

**Social Work Practice: Roles and Challenges of Social Workers in Selected Public Hospitals
in Addis Ababa**

Hiwot Temesgen

**A Thesis Submitted to School of Social Work, Addis Ababa University
Presented in Partial Fulfillment of the Requirements for the Degree of Master of Art
(Social Work)**

Addis Ababa University

Addis Ababa, Ethiopia

June, 2016

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This is to certify that the thesis prepared by Hiwot Temesgen, entitled *Social Work Practice: Roles and Challenges of Social Workers in Selected Public Hospitals in Addis Ababa* and submitted in partial fulfillment of the requirements for the Degree of Master of Arts (Social Work) complies with the regulation of the University and meets the accepted standards with respect to originality and quality.

APPROVED BY THE EXAMINING BOARD

Internal Examiner _____ Signature _____ Date _____

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Declaration

I declare that *Social Work Practice: Roles and Challenges of Social Workers in Selected Public Hospitals in Addis Ababa* is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of reference and that the work has not been submitted before at any other institutions.

Hiwot Temesgen Andualem

Signature: _____

Date: _____

Place: Addis Ababa University, Ethiopia

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ACRONYMS

AASW- Australian Association of Social Workers

CASW- Canadian Association of Social Workers

CEO- Chief Executive Officer

CSWE- Counsel of Social Work Education

ESA- Ethiopian Standards Agency

NASW- National Association for Social Work

OASW- Ontario Association for Social Workers

ABSTRACT

One of the settings social workers practice is health care setting. Even though, most of the time they do not have a well defined roles, social workers contribute for better health outcomes in health care settings. In line with that, this study focused on assessing the application of general standards in to social work practice, services social workers provide in hospital as well as challenges they face while practicing social work in hospitals. A qualitative approach, particularly a case study research design was employed in this study. Purposive sampling technique was used to select the hospitals the study conducted on. In general, twelve social workers and seventeen other informants participated in this study. In-depth interview with the social workers and other informants and observation were used to collect data for the study. The findings of the study shows that, the social workers practicing in the selected hospitals apply most of the standards stated on the NASW Standards for Social Work Practice in Health Care setting (2014). Moreover, it has also been founded that social workers in the selected hospitals provide various services both stated in their job description as well as outside their job description. According to one of the major findings of this particular study, social workers in the hospitals face different challenges. Most of the challenges they face are related to the lack of awareness about social workers role in the hospitals they are working in. In relation to this, the findings also show that the social workers make efforts to overcome their challenges. The study also presents social work implications on the areas of policy, practice, research and education.

CHAPTER ONE:INTRODUCTION

1.1.Background of the Study

There are different writings at different times that explain the nature of social work and the role of social workers at different settings. According to Blewett, Lewis and Tunstill (2007), “Social work has been carried out in many different places and with many different groups”(p. 4). As Payne (2006) cited in Blewett,Lewis and Tunstill (2007), “there are three historic models for the role of social work; Therapeutic, Social Order, Transformational” (p. 4). But most of these literatures are vague in explaining what exactly the roles of social workers are. This indicates that there exists no single definition of social work across the world. However, it can be clearly seen that social work is devoted to making sure that the rights of people are protected and justice is served to all. Moreover, it is all about providing support and protecting people from the negative impacts of social inequalities. In addition to creating social integration, social work has the purpose of dealing with malfunctions in different policy areas such as crime, health and education (Asquith, Clark, and Waterhouse, 2005).

As the Council on Social Work Education (CSWE, 2008) put it:

The purpose of the social work profession is to promote human and community well-being. Guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work’s purpose is actualized through the quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons (p. 1).

As a result of their wide perception regarding the physical, emotional and environmental aspects that has great impact on the well-being of individuals and the community as a whole,

professional social workers are well prepared and got everything it takes to practice social work in health care setting. In order for the different needs of social workers under a health care setting to be met and facilitate the understanding of the public about the roles of professional social workers, the National Association of Social Workers (NASW) developed standards for social work practice under a health care setting. According to the association, it is clear that the development of the standards alone is pointless if it is not put into practice. It is clear that greater client satisfaction and improved quality of care can be achieved when the standards are applicable by the social workers and administrators in the health care setting (NASW, 2005, p.6). NASW Center for Work force Studies & Social Work Practice (2011) stated that;

Hospital social workers help patients and their families understand a particular illness, work through the emotions of a diagnosis, and provide counseling about the decisions that need to be made. Social workers are also essential members of interdisciplinary hospital teams. Working in concert with doctors, nurses, and allied health professionals, social workers sensitize other health care providers to the social and emotional aspects of a patient's illness. Hospital social workers use case management skills to help patients and their families address and resolve the social, financial and psychological problems related to their health condition (p.1).

According to the Newyork University, silver school of social work (n.d.) Social work in health care setting identifies the effects of a given illness has on patients, family members and others. Social workers in health care settings help the other team members have a clear understanding of the patient's previous and present conditions. Moreover, it is the social workers task to value the different ethnic, cultural, religious and socioeconomic backgrounds of patients

and create smooth relation with patients. Also, social workers are obliged to provide services to patients at all age levels (p, 14).

Gambrill as cited in Browne (2012) agreed that Social workers are essential to the delivery and design of optimal health care. Social workers contribute via direct clinical contact with patients and their families as well as through roles in macro level settings. They work on health teams comprised of direct patient-care professionals and as administrators overseeing health care delivery program planning and implementation. Health social work tasks are congruent with the goals of the profession of social work and include helping clients problem solve and cope with life stressors; linking individuals with resources, services, and opportunities; promoting effective and humane service systems; and developing and improving social policy (p.27).

In health care institutions, social workers face different challenges and difficulties in performing their day to day activities. In hospitals, social workers take part in eliminating the effects diseases have on patients. Moreover, social workers in hospitals help patients to become familiar with the hospital environment, cope with the challenges they face, and facilitate the whole treatment process and contribute to their well-being. This shows that the care social workers and the hospital institution provides to clients is multifaceted. Even though the role of social workers in hospitals is immense, it is failed to be well appreciated and given less value. It is the social worker's responsibility to reserve their profession and undeniable contribution in hospitals and health care settings (Kovalčíková, Pavelek, Slaná, Žáková, 2014, p. 16).

Since social workers make a great effort for the well functioning of the society, it is very essential for the society to understand their roles especially in the health care setting. Most people do not even know who social workers are and what kind of activities they perform in

different settings. To the best of my knowledge, there have been very few studies conducted on the areas of social work practice in hospitals in Ethiopia. Therefore, this study thoroughly explored the general activities of social workers in hospitals and contributes to the effort of making social work well known in the society.

1.2.Statement of the Problem

Health social workers operate in a variety of environments and assume numerous roles in the design, delivery, and evaluation of care. Social workers facilitate linkages across organizational systems and professions to improve health care for both individuals and populations. This occurs in many settings, in a number of different ways, and with various levels of interdisciplinary collaboration. Health social workers need to be aware of these factors to most effectively provide services to individuals and communities (Browne, 2012).

