needs and interests of clients and client support systems. Social workers in health care settings serve as client advocates by promoting client access to health care, identifying and removing barriers to services delivery, and helping clients navigate between and among complex health and social services systems. Social workers also strive to promote clients'

self-advocacy skills and to enhance the capacity of communities to support clients' bio-  
psychosocial–spiritual quality of life (p.29).

### **Standard8. Interdisciplinary and Inter-organizational Collaboration**

Social workers practicing in health care settings shall promote collaboration among health care team members, other colleagues, and organizations to support, enhance, and deliver effective services to clients and client support systems. Collaboration between the social worker and the client is the foundation of health care social work practice. Therefore, the client (and when appropriate members of the client support system) is at the center of the health care team. Within health care settings, multiple practitioners are often involved in a client's care, making teamwork and collaboration essential. Teamwork and good communication among health care practitioners can improve health care delivery, resulting in better client outcomes (p.31).

### **Standard9. Practice Evaluation and Quality Improvement**

Social workers practicing in health care settings shall participate in ongoing formal evaluation of their practice to advance client health and well-being, assess the appropriateness and effectiveness of services and supports, ensure competence, and strengthen practice (p.33).

### **Standard10. Record Keeping and Confidentiality**

Social workers practicing in health care settings shall maintain timely documentation that includes pertinent information regarding client assessment, and intervention, and outcomes, and shall safeguard the privacy and confidentiality of client information. Documentation of social work services should be recorded on paper or electronically and



must be prepared, secured, and disclosed in accordance with regulatory, legislative, statutory, and organizational requirements (pp.34-35).

### **Standard11. Workload Sustainability**

Social workers practicing in health care settings shall responsibly advocate for workloads and scope of work that permit efficient and high quality social work services delivery. Social workers should advocate for and support research to determine reasonable caseloads with diverse populations and within different health care practice settings, to provide ethical, quality-based services (PP.37-38).

### **Standard12. Professional Development**

Social workers practicing in health care settings shall assume personal responsibility for their own continued professional development, in accordance with the NASW Standards for Continuing Professional Education (NASW, 2003) and the licensure or certification requirements of the state(s) or jurisdiction(s) in which she or he practices. They must engage in ongoing professional development to maintain competence within their fields of practice. Professional development activities relevant to social work practice in health care settings may include developments in clinical care, research or technology, health care policy and legislation, community resources and services, ethics, and leadership and administration, among other topics. Numerous opportunities for professional development exist within NASW, allied professional organizations, schools of social work, health care institutions, and organizations providing services to or on behalf of various constituencies (such as children, older adults, or people with disabilities) at the local, state, national, and international levels( p.39).

### **Standard13. Supervision and Leadership**

Social workers practicing in health care settings shall strive for leadership roles in educational, supervisory, administrative, and research efforts within their institutions and shall mentor others within the social work profession, to develop and maintain a robust health care social work workforce. The purpose of social work supervision in health care settings is to enhance the professional skills and knowledge of a supervisee to increase her or his competence in providing quality services to clients and families. Supervision facilitates professional growth and development and improves clinical outcomes (p.40).

## **2.7. The basic Models for Medical Social Work Practice**

According to Mathews (2019) considering that medical social work is an area of high demands for social work practitioners, it is imperative that social work students begin obtaining adequate education that will allow them to be effective medical social workers. In the following section the models that support this study were explained.

### **2.7.1. Interdisciplinary Collaboration model and Bio-psychosocial-spiritual Model**

I believe that Bronstein's Model for interdisciplinary collaboration and the bio-psychosocial and spiritual model were served as lenses to direct this study (Mathew, 2019). Accordingly, I will discuss this model in detail here after.

#### **2.7.1.1. Interdisciplinary Collaboration Model**

**Interdisciplinary Collaboration** is defined as "an effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own" (Bronstein, 2003, p. 299). It is viewed as having five major components that are necessary for social workers to have optimal collaboration with other professionals. The five components are interdependence, newly created professional activities, flexibility, collective ownership of goals, and reflection of process (Bronstein, 2003). Bronstein's Model for Interdisciplinary Collaboration also considers the four primary factors that influence

interdisciplinary collaboration. Bronstein (2003) recognizes that the factors of influence include professional role, structural characteristics, history of collaboration, and personal characteristics; and that factors are contextualized in interdisciplinary collaboration. The factors of influence have the potential to be proponents or opponents of effective interdisciplinary collaboration (Mathews, 2019, p.24).

The model that mentioned above was guided me to understand as social workers that have different professional from other disciplines are serving clients effectively in selected hospitals. In other way, it was helped me to know as that social work professionals was utilized interpersonal skills to adequately serve on teams with collective goals for assisting clients.

#### **2.7.1.2. Bio-psychosocial-spiritual Model**

**Bio-psychosocial Model** was developed by George Engel and first introduced to clinicians' in 1977 (Engle, 2012). Engle created the model as a "holistic" alternative to the biomedical model (Borrell-Carrió, Suchman, & Epstein, 2004). The bio-psychosocial model is composed of three distinct parts; biological, psychological, and social. The model is systemic in nature and considers biological, psychological, and social factors to interact interdependently and thereby create complex interactions as it relates to understanding health, illness, and health care delivery (Engel, 2012). The bio-psychosocial model is considered to serve as a philosophy of clinical care and a practical guide for professionals. Philosophically the model provides practitioners with a way of understanding how a patient's experiences of suffering, disease, and illness are impacted systemically on various levels, from the societal to the molecular. At the practical level, the model offers practitioners a method for understanding patients' personal experiences as a preeminent contributor to accurate diagnosis, health outcomes, and humane care (Borrell-Carrió et al., 2004).

Because of that bio-psychosocial model is especially relevant to social work practice in a healthcare setting; social workers must fully understand how biological processes impact an individual's psychological and social functioning. For my study reviewing and understanding this model will provide me to assess the ability of Medical social workers on helping patients' by supporting this model. The bio-psychosocial model provides the foundation for the bio-psychosocial-spiritual model. The next section was explained the bio-psychosocial-spiritual model and its relevance to clinical care (Mathews, 2019.pp.24-25).

As Mathew cited (2019) the bio-psychosocial model and the bio-psychosocial-spiritual model differ, in that the bio-psychosocial-spiritual model considers spiritual factors. According to the bio-psychosocial spiritual model, everyone is affected by spirituality in some way or some form (Sulmasy, 2002). The bio-psychosocial-spiritual model assumes that spirituality "helps shape who each patient is as a whole person, and when life-threatening illness strikes, it strikes each person in his or her totality" (Sulmasy, 2002, p. 27). Totality is defined as the biological, psychological, social, and spiritual aspects of the person, thus viewing the person as whole that is composed of distinct parts, rather than viewing each aspect separately.

