



Examining Scope and limitations of Social Work Practice in Health Care Setup, the Case of  
Zewditu Memorial Hospital, Addis Ababa

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This is to certify that the thesis research prepared by Abeba Habtu entitled “Examining scope and limitations of Social Work Practice in Health Care Setup: The Case of Zewditu Memorial Hospital” submitted to the School of Social Work for the Partial Fulfillment of Masters Degree in Social Work.

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## **Declaration**

I, Abebe Habtu, declare that this research entitled “Examining scope and limitations of Social Work Practice in Health Care Setup: The Case of Zewditu Memorial Hospital” is my own work and all the sources that I have used or quoted have been indicated and acknowledged by means of reference and this work has not been submitted before by any others at any institutions.

Abeba Habtu

Signature \_\_\_\_\_

## **Acknowledgement**

First of all my praise goes to my Lord Jesus Christ for His love, mercy and protection in all my walks of life.

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## **Acronyms**

AASW	Australian Association of Social Workers
AIDS	Acquired Immune Deficiency Syndrom
ART	Anti Retroviral Treatment
BSW	Bachelor of Social Work
CBO	Community Based Organazation
CT Scan	Computer Tomography Scan
FDRE	Federal Democratic Republic of Ethiopia
HIV	Human Immunodefficiency Virus
MRI	Magnetic Resonance Scan
MSW	Masters of Social Work
MOH	Ministry of Health
NASW	National Assocaition of Social Workers
NGO	Non Governmental Organazations
PLHIV	People Living with HIV
SOP	Standanrd Operating Procedure
WHO	World Health Organazation

## **Abstract**

*The need for extending medical social work practice in health care services in holistic approach is the call of the day, as regular medical services alone will no more meet the ever complicating demands of ill peoples. Hence, the purpose of the study is to examine scope and limitations of Medical Social Work Practice in the case of Zewditu Memorial Hospital, Addis Ababa. exploratory study approach of a qualitative method were used to discover the current scope of social work practice. A total of 16 respondents were selected through purposive sampling which includes medical professionals, social workers and management staffs. An in depth interview, observation and document review were used as a main data collection tool. Thematic analysis was used to give a meaning the data gathered from participants. In the end, the following results were pursued: the medical professionals and the management sect found lacking awareness on the social as well as psychological treatment need of the beneficiaries, even the social workers considering their work be focusing on the social aspect like enabling poor people to get the benefit of free health service and sometimes to work for such people to gain economical support. Even this practice goes as such in very limited scope while they are anticipated to take their part in delivering of the integrated bio psychosocial service in its wider scope that is inclusive of the psychological and social demands of service seekers. On the other hand, social work practitioners among the respondents mention many barriers like absence of proper standard of practice, updated job description that reflects their anticipated duties and responsibilities and limited resource. Therefore, reviewing, modification and strengthening of hospital medical social work practice to the level that it plays its role to enable holistic health care service, supported by stronger polices, creating awareness, empowering related practitioners and enlarging the scope in multifaceted manner is recommended.*

**Key Words:** social work, practice, scope, barriers, policy, holistic.

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# **Chapter One**

## **Introduction**

This chapter is an introductory part of the research which highlights the nature of the problem and the importance of the study followed by the research problem which shows the deficiencies in existing literatures. It also states the objectives, the significance of the study, which shows the motivation and justifies the need and importance of conducting this research study

### **1.1 Background**

Medical social work is one of the branch of social work practice that involves working with disease prevention and patient care. Medical social workers provide holistic support to patients and families addressing the full range of biopsychosocial–spiritual aspects that affect their health. Social work delivers service that promote quality health care practicing in all health care settings, including prevention and public, health, primary and acute care, specialty care, rehabilitation, home health, long-term care, and hospice care.

A medical social worker’s role is to improve social and emotional functioning through targeted interventions that deals with patients the effects of the psychological, familial, social, economic and cultural determinants on health and wellbeing. Moreover, roles of medical social workers in health care include psychosocial assessment, counseling, provision of resources, advocating for patients and families, and discharge planning . (AASW, 2016)

In Ethiopia like many other developing countries social work practice is not well developed. Ethiopia is a country with a relatively high poverty, poor infrastructure development

like water and sanitation system, shortage of health care facility and housing, leading to high prevalence of communicable and non-communicable diseases (El-Saharty, et al 2009).

Due to the shortage of health care facilities in different corners of the country, several people come to Addis Ababa seeking better medical care from healthcare specialists and sophisticated diagnostic procedures. In particular, public hospitals in Addis Ababa such as Zewditu Memorial Hospital are serving as referral centers providing higher level medical care including hospital admission, complex diagnostic service, treatment and care of cancer and other diseases that are beyond the capacity of primary health care settings. Yet, the quality of healthcare services provided by hospitals is compromised by the increase in population and newly emerging complex medical cases such as renal problem, heart disease, cancer and HIV/AIDS; creating pressure on the health care delivery system in which psychosocial factors impacts of such illness are revealed profoundly (Wade & Halligan,2017).

Hence, many of problems faced by patients and their families are multi-factorial, not simply health problem and treatment in healthcare settings requires putting in place a holistic approach to address both the health problem and the psychosocial needs of the client (Bolton & Gillett. 2019). As such, the intervention of medical social work practice in a health care setup is found to be indispensable. A particular case story below shows the current practice of health care being medical model not addressing the psychosocial aspects of individual illnesses resulting negative health outcome.

In 2018 I, the researcher, encountered a case that describes the real situation of the absence of appropriate medical social work intervention in health care facilities: a man aged 70 was diagnosed with colon cancer and he had to undergo a surgery with permanent ostomy. It is obvious that having permanent ostomy has impact on individual's day to day life including,

psychosocial due to the permanent physical change and using colostomy bag, adaptation of new life style, fear of social stigma and isolation and economic problem related to high medical expense for life long medical follow up and treatment .This situation,without doubt, requires counseling and education to the patient and his family to make them understand about the course of the disease so that they are able to care and minimize complications and to comply with the physicians advise and ordered treatments. In addition, it also needs a psycho social intervention to help the patient and the family to cope with the new situation during the post-operative period and throughout the life as needed.

However, the needed psychosocial support was not given to the patient. When the physician in charge was asked to refer him for counseling service and to get information on how to deal with the situation , by the family members, he replied that there is no need for such service and he said that through time the patient will adjust by himself and manage to cope with it. But, the patient could not accept his situation that he was no more able to socialize; being permanently dependent on the family and medical treatment made him feel hopeless. As time pass by he became depressed and isolated and refused to eat and to take even any medical treatment. Finally and sadly he died shortly before the expected prognosis time.

From this particular case one can understand that patient care is limited to medical intervention only and the psychosocial aspects patients are overlooked resulting undesired health outcome. To provide holistic health care that encompasses the psychosocial dimension of individual illness social work is the most relevant profession as it is proved from historical experience demonstrating a unique perspective to health care environments that is viewing patients illness in a way that deals with the biological, psychological, social and spiritual dimensions.( Beder 2006)

Although, like many of developing countries medical social workpractice is not well developed in Ethiopia, social work unit is established in all public hospitals of addis Ababa, providing service limited to provision of welfare service, such as facilitating free medical service for those who cannot afford and facilitating discharge for those who do not have a place to stay ( Hiwot, 2016).

Therefore, better understanding of the current experience and factors that hinders to practice to the anticipated scope could help to devise a mechanism in a way that minimizes barriers and provide the intended service. Hence, this study aimed at examining the current scope of practice and related challenges that hinder the provision of intended service (i.e., medical social work) in Zewditu Memorial Hospital.

## **1.2 Definition of terms**

**Scope of practice** is defined as the ‘definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability’ (Finochio, Dower, McMahon, Gragnola & Taskforce on Health Care Workforce Regulation, 1995, p. 2) cited in . (Hardy, 2014).

**Health care:** The prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical, nursing, and allied health professions.

**Role:** the actions and activities assigned to or required or expected of a person or group

**Health:** Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (WHO, 1948)

### **1.3 Research problem**

The success of social work in promoting the desirable health outcomes depends on how well the social work role is understood and integrated within the health care facility (Ashcroft, 2018). Although the experience of medical social work practice in medical settings is expected to be similar globally, the practice varies among countries due to the socioeconomic condition, cultural variation and policy issues. For instance, in many developed countries, patients need mainly resonate around psychological support, such as caring of elders, and people with chronic illness. Whereas in the case of developing countries, patients needs are primarily of economic and social in their nature due to the low level of socioeconomic development. Consequently, the practice of medical social work is not well developed in the context of developing world. This is mainly the case in many African countries: medical social work practice is not well developed and even it is not regarded as a profession. There are also limited number of social workers, and thus psychosocial services offered are inadequate to meet clients needs (Sandra, et al, 2018). The case in Ethiopia is not that different as well.

Little literature is available regarding medical social work practice in health care setting in Ethiopia. Among the existing literatures include assessment of social work pre-service training institutions done to strengthening the Communities' Responses to HIV/AIDS project by Appropriate Technology in Health (PATH) funded by USAID (USAID 2010). The findings show that as social workers practice have been recently been emerged to hospitals of Addis Ababa and they are underutilized due to lack of awareness by the medical professional and lack of clear regulated function and scope of practice stated by the relevant regulatory body of the health care system. In addition, other professionals and individuals who did not acquire the desired specialty, knowledge and skills to practice are assigned as social workers (USAID, 2010).

Very few researchers looked into medical social work practices in Ethiopia. For example, Hiwot in her research assessed the role and challenges of social work practice in selected hospitals including Zewditu Memorial Hospital. Her assessment focused on the application of NASW standard in the implementation of medical social work service and the challenges social workers faced in their day to day activities (Hiwot 2016). According to her findings, social workers faced challenges to work as interdisciplinary team with medical professional, resulting from lack of awareness by the hospital community on their role. Other challenges identified are social workers functions are limited to handle cases related to social and financial support. However, this research did not show the scope of practice of social workers in the health care settings and the resultant challenges that social workers faced to practice to the full scope.

This research aims to investigate the current medical social work practice to build on what is known of the practice and challenges in a way that it shows the gaps and limitations related to the anticipated scope of service and moreover, assess prevailing developments and enabling policies and strategies which define social work scope. Taking Zewditu Memorial hospital as a case, the study aims to answer the following research questions.

#### **1.4 Research Questions**

1. How is social work practiced in Zewditu Memorial Hospital?
2. What are the roles and functions of social workers?
3. How do medical professionals and the hospital community at large perceive the role and necessity of medical social work practice?
4. What are the challenges that social workers face in their professional practice at Zewditu Memorial Hospital?

## **1.5 Objective of the research**

### **General Objective**

To investigate the existing scope of medical social work practice and related challenges in a health care setting.

### **Specific objectives**

- To examine the current social work intervention practices of Zewditu Memorial Hospital.
- To explore the role and scope of the current social work practice being implemented in Zewditu Memorial Hospital.
- To identify service gaps in the delivery of medical social work service.
- To explore barriers in implementation of social work practice to the full scope
- To understand the perceptions of medical professionals regarding the role of social work practice in health care.
- To assess the current enabling factors and opportunities to implement social work practice.

## **1.6 Significance and limitation of the study**

### **Significance**

This study aims to examine the current scope of practice and related challenges which hinder to provide the intended service in Zewditu Memorial Hospital. The findings will be used as an input for relevant management body at different level of health care system and help to understand the role of social workers in health care and existing gap in the delivery of social work practice and to take measure accordingly. The research finding will call for medical social workers to advocate for their legal recognition as a profession and promote for visibility and

understanding of the role and function of social work in improving individual health and promoting health to the community in general.

In addition, this study will create awareness among higher level of authorities who are responsible in developing policies, guidelines and regulations to acknowledge that social workers can play crucial role to attain the desired health outcome as it is defined by WHO “*a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*” (WHO, 1948) and will also promote the need for clear policy and strategy that accommodates social work profession as part of health care team with clear regulated standard, scope of practice, guideline and code of ethics.

At last, all readers will benefit from the finding being able to understand the role of social work intervention in health care to address the psychosocial needs of patients if practiced as per the intended standard and scope .

## **Limitation**

The research is important in that it assessed the up-to-date health service in biopsychosocial view and tried to show the gaps which need to be fill up to enable holistic health service giving. On the other hand it has limitations, by large for it been conducted on a single hospital, does not view the intents of stakeholders, as they are many like Ministry of Health and down the ladder , policy makers, beneficiaries , non-governmental organizations and health professional associations.

