

The challenges of medical social workers in hospital-based health care: A study of selected hospitals in Edo State

Abstract

Many social workers in Nigeria found it difficult to handle work-related stress, which resulted in frustration and reduced efficiency, a situation which undermined the relevance of the profession in the management of healthcare in Nigeria. This study therefore assessed the challenges medical social workers faced in hospital-based healthcare, using University of Benin Teaching Hospital (UBTH), Faith Mediplex Hospital, and Uselu Psychiatric Hospital, all in Benin City. The population of the study consisted of all medical social workers, working in the department of clinical services of the hospitals under study. Using simple random technique, 108 respondents who were staff of the hospitals under study were selected for the study. Data were collected through the administration of questionnaire to the selected respondents. The respondents were asked questions on the relevance of medical social workers in their respective hospitals.

The study found that medical social workers were poorly recognized in the hospitals and they were assigned non-social work tasks. The study also found that they work in very poor conditions, were poorly remunerated and their programmes in hospitals do not attract government funding. Above all, the study revealed that medical social workers go through series of discrimination from other medical professionals in the course of carrying out their duties. The study therefore recommends that policy makers in the health sector must ensure that health care reform legislation includes social workers among the professionals eligible to provide care coordination. Also, medical doctors and other medical professionals should see medical social workers as team players working towards the same goal; patient's safety. The study emphasized that medical doctors should in most cases consider recommendations from medical social workers and not outrightly discard them, as it will help to reduce or possibly eliminate the issue of ethical conflict between the professional in the hospital, thereby bring about patient's safety and well-being.

Keywords: Health care, medical social workers, challenges, hospital, patient's safety

Comment [n1]: It would be better if you can structure the abstract as given in the Author guidelines under subtopics such as aim, Methods, Results and Conclusions. Mention the study design as well. Results: Kindly make sure to include relevant statistics here, such as sample sizes, response rates, Percentages etc.

1.0 Introduction

According to the World Health Organisation (WHO), health is “the complete physical, social and mental well-being and not the mere absence of disease or infirmity” (Sani and Garba, 2002). Health is a Basic Human Need that is indispensable to the human race for the purpose of attaining a level of health which will afford mankind a life that is socially and economically productive (Samuel and Thompson, 2018). Health is the basis for job productivity, the capacity to learn in school, and the capability to grow intellectually, physically and emotionally (Obansa and Orimisan, 2013). Good health is a treasure of inestimable value. It has implications for individual and national economic activities. Indeed, “the health of people not only contribute to better quality of life but is also essential for the sustained economic and social development of a country as a whole” (Barsanti and Bonciani, 2019). As with economic wellbeing of individual households, good health is a critical input into poverty reduction, economic growth and long-term economic development at the scale of whole societies.

It is estimated that there **is over 150 jobs titles** that have a direct relationship to the rendering of personal health services (Aghayere, 2002). One of such job title is Medical Social Works (MSW). As a matter of fact, the overall health management at every level is not complete without the input of Medical social workers. The constant growth, demands, and changes in health care have had a serious impact on the viability and need for social workers in all areas and settings of health care. As the social work role expanded, Medical social workers joined other health professions in the delivery of high quality services. Today, Medical social workers can be found in every component of the health care system.

Medical Social workers, also known as Hospital social workers, work alongside other healthcare professionals. Medical social workers typically work on an interdisciplinary team with professionals of other disciplines (such as medicine, nursing, physical, occupational, speech and recreational therapy, etc.) (Berrett-Abebe et al. 2020). The perspectives on social work held by doctors and senior nurses are relevant both to their relationship with social workers **and to the smooth of the hospital**. Currently, health care social workers provide services across the continuum of care and in various settings. Social workers are present in public health, acute and chronic care settings providing a range of services including health education, crisis intervention, supportive counselling, and case management. In response to critical incidents that are both global and national, health care social workers are increasingly trained to provide interventions to prepare for and respond to traumatic events and disasters. Hospital social workers help patients and their families understand a particular illness, work through the emotions of a diagnosis, and provide counselling about the decisions that need to

be made (Ashcroft et al. 2018). Social workers are also essential members of interdisciplinary hospital teams, working in concert with doctors, nurses, and allied health professionals, social workers sensitize other health care providers to the social and emotional aspects of a patient's illness (Ambrose-Miller and Ashcroft, 2016). Hospital social workers use case management skills to help patients and their families address and resolve the social, financial and psychological problems related to their health condition. In addition, hospital social workers report an increase in the severity of client problems, caseload size, paperwork and waiting lists for services (Whitaker et al. 2006).

Although medical social work is a rapidly growing field, the profession's phenomenal growth and development throughout the world is a clear indication of its contribution to the alleviation of social problems. However, medical social workers have not been adequately utilized over the years and this has adversely affected overall health management process and healthcare services delivery in Nigerian Hospitals. As a matter of fact medical social workers in Nigeria have not been able to cater for patients, who come into the hospital with multiple psycho-social issues. It is uncommon for medical social workers in Nigerian hospitals to treat cases involving homelessness, chronic unemployment, lack of income, lack of health insurance coverage, history of incarceration, and substance abuse problems, all of these which could hinder effective recovery and timely discharge of patients. Different studies addressing the challenges faced by medical social workers in hospital-based health care have been conducted and presented (Table 1).

To the best of author's knowledge, studies on perceived challenges of medical social workers in a public health facility in some states in Nigeria like Ilorin (Adewunmi et al. 2020), Lagos (Akinyele 2010), Oyo (Yusuf et al. 2019) and so on have been considered. However, thorough examination of medical social workers in private, teaching and psychiatric hospitals located within Benin City, Edo State is still limited. This study therefore seeks to examine the challenges medical social workers encounter in Nigerian hospitals which impedes effective healthcare service delivery using University of Benin Teaching Hospital (UBTH), Faith Mediplex Hospital, and Uselu Psychiatric Hospital, all in Benin City as case studies. This study provided answers to questions such as factors that pose challenge to medical social workers in Nigerian hospitals, how poor working environment, discrimination and lack of professionally trained social workers pose challenge to medical social workers in the hospital settings.