In general, Bronstein's Model for Interdisciplinary Collaboration and the Bio-psychosocial-spiritual Model are related in regard to providing effective medical social work, because to treat a patient effectively there must be collaboration with other professionals, such as doctors, nurses, physical therapists, and dieticians. Social workers must have a working knowledge of various professions and the expertise those professionals bring to the team. Medical social workers in turn, must be knowledgeable or at least familiar with biomedical information, and have working knowledge of the biological effects of illness and medications (Volland et al., 2003). Effective medical social work is difficult to achieve

without a solid balance of interdisciplinary collaboration and knowledge of the bio-  
psychosocial-spiritual model with increased emphasis on the biological component.

Finally, bio-psychosocial and spiritual model was helped me to make sure whether the practitioners utilize this model to comprehend the holistic nature of the clients need. Therefore, I was got the diagnosis and prognosis process in line with biological, psychological, social and spiritual dimensions of the clients and the interdisciplinary collaboration model is appreciated by social workers because social work is aspires the eclectic knowledge for effective and efficient outcome. Therefore, this model was utilized n this study to grasp the nature of cooperation and collaboration of interdisciplinary teams to address the needs of clients in the hospital. On the other hand, service coordination to manage the case of the client in the hospital was seen with this model.

### **Chapter three: Research Methods**

This chapter described the research methods that help in conducting this study. Under this chapter, the study design, description of study area, sources of data, study participants and selection technique, eligibility criteria, method of data collection, method of data analysis, assuring trustworthiness of data and ethical consideration was discussed in detail.

#### **3.1. Research Design**

Creswell described that there are three basic types of research design: qualitative, quantitative and hybrid of the two. In this particular study, qualitative case study research design with exploratory purpose was used to explore the social work practices being provided in selected public hospitals in Jimma. A qualitative research tries to discover the attitudes, behaviors and experiences of participants using methods like interviews and focus group discussion (2014, p.32).

Qualitative research in this study was used as approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem because of that its process involves emerging questions and procedures, data was typically collected in the participant's setting, data analysis was inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data. The final written report was in flexible structure. Those who engage in this form of inquiry support a way of looking at research that honors an inductive style, a focus on individual meaning, and the importance of rendering the complexity of a situation (Creswell, 2014). A qualitative researcher seeks to define and interpret unclear phenomena through non numerical methods of measurement that focus on meaning and insight (Kakabadse & Steane, 2010). In general qualitative research approach was helped me to study the social work practice in hospital in its' natural setting, to interpret the medical social work practice in terms the

meanings participants bring to me why for it involves the collection of a variety of empirical like case study, interview, observational and interactional.

Literatures stated as exploratory research designs are conducted to clarify ambiguity and discover multiple realities (Kurt, Inman, & Argo, 2011), as well as ideas for later research. Exploratory research can include interpretations of information gathered during investigations that consist of unstructured interviews, in-depth interviews, and direct observation of people, places, and phenomena (Dowlatshahi, 2010; Mansourian, 2008). Additionally, exploratory research is used when the problem statement is unclear or inarticulate (Dowlatshahi, 2010). Research literatures stated that “*Exploratory study is a very important approach to explore the contemporary phenomenon from within its real life context and allows to get rich description of the phenomenon from the participants by using an in depth interview*” Somekh&Lewin (2005, p. 15).

As Hemed (2015) stated a cross-sectional study is an observational study, often described as a “snapshot” of a population in a certain point in time because exposure and outcome are determined simultaneously for each subject. In cross-sectional study, researchers observe at one point in time. Cross-sectional study is usually the simplest and least costly alternative.

Additionally, Exploratory Case Studies was used for the study. When conducting exploratory case studies, fieldwork and data collection may be undertaken before defining a research question. This type of study may be seen as a preface to a large social scientific study. However, the study must have some type of organizational framework that has been designed prior to beginning the research. This sort of exploratory study may be useful as a pilot study, for example, when planning a larger, more comprehensive investigation (Bruce L.Berg, 2001).

In a case study a researcher may intensively investigate one or two cases or compare a limited set of cases, focusing on several factors. Case studies help researchers connect the micro level, or the actions of individual people, to the macro level, or large-scale social structures and processes (Vaughan, 1992).

In general, based on the above concepts of research design I was expected the research participants to provide subjective meaning of their experiences towards the role and contributions of Medical social workers, serves that provided by Medical social workers, challenges social workers face, values and disciplines and their prospect regarding their practice in the study area.

### **3.2. Description of the Study Area**

The study was conducted in two selected public hospitals in Jimma. Jimma zone is located in Oromia regional state. Jimma is the capital town of Jimma zone and found at about 356 Kms in southwest of capital city, Addis Ababa. Jimma zone is the wider zone in Oromia region with 18 woredas. The climate of Jimma zone is woynadega, with annual rainfall of 3700mm and altitude of 1500 - 1700 above sea level. Jimma Medical center and Shenen Gibe hospitals are located at Jimma town 352 km southwest of Addis Ababa, Ethiopia. Jimma Medical center is one of the oldest public hospitals in the country established in 1930 E.C by the Italians for the service of their soldiers and used to be named as St. Mary Hospital (TirsitRetta, 2015) but Shenen Gibe hospital is the newly established one. The study area was limited to jimma medical center and Shenen gibe hospitals that are selected purposively, where there are many populations that need the assistance of medical social workers are served. Additionally, these areas are more preferable to get an organized and reliable data, from well experienced informants compared to social work units in other area where social work services are available.



### **3. 3. Sources of Data**

While conducting the study both primary and secondary data sources were used. Primary data was gathered through interview, FGDs and observation methods. Secondary data source was collected from relevant written documents which are guideline of medical social workers in health setting, assessment reports , written documents from government and non-government reports and publication, books, articles and reports related to the study.

### **3.4. Study Participants**

Participants of the study were Medical social work practitioners, higher officials of the two selected hospitals and clients of social workers in selected hospitals. All the social workers working in the selected hospitals were selected to participate in the study. Besides the social workers, other participants of the study were include; coworkers' health professionals and individuals in administration position who were selected by the references of the social workers and who were believed to give information regarding Medical social work practice in the hospitals. Due to the desire to study in detail and in depth about social work services being provided in the selected hospitals, I was gathered as much information as possible from the research participants.

Beside the medical social workers, higher officials like head of social work department, health professionals such as medical directors and nurses that were worked collaboratively with medical social workers from both hospitals were included. But medical social workers were provided more and detailed information about the social work practice in the setting. Key informants from the two public hospitals were selected purposefully for their expertise and direct involvement on the practice and their exposure to witness the role of the unit. And client participants were service users of social work practice in the health setting

and they were selected on their willingness to participate in the research and to be interviewed.