## **1.7 Organization of the study**

This study report is organized in to six chapters. The first chapter discusses the background of the study, statement of problem, objectives of the study, research question, and significance of the study, and organization of the study. The second chapter covers the review of

related literature showing the relevance of biopsychosocial model as an important framework to analyse medical social work practice. The third chapter deals with the research design and methodology demonstrating the choice of this research to follow a qualitative case study design to answer the research questions. Chapter four gives analysis of the findings of the study. It shows that the practice of medical social work is so limited in its scope in the case of Zewditu memorial hospital insofar as social workers' role is mainly associated to facilitating free medical services to the patients. The fifth chapter discusses the findings and the final chapter depicts the study implications and conclusion.

## **Chapter Two**

### **Literature Review**

Based on the topic of this research on the scope of social work practice in hospitals , this literature review focuses on six relevant areas related to hospital social work practice. These are background of medical social work practice, social work practice in Ethiopia, role and scope of medical social work practice, challenges of medical social work practice and standards of medical social work practice. To illustrate the importance of social work practice in health care delivery the biopsychosocial model initially developed by George Engel was utilized as a theoretical framework showing how all the three ( Biological, Psychological and Social ) factors affect individuals and community health and the need to address the social and psychological determinants of health as important as the biological factors.

#### **2.1 Background of medical social work practice**

Social work in medical care setting has been started by Richard Cabot, a physician at Massachusetts General Hospital during early twentieth century and later expanded to other health care settings Beder (2006). Seeing the impacts made in health care outcome as a result of the social work intervention in Massachusetts General Hospital, the practice was replicated in many of the hospitals and other healthcare settings in the United States ( Browne, 2012).

Eventually, medical social work has become the first specialty area of social work and the hospital social workers formed an association called the American Association of Hospital Social Workers which then merged with other professional group forming the National Association of Social Workers (Cowles, 2012).

It is also believed that medical social work practice in its early age has made significant contribution towards public health service in areas of prevention of communicable disease such as tuberculosis ( Browne, 2012). Albeit the differences in many different contexts, social work is more or less practiced globally at a wider scope in health care settings and units including primary care facilities, hospital nursing home , retirement facilities and hospice care. Care is also provided in special clinics devoted to specific diseases, such as kidney failure (dialysis centers), cancer (chemotherapy clinics), and HIV/AIDS. According to U.S. News & World Report (2010) cited in Browne, 2012

Whereas, the practice in Africa is not well developed as it is anticipated. Despite the fact that there is high poverty leading to outbreak of communicable disease and high prevalence of HIV/AIDS, that needs psychosocial intervention, social work practice is still young and struggling to exist due to organizational system problem related to lack of defined scope and role, lack of resource, shortage of well trained and skilled professional social workers (Muhandiki, 2016, Sandra, et al, 2018 ).

## **2.2 Social work practice in Ethiopia**

Limited literature is available about social work specifically related to medical social work practice as social work practice is relatively newly emerged profession in Ethiopia (see for e.g., Wassie 2014). According to the historical background of social work education in Ethiopia, the first School of Social Work in Ethiopia was established in 1959 at Haile Selassie I University, now called Addis Ababa University with two years diploma program and afterward, started to offer a four-year program with a Bachelor of Social Work (BSW) degree (Wassie, 2014)

Then the school was closed during the derg military and regime and the school of social work become Department of Applied Sociology in the College of Social Sciences of Addis Ababa University Wassie (2014). After almost 30 years, the school was re-established with the assistance from Jane Addams College of Social Work in at University of Illinois at Chicago, and officially commenced its program at MSW and PhD program level. Currently, many other public and private institutions are also engaged in provision of social work education program all over the country. (Wassie 2014, USAID,2010)

Unlike the global experience, the Ethiopian Society for Sociologists, Social Workers, and Anthropologists (ESSSWA) is not functioning as per the expected capacity including making recommendations and preparing standards of practice guidelines for their specific discipline and members. There it remains as a gap that no regulatory body exists that governs the practice of social work and provides standards and well defined role and scope of practice (USAID,2010).

## **2.3 The Role and scope of medical social work practice**

### **2.3.1 Scope of Practice**

According to Finnochio, Dower, McMahon, Gragnola & Taskforce on Health Care Workforce Regulation, 1995, p. 2 cited in (Hardy, 2014)

*“Scope of practice is defined as the ‘definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability (Hardy, 2014). “*

The issue of scope of practice is complex as the function of practitioners is changed in line with newly emerging diseases, psycho social issues, and new technology and continuously evolving treatment modalities. Hence, in an attempt to provide a framework for scope of practice, current development should be reviewed and individual's scope of practice should also base on specific education, experiences and demonstrated competence (Duane, 2012). In addition, the role and scope of social workpractice practice in medical setup depends on the type of health care setting in which social workers are practicing as each setting are providing different level and type of services (Cowles, 2012).

In general, the demand for social work services in a broad scope is needed to incorporate both to improve access to a variety of preventive services and patients experiencing psycho social problem can access the service easily (Ashcroft, 2018). However, it appears to be, that social work roles and scope of practice are implemented differently across countries depending on the countries socio -economic status and type of service giving settings. Relatively, in most of the developed countries, social workers are able to practice with in their full scope (Ashcroft, 2018). Yet, the social work profession in a medical set-up in Africa being newly emerging profession, social work practice are implemented in a limited scope and roles and functions of social workers are not clearly understood by other medical professional team and the health care system in general resulting role ambiguity and role overlap ( Muhandiki, 2016)

### **2.3.2 Roles and responsibilities of social workers in health care settings**

Social workers are part of medical interdisciplinary teams with other health care providers. The roles of medical social workers is defined depending on the health care setting in which social workers are practicing. These are primary care, hospitals, home health care, hospice, and nursing homes. Social work functions in health care settings include: psychosocial

assessment to identify predisposing factors to diseases, discharge planning, assessment of the need for social work services, preadmission and discharge planning, direct services and treatment to individuals, families and groups, client advocacy within and outside the organization, protection of clients' rights and entitlement, short and long term planning (Cowles,2012 , NASW, 2016).

The basic role of social workers is to understand or view patients situation as whole person around the environment and family through bio psychosocial approach to address the social, psychological behavioral and spritual aspects individual illnesses (Cowles, 2012 , Browne,2012 ). The main roles social workers play in a health care setting includes, assessing patients and their families to understand psychosocial factors of the illness and to address problems accordingly. In addition, social workers also help patients and families to cope with the diagnosis through education and counseling (Bowne, 2012). This is because individuals who are not capable of understanding the nature of their illness and prescribed treatment that social workers can assist to understand and comply with clinicians instruction. Socail workers are also advocate for poor and vounlerable ones to help them access appropriate medical care through mobilizing of resource and facilitating referral to the appropriate support and care (Bowne , 2012).

Patient's social network affects the patient and the family members reciprocally that social support have positive effect on the patients' health as families can play significant role as treatment supporter and on the other hand family members can be affected negatively due to long time admission and chronic illness that requires intensive care and follow up and financially (Browne, 2012). This means the medical social workers can help the patients from the moment they enter the hospital up to the adjustment of normal life. In some cases, individuals come

seeking medical care but presenting with social problems. To mention some: child abuse, violence, substance use, other harmful behaviors including suicidal attempts. All these require social work intervention to attain successful health outcome

Very little is known on the role and function of social workers in a health care setting in Ethiopia. Hiwot and Rahel explored the role and challenges of medical social work in selected hospitals of Addis Ababa. Hiwot in her research identified the following list of functions being practiced by social workers in different hospitals of Addis Ababa. ( Hiwot, 2016 p67-72)

Function	Description
Assessment and screening	To assess patients eligibility to access free medical care, social and financial support
Taking care of patients who do not have attendants	assisting patients with no relatives to get treatment and food
Create linkage to services	Facilitating referral and linkage to community resource including NGOs.
Provision of information and education	On the diagnosis treatment plan and intervention process patients are informed on the nature of the disease, treatment plan, and prevention
Facilitating patient discharge	arrangement of discharge process including exempting from payment for those who can not afford linkage for home care or rehabilitation
Co-ordination of volunteer activities and social events	Establishment of volunteer clubs in the hospitals, coordination blood donation from volunteers, mobilizing resource including money, clothing, food

	and medical aid devices as deemed necessary.
Family reunification and counseling	Family tracing and reunification o

## **2.4 Challenges of social work practice in health care setting**

Despite the fact that social work practice has great role in in the health care delivery , social workers also encounter significant barriers to practice as a member of inter-disciplinary team in health care setup. Among the challenges are lack of role clarity, time limit due to high case load and high demand of service, lack of resource, organizational policies and limited understanding of the social work role by other health care professionals. In addition social workers are also requested to perform duties beyond their scope of practice, including activities beyond their capabilities and expertise without adequate training ( Ashcroft, 2018).

The most common challenge in practicing social work in health care setting revealed in many studies is lack of awareness by other health care professionals about the role and function of medical social work practice. In general major challenges of practicing medical social work as identified by different literature are organizational challenges such as, lack of clear policy, inadequate staffing, heavy case loads, poor understanding of the social workers role by the medical team ( Limon, 2018, Hiwot 2016 , Rahel 2014 , Ashcroft, 2018)

## **2.5 Standards for medical social work practice**

### **2.5.1 Global practice**

Standard and code of practice is essential instrument to set the minimum acceptable level of practice which is applicable in all areas of social work and to specific practice. The purpose of practice standards is to provide what is required for effective, professional and accountable social work practice.

Social work like any other profession has well established set of standards of professional practice produced by professional associations and school of social works in various countries (Browne, 2012). Professional associations and School of Social Works in many countries play a regulatory role in the practice of social work and involved in preparing and legalizing standards of practice and code of ethics to be used as a guiding resource to practice social work in a variety of social work fields. To list some, the British Columbia College of Social Workers, standard of practice (BCCSW,2009),The National Association of Social Workers standard of practice (NASW,2016), Australian Association of Social Workers code of ethics and standard of practice (AASW 2017) , Alberta Collage of Social Workers standard of practice (ACSW,2013).

These institutions established standards, code of ethics, and scope of practice that can be utilized as a main resource to practice social work and specific for some fields of practice. In all areas of practice, social workers are expected to know and comply with the social workers act, the bylaws, the code of ethics and standards of practice, both general and specific as stated in the resources. Almost all standards have similar objective and set of practices which enable social workers to practice with in a given scope and accountability.The standards also articulate the basic knowledge and skills health care social workers should acquire to deliver the expected standard service.

### **2.5.2 Standards for social work practice in Ethiopia**

Litrature search in area of social work standard of practice reveals very little and the existing standard specific to socialwork practice is found in the document prepared for requirments for health care delivery for all hospiatals prepared by the Ethiopian Standard Agency (ESA). In many of countries, professional associations and school of social work are involved in developing standards of practice, defining role and play regulatory function role in

the practice of social work. In Ethiopia there are some professional associations related to social work practice: Ethiopian Society for Sociologists, Social Workers, and Anthropologists (ESSSWA) and Ethiopian Professional Social Workers Association. However, they are not actively involved in producing standards and scope of practice. Moreover, there is no regulatory body that is responsible to provide clearly defined role and scope of practice and the required professional competency to practice social work in health care setup.

Although, there is no specific standard for designed for health care setup in Ethiopia that regulates the practice of social works in health care field of practice there are very few institutional standards are available that provide general role and practice of social work in health. These are:

**Health Care Facility Standards:** This document is prepared by the Ethiopian Standard Agency (ESA) and it provides general principles and requirements applicable in all hospitals. Among the requirements is the establishment of social work unit in a hospital setup. The document listed out roles and responsibilities of social workers in hospital setting including the required social workers, qualification and procedures. According to this document the general scope of practice includes, counseling, discharge management and planning, psychosocial assessment, referral and advocacy.

The document also highlighted the need for availing written policies and procedures. The standard requirement listed out activities of social workers including psychosocial assessment and intervention, counselling, discharge planning, social work assessment, referral, patient advocacy and community liaison and education. (see in annex 3 ). However this document does not clearly articulate the standards of practice in a way that enables social workers to practice within a given scope, boundaries and accountability.

**Job description :** The social workers in Zewditu Memorial Hospital have job description prepared by the hospital. The Job description describes the role and function as follows.