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Comment [n3]: Please clearly elaborate the need and importance of this study and the aim of this study

Table 1: Previous studies on challenges faced by medical social workers in hospital-based healthcare

Study	Study Area	Findings	Recommendations	Reference
Job satisfaction among social work discharge planners.	-	Social workers experienced conflicting role expectations because other members of the team did not understand the social work role and did not appreciate what they have accomplished	Achievements made by medical social workers should be published on yearly basis for other medical practitioners to appreciate their roles.	Kadushin&Kulys (1995)
		Many of the challenges faced by social workers in hospital settings are professional conflicts with other medical personnel which are due to divergent approaches to patients' illness		Limon (2018)
Commitment, satisfaction, stress and control among social services managers and social workers in the UK	United Kingdom	The stress social workers face, especially those in the health care system, usually result from role conflict, disagreement about good practice, and lack of recognition.	The roles of medical social workers should be well-spelt in hospitals.	McLean and Andrew (2000)
Interprofessional conflict management study in a hospital setting	United State of America	Identification of interprofessional conflicts between doctors, nurses, and social workers as a major challenge in the US.	Quick resolution of conflicts among medical social workers and other professionals.	Merrill and Miller (2015)
Challenges of integrating social work professionals into medical practice. A case study of Geita regional hospital	Sub-Sahara Africa	61.3% of respondents were not aware of the roles and functions of hospital social workers while 81.3% of respondents were also not aware of cases that require social work interventions.	Number of social work professionals should be increased so that they can manage patients and clients requiring their care.	Muhanidiki (2016)
Child sexual abuse allegations: Challenges faced by social workers in child protection organisations.	South Africa	Lack of adequate facilities and bureaucratic processes.	Government and the general public should appreciate the roles of social workers in medical facilities.	Schiller (2017)
Challenges facing medical social work practice in Goma provincial hospital	Democratic Republic of Congo	Doctors and nurses go beyond their duties and perform medical social work duties over and above their normal curative tasks.Lack of government support at 79%, lack of trained personnel at 63%, lack of management policy on social work practice at 97%, lack of facilities and lack of appreciation of social work practice at 89.8%.	Government should enact a policy that would promote training and proper management of the social work profession in the country.	Sandra et al. (2018)
Perceived challenges of medical social workers in a public health facility in Ilorin.	Nigeria	Prejudice, discrimination, and structural conflicts. Non-recognition of the roles of medical social workers by other health practitioners, which often dovetails into a lack of cooperation.	Structural adjustment and policy framework that would institutionalize the roles of medical social workers in health facilities	Adewunmi et al. (2020)

Social workers coordination in primary healthcare for patients with complex needs: A scoping review.	General overview	Social workers, because of their disciplinary skills characterized by linkages to nonmedical services, can make a significant contribution to the coordination of care in primary health care, in collaboration with nurses.	Further attention needs to be given to the education and training of social workers to enable them to act effectively in care coordination and team-based care delivery.	Couturier et al. (2023)
A Systematic Review of Social Work in General Practice: Opportunities and Challenges	Global concern	Funding for social workers in primary health care was identified as a challenge when it was lacking, and as an enabler when it was available.	Further research to evidence the patient outcomes and overall benefits, the fiscal value of social work and funding pathways in primary health care was recommended.	Zuchowski et al. (2023)
The challenges of medical social workers in hospital-based health care: A study of selected hospitals in Edo State	Edo State, Nigeria	Medical social workers were poorly recognised in the hospitals and they were assigned non-social work tasks. Medical social workers work in very poor conditions; they were poorly remunerated, while their programmes in hospitals do not attract government funding. Lastly, medical social workers go through series of discrimination from other medical professionals in the course of carrying out their duties.	Policy makers in the health sector must ensure that health care reform legislation includes social workers among the professionals eligible to provide care coordination. Medical doctors and other medical professionals should see medical social workers as team players working towards the same goal; patient's safety. Medical doctors consider recommendations from medical social workers and not out rightly discard them.	This Study

Comment [n4]: Better not to include present study findings and recommendations within the introduction, under the title of "Previous studies on challenges faced by medical social workers in hospital-based health care".

2.0 Method

2.1 Area of Study

Medical social workers who are employees of University of Benin Teaching hospital, Faith Mediplex hospital and Uselu Psychiatric Hospital, constitutes the population of this study.

University of Benin Teaching Hospital (UBTH)

UBTH as a tertiary health facility came into being in 1973 following the enactment of an edict. As the sixth of the 1st generation Teaching Hospitals in Nigeria, it was established to complement her sister institution, University of Benin, and to provide secondary and tertiary care to the then Midwestern Region (now Edo and Delta State) and its environs. The hospital has about 32 Departments and Services, which include; Haematology and Blood Transfusion, Stroke unit of The Department of Medicine, Anaesthesiology Department, Assisted Reproduction / I.V.F Unit, Child Health, Community Health Department, Dental - Oral Medicine and Pathology, Dental: Preventive Dentistry, Dental Restorative Dentistry, Department of Chemical Pathology, Dietetics and Nutritionists Department, Family

Comment [n5]: Need to Mention the study Design first? Cross sectional descriptive?

Comment [n6]: Better to reword this as "Study Setting"?

Medicine, Histopathology and Morbid Anatomy, Internal Medicine, Medical Microbiology, Medical Records and Health, Medical Social Services, Mental Health, Nursing Services, Obstetrics and Gynaecology, Occupational Therapy, Ophthalmology, Orthopaedics and Traumatology, Personnel Matters Division, Pharmacy and Pharmaceutical Services, Physiotherapy, Public Relations and Information Unit, Radiology Department, Servicom, South-South Zonal pharmacovigilance Centre UBTH, Stem Cell Transplant Centre, and Surgery. UBTH which is located on the Benin — Lagos Expressway, has expanded her facilities tremendously over the years such that she now has facilities for over 500 in-patients. Currently, its Board of Management is made up of 14 members.