### **3.5. Sampling Techniques**

According to different literatures qualitative researchers like to use non probability or nonrandom sampling techniques. This means they rarely determine the sample size in advance and have limited knowledge about the larger group or population from which the sample is taken. Purposive sampling is one of the four types of non-probability sampling method. Accordingly, the study participants were selected purposively because of that purposive sampling is a technique widely used in qualitative research for the identification and selection of information rich cases.

Cresswell & Plano Clark also mentioned (2014) purposive sampling involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest. "Purposive sampling uses the judgment of an expert in selecting information rich case with specific purpose in mind and participants of the study are selected by their experience on the study issue (Krueger & Neumann, 2006). Therefore purposive selection of in depth interview and key informants were based on the participants' availability, experience and their position. And in depth interview participants of the study were selected with the help of the social work unit using inclusion criteria. As Marshall and Rossman (1999) stated when we use non probability sampling technique units are selected deliberately from the population. I was tried to include mix or diverse participants like clients of the medical social workers and other concerned bodies with the assistance of the unit coordinator to get rich data in different angles.

### **3.5. Inclusion Criterion**

The Practitioners of social work practice in the study areas, Administrators of selected hospitals and health professionals currently working with medical social workers of the study areas and clients that have a relation with the social work services being provided in the study area and have willing to provide the required information about the issue of the study were included in the study participants.

### **3.6. Method of Data Collection**

#### **3.6.1. In-depth Interviews**

As the study was aimed to explore Social Work Practice in Medical setting along with its contribution, serves provision, challenge and the implementation of values and ethical principles in the view of support system, the data was gathered from the angle of diverse informants. This is why in depth interview which is qualitative data collection technique was selected to get detail and pertinent information. In-depth interview was conducted by using an open ended semi structured interview questions.

According to Boyce (2006) In-depth interviewing is a qualitative research technique which involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program or situation. Therefore, Face-to-face in-depth was employed with medical social workers in the study area. Most of the interviews were carried out in a quiet environment, such as in the office to get all the attention of participants to provide the adequate information. In assumption the interviews with the social workers was take an average of 45-60 minutes. Furthermore the interviews with the other informants were taking an average of 20-30 minutes. In the way of data collection for this study, I was triad to record interviews to get the overall ideas of the participants for future document depending on the willing of participants. The in-depth

interview was helped the researcher to get detailed information and to explore new issues in depth. I was use semi structured interview to capture information about the participants profile and open ended interview guide to seek data on the subject matter of study. Semi-structured interviews were selected as the means of data collection because of two primary considerations. First, they are well suited for the exploration of the perceptions and opinions of respondents regarding complex and sometimes sensitive issues and enable probing for more information and clarification of answers. Second, the varied professional, educational and personal histories of the sample group precluded the use of a standardized interview schedule

### **3.6.2. Key Informants Interview**

The other data sources were key informants that are higher officials of the two selected hospitals. These are peoples who knowledgeable about the subject matter (social work practice) because of their experience, work position, work relation with the social workers and their practice. Here the role and challenges of social work practice, policy and individual challenges professionals encounter were investigated.

### **3.6.3. Observations**

Observation is the process of gathering firsthand information by observing people and places at a research site. It was used to get the opportunity to record information as it occurs in a setting, to study actual behavior and to study individuals who have difficulty verbalizing their ideas. In the study non participant observation was used. In order to observe the roles of social workers in the selected hospitals the researcher was observe the day to day activities of the social workers in their actual working environment as a non-participant observer during the data collection. Observing participants in their actual place is more reliable: it is possible to see how they actually behave. In interviews participants may be asked about how they act

in certain situations. Therefore observation can fill this gap. Observation can also serve as a technique for verifying or nullify information provided in face to face encounters (Beverley H. 1998).

Based on this, the researcher observes activities of participants at their actual place in the study area in order to collect comprehensive firsthand information. I was take note/journal of every observation which is relevant for the study by being open for any new idea in preparing a check list that helps to remind key focus area of field observation.

#### **3.6.4. Document review**

In this study, document review was one instrument for data collection. “In document review, documents are pre-produced texts that have not been generated by the researcher. Rather, the researcher’s role is limited to gathering, reviewing, and interrogating relevant documents” (O’Leary, 2004, p. 177). Documents such files, history cards, appointment cards, job descriptions and the like regarding social work roles in hospitals and other related issues were reviewed to acquire the necessary data to answer the research questions.

Reviewing written documents, the guide line for social work practitioners in Hospital setting, the assessment reports that have relevance to the study title were additional sources of data. The guide line for social work practitioners used to explore the narrative role and responsibilities of social workers in health setting. The job description was critically reviewed to know actual social work practice providing, and to identify any limitations of the practice whilst performing the roles specified there.

#### **3.7. Methods of Data Analysis**

First the guiding instruments were prepared in English based on the research questions and then translated to Amharic and Afan Oromo to cross check whether the questions address the specific objectives or the research questions adequately and accurately.

In analyzing the data, I was employed the qualitative technique. The data collected through in-depth interview, key informant interview, observation, document review and FGD will be analyzed qualitatively. As Ibrahim (2012) mentioned, thematic analysis is a type of qualitative analysis. It issued to analyze classifications and present themes (patterns) that relate to the data. And illustrates the data in great detail and deals with diverse subjects via interpretations. Thematic Analysis gives an opportunity to understand the potential of any issue more widely (Marks & Yardley, 2004). Will Gibson (2008) also verifies that thematic analysis as the best approach to deal with qualitative data. Thematic analysis involves creation and application of 'codes' of the data to be analyzed. The data being analyzed might take any number of forms: an interview transcript, field notes, photographs or video footage. Accordingly, the data in the study was analyzed by using thematic analysis. The transcripts were printed, organized in a binder, each theme was assigned a color, and excerpts from the transcripts that represent the identified themes were highlighted with the corresponding color. This was useful to develop themes from primary data gathered through interviews and field notes.

I was translated the data gathered using in-depth interviews with the social workers and other informants as well as social worker daily activities collected during observation, from Amharic and Afan Oromo to English as its importance every day so that the information was well remembered. By reading collected data thoroughly, codes were given. These coded data were categorized in to several categories depending on their similarity and relationship. By looking into the linkage between these categories, major themes were identified according to roles of medical social workers, challenges of medical social workers, prospects of medical social workers and values and ethical principles of medical social workers in selected hospitals.

### **3.8. Data quality assuring**

In this study, the collected data were assured using method of triangulation.

Triangulation is refers to the use of multiple method or data sources in qualitative research to develop a comprehensive understanding of phenomena (Patton, 1999). Triangulation also has been viewed as a qualitative research strategy to enhance trustworthiness of the data through the convergence of information from different sources. Therefore, triangulation method involves comparing the information gathered through different qualitative data collection instruments used in the particular research such as observations, interviews, and documented review (Ritchie and Lewis 2003, p.276). In every research, fairness, truthfulness, honesty and unbiased approach are very important for the quality of the study. I employed triangulation method to verify trustworthiness of the information gathered to explain or describe the phenomenon under study. For this purpose, data collection method like interview, observation, FGDs and document review were used, that was allow me to compare the data gathered using different method during data analysis and was bring together to provide a particular, well-integrated and more precise picture of the research questions, that can't be easily obtained by using single data collection method.