According to a social worker's guide to professional practice in hospitals (1999), a number of factors had been identified to affect the role played by the hospital social workers in a hospital setting. These factors include; factors related to the organization and operation of the hospital system, factors related to the way in which work is organized within a hospital and factors stemming from the nature of the professional act (OPTSQ, 1999, p. 6). Moreover, the guide clearly stated the importance of working in an interdisciplinary context. One of the purposes of working in an interdisciplinary context is to ensure that the services the institution provides are consistent and of high quality. Every professional remains autonomous and responsible for his/her own professional acts. Social workers must exercise their autonomy while seeking ways to complement the work of other professionals, in the best interests of the client. They must also respect other professionals' fields of expertise, and be aware of the limits of their own specific fields of expertise (OPTSQ, 1999, p. 11).

In 2014, a position paper was prepared by the Australian Association for Social Workers Queensland Branch (AASW) with a purpose of developing a position statement in relation to social work's distinctive contribution to the contemporary health care system. The goals of this position paper are to identify the key and unique value that contemporary social work practice contributes to achieving effectiveness and efficiency in improving health outcomes for clients accessing health services, at all systemic levels of health care provision; and to demonstrate the contribution that social work makes to providing patient-centered models of care. Another goal is to demonstrate the key contributions of social work in meeting the four priority areas of the State Government Blueprint; Health services focused on patients and people, Empowering the community and our health workforce, Providing Queenslanders with value in health services, Investing, innovating and planning for the future (AASW, 2014, p. 12). This study tried to give a brief insight into the whole practice of social workers in selected hospitals of Addis Ababa and explore their contribution to the improvement of health outcomes.

In 2014, Rahel conducted a qualitative research with a purpose of identifying the practices of health professionals in medical social work at Menilik II Hospital in Addis Ababa Ethiopia. According to the study, health professionals have poor understanding of the medical social work practice within the health facilities, no involvements of social work practices with in their day to day activities and no work relationships with the hospital social work departments. The result of the study has an indication for the medical social work interventions and establishment of strong social work departments in the health care institutions. The research implies on applying the medical social work practices with in the health institutions all over Addis Ababa and throughout the country effectively and consistently (Rahel, 2014, p. 12).

Similarly, Hiwot (2012) in her study explored role of social workers in Tikur Anbesa, Menilik II, Fistula and Amanuel Hospitals of Addis Ababa. The finding of the study shows that the primary roles of the social workers are making the service of the hospital available to poor individuals and discharge planning. The direct patient care roles performed by social workers are assessment, intervention planning, counselling, crisis intervention, case management and discharge planning. On the other side, indirect patient care roles are advocacy, education and documentation. According to Hiwot, nearly none of the direct and indirect patient care roles performed by social workers fulfilled the criteria's of the services and research is totally missed role by all of the social workers. The study made it clear that it was hard to make comparison between actual and expected roles of the social workers since they have a knowledge gap regarding what their expected and actual roles are.

According to the reviewed literatures, Browne (2012), OPTSQ (1999), Fusenig (2012), AASW (2014), Baksa (2005), there are many studies conducted to explore the activities of social workers in hospitals in different countries. It has been clearly seen that there are some attempts to deeply investigate the activities of social workers in hospitals found in Addis Ababa such as the studies conducted by Rahel (2014) and Hiwot (2012). Even though it is a good start, the researcher believed there are still many issues that are not yet been discovered by previous researches. For instance the challenges social workers face during practice in hospital has not been given much attention. This study differs from the previous researches for trying to further explore and provide recent information on different aspects of social work practice in the selected hospitals in Addis Ababa.

1.3. Research Questions

Based on the aforementioned objectives, the following questions are to be formulated and to be addressed as part of the research inquiry

1. What are the general standards being applicable for social work practice in the selected hospitals in Addis Ababa?
2. What services do social workers provide in the selected hospitals?
3. What are the challenges social workers faces while practicing social work in hospitals?

1.4. Objectives

1.4.1. General Objective

The general objective of this study is to explore social work services being provided in selected public hospitals in Addis Ababa.

1.4.2. Specific Objectives

The study has also focused on the following specific objectives;

- To assess the application of global standards for social work practice in health care setting in selected public hospitals in Addis Ababa
- To investigate social work services being provided in selected public hospitals in Addis Ababa.
- To analyze the challenges social workers face during practice in the selected public hospitals in Addis Ababa.

1.5. Significance of the Study

The significances of the study emanates from filling an identified gap of research in the area concerning social work practice in hospitals in particular and health care settings in general.

Since there are limited literatures on the raised issue, this study provides a hint on the existing

social work practices in hospitals. This in turn helps the responsible bodies to work on improving social work services in hospitals. In addition, this study has the importance of contributing to the body of knowledge regarding the general standards that are applicable in social work service provision in hospitals.

Most importantly, the hospitals with social work units can use this document as an opportunity to grasp helpful recommendations and improve the services they provide to their clients. Due to the improvements on the social work service provision in the selected hospitals, the clients or patients will be direct beneficiaries. Moreover, this study can serve as a motivation and a reference for future studies that are going to be conducted on this specific area of study.

Finally, this study can be awakening to high level responsible bodies to highly consider the involvement of social workers in the provision of medical care for patients in hospitals. Therefore, this study is believed to have influence up to program and policy levels.

1.6. Operational Definitions

Health care setting/ Hospital- A place where medical services for the ill are provided

Hospital Social Worker- An individual who holds the position of social worker and practices social work in hospitals

Social work services- services provided in the hospitals by individuals holding social work position

CHAPTER TWO: LITERATURE REVIEW

Under this chapter, related literatures were reviewed being categorized under five sections. The first section discusses the emergence and development of Social Work in Health Care System. The second section gives a brief insight in to the standards applied for social work practice in health care setting. The third part of this chapter examines the roles social workers play in health care setting. Under the fourth section the challenges social workers face during practice in health care setting will be discussed. The last section of this chapter is the discussion of related theoretical frameworks by which social work is being practiced in health care settings.

2.1. The Emergence and Development of Social Work in Health Care System

The development of healthcare social work goes back to the 20th century. At the beginning, a physician named Richard Cabot who serves as a physician at Massachusetts General Hospital created a social work position in the hospital by hiring a nurse. It has been clear to the physicians that social workers can be of a great help in the process of understanding the home and social environment of the patients. Along with the development of the field in a hospital setting, disparities began to appear in relation to the understandings about the roles and functions of social workers in a health care setting. During that time social workers were expected to provide social and psychological treatment for patients. On the contrary, the physicians and other medical practitioners think of social workers as a link between the hospital and patients' community and social environment (Fort Cowles, as cited in Baksa, 2005, p.9).

Regarding the emergence of social work practice in health care setting, Rudolph (n.d.) stated that;

Social work practice entered the hospital setting when the desire to improve physician education led to an alliance in 1902 between the Charity Organization

Society in Baltimore and Johns Hopkins Medical School. This alliance provided medical students with the opportunity to examine how social and environmental factors affected their patients. The support from this alliance legitimized social work as a component of patient care within a hospital setting. The presence of case workers within the hospital environment concerned with social and other influences affecting the health of patients gave the hospital institution a more holistic and benign persona (p. 31).