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Faith Mediplex hospital

In November 1988, the Archbishop B.A. Idahosa partnered with Oral Roberts Ministries, USA to invite Dr. and Prof. (Mrs.) Mark Babo to Nigeria to make plans for opening a medical facility which made up the Faith Mediplex hospital. The facility opened in 1989 in Benin City, Edo State and has grown by leaps and bounds into a multi-specialty teaching hospital complex with multiple training programs and extension hospitals in Abuja, FCT and Uyo, Akwa Ibom. The hospital has over 15 departments and services which include; Dermatology; Ear, Nose and Throat (ENT); Endocrinology; Family Medicine; General Surgery; Gynaecology/ Obstetrics; Neurology; Ophthalmology; Orthopaedics; Paediatrics and Neonatology; HIV/AIDS Relief Programme; Mortuary and Ambulance Services; Laboratory Services; Pharmacy, Radiology Unit; Community Outreach and Chaplaincy/Pastoral Care.

Comment [n8]: Is this information necessary here?

The Neuro-Psychiatric Hospital, Uselu, Benin City

The Neuro-Psychiatric Hospital, Uselu, Benin City, was established in 1964, following the acquisition of the the old Iyekuselu District Council Maternity /Dispensary located in Uselu by the Mid-Western regional government and the Psychiatric Unit was moved in and named Nervous Disease Clinic, Uselu. The Nervous Disease Clinic started with the acquired three dilapidated buildings giving accommodation to eight (8) in-patients and rendering out-patients services for both psychiatric and physical ailments. In October, 1975, the Federal Military Government took over the hospital from the then Bendel State Government. An interim Management Board for Neuro-psychiatric Hospitals under the Federal Ministry of Health was inaugurated in 1977 and the name Nervous Disease Clinic, Uselu was changed to Neuro-Psychiatric Hospital, Uselu, Benin City. The name was again changed to Psychiatric Hospital, Uselu, Benin City, by Decree No.42 of 1979 which established the Psychiatric Hospitals Management Board. The Board was dissolved in 1994 during the military regime

and remained sound until the civilian regime took over power in 1999. The hospital has about seven (7) hospital committees, which are Hospital Management Committee, Servicome Committee, Post-Graduate Committee, Under-Graduate Committee, Research & Audit Committee, Ethics Committee and Adhoc Committee. The hospital is made up of seven departments viz: Administration, Clinical Services, Nursing Services, Pharmacy, School of Psychiatric Nursing, Accounts and Audit. These departments are further subdivided into units viz: Maintenance, Security, Catering, Health Records, Laboratory, Social Welfare, Occupational Therapy, Library and Stores. Its Board of Management is made up of 7 members.

2.2 Sampling and Data Collection

The population of this study consisted of employees (Medical Social workers) of University of Benin Teaching Hospital, Benin City, Uselu Psychiatric Hospital, Benin City and Faith Mediplex Hospital Benin City, working in the department of Clinical Services of these hospitals. UBTH has over 120 Medical social workers; Uselu Psychiatric Hospital, Benin City has over 100, while Faith Mediplex Hospital has about 35. Sample sizes of one hundred and five (105) respondents were considered for the study. The sample was drawn using simple random sampling technique. Through the use of lucky dip method, 35 medical social workers were drawn from each hospital, and a total of 105 employees were drawn for the study.

Data for this study was collected using a set of structured questionnaire. The questionnaire was divided into two sections; Section A and Section B. Section A sought information on socio-demographic characteristics of participants while section B sought information concerning the challenges of medical social workers in hospital-based healthcare in the selected hospitals under study. The questionnaire was structured along a four point Likert type scale as stated below: (1) Strongly Agreed, (2) Agreed, (3) Disagree, and (4) Strongly Disagree. Data was collected from both primary and secondary source. The primary data was collected through structured questionnaire. The questionnaire was administered to the participants personally by the researcher and was collected after one week. The secondary data was retrieved from text books, magazines, newspapers and the internet.

3.0 Results and Interpretation

A total of 105 questionnaires were distributed and 104 were retrieved yielding a return rate of 99%. In effect therefore, this analysis is based on the one hundred and four (104) questionnaires that were duly completed and returned. All the responses obtained were presented in bar charts.

Comment [n9]: These details are not necessary, Please summarize the details of all three hospitals focusing only the services provided by those hospital and area of / population catered by each , and justify why you selected those settings

Comment [n10]: Better to write the exact numbers of Medical Social workers in each hospital

Comment [n11]: Information is lacking on how did you calculate the sample size or decide on the sample size?

Comment [n12]: This means you have taken all 35 from Mediplex Hospital, Is it? It would have been better if you could go for the Population proportionate samples from three hospitals, however now you cannot address this.

Comment [n13]: Need to have more details on questionnaire. Is it a validated questionnaire adopted for this study? Or newly prepared one for this study? If so was it validated, pre-tested? If so how? Need to give more details on above sections. Further what was there in the questionnaire ; component of the questionnaire; Ex- Part A- Socio-demographic details of the participants Part B- Knowledge/ Attitude/ practices / Whatever you have inquired

Comment [n14]: Likert scale?

Comment [n15]: Secondary sources for what purpose?

Comment [n16]: This sentence is not clear, is it a self-administered questionnaire? Or interviewer administered?

Comment [n17]: Details are lacking on what type of data retrieved from these sources and why it was required? What Kind of documents used ?