- Screening and approval free medical care for the needy
- Facilitating custody for abandoned infants delivered in the hospital
- Provide care for emergency cases
- Tracing address and reunification with families for patients initially came unconscious.

The above listed responsibility of social workers focuses on provision of welfare service to the poor and the needy and recognizes social workers as an auxiliary unit not as profession. moreover, the job description also lacks describing the qualification that social workers should possess such as, academic carrier and experience which qualifies them to practice social work in a hospital setting

#### **ZMH Social work Department Standard of Operation Procedures (SOP).**

The department of social work at Zewditu Memorial Hospital has developed their own SOP which describes the standards of social work profession, services of the social work unit, and collaboration. The components of practice stated in the SOP includes, psychosocial assessment, emotional support to patients and their family ,counseling, coordinating patient discharge and ensure continuity of care are among the list.

## **2.6 Theoretical Framework**

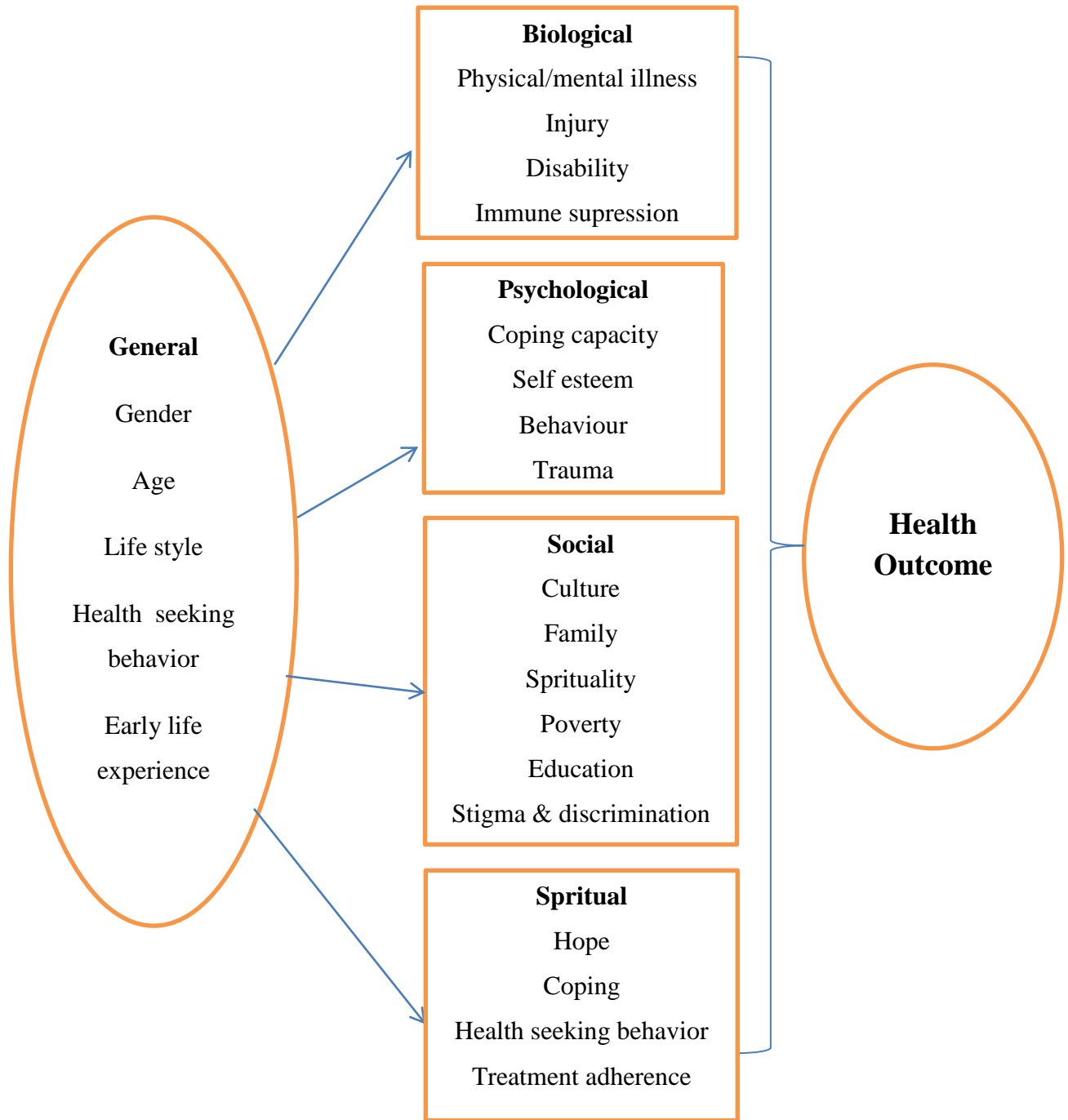
### **2.6.1 Bio psychosocial-spiritual model of health care**

I used the bio psychosocial model framework to as such sort and analyze the data in this research. Through my experience as a health care practitioner, I have seen many patients' health outcome affected by psychosocial effects and consequences of their health problem. Some patients with chronic health problem face difficulties to understand the nature of the disease and to cope with the diagnosis including fear of stigma and overall socio economic consequences on their family.

Although clinicians have the expertise to diagnose and treat patients by doing assessment of physical and organ functioning through several diagnostic procedures, such intervention alone can not address the non biological aspects of patients. Further, the bio psychosocial-spiritual model is chosen because it encompasses the most relevant concepts to show the significance of social workers role in health care so as to bring the desired health outcome. This takes into account all the aspects: the biological, psychological, social and spiritual aspects and their impact on the health care outcome. It also helps to address the risk factors that cause or aggravate the illness of individual and community health problems in general (Bolton, et al. 2019).

Hence,I found Bio Psychosocial -Spiritualmodel the most appropriate approach to deal with psychosocial-spiritual dimensions of individual health problem through inclusion of social work practice and provision of holistic service.

**The Bio Psychosocial-Spiritual model of health care, adopted from the idea drawn by George Angel.**



Historically the bio psychosocial model was first initiated by George Engel in the end of 1970s which is different from the existing bio medical model in many ways. Although, Engel recognizes the advancement of bio medical model in many ways yet the practice was limited to the biological causes of illness and intervention which is inadequate to meet the desired health outcome. Since then, the bio psychosocial model has been widely used in different health care settings. But, the model has been criticised that it is limited and insufficient in many aspects of medical science and healthcare and lacks scientific proof. However, recognition has increased as it is proved by recently emerging evidences that the newly emerging disease such as are more of associated with social factors and other findings also revealed that childhood exposure to physical and social problem including neglect abuse have better health outcome. that the concept of bio psychosocial model is the best practice to provide holistic health care service. (Bolton & Gillett 2019).

It also discovered that bio psychosocial-spiritual model represents the contribution of biological, psychological and social factors in determining individual and community health. This is due to the fact that, evidences have proved that causes or risks of disease are combinations of biological, psychological and social. Studies also suggest that risks for many major illnesses, physical and mental, start early in development, many in childhood, social factors such as poverty and other forms of social exclusion, some specific family level factors such as neglect and abuse, and life-style factors such as exercise and diet (Bolton & Gillett) .

In general, the bio psychosocial model addresses the biological, social, environmental, psychological, and behavioural aspects of illness expanding the traditional medical model of health care that focuses primarily on the biological causes of disease whereas, the bio

psychosocial model considers the nonmedical determinants of disease in collaboration with the purely biological components (Bolton & Gillett).

Moreover, Cowles described the similarity of Bio Psychosocial Model to the Person in Environment (PIE) perspective because the bio psychosocial model is sometimes referred to as a holistic view because it comprises the “whole picture” of a person ; both psychological and physical components that relate with the social environment. (Cowles,2012).

### **2.6.2 The Bio Psychoocial-Spritual model in medical social work practice**

The social work profession in a health care set-up in Ethiopia is not well developed and the need for integration of social work service to address psychosocial-spritual aspects of health is not well recognized by medical practitioners and relevant authorities. The scenario below is an example of actual experience can give insight how psychosocial issues can affect individuals health outcome and the the need for biopsychosocial approach through social work intervention as it is described in the theoretical frame work.

I have been working in an NGO clinic which provides HIV testing and treatment service for individuals living with HIV/AIDS including children and adults. To cite a good example, through my clinical experience there was a client, a young boy age 14, who used to live with his father and sister came to our clinic after being diagnosed HIV positive during mass testing program organized by one CBO. His mother has died while he was 3 years old and her cause of death was not known. Then he was linked to medical care and follow-up in our clinic. Even after he started treatment his health status was deteriorating instead of improving due to poor treatment adherence and poor nutrition. The issue was beyond the scope of the health care provider to do detail assessment of his living situation, dealing with his family members and explore the root cause of his poor treatment adherence.

Finally, the nurse incharge, going out of her way communicated the CBO community workers who referred the boy in the beginning and assessed his family status and the reason for his poor adherence. There it was discovered that his HIV status was not disclosed to his father and sister fearing of stigma even might forced him out of home. For this reason he was hiding his ART drugs (treatment) under tree fearing his family might know his status while taking his treatment. At last through continuous counselling and discussion, he was convinced to disclose his HIV status to his family. The family were also informed about HIV transmission, issues of stigma and the need for strict treatment adherence. Finally, this father and sister become a treatment supporter and he started taking his treatment properly. In addition, some arrangements were made to assist the child in nutrition and other social support.

The above scenario clearly shows that how both psychological and social factors are basic in medical practice and it also describes psychological and social effects on treatment compliance, disease complication, and survival.

The bio psychosocial-spiritual model of social work in the health field has been functional long ago, distinguishing physical, psychological and social environmental must be taken into account in order to understand and help patients and their families in health settings. The person-in-environment, bio psychosocial, and general systems theories all view a person's health status as a reflection of physical, psychological and social environmental systems (Cowles, 2012).

The biopsychosocial-spiritual model is particularly applicable in the practice of all health care settings to views individual health from a multi-dimensional point of view including family, environment, culture and spirituality (Beder, 2006). Accordingly, while dealing with individual and community health there is a need to consider social determinants that contribute to cause

disease or aggravate the health situation such as; life style, stressful life events, childhood experiences, culture, spirituality and gender (Bolton & Gillett, 2019)

Patient's social network also have effect on the patient and the family members reciprocally that social support have positive effect on the patients' health as families can play significant role as treatment supporter and also on the other hand family members can also be affected negatively due to long time admission and chronic illness that requires intensive care and follow up (Browne,2012). Currently, in spite of the dominance of the traditional biomedical model, time has come for expanding the model to the biopsychosocial approach, as the social and psychological factors have major impact on individuals and community health. In addition, the newly emerging non communicable and communicable diseases by large are related to social and psychological factors and it can only be tackled with biopsychosocial intervention approach (M. Havelka et al.2009)

Moreover, although there are several models developed alternative to the biomedical model; the biopsychosocial model is now the best established alternative model, and publications relating to it have grown steadily (Wade & Halligan, 2017).

## **Chapter Three**

### **Research methodology**

This chapter presents the research methods employed in the process of the research. Under this chapter, the research design, sampling, methods of data collection, data analysis and ethical consideration are discussed.

#### **3.1 Research design**

Qualitative research is employed when the issue need to be explored and needs detailed understanding. Qualitative research investigates the real meaning of an issue from people's lived experiences. Itt also explores the views and perspectives of individuals involved in the study providing a detailed and rich analysis. As such researchers choose to use qualitative method of research to investigate the selected topic which enables them to deeply discover the clear picture of the issue from participants experience and their perspectives (Yin, 2011)

For this particular research exploratory method is used employed to study the issue related to the scope of medical social work practice in a health care settings. The research will explore the current scope and role of medical social workers in the specified setting and also identify related challenges.

#### **3.2 Sampling**

To get deeper understanding on the issue being studied, appropriate sampling methods need to be chosen. For this specific research purposive sampling is chosen among various methods of non-probability sampling strategies (Creswell, 2007, Yin, 2011). Using a purposive sampling strategy; participants are recruited for the interview who are able to articulate their view and perception on the issue being studied .This includes social workers who have a range of experiences in practicing social work, physicians and nurses who are involved in referring

clients for social work practice, and providing services for those referred from social work unit. In addition those who are engaged in managing and supervising social works service were also among participants of the research.

### **Inclusion Criteria**

The inclusion criteria for participation in the study includes, employees who served two and above years at Zewditu Memorial Hospital, permanent employees of the hospital and willing to participate in the study.