In relation to the emergence of social work practice in health care, NASW (2005) clearly mentioned that at the beginning of the profession the aim of social workers was to make health care services accessible to the poor and help them avoid the transmission of infectious diseases by improving their social conditions. Later on, the responsibilities of social workers in health care setting went beyond that and they started to be part of the provision of high quality health care services. Nowadays, it is very common to see social workers being involved in every section of the health care system (pp. 6-7). After social work began to be practiced in a hospital setting, patients began to seek for their social environment to be included in the treatment process along with their medical problems. Social workers in hospital setting practiced within the framework of person- in-environment aiming to help patients get better and bring change in the community they live in. Moreover, the tasks of social workers was to help patients with chronic disease management, mental health issues, drug and alcohol abuse, physical disabilities, terminal conditions, and accessing extended care services (as Cannon cited in Judd and Sheffield, 2010, p. 857).

According to Judd and Sheffield (2010);

The provision of concrete resources, counseling services, and patient advocacy reflect overarching categories of activities historically carried out by hospital social workers. Since the initiation of medical social work services to patients at Massachusetts General Hospital in 1905, during the era of Medicare and Medicaid implementation in the 1960s, throughout the cost containment decade of the 1980s and beyond the reengineering period of the 1990s, hospital social workers have had to adapt to changes in both professional roles and accountability standards. As the American health care system continues to fall under the watchful eyes of policy makers anxious to implement reforms targeted at decreasing health care costs and improving outcomes, it is imperative that continuous efforts be made to ensure hospital social workers are proficient in sustainable areas of expertise, and to identify domains for professional growth (pp. 856-857).

In 1918, the establishment of American Association of Hospital Social workers paved the way for the professionalization of the field of social work in health care. The association had two main purposes; to foster and coordinate the training of social workers in hospitals and to enhance communication between schools of social work and practitioners (Gehlert, 2006). In 1955, merging with six other social work organizations; American Association of Social workers (AASW), National Association of School Social workers (NASSW), American Association of Psychiatric Social Workers (AAPSW), American Association of Group Workers (AAGW), Association for the Study of Community Organization (ASCO), and Social work Research Group (SWRG), the National Association of Social workers (NASW) was established (Jhansan, n.d.).

2.2. Standards for Social Work Practice in Health Care Setting

There are different standards that guide the practice of social work at different settings. According to the Australian Association of Social workers (2013), the purpose of practice standards is to outline what is required for effective, professional and accountable social work practice in all social work contexts (p. 5).

In the process of reviewing different literatures regarding standards for social work practice, the researcher did not come across any social work practice standard for health care setting other than the NASW standards developed at different times. For the purpose of this research the most recent standard of social work practice in health care setting which was developed in 2014, is reviewed.

According to NASW (2014),

The standards articulate the necessary knowledge and skills health care social workers should possess to deliver competent and ethical services in today's health care environment; provide benchmarks for quality social work practice for use by health care employers; and assist policymakers, other health professions, and the public in understanding the role of professional social workers in health care settings.

These standards reflect the input of health care social work experts throughout the United States (p. 4).

The specific goals of the NASW (2014) standards for social work practice in health care setting are pointed out as follows;

- Ensure that social work practice in health care settings is guided by the NASW *Code of Ethics*

- Ensure that the highest quality of social work and client- and family-centered services are provided to clients and families in health care settings
- Advocate for clients' rights to self-determination, confidentiality, access to supportive services and resources, and appropriate inclusion in medical decision-making that affects their well-being
- Encourage social work participation in the development, refinement, and integration of best practices in health care and health care social work
- Promote social work participation in system wide quality improvement and research efforts within health care organizations
- Provide a basis for the development of continuing education materials and programs related to social work in health care settings
- Encourage social workers in health care settings to participate in the development and refinement of public policy at the local, state, and federal levels to support the wellbeing of clients, families and communities served by the rapidly evolving U.S. health care system
- Inform policymakers, employers, and the public about the essential role of social workers across the health care continuum (p. 8).

In the NASW (2014) standards for social work practice in health care setting, 13 standards have been identified. To the best of the researcher's knowledge, studies regarding the application of the NASW (2014) standards cannot be found. Each of them is reviewed as follows;

Standard 1: Ethics and Values

In the social work profession there are six core values that every social worker should hold on to. These values are; service, social justice, dignity and worth of the person, importance of human relationships, compassion, and integrity and competence. Moreover, upholding a client's right to privacy and confidentiality and promoting client self-determination are the ethical responsibilities that social workers must act up on. Therefore, social workers in health care setting must stick to endorse these ethics and values throughout their practice. Moreover, social workers practicing in health care setting must adhere to the ethical responsibilities of upholding a client's right to privacy and confidentiality and promoting client self-determination in order to deliver quality service to clients (p. 13).

Standard 2: Qualification

In order for social workers to practice in health care setting, they must fulfill the needed requirements. They need to have the necessary training and acquire skill and professional experience essential for the provision of excellent services in health care setting. The following are described as the requirements of social workers to practice in health care setting;

- Acquire and maintain social work licensure or certification, as available for the social worker's educational level and professional experience
- Abide by a defined scope of practice, as required by state law or regulation
- Adhere to supervision requirements
- Pursue on-going professional development activities, to acquire the competence necessary to perform job responsibilities (p. 14)

Standard 3: Knowledge

For social workers to provide high-quality service in health care setting they must have the knowledge of theories and evidence based practices. Social workers need to acquire the expertise to practice in health care setting through coursework and field practice in a social work degree program, specialty practice credentials earned after graduation, health care-related employment experience, and on-going continuing education. Additionally, social workers in health care setting are expected to have knowledge and skill in the following areas; physical and mental/ behavioral health, health care delivery system issues, role and responsibilities of social workers in health care settings, and research and evaluation (pp. 14-16).

Standard 4: Cultural and Linguistic Competence

Social workers in health care setting must have the tendency to recognize and respect the culture of their clients as well as their colleagues. They must be ready for cross-cultural exchange with clients during practice. Social workers shall understand the existence of client diversity in different ways such as; race, ethnicity, socioeconomic class, gender, gender identity, gender expression, sexual orientation, religion, age, health and family status; cognitive, physical, or psychiatric ability; and sensory differences, preferred language, immigration status, degree of acculturation, level of formal education, and literacy (p. 16).

Furthermore, social workers must practice under the circumstance of cultural humility by recognizing their own beliefs, values and experiences and be aware how these factors affect their communication with clients and colleagues in health care setting (pp. 16-17).

Throughout their practice in health care setting, social workers must have an understanding about the history, traditions, rituals, values, family systems and communication patterns of their clients. This in turn fosters the provision of quality service for clients. Moreover,

it has been mentioned that health care social workers should promote for organizational practices and policies that encourage and support cultural diversity amongst staff members and all over the health care organization (pp. 16-17).