Comment [n18]: Methodology lacks details of data entering, analysis, Ethical clearance and Administrative clearance

3.1 Socio-demographic Characteristics of Participants

The bar chart presented as Figure 1 shows that 62 (59.6%) of the total respondents were males, while the remaining 42 (40.4%) respondents were females. Figure 2 shows that 89(85.6%) respondents were degree holders while 15 (14.4%) respondents were higher degree (Masters/PhD) holders. However, none of the respondents held primary school certificate, SSCE and NCE/OND/Diploma. Figure 3 shows that 97(93.3%) respondents were married, 5(4.8%) were divorced while 2(1.9%) respondents were either widow or widower. Figure 4 shows that 52(50%) respondents were between the ages of 18-25 years, 24(23.1%) respondents were between the ages of 26-35 years, 17(16.3%) respondents were between the ages of 36-45 years while 11(10.6%) respondents were between the ages of 45 years old and above. Figure 5 shows that 9(8.7%) respondents practiced Islamic religion, 99(86.5%) respondents practiced Christianity while 5(4.8%) respondents practiced other religion. Figure 6 shows that 40(38.5%) respondents had worked for their hospitals for the past 1 - 10 years, 26(25%) respondents had worked for 11 – 20years, 23(22.1%) respondents had worked for 21 - 30 years while 15(14.4%) respondents had worked for 31 – 40years. Figure 7 shows that 19(18.3%) respondents earned between ₦51, 000 - ₦80, 000, 72(69.2%) respondents earned between ₦81, 000 – ₦110, 000, 9(8.7%) respondents earned between ₦111, 000 - ₦140, 000 while 4 (3.8%) respondents earned ₦141, 000 and above as monthly salary.

Comment [n19]: ??

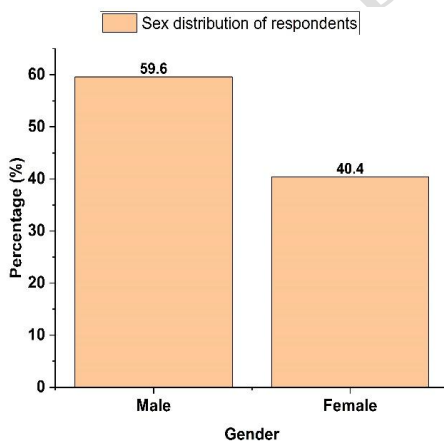


Figure 1: Sex distribution of respondents

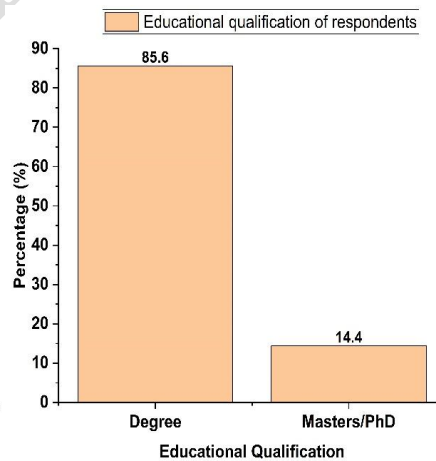


Figure 2: Educational qualification of respondents

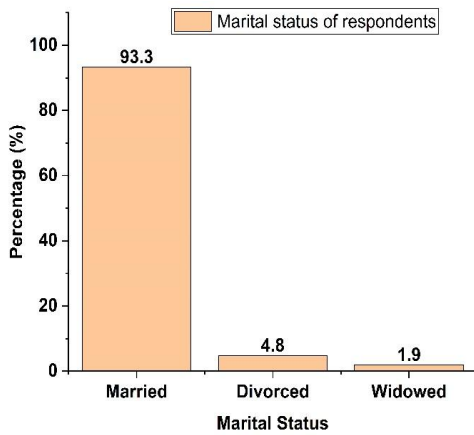


Figure 3: Marital status of respondents

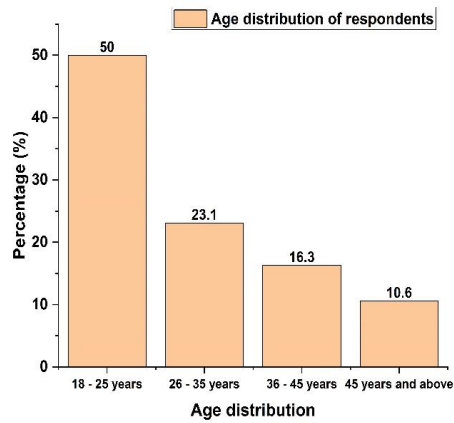


Figure 4: Age distribution of respondents

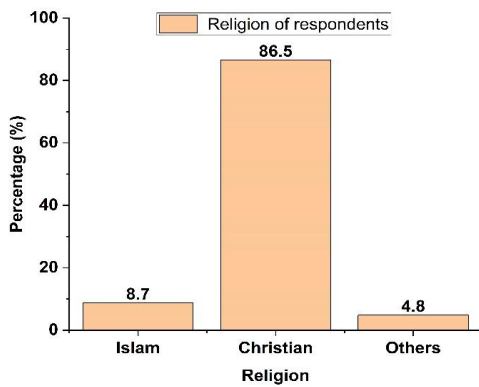


Figure 5: Religion of respondents

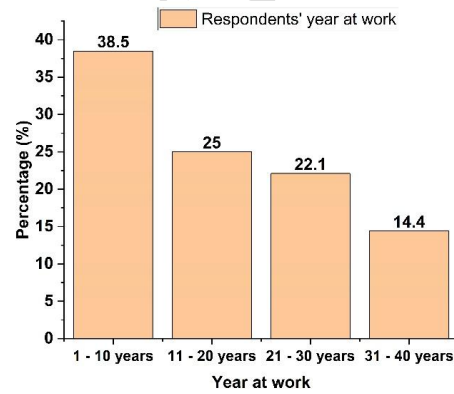


Figure 6: Respondents' year at work

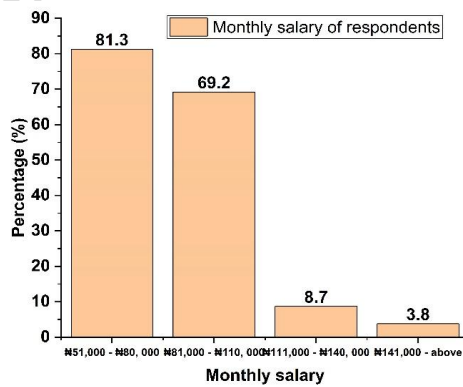


Figure 7: Monthly income of respondents

Comment [n20]: It is not necessary to present all these socio-demographic data in graphs, better to present those in a Table, if there is something significant/ interesting you can present it in a graph