As literatures cited, researcher may be biased, during an interaction with study participants. This occurs when the researcher has general expectations about what the respondent knows or feels about a particular situation. This might lead the researcher to put an influence on how honest the participants are going to be during the interviews. Sometimes participants might provide answers that they feel are right in the eyes of the researcher as well as they may assume that the interviewer expects them to answer in certain ways (Leonard, 2003, p. 170). To avoid such biases, I approached the participants free of any expectations and judgments so that they can be able to provide information freely and honesty.

### **3.9. Ethical Considerations**

National Association of Social Workers designed as Social workers should provide services to clients only in the context of a professional relationship based on valid informed consent. Social workers should use clear and understandable language to inform clients the purpose of the study, risks related to the study, limits to study because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions (AASW, 2017).

Accordingly, before starting the data collection, I was submitted letter of cooperation from school of social work /research and postgraduate coordination office to each hospital asking for their collaboration in providing relevant information during data collection. After getting permission from the hospital administrations, I was introduced myself to the health social workers in the hospitals. I was prepared a consent form, which was explained about participants' right of continuing participation or withdrawing their consent before or during the data collection and give brief explanation about the objective of the study. I was sure each and every participant read and understands before starting the interview. The information gathered from the participants are stored and utilized in a way that make sure to respect and protect the informants and their professional privacy and confidentiality. Anonymity and confidentiality of informants was protected by using codes for each participant. I was assured the participants that the data collected during the research was only be used for the purpose of this study. In the study, I was provided clear and precise information to participants so that they can understand the role they are playing in the ongoing research and become willing to participate. It was made clear to the participants how the information they are providing is relevant to fulfill the objectives of the study.



## Chapter Four: Findings of the Study

In this chapter, the findings of the research which includes the medical social work practice for service users and the role of Medical Social Workers, challenges of medical social workers, prospects of medical social workers, the values and ethical principles of medical social workers in health setting used are presented. Mostly, professionals who are directly involved in the medical social work practice, and colleagues of medical social workers in the health settings are participated in the study.

### 4.1.1. Socio-demographic back ground of key informants

The key informants participated in the study were came from backgrounds of different professionals and they were including CEOs (Chief Executive Officers), liaison officers and human resource managers. These informants came from different professionals and selected to be informants in this research because of that they have direct work relation with the social workers and can be able to give information regarding social workers' activities in the hospitals they are working.

**Table1. Profile of key informants**

Informants	Gender	Work position	Educational back ground	Work experience
Participant1	M	Administrator in jimma MC	Management	Three years
Participant2	M	liaison officer in jimmaMc	Doctor	Three years
Participant3	F	Coordinator of social work department in jimma Mc	Nurse	Five years
Participant4	M	Administrator in Shenen gibe hospital	Human resource management	Two years

Participant5	M	liaison officer in Shenen gibe hospital	Doctor	Two years
Participant6	M	CEOs in Shenen gibe hospital	Heal officer	Four years

As the above table depicted, two male and two female key informants are involved in the study and their professional background extended from nurses to doctor and they have two to five years experiences in their area of practice in the hospital. And their position is ranged from coordinator, liaison officer, CEO to administrator level in the hospitals.

#### 4.1.2. Socio- demographic background of in-depth interview participants

In-depth interviews were conducted with Medical social workers working in the selected hospitals. At the time of data collection, there were 6 Medical social workers in Jimma medical center and 1 Medical social worker in Shenen Gibe hospital. All of the medical social work Professionals participated in the study according to their work experience, from both hospitals. The selection was made with the help of the social work unit coordinator. The total number of informants who participated in the in-depth interview was 7 professionals. Five of the medical social workers were male and the two are females. Their age ranges from 25 to 34 and all of the medical social workers have the work experience of one year to three years. Four of these medical social workers have sociology and social workprofessional background, one of them has sociology and social anthropology, one of them has social work and one of them has psychology educational back ground in BA degree.

Table2. Profile of in-depth interview informants

Participants	Gender	Age	Work position	Educational back ground	Work experience	Name of the hospital
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Medical social worker1	M	26	Medical social worker	Sociology and Social work	One year	Jimma Medical Center
Medical social worker2	M	32	Medical social worker	Sociology and Social work	One year	Jimma Medical Center
Medical social worker3	M	25	Medical social worker	Social work	One year	Jimma Medical Center
Medical social worker4	M	30	Medical social worker	Sociology and Social work	One year	Jimma Medical Center
Medical social worker5	M	27	Medical social worker	Sociology and Social work	One year	Jimma Medical Center
Medical social worker6	F	25	Medical social worker	Psychology	One year	Jimma Medical Center
Medical social worker7	F	34	Medical social worker	Sociology and Social Anthropology	Three years	Shenen Gibe Hospital

All of the medical social workers described in the table are practicing the medical social work in these selected two hospitals. And most of them are from different background than social work profession.

#### **4.1.2.1. Roles of medical Social Workers**

The findings of this study explained that the roles of medical social workers in health setting starting from the definition of medical social worker as it is a profession which improves the quality of life of individuals, community and society which intervene on the crises, poverty and health problems. It is a social work service which interested on the individual problems. Medical social work practice is a discipline which helps the social aspects of the client and involved in the social influences, assets and interested in the social problems. It is a profession which helps poor peoples who have nobody to help them. It is

also a discipline which aid helpless individuals in financial and other problem and also works on solving the socio-economic problems of clients.

Based on the documents reviews that I have conducted, I noticed that medical social workers are the professions of medical social work specifically work in hospitals and facilitate patients who need psychological assistance. Medical social workers are working in collaboration with other health team on addressing patient's diagnosis and prognosis regarding their illness. They assess bio-psychosocial and spiritual requirements for patients and their families and linking patients and their families to required resources and discharged to the community. They help patients by counseling and give psychotherapy services to strengthen the social functioning in society.

According to my observation in the hospitals, medical social workers are communicating with other related agencies in creating awareness on pandemic diseases and improvement health care services. They also coordinate all medical social work services in the selected area. They work specifically on advising medical professionals regarding all situations of medical social work services and programmers. These Specific duties involve advising all patients according to their problems. They also work on general administration of medical social work services and identify define and design solutions for major social problems in the selected hospitals.