Standard 5: Screening and Assessment

One of the important duties of social workers in health care setting is conduct a psychosocial screening on clients using relevant screening tools. In relation to this, social workers also perform a continuous assessment of clients which later can be used as an input in the planning of medical treatment for clients. During assessment, social workers comprise the biological, psychological, social as well as spiritual aspects of clients. The aim of the assessment is to discover the needs and strengths of clients and help them establish priorities and goals. In the course of assessment, the social worker must show empathy, and have the knowledge to conduct client-centered interview using methods suitable for client's capacity (pp. 17-18).

Standard 6: Intervention

Social workers play great role in health care setting in the implementation of care plans developed through bio-psychosocial- spiritual assessment. Through the approach of case management, social workers in health care setting employ clients in the joint process of identifying, planning, accessing, coordinating, monitoring, evaluating, and advocating for resources, supports, and services (p.19).

Standard 7: Advocacy

Social workers practicing in health care setting have the responsibility to speak on behalf of the marginalized and disadvantaged population regarding access to care and delivery of quality service. More importantly, social workers must strive for the development of their identity and advancement of their roles in the health care institution. Furthermore, social workers

also take part in the representation of their health care institution with in the community and address issues such as community education, disease prevention, health promotion, access to care and other recent health related topics (p. 20).

Standard 8: Interdisciplinary and Inter-Organizational Collaboration

Social workers' collaboration with other professionals in health care setting is essential for the delivery of quality health care service and improvement of clients' healthy behavior outcome. Social workers must be excellent team players and communicators in the interdisciplinary collaboration to notify their significant contribution and learn about other's role in providing medical care for clients (p. 21).

Standard 9: Practice Evaluation and Quality Improvement

Incorporation of internal and external criticism should be important aspect of social work practice in health care setting. It helps social workers to improve their service delivery in making sure that the client's goals are accomplished. Social work evaluation methods may include peer review, self-evaluation, supervision, and other research methods (p. 22).

Standard 10: Record Keeping and Confidentiality

Social workers in health care setting are required to keep every record of client's information for efficient communication with other professionals for better service provision. In relation to this, the documented information about clients should be placed in a safe and secured place so that unauthorized personnel cannot get access to it. Clients should be, verbally or in written form, informed the confidentiality of their relationship with the social worker so that the client could provide the required information (pp. 23-24).

Standard 11: Workload Sustainability

For a better service delivery, the workload of social workers in health care setting should be maintained. Social workers must manage cases depending on their capacity. The increase in the size of case load might affect the quality of services social workers provide by affecting the relationship they have with clients (p. 24).

Standard 12: Professional Development

Social workers should develop their profession in order to be competent with other professionals in health care setting. The areas where professional development of social workers would be necessary are clinical care, research or technology; health care policy and legislation; community resource and services; ethics; and leadership and administration and others. The advancement of social work practice in the above areas can be achieved through; organizational sponsorship of multidisciplinary and social work-specific continuing education programming, promotion of supervision and mentorship opportunities for social workers, and support for social work involvement in peer review, research, publication, and volunteer activities (p. 25).

Standard 13: Supervision and Leadership

Advancement in the professional skill and knowledge of social workers as well as their proficiency in providing excellent patient care can be guaranteed by supervision of the activities of social workers in health care setting. Furthermore, supervision helps in the process of professional advancement and enhancement of clinical outcomes. For the progression of social work field in health care setting, social workers with a better experience must be able to help students, interns and other less experienced social workers by providing guidance, monitoring and consultation. Social workers have the responsibility to take part in researches to support

evidence-based social work practices in health care setting and improve the health care system in general (p. 26).

2.2.1. Standards for Social Work Practice in Health Care Settings in Ethiopia

In 2012, Ethiopian health facility standard was developed by the Technical Committee for Medical Care Practices and published by the Ethiopian Standards Agency (ESA). The standards were developed to ascertain the provision of safe and quality public health services by providing proper infrastructures and employment of skilled and proficient health professionals to provide efficient services in order to exterminate health care problems. The document identified the tasks of different professionals in Primary hospitals and noted that these professionals shall provide services in accordance with this standard and shall comply with the requirements (Ethiopian standards agency, 2012, p. 4). In this document, the following service standards for social work practice in hospitals are identified;

- ✓ The primary hospital shall have social work service at least during working hours
- ✓ There shall be an organizational chart or alternative documentation clearly delineating the lines of responsibility, authority and communication for the social services.
- ✓ The social work service shall have written policies and procedures that are reviewed at least once every five years.
- ✓ 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.

- ✓ The social work service shall have a protocol to ensure that social work services are offered to all needy patients.
- ✓ Patient directory for those who received social service shall be available in the hospital and shall be updated
- ✓ 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.
- ✓ The social work service shall participate in the development and review of the hospital's agreements with extended and long-term care facilities.
- ✓ There shall be a system for clinical staff to refer patients directly to the social work service
- ✓ The social worker shall consult members of other disciplines providing patient care and services.
- ✓ Each patient who has received social work intervention shall be informed that he or she may call the social work service for questions after discharge.
- ✓ Patient's families or guardians should be included in services provided by the social work service, where indicated.
- ✓ The social work service shall assist patients directly or indirectly in identifying the need for implementing and verifying guardianship as part of discharge planning.
- ✓ The social work service shall report victims of abuse to the appropriate body according to the Ethiopian laws.

- ✓ When a patient is transferred or linked to another health care facility after discharge, the social work service shall assure that relevant social work service documentation or information is provided to the facility in order to assure continuity of care.
- ✓ 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
 - e) Notes reflecting interventions before discharge.
- ✓ Patients' files, at social work service, shall be kept physically secure and confidential.
- ✓ All reasonable efforts shall be made for privacy in patient and family interviews and in the handling of confidential phone calls by social workers. .
- ✓ Adoptions by individuals or groups shall abide the laws and regulations of the country (pp.36-37)

Regarding the place where social workers practice in hospital setting, the document stated that;

- ✓ The hospital shall have separate social work service area
- ✓ At least a room shall be available for patient and family interview and handling of confidential phone calls & archive (p. 37).

Concerning the professional requirements of social workers practicing in hospitals, the document pointed out that;

- ✓ All social work services given by the hospital shall be under the direct supervision of a social worker/sociologist/nurse psychiatrist/ a nurse with experience in social work
- ✓ All the social work staff shall be given multidisciplinary patient care training and the information about their training shall be documented (p. 37).

2.3. Services Provided by Social workers in Hospitals

Among the settings where direct health services are provided; public and private hospitals, outpatient clinics, neighborhood health centers, ambulatory surgery centers, physician's offices, mobile care units, skilled nursing facilities, military settings, correctional facilities, schools, and health maintenance organizations are included. Moreover, there are health care centers that provide health services specific to certain diseases such as Dialysis center for kidney failure, chemotherapy clinics for cancer, and community health clinics for HIV/AIDS. Besides, there are also multipurpose organizations that address numerous health issues (Browne, 2012, p. 26). "Health care can refer to a variety of interventions and therapies intended to improve or address disease, illness or injury. Health care includes: prevention, early intervention, treatment and maintenance of one's health and wellbeing" (AASW, 2014, p. 5). Based on the health condition or imperative and the nature of the intervention or therapy, health care services are provided in different settings at different levels. As it has been identified by the social determinants of health, there exists a mutual relationship between the general health situation of an individual with that of their significant involvement with in the community and the society as a whole (AASW, 2014, p. 5).