### **3.3 Sample Size**

In qualitative research the exact number of participants cannot be specified before the study is conducted, rather the number of participants is decided by the extent to which the research question has been addressed (Creswell, 2007) When data reaches a point of saturation, that is when new themes stop emerging, the researcher can conclude that there is no need for more interviews. The number of participants interviewed in this study therefore was not be predetermined. Rather when the interviews no longer gave new data (i.e., data reached an acceptable saturation point ) I stopped doing more interviews as my research questions are answered adequately. In my case, this happened after conducting 16 interviews.

In this study a total of 16 social workers and health care professionals were recruited to participate in the study who are involved in patients care, participants included are 4 social workers, 9 nurses ,2 physicians and 1 supervisor.

### **3.4 Method of data collection**

In this research, in-depth interviews, observation and document review were used as the main method of data collection. In this study; an in-depth interview, with a face-to-face manner,

was employed with social workers as well as the other participants; nurses, physicians and hospital management staff. Open-ended interview guide questions were prepared to allow open discussion on the research questions.

### **3.5 Data collection process**

During the data collection phase, the participants were given a chance to decide on the venue and time for the interview and at their convenient time. All interviews took place in the premises of Zewditu Memorial Hospital in their respective workplace. Most of interviews were recorded on an audiotape upon obtaining the consent of participants. Information was gathered through face to face interview guided by semistructured interview guide questions. Observation was used to understand the existing procedures of social work practice and examine the overall social work unit setup. In addition relevant documents including Job description, Standard Operational Procedures (SOP), reports, patient assessment formats and registers are reviewed.

The research is conducted in the period of COVID-19 pandemic, and especially it is done in a hospital setting with health workers. In the beginning of the data collection with the social workers were not that much affected by the situation as we were not in the state of emergency and I could make it easily. However, as the situation got aggravated bans go on and I passed through the challenges even to get in to the Hospital and approach the health care providers. Obviously health care providers are the frontline vulnerable groups and I did not feel comfortable to request health workers to participate in the interview while they are busy with the issue and frustrated by the pandemic. Finally I managed to get the interviewee keeping the related precaution like physical distance and wearing face mask.

### **3.6 Data Analysis**

Data analysis is described as the process of breaking down the information collected to identify patterns and themes that exist within the dataset (Creswell,2007). Data analysis involves such processes as coding categorizing and making sense of the essential meanings of the phenomenon. Coding refers to the process of going through the categories and the in to broader themes and giving them a code label (Creswell,2007).In this research data gathered from the in-depth interview, observation and document review were categorized in to broader themes . Then, major issues under each theme were further reduced in to smaller set of themes (Creswel, 2007) . Three them emerged were awareness of medical practitioners on social work practice in health care setting, limited scope of practice and barriers to practice at fuller scope.

### **3.7 Validity and Reliability**

A pilot interview was conducted with respondents at the hospital to test if the data collection tools are appropriate to collect reliable data in responding to the study questions. Hence, repeated of questions were noticed and mendements were made accordingly. Piloting also helped to identify deficiencies in the research design and amendments were done accordingly.

The finding from the initial pilot interview of social work respondents revealed that their concentration of work being limited to specific units of service and not involved in other units such as psychiatry unit which are vital and appropriate for social work intervention. Hence, based on the finding from the polot interview amendment was done to include participants from all units of services so as to identify why social work service is not needed in those particular units.Moreover, the data collection instrument was prepared in a way that triangulate findings from different respondents and data source.

### **3.8 Ethical Consideration**

First, a letter of support was obtained from the school of social work and submitted to the medical director to get permission to conduct the research study. In addition all ethical consideration measures were taken into account to ensure that the study was conducted in an appropriate manner.

To comply with the ethical considerations in conducting research, the research purpose and process were explained clearly to participants and they were asked to give verbal consent to be interviewed and to participate in the research. Furthermore, participants were also informed that participating is voluntary and for some reason if they want to withdraw from it they have the right to do at any time or they can skip any question that they would not wish to answer. Non of the participant withdraw from participation but many of the health care practitioners said I don't know to one question. The identity of the participants were removed from the transcripts to maintain their anonymity. As such code numbers were assigned to participants to protect their privacy.

## **Chapter Four**

### **Data Presentation**

This chapter presents research findings on examining the scope of practice and limitations of medical social work practice in health care setup .

#### **4.1 Description of research participants**

Research participants were selected based on their experience and relevance to the subject of the study. The sample population identified for this study were social workers, physicians and nurses working in different health care service delivery units of Zewditu Memorial Hospital and supervisors . The participants are professionals who had been working at the hospital in their current role for more than 2 years.

In the data gathering process interview were conducted with a total of 16 hospital staff members including (4) Social workers (2) Medical doctors (9) Nurses and (1) Management staff. Departments /units of services where the respondents are located include; Medical ward, Emergency ward, Psychiatry OPD, Kidney Dialysis ward, HIV service unit, ,Neurology unit, Quality case team and Obstetrics and Gynecology ward. All participants are permanent employees of the hospital. The study collected the respondents' demographic profile including age, gender, level of education and number of years the respondent had worked at the Zewditu Memorial Hospital. Accordingly, participants ages range from 27 to 59, with the majority being female (12 females and 4 males) and service year in the hospital varied significantly, ranging from 28 years to 2 years.

#### 4.1.1 Category of respondents by gender

Participants category	Male	Female	Total
Social worker	0	4	4
Nurse	3	6	9
Medical Doctor	1	1	2
Supervisor	0	1	1
<b>Total</b>	<b>4</b>	<b>12</b>	<b>16</b>

#### 4.1.2 Service years of respondents by professional category

Respondents professional category	2-5 years	6-10 Years	10-20 years	20 years & above
Social workers	2	2		
Nurses	4	2	2	1
Medical Doctor	1	1		
Supervisor			1	
<b>Total</b>	<b>7</b>	<b>5</b>	<b>3</b>	<b>1</b>

Looking at the educational background of respondents, majority of participants has acquired a degree level of education in the fields of Nursing, Socialwork and Medicen. Two of the social workers are graduates of masters in social work, one graduate of sociology and one of them have attained Bachelor of Social Work. Moreover all social workers participated in the study have academic background in the field of health such as nursing and public health.

#### 4.1.2 Participants category by field of study

Respondents professional category	Bachelor of Social work	Master of social work	Bachelor of Sociology	Bachelor of Nursing	Masters in medical field	Doctorate Degere
Social workers	1	2	1			
Nurses				9		
Medical Doctor						2
Supervisor					1	
<b>Total</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>1</b>	<b>2</b>

#### Coding of respondents

In the above table the social workers coded as : SW1,SW2, SW3 and SW4 and medical practitioners were given code as : MP1,MP2, ...MP12 and accordingly it is utilized in the data presentation.

#### 4.2 Description of research area and social work function

This study was conducted at Zewditu Memorial Hospital in Addis Ababa where currently social work is being practiced. One of the reason for selecting this research site is because of its , relatively, long term experience in provision of social work service that is since 1985 EC. In addition, the hospital is also serving as a teaching institute and referral hospital where patients from every corners of the country are coming seeking higher level medical care and diagnostic services which need comprehensive health care. Major services rendered in the hospital include; Medical, surgical , pediatrics , emergency care, neurology, HIV and kidney dialysis services.

### **4.3 Data analysis and presentation**

This section presents the main findings from the interviews that were transcribed and frequently emerging themes from the transcripts were identified and categorized under three categories: awareness on social work practice, description of scope of practice and barriers to practice social work to the full scope.

#### **4.3.1 Awareness on social work practice among participants of medical practitioners**

Before starting discussion about scope of practice we need to begin with a basic understanding of the function and role of social workers in health care setup. Open-ended questions were administered on how the role and function of social workers practicing in the hospital is perceived by medical practitioners.

All respondents of the health care professionals have the awareness on the existence of social workers in the hospital. Regarding the perception on the role and function of the social workers many of them perceive social workers role only as an agent to authorize free medical care and treatment for the poor. Only one female nurse participant mentioned social workers role as dealing with psychosocial problems of the patients through counseling, social and financial support.

*A female nurse participant “ I never met any of the social workers but I have heard of their existence and they are the ones who authorize free medication and care for the poor and homeless.” (MP5 )*

*Male physician “I made few referrals for the social work unit who need authorization of free medication and they give solution to the poor, assist those who do not have care giver.” (MP11)*

*A Female nurse participant “They link patients who are on waiting list for admission to a shelter ,where they can stay until they get bed for admission.” (MP2)*

One of the medical professional staffs who is part of the hospital management described social workers role as a key players in resource mobilization for the poor that can not be addressed by the available resources within the hospital setup. She further explained that Social Workers donot just refer patients to the service: they coordinate all starting from communicating with the agencies, establishing service agreement and longterm partnership with a number of private, community and government organizations.

*Female medical practitioners explained “Social workers in this hospital are instrumental in facilitating connection with the community resources . This includes identifying and facilitating referral and support for patients with issues pertaining to shelter, financial support, sepecialized diagnostic services” (MP10)*

As the above data reveal, the perspectives of health care professionals towards social workers functions is recognized as screening and approval of free medical treatment and provision of care for the poor, mobilizing resource and facilitating referral and linkage to shelters and community resources. Whereas the main function of social workers in health care setting is suppose to include conducting assessment to identify psychosocial factors of individuals illness and to provide coordinated care accordingly (NASW, 2016, AASW, 2016, ESA, 2012). It is therefore important to note that the need to increase awareness on the role social workers can play through coordinated psycho social support aligned with the medical care other than facilitating free medical care to patients.

Moreover, health care professionals were asked to explain their view on social workers ability to provide the psychological intervention as part of the interdiscipilinary health care team.

Several of them replied that such activities are more relevant to clinical and psychiatry nurses as they are trained to practice clinical services.

A female nurse replied *“I think social workers are non medical professionals and they donot have the expertise in areas of psychiatry, thraumatic counseling and medical related care.” (MP6 )*

A female physician commented *“I do not have the awareness what social work practice mean and what type of training they get. But traditionally , they are supposed to do social services not the clinical part. ” (MPI2 )*

The above quotes clearly show that health care professionals perceive that social workers are not supposed to perform clinical related activities, rather they are expected to provide social related activities. Incontrary, social workers are supposed to be part of interdisciplinary team with other health care providers to provide holistic service so as to address the complex nature of individual illness (Miller & Ashcroft, 2016). The success of social work in promoting the desirable health outcomes depends on how well the social work role is understood and integrated within the health care facility (Ashcroft, 2018). Hence, the medical practitioners and the local authority need to understand and recognize that social workers have acquired the knowledge and skill to be involved in a broader scope of practice including :provision of psychosocial support to enhance coping capacity of patients and their family related to diagnosis, grif and loss, family education. (NASW,2016 )

When social workers were asked about the nature of cases referred to social work service, all social workers respondents remarked that most of the cases referred to the social work unit are to authorize free medication and laboratory investigations, facilitate for free diagnostic service. In addition social workers are communicated by nurses from different

service delivery units to facilitate patient's discharge process , when patients are in need of social service such as exemption of hospital service fee, facilitating a place to stay after discharge , and when a neonate or a child is abandoned by parents to communicate with the wereda police and arrange custody, social workers do not have a role in the management of patients with no financial or social problem

A female physician *“I have sent several drug prescription and laboratory requests to the social work unit for approval of free service.”(MP12)*

A male nurse participant *“I have communicated social workers for admitted patients who do not have family to take care of them.” (MP7)*

Male nurse participant replied *“We got material support from social work unit for admitted patients who can not afford to buy basic necessities including formula milk , diaper, and clothes. So whenever the need arises we request the social workers for supply. ” (MP 8)*

Female nurse *“For patients who are coming from rural area , social workers facilitate shelter where they can stay until they get admission bed. They also provide them other necessities including diaper and formula milk.”(MP2)*

Response as depicted above shows that most of the health care practitioners lack awareness on the role and functions of social workers, and this leads to misunderstanding and poor collaboration among social workers and health care practitioners. However, Social Workers as wrongly understood, are not just an agent to facilitate free medical care alone but ,they are professionals knowledgeable about human behavior and they are capable to apply theories and knowledge to understand biological, social, cultural, psychological, and spiritual dimension of individual's illness and respond accordingly (CSWE, 2008). Hence, social workers

role in health care setting is beyond facilitating free medical care but includes psycho social assessment, assisting patients to cope with diagnosis and comply with treatment.