3.2 Respondents' on the Challenges of Medical Social Workers

Figure 8 shows that 104 (100%) respondents said they had medical social workers at work. Figure 9 shows that 97 (93.3%) respondents strongly agreed that Nigerian hospitals lacked professionally-trained medical social workers and 5 (4.8%) respondents also agreed with the fact. On the contrary, 2 (1.9%) respondents disagreed with the fact. This result shows that Nigerian hospitals lack professionally-trained medical social workers. Figure 10 reveals that 6 (5.8) respondents strongly agreed that medical social workers are given the required recognition in their hospitals. On the contrary, 98 (94.2) respondents strongly disagreed. It therefore means that medical social workers are not given the required recognition in UBTH, Faith Mediplex hospital and Urelu Psychiatric Hospital. Figure 11 shows that 22 (21.2%) respondents strongly agreed that their organisation created conducive work environment for the medical social workers. On the contrary, 82 (78.8%) respondents strongly disagreed with the fact. This result implies that UBTH, Faith Mediplex hospital and Urelu Psychiatric Hospital, do not create conducive work environment for the medical social workers. Figure 12 shows that 11 (10.6%) respondents strongly agreed that other medical professionals were friendly to medical social workers in their hospitals. On the contrary, 28 (26.9%) respondents disagreed with this fact while 65 (62.5%) respondents also strongly disagreed. This implies that other medical professionals are not friendly to medical social workers. Figure 13 shows that 62 (59.6%) respondents strongly agreed that the discrimination of medical social workers by other medical professional undermines the relevance of medical social works in Hospitals and 31 (29.8%) also agreed. On the contrary, 11 (10.6%) respondents strongly disagreed with this fact. The result shows that the discrimination of medical social workers by other medical professional undermines the relevance of medical social works in Nigerian Hospitals. Figure 14 shows that 19 (18.3%) respondents strongly agreed there is proper government funding of social work programmes in Nigerian hospitals. On the contrary, 85 (81.7%) respondents disagreed with the fact. The result therefore shows that government do not properly fund social work programmes in Nigerian hospitals. Figure 15 shows that 90 (86.5%) respondents strongly agreed that medical social workers sensitize other health care providers to the social and emotional aspects of a patient's illness and 14 (13.5%) respondents also agreed with the fact. The result from the table shows that medical social workers sensitize other health care providers to the social and emotional aspects of a patient's illness. Figure 16 shows that lack of recognition by government 38 (36.9%) respondents, poor working condition 15(7.7%) respondents, reassigning of non-social work duties to medical social workers 13 (12.8%) respondents, poor salary 28 (27.2%) respondents, poor funding by government 9

Comment [n21]: The challenges faced by medical social workers as reported by respondents.

Comment [n22]: Better to divide these findings into several subtopics appropriately and describe. Use the relevant Table or Graph under the sub topic, so that it would be more reader friendly

(8.7%) respondents, and role overload 7 (6.7%) respondents were some of the factors posing challenge to medical social workers in the task of health management in hospitals. Figure 17 shows that 97 (93.3%) respondents strongly agreed that medical social workers serve as a broker by connecting individual (patients) and their families with resources that could quicken recovery. On the contrary, 7 (6.7%) respondents strongly disagreed with the fact. Figure 18 shows that 80 (76.9%) respondents strongly agreed that medical social workers in their hospitals are usually assigned non-social work tasks. On the contrary, 24 (23.1%) respondents strongly disagreed with the fact. The result from the table implies that medical social workers in UBTH, Faith Mediplex hospital and Uselu Psychiatric Hospital are usually assigned non-social work tasks. Figure 19 shows that 62 (59.6%) respondents strongly agreed that poor working environment demotivates medical social workers and affects their effectiveness negatively. On the contrary, 42 (40.4%) respondents strongly disagreed with the fact. The result shows that poor working environment demotivates medical social workers and affects their effectiveness negatively.

Comment [n23]: Better to present all these responses assessed through "Likert Scale" in a Table or Tables showing the Percentages of each category. Others can be shown in graphs (like figure 16)

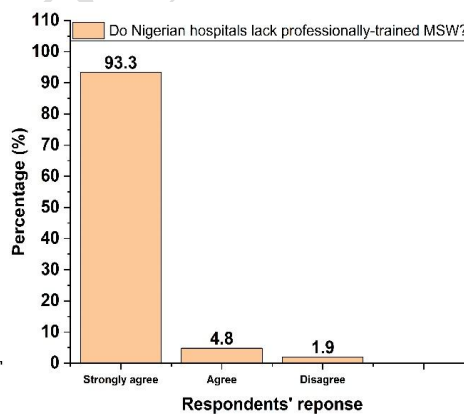
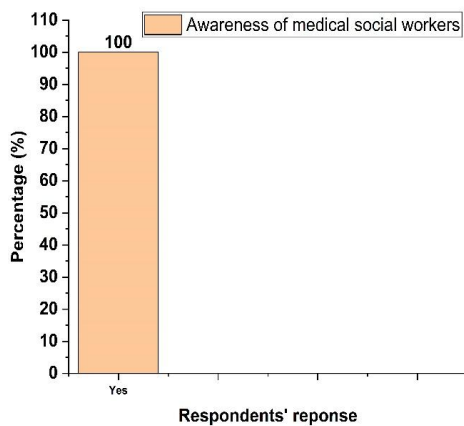


Figure 8: Respondents response on awareness of MSW **Figure 9:** Do Nigerian hospitals lack professionally-trained MSW?