As Barker (2003) cited in NASW (2005) put it the activities practiced in health care setting include assessment, care, and treatments that address the physical, mental, emotional and social well-being of a person. In addition, in health care settings there are provisions of services

to address the prevention, detection, and treatment of physical as well as mental disorders with a purpose of improving the bio-psychosocial and spiritual wellness of an individual. The provision of services in health care setting integrates the involvement of human resources including doctors, nurses, social workers hospital attendants and other staffs, proper service delivery facilities such as hospitals, hospice, assisted living, medical centers and outpatient clinics, and finally educational and environmental facilities that assist in the prevention of diseases (p. 12).

Social work, mainly social work in health care setting has a lot of achievements in the service provision. The development of this profession mainly resulted from the specific requirements of the health care setting. Even though there are slight modifications in the role of social workers in health care setting, providing psycho-social support to patients and families as well as linking them with community resources remains the main tasks of social workers (CASW, 2006, p. 2). Along with curative measures, social workers in health care setting give attention to curative measures as well. They help patients in the healing process and assist them with avoiding detrimental situations that will worsen patients' illness. Moreover, social workers help out the families of patients to prevent them from the collapsing of relationships and economic sprain. Social workers also give recuperative services in health care setting (Ali and Rafi, 2013, p. 358).

Medical social workers must have the capacity and the technique to provide support for patients with psychosocial problems. Up till now, in a health care setting, social workers are restricted to fully function as clinicians; rather they perform activities that have no relationship to the medical care in the hospital. This practice of wearing away of the role of social workers in hospitals as clinicians, resulted the profession not to move forward in its development. The process of the advancement of the role of social workers in hospital setting and development of

its familiarity within the health care setting faces different challenges such as vague understandings about the general role of social workers in health care setting, the inferior positions social workers have in the medical care and the absence of precise social work methods in the treatment of patients (Weiss, 2005). Definite and distinctive proficiency of medical social workers provides them with an easy understanding of their own position and responsibilities in the medical setting. This in turn helps them maintain a respected and significant position in multidisciplinary teams of medical care in hospitals (Gregg, 2008, p. 3).

Due to a continuous reformation in hospital settings, there exists a perplexing change in the roles of social workers in hospitals. At times the principal role of social workers in hospitals is planning discharge of patients. However, in other hospitals this task is the responsibility of nurses which places social workers to focus only on the psycho-social care of patients. On the other hand, some hospitals give social workers the responsibility to handle the outpatient setting teaming up with physicians and community health organizations (Gregorian, 2008, pp. 3-4). As Spensley cited in Beddoe and Deeney (2012), “To help the doctor in the treatment of his patient, and under his direction to enquire into and assist in the treatment of social conditions affecting the health of the patient and preventing him from obtaining the full benefit of medical treatment, is the first and foremost duty of the medical social worker” (p. 4).

NASW (2011) listed the following activities social workers might perform in a hospital setting;

- Initial screening and evaluation of patient and families;
- Comprehensive psychosocial assessment of patients;
- Helping patients and families understand the illness and treatment options, as well as consequences of various treatments or treatment refusal;

- Helping patients/families adjust to hospital admission; possible role changes; exploring emotional/social responses to illness and treatment;
- Educating patients on the roles of health care team members; assisting patients and families in communicating with one another and to members of health care team; interpreting information;
- Educating patients on the levels of health care (i.e. acute, sub- acute, home care); entitlements; community resources; and advance directives;
- Facilitating decision making on behalf of patients and families;
- Employing crisis Intervention;
- Diagnosing underlying mental illness; providing or making referrals for individual, family, and group psychotherapy;
- Educating hospital staff on patient psychosocial issues;
- Promoting communication and collaboration among health care team members;
- Coordinating patient discharge and continuity of care planning;
- Promoting patient navigation services
- Arranging for resources/funds to finance medications, durable medical equipment, and other needed services;
- Ensuring communication and understanding about post-hospital care among patient, family and health care team members
- Advocating for patient and family needs in different settings: inpatient, outpatient, home, and in the community; and
- Championing the health care rights of patients through advocacy at the policy level (pp. 1-2).

Browne (2012) categorized the involvement of social work profession in health care setting into two; social work as part of health care delivery and social work as part of the design of health care. Under the health care delivery, social workers mainly perform two activities; Assessment and Intervention. Social workers carry out an assessment on the potency and necessities of patients and people within their social networks in order to recognize advantages and obstructions to the process of medical care. Moreover, after a thorough assessment on patients is conducted, the next responsibility of social workers is to provide support in the designing and implementation of intervention strategies to tackle the issues recognized as problems. Assessment, crisis intervention, supportive counseling, and overall case management are the services social workers provide as a member of a multidisciplinary team in health care setting (Beder, 2006, p.76).

Judd and Sheffield (2010, p. 860) made it clear that “Activities and/or roles carried out by hospital social workers as reflected in previous literature included five domains—discharge planning, direct practice activities such as counseling and/or crisis intervention, conducting evidenced-based practice activities, identifying and participating in bioethical issues, and income-producing projects”. Inpatient and outpatient settings are places where social workers practice in health care setting. Under the inpatient setting social workers are expected to provide support to solve emotional, psychological and environmental problems that patients and their families face (Chitereka, 2010, p. 776).

As Engel (1977) cited in Browne (2012, p. 20.) proposed, the suggested approach for health care delivery services nowadays is the bio-psychosocial approach. He stated that “the bio-psychosocial model addresses the biological, social, environmental, psychological, and behavioral aspects of illness”. This model advanced the old and usual method of health care

which mainly concerned with biological causes of disease. But this bio-psycho-social model compiles nonmedical aspects of illness with the biological factors. “A bio-psycho-social model conceptualizes illness as a complex interaction between the environment and the physical, behavioral, psychological, cultural and social factors which impact on health” (Bracht, 1978; Bywaters, 1986; Lindau, Laumann, Levinson, & Waite, 2003 cited in Beddoe and Deeney, 2012). There is a close relationship between person-in-environment perspective and the bio-psycho-social model (Gregg, 2008, p.17). While social workers are practicing under the person-in-environment framework, they intend to provide wide-ranging interventions to improve patients’ health conditions and bring positive change in the community as a whole (Judd and Sheffield, 2010, p. 857). Clients are considered as one part of the environment in the person-in-environment perspective. This perspective shows the existence of a mutual relationship between individual, relevant others and the physical and social environment where one influences the others (Baker, 2003 cited in NASW, 2008, p. 10).