#### **4.3.2 Description of scope of practice**

To understand the scope of practice of Social Workers Practicing in Zewditu Memorial Hospital, Social workers were asked to describe their role in the health care and their daily routine activities. All respondents stated their role is limited to provision of social service to the poor related to assessing patients eligibility to access free medical care and treatment and care only, This includes: medical consultation, medication, laboratory and other diagnostic services, hospital admission, assisting patients with no relatives and primary care givers to get treatment and food, facilitating referral to community resources. Major activities listed out by social workers are summarised below:

##### **4.3.2.1 Major functions of social workers as described by social workers**

This section presents the services provided by social workers who participated in this study. Social workers described their daily routine to be mainly assessment and approval of free medication and care for the needy, facilitating custody for abandoned infants in the hospital; this includes reporting to the police, identifying custody and handover the child, coordinating discharge planning specific to patients who does not have a place to stay after referral and care giver and mobilizing resource to supply or provide to the needy are the major ones.

#### **Screening and authorizing free medical service**

Screening and authorizing free medication and care is the primary function of the social work unit and it is delivered all service users, who are not able to present a paper for free medical service from their respective woredas. Patients are referred to the social work unit from different service delivery units of the hospital for eligibility assessment and authorization by the social

workers. Afterwards, according to the hospital eligibility criteria clients are allowed for any medical care services in the hospital including admission and laboratory investigation.

Beneficiaries are defined by the following criteria: homeless, individuals who cannot bring a free pass book for free medical service from wereda, emergency medical cases and paediatric patients specific to neuro surgery.

However, assessments are done to screen eligibility of patients for free medical care and irregularity of proper recording and documentation of patients' assessment information and interventions was observed. Although conducting biopsychosocial assessment for all patients claiming social work service might not be realistic in the context of Zewditu Memorial Hospital, patients who are admitted and are in chronic care including , patients with mental illness, should be assessed for early identification of psychosocial factors of illness and to address accordingly and in doing so full scope of practice could be maintained.

This is also confirmed in literature that client assessment is described as a vital function of social work practice and the foundation for patient care planning. Assessment helps also to gather psychosocial information about the patient and families and to be able to develop evidence based intervention plan (NASW, 2016). According to NASW, Bio psychosocial–spiritual assessment is a fundamental process of social work practice in health care settings. Simultaneously, screening for psychosocial issue is stated in the Social workers SOP and the ESA health care standard describing the assessment to be conducted on bio psychosocial-spiritual context in a way that assesses the emotional social, cultural factors that affects the patient's health status. But, the current assessment practice is limited to assessment of economic or other social resources supports, and services only.

Social workers respondents argued on this matter that they do have assessment format (intake sheet) but they do not fill it regularly due to workload and inappropriate work place area to interview patients , record information and this issues is noted as a barrier to practice to the full scope.

A female social worker participant *“As you can see it this place is not appropriate to collect information without intervention and keeping the confidentiality of patients.” (SW3)*

### **Case management:**

The social workers also mentioned case management as part of their role . For the staff of the social work unit in Zewditu Memorial Hospital case management involves coordination of social needs of a patient based on screening assessment, and coordination of referrals, to community resource but such activity is also limited to admitted poor patients who can not afford to access medical care and treatment and admitted patients who do not have a care giver or a place to stay after discharge. However, the case management practice in Zewditu Memorial Hospital is not in the context of the standard of practice as it is limited to social support only and it is not well coordinated and documented as it is defined by the National Association of Social Workers NASW.

*“.....case management is a method of providing services whereby a professional social worker assesses the needs of the client and the client’s family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client’s complex needs. (NASW,2016 pp11).*

### **Pre - admission and discharge planning:**

Social workers stated that they are involved in discharge planning process specific to the poor patients in identifying patient’s need of post hospital care such as shelter and home care,

helping patients to obtain free medication and admission cost coverage, assuring necessary medication and medical equipment's needed are secured. This includes to help patients who are dependant on medical aid equipments and supplies to access such as , oxygen cylinder and accessories, suction machine, diaper, urine bag, colostomy bag.

Furthermore, during the discharge process social workers are responsible to facilitate linkage to shelter for those who do not have place to go after being discharged from the hospital. Specially for elders and neonates who are abandoned by their care takers/families and those homeless mothers who delivered at hospital. Similarly, respondents of medical practitioners also confirmed preadmission arrangement of temporary shelter is also facilitated by social workers for children with neurological disorder in need of surgical intervention, a temporary shelter is arranged by the social workers untill they get their turn to be admitted. Moreover, material support including formula milk, diaper and cloths are supplied by the social work unit.

Litratures also confirm, discharge planning as a central function of medical social work practice to ensure individual needs are identified and continuity of care is guaranteed. However, this service is provided based on psychosocial assessment where patients psychological and social needs are addressed. This includes helping patients to cope with their illness and to provide all the necessary help to maintain their treatment and follow-up care when they return home (Beder 2006). Hence, social workers are expected to identify patients need through bio psychosocial assessment view to all patients regardless of their social and economic status. However, the practice of discharge planning in Zewditu Memorial Hospital is limited to provision of social service to the poor only and other patients who are able to pay their medical expense and who have care taker are denied such service confirming service being not delivered to the fulscope.

## **Resource mobilization and facilitating referrals and linkage to resources**

Social workers respondents described resource mobilization as their main function. In addition to screening of patients eligibility for free medical care, social workers are engaged in mobilizing resources needed for patients who cannot afford to access. They communicate with several agencies including: individual donors, private and government companies, community organizations and NGO's. Likewise, respondents of medical practitioners also commented that social workers are instrumental in making connections with local agencies and communities to advocate for services that cannot be met by existing resources within the hospital setup.

Resources mobilized includes, free diagnostic service (X-ray, CT scan, MRI and different blood works), Permanent and temporary shelters (orphanages, elder and mentally ill care centres and rehabilitation centres). Other necessary materials are also collected from individual donors, private and government agencies such as diaper, formula milk and cloths. A place stay after

*Female social worker " we facilitate referral and linkage to shelters such as Makedonia for elders and mentally ill patients who do not have care taker and homeless." ( SW3)*

Although social workers have played remarkable role in provision of such social services to the needy, they are not practicing it to the fullest scope due to lack of sufficient resource to supply to all in need.

### **4.3.2.2 Social workers scope of practice as perceived by medical practitioners and social workers**

All respondents of health professionals understood social workers scope of practice to mean the tasks they perform in day to day work and none of the respondents mentioned the role

and function of social workers goes beyond the existing practice according to knowledge and skill they acquired academically. Female Physician respondent says;

*It is my first time to see social work activity in this hospital, I never heard of a social work profession practicing in a hospital setup. But from what I see the full scope of practice is to provide social support to the poor, facilitate to access free medical care and referral when necessary.” (MP12)*

Social workers in Zewditu Memorial Hospital were asked a question how far their scope of practice extends while working as social worker in the hospital. One of the respondent replied that they are practicing to the full scope only according to their job description stated by the hospital management. As it is described in the document their primary role and daily routine is specific to assessment of patients for free medical care, facilitating referral to other facility and community resource, service and resource mobilization for the needy as the hospital administration does not allocate sufficient budget to provide for patients in need, facilitate legal process for abandoned children. However, the respondent commented that the scope of practice described in the job description is not appropriate for the practitioner’s qualification /education which prevented social workers to provide meaningful social work service.

*A female social worker respondent says “The perception of health care providers and patients regarding health care delivery focuses on the medical model (physicians and sophisticated diagnostic facilities), instead of looking more broadly on psychosocial factors affecting someone’s health.”(SW2)* An example cited by the social worker:

*“ Once a patient diagnosed with epilapcy was referred to the social work unit to get approval of free medication. He came regularly to the social work unit for free medication as referred by the psychiatry unit. When I assessed the patients social and emotional status I found*

*out that the patient is homeless, dropout from university, and using substance regularly. He was emotionally depressed and feel guilty for being dropout from university and his parents are not aware of his situation. Finally, based on the assessment I prepared intervention plan to help the patient step by step . The first priority was to send the patient to the rehabilitation center for his addiction and the next plan was to communicate his parents and provide support for readmission to school. Curently the patient is under rehabilitation center. This shows that writing drug prescription alone does not solve the patient's problem and it requires social workers intervention for better assessment and intervention. ”*

This proves that in most of medical cases there is always a role that social workers can play as part of the health care team starting from assessment to the process of intervention, care , discharge and follow up. However, despite the significant relevance of these functions in contributing to the delivery of effective and holistic medical care; social work has not become one of the core professions among health care team in the health care service. Such lack of recognition was perceived by the social workers as a misunderstanding of their role by the medical practitioners and for some of them , it made them feel unrecognized and undervalued.

This also resulted lack of coordinated interdisciplinary team work approach where by social workers can be part of the health care professionals in the process of health care delivery to address the psychosocial aspects of patients as in the case story described above. The justification for promotion of interdisciplinary team work is to be able to address issues that can not be revealed through investigations and diagnostic procedurs of physical function and identify disease causeing organisms. (Cowles, 2012) as an example patients diagnosed with particular medical cases may also have some psychosocial issues such as drug addition problem, alcoholic, lack of basic necessities including food and shelter. In such case unless those

psycho social issues are also addressed in parallel, managing the medical aspect alone will not solve the problem. Hence, a combination of multiple knowledge and skill is required to effectively and efficiently deliver the needed care and achieve the desired health outcome (Cowles, 2012) .

Moreover, social workers in the Zewditu Memorial Hospital who participated in this study were asked to point out the most cases referred for social work intervention. All respondents agree that most of the referrals came from the health care units are mostly for authorization of free medical care and mobilize resource for the needy and some cases of discharge planning and referral and linkage to resources outside the hospital. Meaning most of the cases managed are related to social services.

This is because other psychosocial needs are not assessed in a way to identify individual needs that causes or aggravate the presenting illness. The current practice of Zewditu Memorial Hospital is in general limited to patients who are homeless, poor physical functioning, and patients who need permanent medical aid device and free medical care and treatment in general.

This shows that, regardless of being able to cover their medical cost patients with psychosocial needs are denied services they could get from social work intervention such as . advice and counseling on coping with diagnosis and treatment adherence.

In relation to this a female social worker who participated in this study mentioned that although social workers can play professional role in treatment adherence provision of emotional support for chronically or terminaly ill people such as HIV, currently this role is fully taken over by nonmedical groups called case managers (PLHIV) who are trained to provide such service. Social work service delivered in areas of HIV care unit is limited to assist the youth support group.

*“ having studied about behavior, communication and counseling skill I am able to provide both social and psychological care and support. But our role is limited to social service only and I feel not practicing at full scope. ”(SW4)*

*Another female social worker commented “I feel pity for not recognized as primary provider of such service and not being involved in other related services including psychoteherapy and I feel devalued.”(SW2)*

*“As a master level practitioner and with the skill and knowledge I can contribute more to the health care delivery if I can be given the opportunity.”(SW1)*

*“I am qualified to practice and work with the team of medical practitioners to provide holistic care to patients including counseling , psychotherapy, family education. ”(SW3)*

Although social workers assumed role is clearly defined, that they can practice in various units of hospital settings including emergency care department, intensive care, pediatrics, neurology, renal department, cardiac, mental health department , drug and alcohol rehabilitation services ward and palliative care units, (Cowles, 2012) most of the current practice is limited to specific units of the health care service and facilitating free medical care and referral to the poor and disadvantaged individuals who are facing economic and social problems and individuals of middle and high class appear with a complex psychosocial issues are not well addressed . Also, the social work graduate profile of Addis Ababa University provide social workers expected role in various organazations includes hospital based social work.

Further, services are limited to certain units of service delivey and level and the type of intervention varies depending on type of service delivery units.