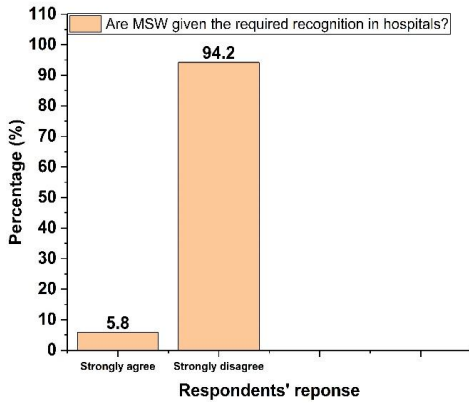


Figure 10: Are MSW given the required recognition in hospitals?

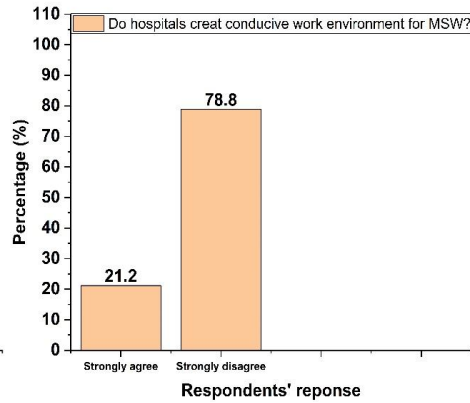


Figure 11: Do hospitals create conducive work Environment for MSW?

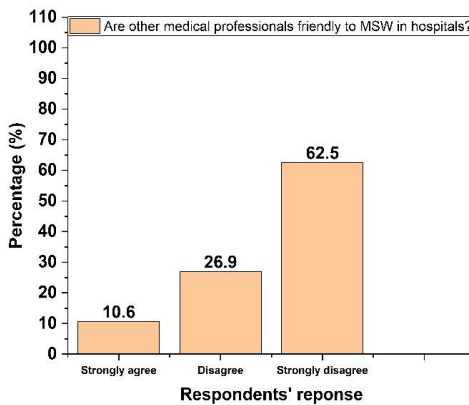


Figure 12: Are other medical professionals friendly to MWS in their hospitals?

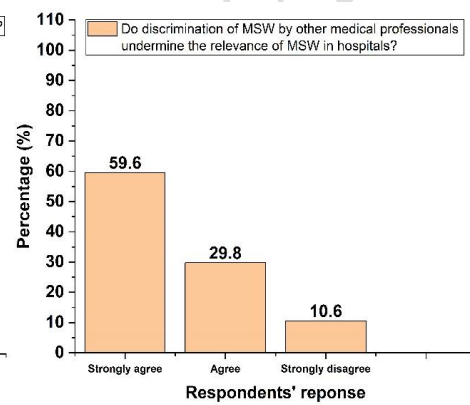


Figure 13: Do discrimination of MSW by other professionals undermine their relevance?

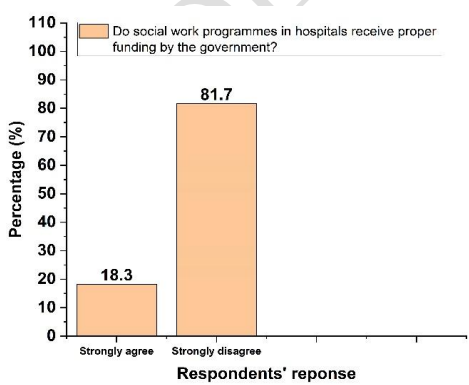


Figure 14: Do the government properly funds social work other programme in hospitals?

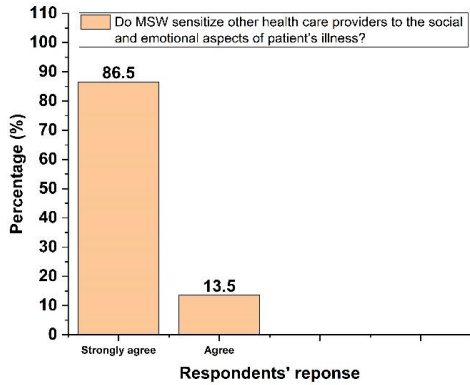


Figure 15: Do medical social workers sensitize health care providersto the social and emotional aspects of patient's illness?

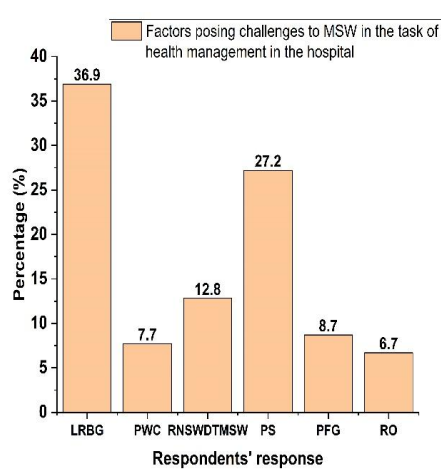


Figure 16: Factors posing challenges to MSW in the task of health management in the hospital.

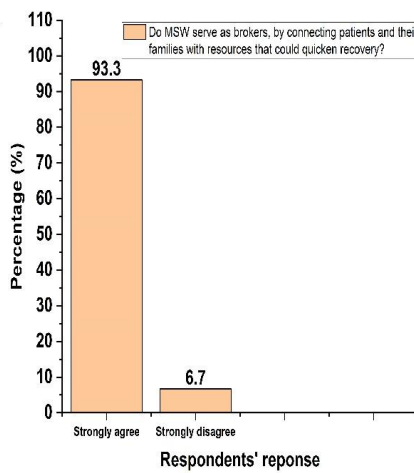


Figure 17: Do MSW serve as brokers, by connecting patient) and their families with that could quicken recovery?