These days the bio-psycho-social approach which considers a person-in-environment perspective is applied by social workers practicing in health care setting. This approach provides the social workers with the ability to widely understand the family and community influences on patients as well as needs of patients to help them fulfill their requirements (Beder, 2006, p. 8). Different literatures illustrated different roles social workers play in health care setting or hospitals. The following are some of the common ones;

Counseling

Baker (2003) cited in NASW (2005) delineated that “Counseling is a procedure that is often used in clinical social work and other professions to guide individuals, families, couples,

groups, and communities by such activities as delineating alternatives, helping to articulate goals, and providing needed information” (p. 10).

According to a facilitator’s guide on Psychological counseling and social work with clients and their families in the Somali context (Reggi, 2009, p.34), counseling involves a contact in person and creation of relations between two or more parties in which one tries to help the other one to make the right choice regarding certain issue. In counseling, one actively listens to the other while they are explaining about the difficult situation they are in. Moreover, it involves calming them and helps them think clearly on how to solve their problem. More importantly, counselors work hard on the empowerment of their clients (p. 34).

As Gregorian (2005) mentioned, social workers in hospitals provide medical crisis counseling and emotional support to patients and families as well as Counseling around end-of-life, grief and bereavement issues (p. 4). Social workers seek an answer for obstructions happening during provision of medical care. Provision of supportive counseling to clients when the impact of their health condition is devastating is one of the solutions. Furthermore, problem - solving sessions with the individual and/or his or her chosen family or support network, mediating in conflicts between support persons and the sick person, assisting in obtaining financial and/or practical assistance for health care services, medications, housing, food, transportation, and/or equipment, and advocating for the sick person to service providers to ensure that the individual ’ s voice is heard are also included in the services social workers provide in health care setting (Giddens, 2010, p.105) .

According to the NASW standard for social work practice in health care setting (2005), individual, family, or group counseling, vocational, educational, and supportive Counseling, and financial counseling are included under the standard of intervention and treatment planning (p.

22). “Counseling/Psychotherapy: assess role of emotional and social/cultural factors on health status and behavior and provide appropriate intervention; enhance coping capacities related to feelings of loss, grief and role changes; assess and intervene related to mental health concerns such as anxiety, depression, anger management” (OASW, 2004).

Advocacy

The main aim of social work is to advocate for human rights and social justice so that the health outcomes of patients can be improved by evading health inequalities (Bywaters, 2009 cited in AASW 2014, p. 18). Social workers are expected to advocate for the economically deprived and marginalized segments of the society. In this case social workers speak on behalf of these people or motivate them to speak for themselves. A close relationship between the social worker and the client is considered to be significant for the advocacy role the social worker plays (Asquith, Clark, and Waterhouse, 2005, p. 19).

Based on the NASW standard for clinical social work in social work practice (2005), “Clinical social workers shall be knowledgeable about available community resources and advocate on behalf of the client for appropriate services.” (p. 14). Social workers mainly devote themselves to the responsibility of safeguarding clients’ essential resources and keep them away from physical as well as psychological harm (Gomory, Wong, Cohen, LaCasse, n.d. p. 153). The Canadian Association of Social work (CASW) (2005) elucidated that “Social workers advocate for fair and equitable access to public services and benefits. Social workers advocate for an equal treatment and protection under the law and challenge injustices, especially those that affect the vulnerable and disadvantaged.” (p. 5). According to NASW (2011), one of the tasks social workers perform in hospitals is “Advocating for patient and family needs in different settings:

inpatient, outpatient, home, and in the community; and Championing the health care rights of patients through advocacy at the policy level” (p.2).

In the emergency room, social workers advocate for patients in different ways including; advocating for patients when they seek for medicine in the emergency room, advocate for patients to be provided with efficient services and advocate for diverse perspectives towards medical treatment (Fusenig, 2012, p.18).

Case Management

According to NASW (2005), case management is one of the standards for social work practice in health care setting. It has been explained that;

Case management, sometimes used interchangeably with care management, is the collaborative process of assessment, planning, and facilitation for options and services to meet an individual’s complex needs. When appropriate, this would include arranging, coordinating, monitoring, evaluating, and advocating on behalf of the client and/or his or her family for the multiple services needed from a variety of social service and health care agencies. Case management addresses both the individual client’s bio-psycho-social-spiritual status (micro level) as well as the state of the social systems in which the services operate (macro level) (p. 10).

Social work case management in health care setting is expected to enhance clients’ healthy situation. Case management smoothen the relationship between service providers to evade clients’ problems and fulfill the biomedical and psychological needs of clients by providing well-organized, suitable and valuable healthcare services (NASSW, 2005, P.22). As Dhooper (1997) cited in Gregg (2008), “the concept of case management is evolving and can differ depending on the client group, setting and situation. The basics to case management

however include assessing needs, identify and planning services, linkage, advocating, coordinating, monitoring, evaluating the process and result as well as emotional support and counseling”(pp. 26-27).

According to Ney (1998) cited in Gregg (2008), A case management can be considered as successful when patients’ wellbeing is attained throughout the identification of patients’ requirement during the care process using advocacy, education and identification of strengths. Moreover, for an effective case management, thorough awareness of services existing in the community and the whole hospital system is crucial. Principally, the main task of case manager is to serve as a linkage between the patient, the physician, other medical professionals and the family to make sure that the right information is being passed on (p. 27).

Discharge planning

In some hospitals, social workers are primarily held responsible for discharge planning for patients (Gregorian, 2005, p.3). Discharge planning continues to be a primary role for hospital social workers consuming the preponderance of their time. The process of discharge planning has encompassed two areas of activities for hospital social workers (a) counseling to help patients deal with reactions to illness and hospitalization while preparing to leave the hospital setting and (b) provision of concrete resources (Blumefield & Rosenberg, 1988: Kadushin & Kulys, 1993 cited in Judd and Sheffield, 2010, p.866).

As OASW (2013) mentioned;

Social workers identify and address barriers to discharge; locate resources; identify options and supports; facilitate referrals and applications to government/community agencies; advocate for access to resources; coordinate referrals and/or placement

plans; assist patient and family to emotionally prepare for transitions; prevent readmissions for non-medical reasons (p. 2).

Three themes are identified concerning social workers task in helping patients during discharge. These include; assist patients get back to their communities by extending their scope of practice further than hospitals, providing counseling to patients, their families and the whole care giving team to avoid any troubles that could be barrier to the safe discharge of patients and take part in practical activities during the course of admission so that discharge occurs as quick as possible. Therefore, we can conclude that social workers in health care setting have a fundamental role in the secured and well-timed discharge of patients (Haultain, 2011, p. 245). Community consultation and collaboration are the roles social workers play in the process of discharge planning (Lechman and Duder, 2009 cited in Baksa, 2010, p.26).