### Summary of responses from interviewed respondents inline to service delivery unit

Service delivery unit	Social work service delivered
<p>Medical /surgical ward</p> <p>Emergency ward</p>	<ul style="list-style-type: none"> <li>• Facilitating admission of patients (Authorazation of free medical care, medication and diagnostic services)</li> <li>• Facilitating free diagnostic service which is not vailable in the premises of the hospital</li> <li>• Facilitating discharge: facilitating referral and linkage where the patient can stay after discharge ( for homeless, Patiens with mental illness, patients with disability,</li> <li>• Facilitating transportation</li> <li>• Facilitate referral for home care for patients who need followup medical care,</li> <li>• Mobilizing and supply of necessities; clothing, diaper, urine bag,</li> <li>• Facilitate purchase of medical aid devices for patients who are permanently dependant on those divices such as oxygen and suction machine</li> </ul>
<p>Obstetrics and gynecology</p> <p>Pediatrics</p>	<ul style="list-style-type: none"> <li>• Authorazation of free medical care, medication and diagnostic services</li> <li>• Educate and counsel mothers ( homeless, unwanted pregnancy, young mothers with no income to care for their infant to prevent abandoning infants</li> <li>• Identifying temporary place to stay after giving birth ( for homeless)</li> <li>• Facilitating legal process for abandoned children</li> <li>• Mobilizing and supply of necessities; clothing, diaper, Formula milk</li> </ul>
<p>Nurology</p>	<p>Authorazation of free medical care, medication and diagnostic services</p> <p>Education and emotional support to mothers of children with neurological disorder</p> <p>Facilitating temporary shelter to those on waiting list for admission</p> <p>Provision of supplies ( mattress, mosquito net, clothing, diaper</p>
<p>HIV care</p>	<p>Facilitating educational event for youth support group</p>

	Authorization of free medical care, medication and diagnostic services
Renal dialysis unit	Authorization of free medical care, medication and diagnostic services Facilitating transportation service
Psychiatry	Authorazation of free medical care, medication and diagnostic services
Drug rehabilitation center	Participation in group therapy

As summerized in the above table, social work service areas are mainly concentrated in Medical, Surgical, Emergency , Obstetrics and gynecology, Pediatrics, Nuerology wards and wide coverage of service is noted in provision of free medica care and other social support for patiens admitted in those wards. whereas, very limited service is offered to patients attending psychiatry, HIV and kidney dialysis units of service. However,in other global practices mental health care service is identified as the largest social work practice area (Cowels,2012).

In addition to the gaps and limitations identified by participants in the finding as described above the researchers has observed poor recording and documentation of patient in most of the services delivered by the social work unit. Although the social work unit in Zewditu Memorial Hospital has several information recording tools including bio psychosocial assessment formats and registrations the social workers has pointed out that there is a gap in completing assessment formats and registering relevant information on services delivered to each client dueto the fact that they are overloaded by patients requesting social service and inappropriate service delivery unit.

*To be honest we do have all the relevant formats and registers including bio psychosocial assessment format but we are not doing it regularly due to workload. (SW 1)*

However, according to NASW, assessment documentation serves as a foundation for care planning and for practice and program evaluation. In addition, professional documentation is often required for services reimbursement, utilization or legal review, and demonstration of organizational accountability to payers or funding sources. Social work recording and documentation includes, the client’s identifying information, screening bio-psychosocial–spiritual assessments, intervention plan, and services provided referrals to or from other practitioners (NASW 2016).

Further, all client information must be kept confidentially in a safe place, but in the case of Zewditu Memorial Hospital, the researcher observed that the social work unit is not appropriate to maintain confidentiality and keep documents properly . According to the researchers observation, there is only one room designated for social service delivery unit in which all services including; patient screening, counseling and education is given. In addition, material supplies collected form individual donors are also stored in the in the office. Besides, the room is very small even to accommodate all social work staffs at a time it is also located in the middle of outpatient service delivery units which is noisy and overcrowded. This situation as hidereed to deliver the intended service, including counseling, recording and documentation.

**Formats and registers available in the social work unit**

	<b>Format/Register</b>	<b>Remarks</b>
<b>1</b>	Bio psychosocial assessment format	Comprehensive Assessment format contains patients demographic information,
<b>2</b>	Intake sheet for emergency	Short and brief intake sheet to collect information on emergency cases
<b>3</b>	24 Hour reporting format	
<b>4</b>	Beneficiary registration book for in and outpatient)	Registration book for all beneficiaries recived support from the social work unit

<b>6</b>	Referral Registration	Recording beneficiaries who are referred to temporary of permanent shelters
<b>7</b>	Laboratory service registration for services delivered by private diagnostic centers	Registration of laboratory service delivered through private diagnostic centers
<b>8</b>	Medication register	Used to register all authorized medications and cost
<b>9</b>	Monthly reporting format	List out service delivered and number of beneficiaries
<b>10</b>	Referral formats (intra-facility and for external use)	Used to refer patients to access service outside of the hospital and for use within the hospital service delivery units

Having reviewed all the data described above, it can be concluded that the role of social workers in Zewditu Memorial Hospital is not clearly established in accordance with the intended standard of practice, specific to the social workers they lack the biopsychosocial orientation in their practice that psychosocial assessment is not consistently completed which is the most important element of social work practice that enables to provide holistic service to patients and this is the most important element of medical social work practice .

Likewise, social workers claim that their job description is not relevant to their professional competence that hinders the practice to the full scope. However, beyond this mandate, social workers have several opportunities to engage with patients who approached them seeking free medical care or social service to conduct comprehensive assessment, identify psychosocial needs and provide meaningful support based on the findings.

Whereas, social workers in Zewditu Memorial Hospital have best practice concerning resource mobilization in which social workers exhibited their skill to negotiate and advocate on behalf of patients but such practice must be well coordinated and documented and it should be implemented based on psychosocial assessment.

On the other hand, social workers were asked if they encountered or forced to accomplish tasks beyond their scope of practice. They responded that they have been requested to perform duties beyond their scope of practice including resource mobilization for social services to staff members of the hospital and non hospital activities and facilitating legal matters of abandoned infants which is beyond their expertise as a social worker.

### **4.3.3 Barriers to practice social work to full scope**

Social workers were asked to describe barriers that are preventing them from practicing in their full scope . Accordingly, social workers identified number of factors affecting them to practice to the full scope such as medical practitioners lack awrness on social workers role , absence of standard of practice, scarece resource and workload.

#### **4.3.3.1 Absence of proper standard of practice**

Absence of proper standard of practice and updated job description was mentioned as a major barrier to social worker to practice to their full scope. Although the social workers have a job description and activities listed in the job descrepion are not appropriate to their training and education, the job description listed are limited to social service only. Further, particular institutional standards are available such as the health facility standards that states the general principles and requirements applicable in all hospitals prepared by the Ethiopian Standards Agency (ESA,2012). The standards and the requirements stated in the document describes the role and scope of social workers, qualification and procedurs. According the document the general scope of practice includes, counseling, discharge management and planning, psychosocial assessment, referral aand adovocacy. The document also highlighted the need for availing written policies and procedurs, psychosocial assessment and intervention, procedurs that

social workers should address are: counselling, discharge planning, social work assessment, referral, patient advocacy and community liaison and education (ESA, 2012).

In general, existing standard is not sufficient enough to provide a guidance to the acceptable level of practice and to create understanding among other health care practitioners on specific role and function of social workers to gain the necessary support and collaboration (NSAW, 2016) and absence of such standard can lead to poor quality of service and malfunction of social work practice in general. (NASW, 2016, Browne, 2012).

#### **4.3.3.2 Lack of awareness about social work practice in health care**

As stated earlier, lack of awareness about the role of social workers is discovered among health care professionals and over all management system at all level. This is also stated as one of the obstacle to practice to the full scope. This finding is consistent with many other studies conducted. The social work profession in a medical set-up in Africa being is a newly emerging profession, social work practice is implemented in a limited scope and roles and functions of social workers are not well understood by other medical professional team and the health care system in general (Muhandiki, 2016). Importantly, the most common challenge in practicing social work in health care setting revealed in many of studies is lack of awareness by other health care professionals about the role and function of medical social work practice. (Limon, 2018, Hiwot 2016, Rahel 2014, Ashcroft, 2018)

*Female social worker “There is lack of awareness among other health practitioners that social workers are professional and able to provide comprehensive psychosocial assessment and care which is as important as the medical care.” (SW3)*

Social workers noted that being supervised by non socialwork/non medical professionals has created disagreement and misunderstanding between the social workers and the

hospital management. Yet, the purpose of supervision is to help social workers improve their professional development and it should be done by a qualified senior social worker in a supportive way in which supervisees can learn through mentoring and continuous education. (NASW,2016, AASW,2016).

*Female social worker* “The social work unit used to be under the supervision of nonmedical or social work professionals, the liaison case team who are responsible to manage hospital admission and discharge process is managed recently, after thorough discussion with the hospital management, the social work unit is recognized as a case team and become under the medical director supervision” (SW 1)

#### **4.3.3.3 Resource scarcity**

The hospital social work unit continued to be under budgeted, which resulted in not being able to implement social work intervention properly. Social workers have to go a long way to mobilize resources through communicating various private companies, government agencies, non-government organizations, community-based organizations, and faith-based organizations. As such, supports and collaborations received so far include; free diagnostic service, money, clothes, sanitary materials, medication, and shelter, spiritual service, community home care service.

*“Mobilizing of resources is not an easy task, Identifying the source, negotiating, time and transportation service and all these have consequence and time pressure on scarce manpower we have.”* “Same comment further; *In some cases when expenses required to meet clients need we sometimes pay out of own pocket.*” SW 1 Female social worker

#### **4.4.3.4 Work load**

Compared to the demand of social workers interventions , the existing number of social workers assigned in social work unit is scarce. This is due to lack of knowledge by government authorities at all level of health care system on the importance of social work professionals in medical care service.

*“An example cited by female social worker were, “during the evening shift 8-10 nurses are assigned in emergency ward and only one social worker is assigned for the whole hospital wards.” SW 4*

*“ When the hospital management bodies were requested to assign more social workers to have at least one social worker for each unit of service delivery they reply that just to authorize free medical care and medication the existing number of staff is sufficient.” (SW 1)*

Social workers also described how the patient flow have pressure on their daily routine and resource mobilizing have led to an increase in their workload and time constraints. It has also impacted on the quality and scope of the service delivered especially in areas of provision of psychosocial assessment, recording and documentation of patients information. Social workers did not deny that irregularities are observed in conducting psychosocial assessment , recording and documentation of patient information and interventions.

In addition to the routine services delivery in the office social workers are also responsible to report the cases of abandoned children to the police, escort and handover abandoned infants to the custody identified, communicate with various government, private and community agencies to mobilize resource for the needy. Participants also emphasized as social workers staff are having workloads and it is unlikely to provide comprehensive social work

service for each patient as per the expected standard where there is no immediate anticipated reward and recognition for their work and profession.

*Female social worker stated “All of us are doing way more work than we cope and no remuneration and recognition for it . This leads to burnout and lack of interest and motivation.” (SW 1)*

#### **4.4.3.5 Inappropriate service delivery unit**

Another barrier identified is the location and room of the social work unit which is inappropriate to provide social work service. The service unit is located in the middle of OPD room, the area is noisy and over crowded which does not allow to have confidential and uninterrupted interview due to frequent interruption of service users and staffs requesting for social work service. Officers comment;

*A female social worker “ As you can see it the service unit very small not even sufficient to accommodate the social work staff. ” (SW4)*

*A female social worker “ It is not convenient to provide the service in especially for interviewing clients and secure confidentiality. ”(SW3)*

*A female social worker “ Office setup is not encouraging to work. We store items collected from charities, we keep all records and documents all this make the room crowded and un tidy”(SW1)*

## **Chapter Five**

### **Discussion**

This chapter discusses findings of the study by relating them to relevant literature, and henceforth fittingly summarized in three themes: awareness on social work practice, description of scope of practice and barriers of implementation to the full scope.

The finding revealed that there is overall lack of awareness on the role and function of social workers practicing in the hospital among medical social work practitioners. All the respondents have the understanding of the existence of social workers in the hospital but they are not aware of what social work practice mean as a profession. From this finding it can be concluded that social work is not well understood and valued in the health care system and there is a dominance of medical profession in the delivery of health care that hospitals are seen as illness intervention facilities only by medical practitioners. This has resulted in undermining the role of the social workers in the provision of health care, to individuals, by limiting them to services like assessing and authorizing free medical service only, but while in actual sense their profession encompasses social and emotional situations.

Moreover, the finding shows that social workers are not practicing as per the expected standard of practice articulated in various international standards of social work practice and existing health care delivery standards set by Ethiopian Standard Agency and SOP produced by the social work unit of Zewditu Memorial Hospital. Similarly, this study identified absence of updated standard of practice as existing standards lacks comprehensive statements on, generally accepted standards of practice based on the knowledge and skill developed and acquired through social work education, continuing education and professional experience where by social workers are expected to know and comply with it.