According to the findings of this study, the main activities of Medical Social Workers are to support hospital based, primary, and preventive and promotion programmers. Other activities of medical social workers are counseling of patients, families and the community and psychosocial support, and discharging patients to their home. Additionally, role of medical social worker is addressing the psychosocial effects as related to patients' diagnosis, prognosis and future prospects, and counseling of patients especially in cases related with

pandemic diseases, mental illness, HIV/AIDS, epilepsy etc. According to P6, coordinating social work activities within a hospital planning and directing social work programmers' such as counseling, referring patients, rehabilitation and follow up of patients are another roles of Medical Social Workers in health setting. Similarly, P4 said, "*They work on coordinating with other related agencies in creating awareness of patient cases and improvement of providing health services*". On the other hand, P1 stated that medical social workers are coordinated staff training regarding medical social work activities in the department and liaising with Non-Governmental Organizations dealing with medical social work services.

All the participants were mentioned the specific role of medical social workers in the selected two hospitals. For instance, medical social worker<sup>2</sup> described that medical social workers are working on the improvement of the challenges of the clients in their health, social and economic needs. In consistent with the above opinion, medical social worker 4 stated that it is a social work service and responsible for the efficient management and administration of general medical social work practices in the selected hospitals. Moreover, medical social worker<sup>6</sup> discussed that the roles played by Medical social workers in jimma medical center are delivered on the awareness implementation of government policies on rehabilitation and treatment of patients and coordinating government policy on psychosocial programmes in hospitals and communities within the selected area.

Medical social worker<sup>4</sup> also said, "*Medical social worker is a profession that helps the social aspects of the clients and involved in the social influences, and interested in the social problems*". Medical social worker<sup>5</sup> stated that, on one hand, medical social work practice is a profession which helps poor peoples who have nobody to help them. On the other hand, it is a profession which supports helpless individuals in financial and other problem and also works on solving the socio-economic problems of clients. Likewise, medical social worker<sup>1</sup>

explained that the role of medical social worker is to help poor peoples who have no finance to get medical service and to give solution for clients' problems. Besides, medical social worker specified that medical social workers provide the overall medical social work services for the community, coordinating with other NGOs and participate in formal and informal medical social services in specified area.

Medical social worker 1 also described that the specific role of medical social workers based on the job description of the selected area are counseling, facilitating, advocacy for patients and providing services in discharge management. This participant was defined facilitation in hospital as a procedure that is used in medical social work practice and other professions to give direction for individuals, families, couples, groups, and communities and providing important information for them. Furthermore, the participant discussed that counseling involves relations between two or more parties in which one tries to help the others to get the right way regarding certain issues. So, counseling is one of the roles of medical social workers in health settings.

As P3 said, medical social workers in this hospital provide counseling for patients and their families about the whole medical services they got within the hospital as well as the important procedure. As this participant stated, medical social workers involved in counseling the clients on how they overcome their health crisis, give education for individuals and their families regarding medical treatment, the way they improve their life-style, show direction for clients to make linkage with other departments which can help them in financial resource. In the same way, P2 said that medical social workers have been providing different services, such as assessing financial resource for poor and helpless individuals, giving them psychological support and indicating way outs for their immediate needs.

The medical social worker<sup>3</sup> in Jimma medical center stated as medical social workers facilitate for helpless patients with financial problems to get medicine without payment in collaboration with concerned bodies and motivating volunteered peoples in order to contribute important money for these clients. Also this participant stated that medical social workers approach like family for those patients who do not have support, as they linked helpless patients with NGOs to get important solution for their problem and providing counseling for patients and their families during emergency cases like surgeries.

The Medical social worker<sup>7</sup> described that the medical social work practice in Shenen Gibe hospital in line with the research questions. Accordingly, counseling is the main role of medical social workers in the hospital. The participant said, *“I was support the poor and helpless patients by providing counseling”*. Moreover, medical social worker<sup>7</sup> retorted:

*These clients may have the psychological and social problems that need counseling services. Therefore, by screening the case of such clients, I provide counseling for them and their families on the ways that they can overcome their problems. I provide counseling for helpless patients on the ways that they can get medication services without payment and I provide counseling for the families of the client regarding social, economic and psychological treatment.*

In addition, medical social worker<sup>5</sup> illustrated that advocating for patients those who are discharged from the hospital without getting any necessary care is the additional important role of medical social workers. The period when the hospital pressures the patients to leave the place even if they don't know the place where to go is the time when medical social workers advocate for the patients to stabilize the problem. Equally, medical social worker<sup>4</sup> stated, *“they persuade the hospital administration to let patients to stay in the hospital until they get somebody who can help them”*. They have been doing those things

through mobilizing the necessary resources from various bodies and support these patients for the purpose of transportation facilities to return to their resident areas.

As the medical social worker<sup>7</sup> at Shenan Gibe Hospital said, Record Keeping and confidentiality is the role of medical social workers in the hospital. The social worker said, as a medical social worker, keeping the file of every client's information both in hard copy and soft copy for efficient communication with other professionals for better service provision is expected from medical social workers. In addition to this, medical social worker<sup>6</sup> said, *"I used to place the documents of the clients in a safe and secured places as unauthorized person cannot have the access to get it. And I informed clients about the confidentiality of information that they shared with us"*.

As medical social worker<sup>7</sup> in Shenan Gibe hospital explained:

*Conducting assessment to identify the needs and resources of clients in the hospital is one of the roles that we play and it is in the job description of the medical social workers. Through conducting detail assessment, I learned which client needs the support of medical social workers or I care about the eligibility of the clients to the services. Accordingly, I try to identify their name, the name of the person who brought them to the hospital, their address, and their biological, psychological as well as social aspects. Based on the conducted assessment, I screened and figured out according to the strength of their problem which needs the help of medical social worker.*

#### **4.1.2.2. Challenges of medical social work practice in health setting**

In general, the finding shows that medical social workers are challenged in many situations in health setting. They challenged with sensitive and huge cases that affect their



own psycho-social character. In this situation, they have to manage their responsibility in advising patients regarding their problem in hospital. In addition to this situation, they have to handle the attention not given for medical social work practice by concerned bodies in the hospital. Most of the time, it is not oblivious to give additional training related to medical treatment for medical social workers to upgrade their knowledge.

According to the findings of this study, the challenges mentioned with medical social workers from two selected hospitals regarding medical social work practice are described as follows.

The Medical social worker<sup>5</sup> described, mainly the challenges of medical social work practice in health setting, specifically in Jimma medical center. According to this participant, lack of financial resources like budget and material resources, such as computer for each medical social workers, office for each medical social workers, guest chairs and tables, stationeries and transportation facilities for field practices are the challenges. On the other hand, the less attention that is given to the medical social workers in the hospital is another challenge. Similarly, there is also lack of additional training beside our professional to improve our skill of social work practice in the hospital. And lack of allocating important budget for the medical social work practice in Jimma medical center to run different services

Medical social worker<sup>7</sup> in Shenen Gibe hospital also told me that lack of budget for the sake of medical social work services, the less attention that was given for medical social work unit by hospital administration, the problem that the medical social work unit was led by professionals' those who have no social work background and don't have full knowledge about the medical social work practice are the part of the challenges of the medical social workers in the hospital.