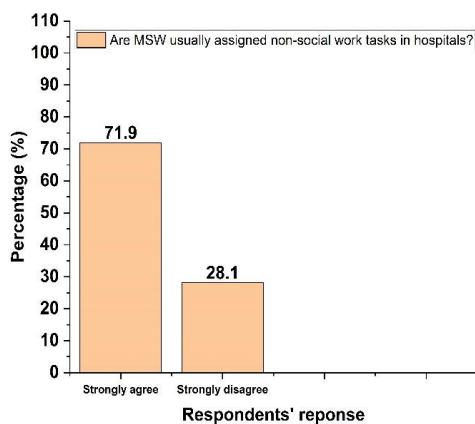


Figure 18: Are MSW usually assigned non- social work tasks in their hospitals?

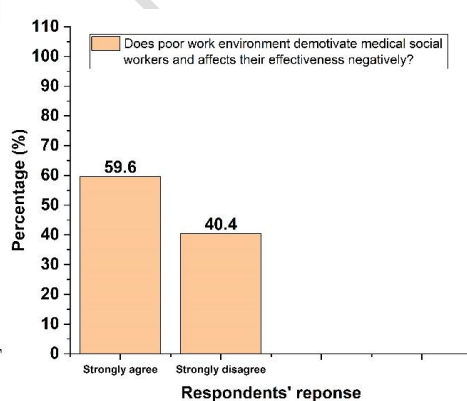


Figure 19: Do poor work environment demotivates MSW and affects their effectiveness negatively?

Note in Figure 16, LRBG = Lack of recognition by government, PMC = Poor working condition, RNSWDTMSW = Reassigning of non-social work duties to Medical social workers, PS = Poor salary, PFG = Poor funding by government, RO = Role overload

Comment [n24]: Where are the results of retrieved secondary data?

4.0 Discussion of Results and Findings

In all the results obtained, much strongly disagree responses were more than the strongly agree responses. This shows that medical social workers are really not satisfied with their work condition in their respective hospitals. The responses from the questionnaires

Comment [n25]: It would be better if you could develop a scoring system to the answers, so that it could be clearly demarcate the level of satisfaction with percentage. If so this details should go to the e Methodology, then Results and at last to the discussion

administered also demonstrated that medical social work is fast losing its relevance, as medical social workers do not play their expected role in healthcare management in hospitals. The study found the challenges of medical social workers in UBTH, Faith Mediplex hospital and Uselu Psychiatric Hospital and found that lack of recognition by government, poor salary, reassigning of non-social work duties to medical social workers, poor funding by government, and poor work condition to be the major challenges of medical social workers in the hospitals under study. The study also revealed that most hospitals in Nigeria lack professionally-trained medical social workers. This situation has not helped the profession at all as there are insufficient professionals to nurture the profession. It is for this reason that medical social workers are assigned roles not related to clinical profession in hospitals. In most Nigerian hospitals setting, medical social workers were expected to contact friends and relatives of patients who were defaulting in payment of hospital dues; they were merely used as debt collectors (Okoye, 2015). In addition, some of the numerous roles that medical social workers perform that have no bearing to the profession include; obtaining blood donors, obtaining permission for autopsies, providing information about the operation of the hospital and a vast number of other duties that lack logical relationship to medical social services. Finally, the study revealed a significant relationship between the discrimination of medical social workers by other medical professionals and the undermined relevance of medical social work in Nigerian hospitals. Unlike other human service agencies where social workers may be the predominate profession in the staff and administrative structure, hospital social workers play a more consultative role, interacting and collaborating with many disciplines every day. Often these other professionals do not fully appreciate what social workers do. They feel that social work interventions are not critical to patient care or that social workers do not contribute to the “bottom line”. In fact, the profession has been criticized for its inability to articulate social work’s contributions to the hospital (Mizrahi and Berger, 2001), hence it sometimes struggle to establish credibility. While some teams welcome social work involvement, quickly integrating them into unit activities, medical social workers encounter considerable resistance and perhaps even hostility (Donelan et al. 2019). In one area where the clinical social work role was introduced, the social worker was told that “Our patients don’t have any problems so we don’t need you to come by”. It takes considerable self-control and stamina to remain relentlessly professional in such an atmosphere (Cornell et al. 2020) . Social workers also encounter resistance of another kind when the prevailing medical model of patient care clashes with the profession’s model of patient autonomy and self-determination (Sherraden 2013). A common example: the cocaine dependent person admitted

Comment [n26]: Can you conclude this from your Study?
Dose this study covers most hospitals in Nigeria?

Comment [n27]: Need to give the reference

Comment [n28]: How you could say this?
Did you assess the relationship / correlations?

with three cocaine-induced myocardial infarctions refuses substance abuse treatment. The team may become angry at the patient and exasperated with the social worker for failing to get the patient “the help he needs.” The social worker understands the frustration but must model respect the patient’s autonomy while continuing her efforts to encourage behaviour change. Some health care providers remain focused on medical needs and are unwilling to address psychosocial issues within the confines of a brief hospitalization (de Saxe Zerden et al. 2018). A social worker on a general surgery service might, for example, identify untreated depression in an elderly man who is hospitalized for a hip fracture. The surgeon may ignore the social worker’s recommendation for a psychiatric evaluation or medication believing that the patient will “perk up once he gets back home.” The social worker is concerned that the patient’s apathy and lack of energy will impact negatively on his rehabilitation and is aware that access to mental health care is very limited in the patient’s rural home community. In these instances the social worker must try his/her best to advocate for the patient by advising the surgeon about the barriers to recovery.

Hospital social workers have had their share of turf battles and power struggles with other professionals who compete with them to provide psycho-social care. This is especially true during times of restructuring. Professional relationships and alliances that have existed for years, like that between nursing and social work for example, may deteriorate (Mizarhi and Berger, 2001) as Advanced Practice Nurses, Psychology, Psychiatry, or Case Managers lay claim to functions that have traditionally belonged to social work.