Compared to the general areas of global practice, the practice of Zewditu Memorial Hospital is limited to individual with minimum engagement with family's and no engagement at all in areas of practice such as, management, leadership and administration, policy practice, education and training (ASSAW, 2016). Regarding components of practice, social workers are not involved in bio psychosocial assessment and discharge planning is limited to the poor who are not able to pay or no place to stay after discharge.

Globally, social work is practiced at a wider scope in every settings and units of health care delivery including in special clinics devoted to specific diseases such as HIV, Kidney disease and cancer (Browne 2012). Whereas, the practice in developing countries like ours is not well developed and is practiced in limited scope. Barriers to practice to the full scope are similar to other studies done in Africa, they are related to lack of well defined scope and role, devoid of resources, lack of awareness among other health care staff (Muhandiki, 2016, Sandra, et al, 2018, Hiwot , 2016).

The predisposing factors which lead to social workers being underutilized and not being able to practice to the full scope as described by the participants are: lack of recognition by other health care practitioners and the hospital management, absence of updated and proper standard of practice and job description as social workers are educated or trained to be, lack of regulatory body responsible to articulate set of standards and define scope of practice, weak monitoring and supervision system, work load, scarce resource and poor working environment.

To this end, there is no legitimized regulatory body responsible which provides standards and well defined role and scope of practice for each specific discipline of social work practice. However, the recent development identified in this study has brought a glimmer of hope in which the ministry of health has established a technical committee comprising social workers and

medical practitioners to work on preparation of standard guideline for practicing social work in health care setup.

All these lead to underutilization of hospital social workers and poor understanding of the understanding of the role of social workers in the health care system which may hinder to provide the intended service so as to get desirable health outcome as indicated in the theoretical framework of bio psycho social model. This has also impacted the social workers increased stress, discontent, and low work place moral which might lead to poor quality service delivery.

Medical practitioners are much more concerned about management of the clinical problems of patients only, insufficiently addressing social and psychological causes of illness whereas the bio psycho social model acknowledges the contribution of biological, psychological and social factors in determining individuals health (Bolten, et,al, 2019)

It is obvious that the medical model health practice has dominated the current medical practice . Although this model has been effective in controlling communicable disease caused by organisms, the newly emerging non communicable disease are caused or aggravated by social and psychological aspects of individuals. Hence, inspite of the current dominance of traditional biomedical model, it is important to understand that all biological, psychological and social factors that affect patients' health outcome and the need for management of disease under the framework of bio psychosocial model (M. Havelka et al.2009, P309) has to be enforced by integrating social work practice in health care delivery to attain the desired health outcome in its full context as it is acceptably well defined by WHO “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”

Therefore, bio psychosocial model is the most relevant approach to deal with individual illness. It views diseases /illness in the aspect of biological, psychological and social pacts. It

takes into account that each of these factors have impact on individual health and health care delivery system. As it is illustrated in the theoretical framework, in addition to the biological factors a number of psychological and social factors are listed that cause or aggravate individual's illness. This is in contrary to the currently applied medical model of health care that focuses on biological causes neglecting non biological determinants of diseases.

This is because clinical practitioners have the knowledge and understanding of physical /physiological factors they usually investigate and treat patients in the context of biological causes of illness focusing on physical functioning and disorders occurred in body organs. In the current medical practice various assessment and evaluation are done to investigate the causes of diseases by clinicians (M. Havelka et al.2009). This can possibly leads to the missing of other important factors of the psychosocial causes of disease.

On the other hand, psycho social aspects of patients are not only related to disease causing factors but they do also influence patient's emotional and behavioral response to a disease and treatment (Beder, 2006). Moreover, patient's belief regarding their diagnosis can facilitate or hinder the desired treatment outcome. For instance, individuals diagnosed with chronic and terminal illness tend to use traditional remedy to cure or they just feel hopeless and lost from care service, doubtful on the clinical intervention outcome. In Ethiopia many people believe in curative potential of Holy water and many other traditional remedies and this has been associated with poor ART treatment adherence and defaulting from care. (Tymekczyk, 2016).

Such attitude has impacted the health outcome negatively in ways of poor treatment adherence and poor health care seeking behavior. This proves that there is a need to assess possible psychosocial influence that hinders compliance to clinicians' ordered treatments and to

fill the gap and to work on changing the undesirable attitude and behavior of patients towards the illness.

The application of biopsychosocial model in health care delivery has two major goals. First, to identify and address factors that cause or worsen individual illness through comprehensive assessment. Second, to prevent or minimize the psychosocial consequences patients might face as the result of the disease. This includes; coping with the diagnosis, treatment compliance, understanding the disease course and treatment process, cost related to medical care, economic problem as a result of long term illness and admission, effect on the family etc. (Beder 2006).

## **5.1 The significance of social workers in health care**

The study findings indicate that the social workers are underutilized and their role is not well understood and recognized at all level of the health care delivery system and the current practice almost wholly focuses on medical intervention.

One of the aims of this research is to investigate social work scope of practice in health care. The researcher has the opinion that bio psychosocial model which recognizes the relationship between the medical and psychosocial dimensions of illness is appropriate model to provide comprehensive health care delivery and to achieve the desired health outcome. However, in the current medical practice the psychosocial factors are not considered or addressed in addition to medical intervention. This practice might be the effect of the clinicians' training being mainly on biological causes and treatment of disease.

Regardless of the reason behind, the health care delivery system requires a reform that recognizes the implications of the psychosocial factors and delivers the service that encompasses psychosocial assessment and intervention. Therefore, Social Workers as part of the health care

team can play great role in dealing psychosocial matters by assisting clinicians in assessments to ensure that patients are fully assessed and psychosocial aspects of their illness are explored.

Social workers as defined in the American Association of Medical Social defined medical social work as a specific form of social case work that focuses on the relationship between disease and social maladjustment. (Browne, 2012)

Social workers have acquired the skill and knowledge during dealing with human behavior and social environment in general. They have also learnt different models and methods of social work practice and intervention modalities. Thus, as a profession, social workers have the qualification to provide related help in a hospital setup. How ever licensing and certification of social worker should be implemented to regulate practitioners competency to ensure that practitioners are qualified to provide the anticipated service. In view of this, the scope of existing hospital social work practice can be expanded to deliver the service at the level of the expected standard of practice. Finally, to see the significance of the role of social workers in health care system the bio psychosocial approach need to be adapted in to the current health care delivery system.

## **Chapter Six**

### **Implication and conclusion**

#### **6.1 Implication for research**

Further exploration is needed to improve the practice and for possible adaptation and development of contextual bio psychosocial model that enables to address the core biological psychological and social factors, specific to different diagnosis and treatment protocol.

Additional study might be necessary to explore the impact of integration of social work intervention in the health care outcome. Advanced research is recommended to better understand the prevalence of psycho social factors presented as a cause or consequences of individual illness and to identify the most prominent ones and how they are being addressed in the current health care practice.

#### **6.2 Implication for policy and program development**

Policy makers and authorities of health institutions to recognize the specific role and functions of social workers and their role to adopt the bio psychosocial approach in the health care delivery system. In doing so, state of social workers needs be changed from the traditional role of provision which is limited to social service only, to the provision of psychosocial assessment and care.

To attain the desired health care outcome there is a need for a clear policy and strategy that accommodates the integration of social work practice as part of health care team with clear policy , regulated standard of practice and guideline. This is to provide effective, professional and accountable social work service. Legitimized regulatory body needs to be established responsible to prepare standard of practice, code of ethics, defined scope of practice, supportive

supervision system and tool. In addition, like any other professions, there has to be registration, certification and licensing through periodic review of competency to ensure that practitioners are qualified to provide the anticipated service. Minimum standard for entry to practice needs to be set and requirement should be established to renew license to prevent potential detriment on patients from unregulated practitioners.

### **6.3 Implication for social work practice**

The hospital management need to be aware of the need for integration of social work practice in the health care in a way that social workers would be engaged in the provision of psychosocial support, help patients understand their illness, enable them to be emotionally stable and be able to comply with physicians treatment prescription; and provide other social support related to family situation, financial and spiritual matters.

To expand the scope of practice and maintain the quality of the same, relevant management authorities need to ensure that practitioners maintain competency in the provision of services through facilitation of continuing education, training relevant to the scope of practice. Emphasis should be given to prepare standard of practice and developing collaborative working culture by introducing interdisciplinary team working that includes social workers.

Moreover, medical social work being an emerging profession and concept did not attain the professional recognition. Medical practitioners and the hospital community in general are not aware of the role and importance of medical social work. Hence, awareness on social work practice should be promoted to all medical and non-medical staff of institutions and the overall structure of health care delivery system to have common understanding on the importance of social work practice through workshops, researches and meetings.

## 6.4 Conclusion

This study, aiming to investigate the current scope of social work practice in health care setting, has identified that social workers are not practicing as per the intended scope and standard of practice. Barriers which hinder them to practice in a full scope noted by participants were such as less awareness about the role of social workers and absence of clear standard of practice and insufficient resource. The existing practice is limited to certain social services and excludes important elements of practices and this has prevented the provision of holistic patient care for patients.

The application of the proposed bio psychosocial model integratevely enables health practitioners to deal with individuals who seek medical care in a comprehensive manner possessing the three components, namely biological, psychological and social dimensions, which have continuous interaction one to another in impacting individuals health. Accordingly, these identified factors, or areas of impact, can help clinicians to enable holistic intervention that can enhance patients health outcomes.

This requires the policy makers and local authorities of health institutions to recognize the specific part and function of social workers and their role in adoping the biopsychosocial proach in the health care delivery system. Hence, the need for efficient patient care through integration of social work practice in fuller scope is the call of the day, thinking of the health system devoid of handling psychosocial factors that can cause and aggravate individual illnesses will no more be practicable.

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## **Annex**

### **Annex 1. Informed consent**

My name is Abeba Habtu graduate student at Addis Ababa University School of Social Work. As a partial fulfillment for the requirement of my master degree, I am doing research on “Scope and limitations of medical social work practice in Ethiopia, the case of Zewditu Memorial Hospital. I am requesting you to take part in this research and contribute to the understanding of the current social work practice and related challenges. Purpose of the research is to examine the current medical social work practice and to show the gaps and limitations related to the intended scope of practice. The finding can be used as an input to inform relevant bodies on challenges and opportunities for improvement so as to achieve the desired health outcome.

Your participation in this research is fully on voluntary basis. It is your choice whether to participate or not. You can skip any of the questions if you do not wish to answer and you can also withdraw totally from participation in the research. If you accept, you will be asked to answer questions for an estimated time of 20-30 minutes. This interview will be audio recorded for the purpose of analysis. Confidentiality will be maintained by avoiding identity of participants from any of the records and pseudonyms will be assigned to protect your privacy. All labels and titles that could lead to identification will be removed from any documents . Besides the information that I collect from this research will be kept private and the research project all records will be totally discarded .

By signing below you agree that you have read and understood the above information, and would be interested in participating in this study.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Annex 2 Interview guide questions**

### **Part 1 Social workers**

#### **I. General Information**

1. Sex
2. Level of Education
3. Field of study
4. Position/Title
5. Service year at Zewditu Memorial Hospital

#### **II. Current practice**

1. What do you do as a social worker/ what are the daily routines of your practice?
2. Do you have job description which describes your role and scope of practice? If yes please list the major ones?
3. Which hospital units do you currently work in? Please list the unit/departments you are working and what services do you provide?
4. What are the most common cases you have managed among the services you are delivering?
5. How do you get cases for medical social work practice? Finding cases, Referral, Directly approached by clients. (Do you have feedback mechanism?)
6. What are the most cases referred from the medical team?
7. Do you work as a member of interdisciplinary team with other health care team? Why ?
8. How do you evaluate your practice and who supervises

9. What are the barriers you face to be able to work to the full scope.
10. What do you recommend to be able deliver the service at full scope ?

**Part 2 Medical practitioners and supervisors**

1. Sex
2. Level of Education
3. Field of study
4. Position/Title
5. Service year at Zewditu Memorial Hospital
6. How do you perceive the role of social workers in health care settings?
7. Do you think social workers can be part of the interdisciplinary team? Why?
8. Have you ever refer patients to the social work unit? If yes, what kind of cases? and for what kind of intervention ?
9. Have you ever faced a problem in referring patients for social work service?
10. What do you recommend to deliver the service at full scope?
11. Is there any standard of practice and defined role and scope of practice that governs the Social workers practicing in the hospital .