During my non-participant overt observation and document review, I understand that medical social workers are not treated as equal as other health professional. They assume them as supportive staff; not as a partner or multidisciplinary team members to handle the case of the clients. During documents review, I knew that medical social workers are highly dependent on the tasks of facilitating free medication instead of seeing the holistic diagnosis, treatment and post-hospitalization services.

#### **4.1.2.3. The prospects of medical social workers in selected hospitals**

According to the medical social workers in selected hospitals, in general medical social workers expected to co-ordinate social work activities within a hospital. They expected to work on planning and directing social work programmes such as counselling, discharge management, caring for patients at the time of reference, and follow up of patients in the cases of pandemic diseases. As medical social worker 5 in Jimma medical centre described, *“For me having positive working attitude and ability to take instructions is the main point prospected from medical social workers in hospital setting”*. Furthermore, during interview time, I understood that they should have the ability to work in challenging and diverse workload, if they want to continue as a medical social worker in the healthcare settings. In addition to that, to have bright future of medical social work, integrity and commitment to social work professional conducts and core values are very crucial.

Medical social worker<sup>7</sup> in Shenen Gibe hospital medical centre is described the prospects of medical social worker as they should have interpersonal skills including being a team worker. The participant also believed that medical social workers have to work by integrating with other health professionals and should have commitment to producing positive results in relation to clients health needs. Additionally, medical social workers should have positive working attitude and ability to give and take instructions. Medical social

worker 4 also stated that they should be creative and innovative, and medical social workers should be able to problem solving, transformative and should have the skills of resource management. Finally, the participant discussed that medical social workers should have to be willing to accept responsibilities for their own actions and outcomes.

Additionally she presented as far as her knowledge concerned regarding the prospects of medical social workers in hospital as medical social worker have an obligation to guide clients' should have the awareness of the importance of medical social work services in the hospital. Also, she told me that additional related training to medical social practice is important for the medical social workers to improve the skill and quality of providing services for patients. Additionally she said to me that expected as the medical social work services which was giving in medical setting need the standard guide to develop the quality of providing medical social services in the hospital.

In my observation, I noticed that all participants have a bright future regarding the medical social work in the healthcare settings. And they expect that each responsible body should play his/her share to improve the engagement of medical social workers in all aspects of the clients need and to win the perception of others about the social work profession.

#### **4.1.2.3. The values and ethical principles medical social workers in health setting**

According to National association of social workers, the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs, with special attention to the needs of people and communities who are vulnerable, oppressed, or living in poverty (NASW, 2016). Because of that medical social workers are part of social

work profession; they should have the knowledge of ethical values and principles to improve the quality of medical social work services provided in hospital.

Based on the values and ethical principles of social workers mentioned in National Association of social work profession the selected medical social workers from the two selected hospitals and participated in the study are described the values and ethical principles of medical social workers as follows.

One of the medical social workers from Jimma medical centre, Medical social worker<sup>2</sup> addressed that medical social workers from the area have the responsibility to follow values and ethical principles of medical social work at the time of service provision in the hospital. According to this participant, knowing the values and ethical principles social work profession helps them to improve the quality of medical social work service provision in the medical setting. Medical social worker<sup>3</sup> also said that important values and ethical principles of medical social workers will let them understand as they have an ethical obligation to give services for clients based on their needs in health setting. When they provided patients counseling and advocacy using the values and ethical principles mentioned in NASW standards for social work services (NASW, 2016) are the important procedure. In overall, this participant described for me as the medical social workers in Jimma medical centre give services for clients based on the main values and ethical principles, such as confidentiality, transparency, accountability, punctuality, efficient documentation, efficient communication, avoiding injustice, dignity and worth of the person, importance of human relationship, integrity and competency.

The Medical social worker<sup>7</sup> in Shenen Gibe hospital illustrated that medical social workers have an ethical responsibility to address the health care needs of clients and advocate for change to ensure access to quality care. I was asked the Medical social worker<sup>7</sup> in Shenen

Gibe hospital also about her understanding regarding medical social work ethics and values and how she was applying in her social work practices in the hospital. At that time she told me as she has the knowledge about the medical social work ethics and values. she described the assumption of the values and ethical principle of medical social work regarding the selected hospital based on NASW standards (NASW, 2016) as the first one of the medical social work codes of ethics is **service**; she explained for me as she work to avoid injustices in providing medical social work services and as she was providing psychological, social and economical support for patients came from different ethnic group and culture equally. The second is **dignity and worth of a person**; she told me as she treated each person in a caring and respectful fashion and let clients to use their inherent dignity at the time of medical social work service provision. The third is **importance of human relationship**; she also said as she focused on the relationships between clients and other staffs of the hospital during medical social service provision. The forth one is **integrity**; she explained for me as she provided medical social work service in integrated manner and used profession's mission, values, ethical principles, and ethical standards consistently. The last one is **competency**; she additionally told me that competency is the important code of ethics but she also said to me I didn't get additional trainings to improve my medical social work skills.

## **Chapter Five**

### **Discussion**

In this chapter the result of the research explained in the previous section was discussed based on the specific objectives of the study that were the role of the medical social workers in medical setting, challenges of the medical social workers in medical setting, prospects of the medical social workers in medical setting and the values and ethical principles of the medical social workers in medical setting.

Medical social workers are professions that played a role in medical setting since 1900s when it was first realized that economic, social family, and psychological conditions and they are often inextricably linked to patients' conditions and their care options. They are also known as clinical and health care social workers. Medical social workers were created to establish and up hold quality standards of patients care regardless of ethnicity and social class and educate health care professionals about medicines social aspect.

Medical social work practice is a discipline which helps the social aspects of the client and involved in the social influences, assets and interests in the social problems. It is a profession which helps poor peoples who have nobody to help them. Additionally, it is a discipline which aid helpless individuals in financial and other problem and also works on solving the socio-economic problems of clients. It is a social work service which interested

on the individual problems. The role of medical social work is to help poor peoples who have no finance to get medical service and to give solution for clients from their problems. They provide counseling for patients and their families about the whole medical services they get within the hospital and they involved in counseling the clients how they overcome their health crisis, give education for individuals and their families regarding medical treatment, the way they improve their life-style, show direction for clients to make linkage with other body which can help them in finance. According to Australian association of social workers, hospital social worker's role is to enhance social and emotional functioning through targeted interventions and the mobilization of services and supports (AASW, 2016, p.4).