Education

According to NASW (2005), client and community education is one of the standards for social work practice in health care setting. It has been stated that “Social workers act as educators for clients, families, the community, and other professionals regarding disease prevention, impact of illness and disease progression, advocacy for benefits, health maintenance, and adherence to treatment regimens.” (p. 24)

Social workers are recognized as educators. Social workers practice in the health care setting from the knowledge they acquired from other professionals, from formal education and from their teaching experiences. They are believed to have the understanding and proficiency to apply learning theories in education program. Social workers work in an interdisciplinary context teaming up with other members of the medical team to advance client education. Moreover, they

jointly work with team members in program designing, implementation and evaluation (NASW, 2005, pp.24-25).

OASW (2013) stated that “social workers in health care setting initiate and participate in teaching activities by presenting at workshops, in-services, rounds or conferences; provide training to health care colleagues, students and staff in community agencies; and offer education to patients and families” (p. 2). Moreover, Social workers in health care setting provide education for patients and families to improve their knowledge regarding the hospital process as well as their illness and help them acquire a healthy status through a change of lifestyle (OASW, 2013, p.2).

Among the roles of social workers in hospitals, case manager and education provider for patients and families are the vital ones. Most of the time, at the different stages of illness, patients and families face some difficulties to understand and be familiar with the whole situation happening physically to the patient. Mostly, patients and families mystified with medical term and exposed to anxiety and fear. This is when social workers swoop in and clarify the treatment plan to patients and their caregivers (Beder, 2006, p.30).

2.4. Challenges of Social Workers in Hospitals

Social work practitioners face multifaceted challenges in hospitals. They handle sensitive and tender cases that threaten their own individuality and personal character. In this case they should be able to handle their responsibility to advocate for their patients’ rights and requirements as well as integrate into the dynamics of the health care delivery system (Gregorian, 2005, p. 1).

Enough attention from health care administrators and other health care professionals has not been given to the significance of social work services in health care setting. Moreover, social

workers are not allowed to directly involve in the medical treatment of patients. Along with the emergence of managed care services, the advancements in the health care delivery system highly affected medical social work. Social workers in health care setting faced difficulties in coping with the changing health care environment as the same time as maintaining their professional identity. One of the challenges mentioned is that, sometimes social work values and purposes do not go along with cultures and policies of the health care organization they work in. Even though there are some efforts from social workers to preserve their identity, there are still some challenges for them in staying vital in the health care delivery system (Baksa, 2005, pp. 1-2).

Based on the NASW (2011) report,

Hospital social workers report an increase in the severity of client problems, caseload size, paperwork and waiting lists for services (Whitaker, et al, 2006). In recent years, there has been an increase in closures of hospital social work departments, with social work staff being reassigned to other departments, or eliminating these positions altogether and re-assigning social work task to other professions. In certain cases, such reorganization has replaced departmental directors with non-social work personnel, raising questions about proper social work supervision (p. 2).

Despite the fact that the social workers role in the health care setting is admired, they still face different challenges in this setting. One contributing factor for the diminution of the role of social workers in health care setting is a continuing modification in financing and provision of health care and lack of social work effectiveness data. Moreover, supervision of social workers by individuals who does not have social work background as well as the assigning of social work tasks to other professionals such as nurses, paraprofessionals and volunteers for the purpose of

cost reduction, are considered to be the challenges of social work in health care setting (NASW 2014, p.3).

Weiss (2005) in his writing, “medical social workers: clinicians or clerks?”, tried to point out the issues that lead to the erosion of quality of social work services in health care setting. The first challenge is that since social workers are considered as non-physicians, they do not engage in the medical treatment and management of medical cases in the health care setting (as NASW, 1999 cited in Weiss, 2005). The second challenge according to Gibelman (1999) cited in Weiss (2005) is that medical social workers are not entitled to make up rules about their roles in the health care setting. The other issue is that, for the reason of cost containment, health care institutions reduce patients’ stay in the institute which in turn leaves social workers busy with discharge planning making them provide low quality social work service (Cjeka, 1999, Ross, 1993, Kadushin and Kulys, 1995 cited in Weiss, 2005). Finally, according to NASW (1999) cited in Weiss (2005), the fact that social workers are being replaced by less skilled and low salaried experts, leads to the provision of a low quality social work services in health care settings (pp. 11-12).

2.5. Theoretical Frameworks

2.5.1. Bio-Psychosocial Theory

In 1977, American Psychiatrist George Engel introduced the major theory in medicine, the Bio-psychosocial Model. The model described the interrelated bond between biological, psychological, and sociological factors each equally contributing to the wellbeing of a person. The model showed a striking shift from disease to health identifying that psychosocial factors such as beliefs, relationships and stress have a serious effect on the effort to help patients get recover from their illness and disease (Lakhan, 2006, p. 2). As Engel cited in Lakhan (2006);

To provide a basis for understanding the determinants of disease and arriving at a rational treatments and patterns of health care, a medical model must also take into account the patient, the social context in which he lives and the complementary system devised by society to deal with the disruptive effects of illness, that is, the physician role and the health care system. This requires a bio-psychosocial model (Lakhan, 2006, p. 2).

Nowadays the biological approach is considered to be obsolete and archaic. Even though the biological aspect of medical evaluation, it seems very obvious that social and psychological factors cannot be neglected. For a better examination of a person's health conditions, the bio-psychosocial model helps to make the concepts of health and illness subjective to the individual. This model investigates the general aspects of illness along with the biological aspects (Deep, 1999, p. 497).

The bio-psychosocial model is incorporated into this research for the reason that it is one of the models social workers apply in health care settings. During intervention, social workers incorporate the biological, psychological, social as well as spiritual aspects to understand the factors contributing to the person's illness and design better treatment plans along with other professionals in the medical team.

Summary

This chapter reviewed relevant literatures in regards to general standards for practicing social work in health care setting, services social workers provide in health care setting and challenges social workers face while practicing social work in health care settings and a relevant theoretical frame work. In the course of assessing literatures concerning the emergence and development of social work in health care as well as roles and challenges of social workers in

health care setting the researcher understood that there have not been enough researches conducted about social work activities in Africa and more specifically in Ethiopia.

CHAPTER THREE: RESEARCH METHODS

This chapter deals with the research methods that were employed in conducting this study. Under this chapter, the study design, description of study settings, participant selection, inclusion criteria, data quality assurance, methods of data collection, method of data analysis and ethical consideration are discussed in detail.

3.1. Research Design

“Research design is a comprehensive plan for data collection in an empirical research project. Broadly speaking, the two categories of data collection techniques used in scientific research are quantitative or a qualitative research design.” (Bhattacharjee, 2012, p.37) In this particular study, qualitative research design with an exploratory purpose was used to assess the social work services being provided in selected public hospitals in Addis Ababa. A qualitative research tries to discover the attitudes, behaviors and experiences of participants using methods like interviews and focus group discussions. Under this research approach, the researcher makes an effort to grasp comprehensive information from participants regarding the issue raised in the research (Dawson, 2007).

An exploratory study is applied when there is little or no knowledge regarding a given situation. It is advisable to conduct an exploratory study before applying descriptive or analytical studies when the problem and factors contributing to are not well defined (Abiy, Alemayehu, Daniel, Melese, Yilma, 2009, p. 60). Since there are very few researches conducted on the assessment of social work services being provided in hospitals in Addis Ababa, the researcher was required to make the nature of this study exploratory.