### **Appendix 3 : Observation Checklist**

- 1). What are the functions of social work unit?
- 2). How many social workers do you have?
- 3). Social work unit set up
- 4) Review of existing relevant documents such as, assessment formats, registrations, job description, Standard OperationProcedurs (SOP)

## **Annex 4 General Hospital requirements, Ethiopian Standard Agency**

### **Social Work Services (Extracted from ESA, 2012) P 242)**

#### **7.6.1 Practices**

7.6.1.1 The hospital shall provide social work service.

7.6.1.2 There shall be an organizational chart or alternative documentation clearly delineating the lines of responsibility, authority and communication for the social services.

7.6.1.3 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.

7.6.1.4 The policies and procedures concerning the social work services shall address the following areas:

- a) Counseling,
- b) Discharge management and planning,
- c) Social work assessment
- d) Consultation and referral to support groups, centers and/or organizations
- e) Patient advocacy
- f) Community liaison and education.

7.6.1.5 The social work service shall have a protocol to ensure that social work services are offered to all needy patients.

7.6.1.6 Patient directory shall be available in the hospital and shall be updated regularly

7.6.1.7 The social work services shall have criteria for identifying at the time of admission and promptly assessing high-risk patients in need of psychosocial intervention and/or discharge planning.

7.6.1.8 The social work service shall participate in the development and review of the hospital's agreements with extended and long-term care facilities

7.6.1.9 There shall be a system for clinical staff to refer patients directly to the social work service

7.6.1.9 The social worker shall consult members of other disciplines providing patient and services

7.6.1.9 Each patient who has received social work intervention shall be informed that he or she may call the social work service unit for questions after discharge.

Patient's families or guardians should be included in services provided by the social work service unit, where indicated.

7.6.1.10 The social work service unit shall assist patients directly or indirectly in identifying the need for implementing and verifying guardianship as part of discharge planning

7.6.1.11 The social work service unit shall report victims of abuse to the appropriate body  
When a patient is transferred or linked to another health care facility after discharge, the social work service unit shall assure that relevant social work service documentation or information is provided to the facility in order to assure continuity of care

7.6.1.12 When social work intervention is provided, a record shall be kept in accordance with standards in the medical record. The record shall have at least the following information

- a) The reason for intervention;
- b) The name (s) of social workers involved and dates of intervention;
- c) A social work assessment;
- d) A treatment plan and referrals; and
- e) Notes reflecting interventions before discharge

7.6.1.10 Patients' files, at social work service unit, shall be kept physically secure and confidential.

7.6.1.13 All reasonable efforts shall be made for privacy in patient and family interviews and in the handling of confidential phone calls by social workers.

7.6.1.14 The hospital shall have a program of continuous quality improvement for social work that is integrated into the hospital continuous quality improvement program and pertains to the scope of social work services provided.

7.6.1.15 Adoptions by individuals or groups shall abide the laws and regulations of the country.

7.6.1.16 The hospital shall have a well organized, adequately staffed separate social work service unit or area for Patient and family interview, Handling of confidential phone calls & archive

### **7.6.3 Professionals**

7.6.3.1 All social work services given by the hospital shall be under the direct supervision of a social worker graduated from a recognized College/University or psychologist or licensed nurse psychiatrist or a professional nurse with experience in social work.

7.6.3.2 All the social work staff shall be given multidisciplinary patient care training and the information about their training shall be documented.

### **7.6.4 Products**

7.6.4.1 The social work service unit shall have the following products and facilities:

- a) Telephone
- b) The necessary forms and documenting means for referral, adoption and transfer
- c) Computer
- d) Filing cabinet

**Annex 5. Copies of various forms used to document client information**

**Social Work intake sheet format**

**I. Name of Client** \_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_  
**MRN** \_\_\_\_\_ **Service Unit** \_\_\_\_\_

**Address:** Region \_\_\_\_\_ Sub city \_\_\_\_\_ Kebele \_\_\_\_\_  
House No. \_\_\_\_\_ Tel. No. \_\_\_\_\_

**II. Mode of Hospital Arrival:**

Police  Family  Self  Ambulance  Volunteer  Other

**III. Address of the person with patient /contact person**

Name \_\_\_\_\_ ID Number \_\_\_\_\_

**Address:** Region \_\_\_\_\_ Sub city \_\_\_\_\_ Kebele \_\_\_\_\_

House No. \_\_\_\_\_ Tel. No. \_\_\_\_\_ or Driving license No. \_\_\_\_\_

Code/Plate number of vehicle/Ambulance \_\_\_\_\_

**VI. Medical Social Work Assessment Indicator:**

Live on Street  Unable to afford  Have no family /Relative

Until Bring Addis Ababa City Administration free grant paper

Until Contact with Their Family/Relative  Other (Specify) .....

**Intervention**

Allow medical service (Inpatient /outpatient services  provide meal  facilitate transportation contact family facilitate referral for other service Other (Specify) .....

**Name of Social Worker:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Zewditu Memorial Hospital Assessment Format of Social Work Unit

A. General information about the client	
<b>1. Name of the client</b>	Age --- - Sex---- Date----- MRN No ----- Address Region ----- Sub City -----Kebele----- House No----- Tell No----- <b>Marital status -</b> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> other ----- <b>Income status</b> Employed <input type="checkbox"/> unemployed <input type="checkbox"/> Student <input type="checkbox"/> other -----
<b>2. Referral source</b>	Department ----- Date of Admission ----- Date of discharge----- Outpatient - <input type="checkbox"/> Emergency <input type="checkbox"/> Inpatient - <input type="checkbox"/> Client himself /herself <input type="checkbox"/> others-----
<b>3. Mode of hospital a arrival</b>	Police <input type="checkbox"/> family <input type="checkbox"/> self <input type="checkbox"/> volunteer <input type="checkbox"/> others-----
<b>4. Contact person name</b>	Relationship phone number
B. Bio -Psychosocial Assessment	
Are you taking medication as prescribed yes <input type="checkbox"/> No <input type="checkbox"/> if No , please explain why ; ----- -----	
Are you doing investigation as ordered? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain?----- -----	
Have you ever hospitalized before? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes , please explain and how many times ----- -----	
<ul style="list-style-type: none"> <li>• Are you informed about the illness, cause, diagnosis, complications and so on by the physician? (if the client is unconscious ask the contact person or family)                              Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please explain;-----                              -----</li> </ul>	
<ul style="list-style-type: none"> <li>• The cost of treatment covered by                              Addis Ababa Region Grant Fee Paper <input type="checkbox"/> Federal Government Grant Fee Paper <input type="checkbox"/> Self <input type="checkbox"/>                              Families/Relatives <input type="checkbox"/> Hospital Social Work <input type="checkbox"/> Others-----</li> </ul>	

## Medical social workers clients assessment format 2

### • Assessment indicators

❖ Sign of abuse or violence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
❖ Sign of disturbance or stress	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
❖ Sign of neglect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
❖ Sign of Malnutrition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
❖ lack of Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
❖ Sign of Social isolation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
❖ chronic illness/persistent pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
❖ Vulnerability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
❖ willingness to change(Ability to accept help)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**If Yes, Please Contact/Refer To:-**

Social work unit  palliative care team  psychiatry unit

NGOs  Volunteers  others -----

### • Presenting problems areas

❖ Hospital Fee  Medicine Availability  Transportation

❖ Lack of health education  lack of counseling

❖ House /Shelter  Meal  Hospital Equipment  Cormunication Gap

Others-----

**If Yes, Please Contact/Refer To:-**

Social work unit  palliative care team  psychiatry unit

NGOs  Volunteers  others-----

**Currently major challenges /barriers to not continue the treatment (health service) are;**

- ❖ -----
- ❖ -----
- ❖ -----
- ❖ -----

# Medical Social Worker Intervention Plan

**Immediate Intervention** -----  
-----  
-----  
-----  
-----

**Short Term Plan**  
-----  
-----  
-----  
-----  
-----  
-----  
-----

**Long Term Plan**  
-----  
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**Case and final outcome**  
-----  
-----  
-----  
-----  
-----  
-----  
-----

**Social Worker's Name** -----

**Sign** ----- **Date** -----

## Social Worker 24 Hour Daily Report

Date \_\_\_\_\_

Service Provided	Number of Clients	Remarks
Counseling		
Provide Meal		
Health Education		
Link to Shelter		
Transport Service		
Free Medicine Allowed		
Free laboratories allowed		
Hospital Fee Allowed		
Provide Cloths		
Provide Milk		
Facilitated Service		
Provide adult/child diaper		
Abandoned neonates and children		
<b>Other (specify)</b>		

Total Number of Clients Observed \_\_\_\_\_

Total Number of Patients brought by police \_\_\_\_\_

Total Number of Patients came from the street \_\_\_\_\_

Total Medication Cost \_\_\_\_\_

Total Investigation Cost \_\_\_\_\_

Total Number of Patients allowed hospital fee \_\_\_\_\_

Name of social Worker \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

# Annex 6 Zewditu Memorial Hospital Social workers Job Description

በአዲስ አበባ ከተማ አስተዳደር ጤና ቢሮ  
 የዘውዲቱ መታሰቢያ ሆስፒታል  
 CITY GOVERNMENT OF ADDIS  
 ABABA HEALTH BUREAU  
 ZEWDITU MEMORIAL  
 HOSPITAL

1. የሥራ መደብ መጠሪያ:- ሰሻል ወርከር
2. ዋና ተግባር:- በማህበራዊ አገልግሎት አቅጣጫ ደንብ ስር በአጠቃላይ ረዳት የሌላቸው ህመማትን አስፈላጊውን የህክምና እርዳታ የሚያገኙበትን ሁኔታ ማመቻቸት፤
3. ተጠሪነቱ:- ለዋና ስራ አስኪያጅ፤
4. የግምንቱ የሥራ ሰዓት 39 ሰዓት፤
5. የሥራ መደብ ዝርዝር ተግባራት:-
  - 5.1. ችግሮች የሆኑ ህመምተኞችን አስፈላጊውን ማጣራት በማድረግ የጎሳ ህክምና እንዲያገኙ ያደርጋል።
  - 5.2. በተለያዩ ምክንያቶች በሆስፒታሉ ባለው ህፃናት ህክምና ማዋለጃ ክፍል አማካይነት አላዳጊ የሌላቸው ህፃናት መኖራቸው ሲገለጹላቸው ተገቢውን ክትትል በማድረግ ከተለያዩ እርዳታ ሰጪ ድርጅቶች ጋር በመገናኛ አላዳጊ የሚያገኙበትን መንገድ ያመቻቻል።
  - 5.3. አደጋ ደርሶባቸው ወይም ሆስፒታሉ የሚመጡትን ታኅሣራዎች ገንዘብም ሆነ ረዳት የሌላቸው ህመምተኞች ክፍያ ክፍል ጋራ ጋር በመሆን ተገቢውን የህክምና እርዳታ እንዲያገኙ ያደርጋል።
  - 5.4. አድራሻ ያልተገኘላቸው ህመምተኞች አስፈላጊውን ክትትል በማድረግ ወደ ቀያቸው እንዲመለሱ በማድረግ ከሚመለከታቸው ድርጅቶች ጋር ተባብሮ ይሠራል።
  - 5.5. ከሚመለከታቸው እርዳታ ሰጪ ድርጅቶች ጋር በመገናኛ አስፈላጊውን ጥረት በማድረግ ለችግሮች ህመምተኞች አልባሳትና አስፈላጊውን ማህበራዊ የሚያገኙበት ሁኔታ ያመቻቻል።
  - 5.6. የሆስፒታሉን አቅም ለማሳደግ ክትትል ጋራ ጋር የሚሰጡትን ሌሎች ተጨማሪ መረጃዎች ያከናውናል።

መተማመን፡

ክብሩ በላይ የተዘረዘሩትን ተግባርና ጋራ ጋራ እንደ የሥራ ክፍሉን የሚመለከቱ መሆናቸውን በማመን ይህንን በአግባቡ በሚፈለገው መጠን ለማክናወን ግዴታዬ መሆኔን አወቅቼ ማሳሰብ ሲኖር ለፈርማዬ አረጋግጣለሁ።