Generally, Medical social workers are professions that provide services in medical setting on assessments of patients, counseling and educating of patients, discharging planning, and patient advocacy. Medical social workers are the professions of medical social work specifically work in hospitals and facilitate patients who need psychological assistance. They assess bio-psychosocial and spiritual requirements for patients and their families and linking patients and their families to required resources and discharged to the community. They help patients by counseling and give psychotherapy services to strengthen the social functioning in society. They also expected to coordinate all medical social work services in the selected area. Their Specific duties will involve; advising all patients according to their problems. Additionally they administrate all medical social work services; and identify define and design solutions and program for major social problems in the selected hospitals.

**Assessment of the patients:** - Medical social workers are performing a comprehensive assessment of the patient's social, emotional, environmental and financial needs. They work

cooperated with other health care team members as they may affect the patients treatment plan and prognosis.

**Patients counseling and education:**-Medical social workers help patients and their families cope with the emotional and social responses to illness and treatment. They educate patients and their families on entitlements, community resources and health insurance coverage. They may also lead support group discussions or provide individual counseling.

**Discharge planning:**-Before patients are discharged the medical social workers are handling the cases to endure that the services for the patients are properly cared. They are arranging for resources to pay for medications and medical equipments, linking patients with social service providers and coordinating home care services.

**Patient advocacy:**-medical social workers are first and foremost patient advocate and directly advocate on the behave of patientsby facilitating communication with health care insurance coverage. Still they may also advocate for patients right in general through policy making and throughout leadership. They alleviate the social, financial and psychological hardships related to adverse heal to conditions.

Medical socialworkers also provide important services to promote healthy life styles prevent deceases and address barriers to access. They serve peoples within the midst of challenging medical issues and make sure that individual and their families don't suffer unnecessarily do to socio economic barriers. Challenging and responsibilities medical social workers vary depending on the health care setting, including hospitals, nursing homes, assisted care facilities and residential treatment centers.

Generally, speaking, medical social workers are part of interdisciplinary team of care providers who work in performance to serve patients with conditions spanning the entire



health care continuum. They help patients and their families as top priorities and their responsibilities and duties will be change from day to day and from patients to patients.

Medical social workers help patients to advocate, helping them through a difficult time that can often taken a long time on a patient physically, financially and economically by being at their sides as both a guide and a concerned listeners and they can play a key role in changing their experience and their outcomes. They cooperate with other professionals to evaluate patient's medical or physical condition and access. They serve as patient advocacy that means sometimes they must stand up for patients and advocate for their rights to culturally.

Additionally, medical social workers are tasked with improving peoples over all well-being, especially the most vulnerable populations.

According to the findings of this study, luck of budget for the sake of medical social work services, the less attention that was given for medical social work unit by hospital administration, the problem that the medical social work unit was led by professionals' those who have no social work background and that don't have full knowledge about the medical social work practice are the part of the challenges of the medical social workers in the hospital. According to Matthews (2019), Medical social workers are able to work with all clients come into the healthcare system and are able to promote social justice through their practice. He also as unpreparedness medical social workers for practice in healthcare settings is the other challenge of medical social workers.

Social workers participated in this study area expected that as social work professionals should be competent with other professionals by getting additional training in health care setting. They also expected that as medical social workers should be manage cases depending on their capacity. According to them the increase in the size of case load may affect the quality of services social workers provide. Additionally, medical Social

workers practicing in health care settings shall promote collaboration among health care team members, other colleagues, and organizations to support, enhance, and deliver effective services to clients and client support systems (NASW, 2016, p.31).

According National Association of social work the broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service). Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. They treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. They seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated. They also continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession (NASW, 2017).

## **Chapter six**

### **Conclusion and recommendation**

This study was conducted in two selected public hospitals jimma medical center and Shenen gibe hospitals based on the specific objectives that are role of medical social workers, challenges of medical social workers, prospects of medical social workers and values and ethics of medical social workers. At the time of the study various roles of medical social workers provided in these hospitals were identified. Also challenges of medical social workers were seen briefly. Additionally, prospects of medical social workers and values and ethics of medical social workers in these selected hospitals were identified.

According to the findings of this study Roles of medical social workers in health setting were providing services related to helpless patients in order to overcome their problem. Mainly, the functions of Medical Social Workers are providing services for patients' in health setting based on primary, preventive and sustainable community health activities and counseling of patients and their families and other communities and helping in psychosocial rehabilitation for clients in trouble. Medical social workers also manage the overall social work activities like planning and directing social work within medical setting.

Medical social workers work on creating awareness about pandemic diseases and work on improvement of providing medical services and they work on training and counseling of patients and other bodies in the in medical setting.

Medical Social work provision in medical setting help to minimize challenges of work load related to social service in hospital and to improve the quality of the medical social work services provided in hospital. As the finding of this study indicated the main challenge of the medical social work practice in health settings are lack of budgets. On the other hand lack awareness about medical social work practice from concerned bodies in hospital and the less attention given for the medical social work practice also played the main role.

In general, having the positive working attitude and ability to take instructions, having the ability to work well with in diverse and challenge workforce and having the integrity and commitment to producing results are expected from medical social workers in medical setting. Medical social workers should have a holistic knowledge to solve the problem of patients in different angles. Therefore professional medical social workers need sustainable training to improve their skill and knowledge on providing medical social work practice in quality.

As the finding of this study showed various experts recommended and suggested as the medical social work practice provided in medical setting was acceptable and should be implemented in sustainable way in the selected hospitals. They also recommended as effective medical social work practice can help to solve the challenges focused on the problems of helpless patients and contributing a main role for the quality of medical social work provision. It is also recommended that training related to medical social work services

should be given for professional medical social workers to improve the quality medical social work services in the selected hospitals.

Additionally, this study showed as medical social workers in the selected hospitals followed the values and ethics of social work practice such as service; avoiding injustices in providing medical social work services, dignity and worth of a person; giving psychosocial support for helpless patients, importance of human relationship; having effective communication with clients and other staffs of the hospitals at the time of service provision, integrity ; having a coordination with the other members of the selected hospitals, competency and having additional trainings to upgrade the skills and knowledge of medical social work services.

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*social workers' understanding of their work and their professional identity.*

## **Appendix-I**

### **Informed consent form**

Sir/Madam,

My name is Belina Eba and I am a candidate for masters in Social Work. This consent form is prepared for the research titled: Social Work Practice in medical setting the case of selected two public hospitals in Jimma, South Western Ethiopia. The main purpose of the study is to explore the role of medical social workers in health setting in Jimma medical center and Shenene Gibe Hospital south western Ethiopia. Moreover, the study intends to investigate the role and contribution of medical social workers in health setting, the service provided by medical social workers in health setting, challenges that face medical social workers in health setting and the implementation of general standards guide medical workers in health setting in the study area.