Within the hospital setting, the primary function of the medical social worker is to facilitate the discharge of the patients from the hospital. To perform this task, the medical social workers participate as a member of multidisciplinary team which is headed by the doctor who is ultimately responsible for all facets of the patient’s discharge (Tadic et al. 2020). The interdisciplinary collaborations associated with the multidisciplinary team approach reveal the unequal relationship between the physicians and the medical social workers and reinforces the medical social worker’s subordination role in the discharge planning process.

Terry Mizrahi writes:

Medical and psychiatric setting are still controlled by physicians and heavily influenced by nurses and psychologists. Obtaining recognition of professional social work services as an integral and equal part of health and mental team remains a challenge (Mizrahi, 1992:87).

The study also found reassigning of non-social work duties to medical social workers as a problem confronting the relevance of medical social workers in healthcare management.

This is mostly witnessed among student of social works in some agencies where they go for their industrial training. Most social work students in a hospital setting were expected to contact friends and relatives of patients who were defaulting in payment of hospital dues. They were merely used as debt collectors (Okoye, 2012). On another occasion, students posted to a home for motherless babies were made to wash nappies and mop dirty floors, when they protested, the management told them that it was the only job they could allow the students to do. In social welfare agencies, students were expected to collect child support from defaulting fathers and sometimes to participate in cases that involved dissolving marriages. There was one school where social work students were put in charge of 'catching' latecomers and flogging them. Some teachers also insisted that the students teach their classes and mark students' exams and tests (Okoye, 2012).

Hence, the findings of this study negate the tenets of the theory employed by this study. This is because medical social workers in the hospitals under study are not adequately motivated. They are not given the required recognition in their respective hospitals, their programmes do not receive government funding, while their hospitals do not create conducive work environment for medical social workers. They have difficult conditions in the hospitals. Thus, job dissatisfaction is greatly seen among medical social workers of hospitals. Difficulty of work has involved them in legal problems and physical illnesses. Social workers' involvement in providing financial supports for the patients and lack of financial resources are responsible for conflicts between clients and social workers in hospitals.

It was observed that other medical professionals are very unfriendly to medical social workers. The discrimination of medical social workers by other medical professional undermines the relevance of medical social workers in hospitals and has greatly damaged the medical social work values. The views of social workers are not taken into consideration in their own profession and they have no sufficient authority in performing their roles. This has resulted in demotivation of social workers followed by conflicts and unrest in the workplace. Medical social workers are usually assigned non-social work roles. Thus, lack of precise and coherent definition of duties of professional medical social work services in hospitals has caused different and personalized approaches toward social work. This, in turn, has led to employing non-professional staff, lack of standards for assessing social workers' performance in hospitals, and lack of quantitative standards for measuring the effects of their presence in the hospitals. Engaging social workers in hospitals with solely doing charity and finance affairs, writing accidents reports, surveying the clients respect, writing financial documents, and attracting public participation indicates that this major is not regarded as a

specialized subject and there is no specific definition of the work. This has caused the reduction in specialized tasks of the social workers and increase in the ordinary tasks which require no specialization on the part of social workers.

Under the above dissatisfying condition, medical social workers could hardly be motivated. However, this can be achieved by ensuring that both motivation and hygiene factors are present for medical social workers in hospitals. Medical social workers should be given due recognition in the provision of health-care services, their working conditions and environment should be made conducive, allocation rightful of duties etc. will go a long way in motivating medical social worker to perform professional social work services in hospitals.

5.0 Conclusions and Recommendations

5.1 Conclusions

Generally, medical social workers are well equipped to practice in the health care field, because of their broad perspective on the range of physical, emotional, and environmental factors that have an effect on the well-being of individuals and communities. Medical social workers provide lots of clinical services such as discharge planning, counselling and support, assisting with decision — making, patient and family education, assisting with obtaining benefits, facilitating access to community resources, resolving behavioural problems which interferes with patients care, risk management and consultation around behavioural and emotional issues. All of these functions rendered by the medical social workers make them very relevant in the management of healthcare in Hospitals. Unfortunately, medical social workers have not played relevant role in the management of people with ill-health in Nigerian hospitals. Consequently many Nigerians are unable to afford health care services, while very many die in the process of delayed healthcare services because they couldn't make deposits for treatment to commence. This study therefore argued that curbing the challenges medical social workers faces in Nigeria will greatly enhance healthcare services delivery in Nigeria. The study however found that the state of medical social work in Nigeria is as a result of so many factors which include; lack of recognition by government and the discrimination medical social workers suffers in the hand of other medical professionals in the course of carrying out their duties. However, for medical social workers to be function effectively, the study recommends some workable solutions which are enumerated below.

5.2 Recommendations

The federal government in collaboration with the body responsible for the accreditation of hospitals should make social work services mandatory for all hospitals. This will make hospitals in Nigeria (both public and private) to recruit more medical social workers. The will

Comment [n29]: Findings of this study should be discussed, supported with the available literature. Should be more focused without elaborating on irrelevant literature components.

Comment [n30]: Rewrite for clarity

help to reduce the problem of inadequate medical social workers in our hospitals. There is a critical need, particularly in a “host” institution for medical social workers to talk about their role, claim their areas of expertise and highlight their value to the organization. The clinical role of medical social works should be firmly established in Nigerian hospitals. This can be done through proper government funding. The federal government together with other agencies partnering with it must work to strengthen the capacity of Nigerian institutions to provide in-service and pre-service training in social work, case management, leadership, and other skills necessary to ensure that comprehensive social services are available for effective healthcare management. Policy makers in the health sector must ensure that health care reform legislation includes social workers among the professionals eligible to provide care coordination. Medical doctors and other medical professionals should see medical social workers as team players working towards the same goal; patient’s safety. As a matter of fact, medical doctors should in most cases consider recommendations from medical social workers and not out rightly discard them. This will help to reduce or possibly eliminate the issue of ethical conflict between medical social workers and medical doctors and other medical professional that may be involved.

Comment [n31]: How did you conclude this and recommended from the findings of your study?

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