I request you to answer a number of in-depth questions forwarded by me during the time of interview. You have the right to withdraw from the interview process at any particular point of time. If the questions are uncomfortable and sensitive you have the right to decline any or all of the questions provided to you. You will definitely get a personal satisfaction for being able to share your experience in this research. The data obtained from you will benefit the society because it contributed to the quality improvement of social work services through the recommendations I will forward at the end of the study. This study is guided by the ethical considerations of Autonomy and confidentiality. The information that you provide will be disseminated for the purpose of the research. But the personal information will be kept confidential. Your participation in this study will be confidential and your personal information will not be transferred to third party without your consent. You have a full right to ask any questions you have regarding the research process that you need to be clear with. I

will be more than willing to provide clear answer to your questions. You have the full right to participate voluntarily. If you are willing to participate in this research and agree to the above ideas, please sign your name and indicate the date below. Thank you in advance for participation in this study.

Participant code \_\_\_\_\_

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Researcher name \_\_\_\_\_

Researcher signature \_\_\_\_\_

Date \_\_\_\_\_

Contact number \_\_\_\_\_

## Appendix- II

### In -depth interview For Medical social workers

#### 1. Demographic Data

Age\_\_\_\_\_

Sex\_\_\_\_\_

Marital Status\_\_\_\_\_

Educational Back Ground\_\_\_\_\_

Profession\_\_\_\_\_

Experiences\_\_\_\_\_

#### I. Questions related to the role of Medical social workers in health setting.

1. Would you please share with me Social Work practice in this hospital?

- What is the aim of Medical Social Work practice?

2. Would you please tell me roles of social work professionals in this hospital?

- Would you please share with me services provided by social workers for client?

–Are there any service you suggest to be included?

3. Would you please tell me the expectations of clients from social workers?

- Do the clients get services expected from the Medical social work unit?

4. Would you please tell me the importance of social work intervention in hospital setting particularly in this hospital?

- Would you please tell me your view regarding the necessity of Medical Social Work interventions in your hospital?

5. Would you please tell me the role played by social work unit in this hospital?

- Do you believe that the department is playing active role to help client?

- Are you satisfied with the interventions of the Medical Social Work departments?

6. Would you please share with me the functions of Medical social workers in the hospital?

-What are the responsibilities of medical social worker in the hospital?

- How do you describe the relationship between Medical social workers and other professionals during service provision?

7. Would you please share with me the functions of medical social workers in the medical team? -In what kinds of activities do social workers are allowed participate in the medical teams?

8. Would you please share with me any kinds of services that you provide outside your stated job description as a social worker in the hospital?

9. Do you participate in interdisciplinary team works in the provision of medical services to clients in the hospital you are working in?

-What are the functions of Medical Social Workers in the medical team?

10. Would you please share with me the kinds of services do you provide in the hospital?

-What kinds of Medical Social Work activities do you think should be included in the future service provision in the hospital you are working in?

## **II. Questions related to Challenges that face Medical Social Workers in health setting.**

1. Would you please share with me any challenges you face during practicing social work in the hospital?

-what kinds of challenges do you face?

- How do you overcome the challenges and continue to provide social work services?

2. Would you please share with me heavy work load you face in the hospital you are working in? - What measures do you take to handle these situations?

3. Would you please share with me the effects the heavy work load you face brought on the quality of social work service you provide in this hospital?

4. Would you please share with me the other challenges that can affect the quality of social work practice in this setting?

5. Would you please share with me the challenges you face at the time evaluation or supervision?

-what is your suggestion to reduce this challenge?

6. Would you please share with me the challenges you face at the time of service provision for the client?

-what mechanisms you use to cope these challenges?

7. Would you please share with me the challenges you face because of insufficient of funds?

-what are the effects of having insufficient funds on quality of medical social work practice?

### **72. Questions related to prospects of social workers in medical setting**

1. Would you please share with me your expectations regarding medical social work in health setting?

-do you expect that organized social work practice is provided in the hospital?

2. Would you please share with me how the facilitation of medical social workers in this hospital?

-what types of facilities should be added?

3. Would you please share with me as the salary of social workers is satisfactory or not?

-what is your suggestion on their salary?

4. Would you please share with me regarding the skills of medical social workers in the hospital?

5. What is your out look to strengthen the skills of medical social workers in the hospital?

-What types of additional training medical social workers should have to upgrade their skills in this practice.

### **Error! Bookmark not defined..Questions related to values and disciplines of Medical Social Workers in health setting.**

1. Would you please share with me as there is any standard (such as written documents like guidelines or job descriptions) for Medical Social Work practice in health care setting?



-Would you please share with me as there is exist general standards on how social work should be practiced in health care settings/ hospitals?

-How do you relate your activities as Medical Social Workers with the general standards for social work practice in health care setting?

2. Would you please share with me as you practice social work in the hospital in accordance with the stated standards?

3. Would you please share with me as you aware of the ethics and valued of Medical Social Work profession?

-how do you integrate these ethics and values of social work profession in to your practice in the hospital you are working in?

4. Would you please share with me the way you handle client diversity in the hospital?

-How do you manage the factors (beliefs, cultural differences, values...) that might affect their communication with their clients during practice?

-How do you conduct screening and assessment on clients/patients in the hospital you are working in?

-Would you please share with me the way you participate in intervening and carrying out care plans on clients/ patients?

5. Would you please share with me how you advocate for your clients in the hospital you are working in?

-Would you please share with me the mechanisms that evaluate your practice in the hospital?

6. Would you please share with me the way you keep record of client's information?

- What kinds of mechanisms do you use to insure the confidentiality of your client's information?

7. Would you please share with me the mechanisms you advance your Medical Social Work knowledge or Medical Social Work practice skill?

-Do you have additional activities you perform that are not stated in the general standards for Medical Social Work practice in hospital setting?

### **Questioner for key informants of Medical setting**

1. Background information of the informants

Gender \_\_\_\_\_

Educational background: \_\_\_\_\_

Position: \_\_\_\_\_

Length Work Experience on related position: \_\_\_\_\_

### **Questions related to roles of social workers/social work practitioners**

1. Would you please share with me the role of social workers in hospital setting?

-How do you evaluate their performance?

2. What types of services are given for the clients by the Medical social work unit?

- Are there any service you suggest to be included?

3. Would you please share with me your expectations about the service the social work units provide for clients?

4. Would you please share with me the functions of the actual service delivered by the Medical social work unit?

-How do you evaluate the performance of medical social work unit in the hospital?

### **Check Lists for the Observation in the selected hospital**

Name of the Hospital\_\_\_\_\_

-If the hospital has social work Departments it will be observed.

-The availability of social workers in the selected hospital will be observed.

-The department that medical social workers supervise will be observed.

-The qualification of the social workers in the selected hospital will be observed.

-The office equipments for social workers in the selected hospitals will be observed.

-The activities of social workers in the selected hospitals will be observed.

-The record keeping methods of the social workers in the selected hospitals will be observed.

-The Social workers interaction with clients and other professionals in the selected hospitals will be observed.

-The Social workers roles in the interdisciplinary medical teams during service provision to Clients/ patients will be observed.