The research was conducted with the researcher’s social constructivist view of the world. In the social constructivist paradigm, the subjective meanings the research participants provide

will make the researcher to try to find different perspectives to understand the responses rather than have a narrow understanding of the whole situation (Creswell, 2007, p. 20). In this particular study, the researcher expected the research participants to provide subjective meaning of their experiences towards the application of general standards into their practice, the role of social workers in hospital setting and the challenges social workers face in the selected public hospitals.

3.2. Description of the Study Settings

According to the information the researcher obtained from the city administration of Addis Ababa health Bureau, there are 11 public and 35 private hospitals in Addis Ababa. This research focused on social work activities in public hospitals in Addis Ababa. The hospitals this research conducted on were selected purposively. The researcher choose public hospitals as study settings believing that majority of the city population gets medical services in public hospitals since they are less expensive and affordable for the economically deprived section of the population. Among the 11 public hospitals found in Addis Ababa, six of them are accountable to city administration of Addis Ababa health Bureau and the rest five hospitals are accountable to Federal Ministry of Health. The researcher assessed the social work services in the six public hospitals under the city administration of Addis Ababa health Bureau. The researcher chooses the six hospitals over the federal level hospitals for the reason that, to the level of the researcher's knowledge, no research had been conducted to assess social work practice in all of the hospitals except for Menilik II Hospital.

The public hospitals this particular research was conducted are; Tirunesh Bejing General Hospital, Zewditu Memorial Hospital, Ghandi Memorial Hospital, Minilik II Hospital, Ras Desta

Hospital, and Yekatit 12 Hospital. A short description of the study settings is presented as follows;

Yekatit 12 Hospital is located at *Arada* sub city Woreda six around 6 kilo campus of Addis Ababa University, west of the square of martyr Yekatit 12. It was established in 1915 by Dr. Henry, a Swedish physician. After many years of medical service delivery, in 2011, it became a medical college by the decision of the city government of Addis Ababa. The city government, recognizing the long aged service that the hospital has been rendering to the residents of Addis Ababa and taking into account its present status, decided to reestablish it as a center for training medical professional combining with medical service delivery. The establishment proclamation (proc.no.31/2011), issued by the counsel of the city government of Addis Ababa, renames the hospital as Yekatit 12 Hospital Medical College (Yekatit 12 Medical College students hand book, 2007).

Tirunesh Bejing Hospital is found in *Akaki*, around 25km south of Addis Ababa. The hospital is named after Tirunesh Dibaba, an Ethiopian female athlete who won two gold medals at the 2008 Beijing Olympics. The hospital was built by the Chinese government at the cost of 12.7 million dollars to promote the Sino-Ethiopian friendship. The hospital started operating fully equipped with modern and high-tech medical equipments, complete 100 beds and dedicated team of 15 Chinese medical professionals alongside with Ethiopian professionals (Walta Information Center, n.d.).

Minilik II Hospital is the first and the oldest hospital of the country. It was established in 1896 on the basis of the request made by Emperor Minlik to the Russian Red Cross medical team which was treating the wounded citizens at Adowa. Currently, the hospital is a referral hospital which used by the clients all over the country specially those services, eye department and

pathology examination on forensic activities are the unique services given by the hospital from the country. The hospital is working with 200 beds. The combination of the staffs are 15 specialist in different diciplines,20 general practioner,200 nurses,8 x-ray professionals ,15 laboratory professionals ,2 pathologist and other supportive workers (Rahel, 2014,pp.45-46).

Ras Desta Damtew Hospital was established by Italian missionaries in 1924 E.C. beginning form its establishment, the hospital was serving the royal family, diplomats and Italian missionaries. During the Ethio-Italy war it was also serving the Italian soldiers. The hospital got its name form an Ethiopian hero, Ras Desta Damtew, who was killed by the Italians while defending his country. During the 80 years of service, the hospital served the patients form Addis Ababa as well as from rural areas through referrals (Ras Desta Damtew Memorial Hospital; 80th Anniversary).

According to the information the social worker in Ghandi Memorial Hospital, the hospital was established in 1951 E.C. by Indian volunteers who were living in Addis Ababa. Currently, the hospital has 33 case teams and 432 staffs. He stated that, social work service began to be provided in the hospital ten years ago.

Zewditu Memorial Hospital was established by Imperial H/Silase and the the 7th Adventist missionary besides “File-Weha” in 1933 E.C. When it began to operate, it had only 8 beds and doctors from USA. Some of the diagnostic services provided by the hospital include medical, emergency, surgical, emergency care service, health education service, voluntary counseling and testing and so on.

3.3. Selection of Study Participants

The study participants for this research are social workers, health professionals (nurses and physicians who work with social workers) and individuals in administration position who have direct relation to the issue raised and are currently working in the selected hospitals.

All the social workers practicing in the selected hospitals were selected to participate in the study. Besides the social workers, other participants of the study include; physicians, nurses and individuals in administration position who were selected by the recommendations of the social workers who has work relationship with them in the hospitals and who are believed to give information regarding social work practice in the hospitals. .

Due to the desire to learn in detail and in depth about social work services being provided in the selected hospitals, the researcher gathered as much information as possible from the research participants. The proposed total number of participants in the study was 29; 11 social workers, six nurses, six physicians and six administrators. During data collection, the participants were 29; 12 social workers, six nurses, six physicians and five administrators. The distribution of research participants in the study settings is; two social workers, one nurse, one physician and one CEO in Tirunesh Bejing General Hospital; three social workers, one nurse, one physician and one CEO in Zewditu Memorial Hospital; one social worker, one nurse, and one physician Ghandi Memorial Hospital; three social workers, one nurse, one physician and one medical director in Minilik II Hospital, one social worker, one nurse, one physician and one medical director in Ras Desta Damtew Hospital and finally two social workers, one nurse, one physician and one medical service process owner in Yekatit 12 Hospital.

3.3.1. Inclusion Criteria

The inclusion criteria for the selection of study participants included the following; they practice social work in the study areas, they are currently employees of the study areas and have a relation with the social work services being provided in the study area and are willing to provide the required information about the issue raised.

3.4. Methods of Data Collection

In qualitative research, the three major tools of data collection include; interview, observation and document review (Bhattacharjee, 2012, p.107). In this study, the above data collection instruments were employed to gather information about social work practice in selected hospitals in Addis Ababa.

Interview-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 administrators. They were asked to share their understanding about the general social work practice standards in health care settings. Moreover, there was a discussion on their role as a social worker as well as the challenges they face during practice in the hospital they are working in.

The data collection instrument that was employed during the in-depth interview with participants was a semi-structured interview guide. “The semi-structured interviews are neither fully fixed nor fully free, and are perhaps best seen as flexible. Interviewers generally start with some defined questioning plan, but pursue a more conversational style of interview that may see questions answered in an order more natural to the flow of conversation” (O’Leary, 2004, p.164). The interview guides were developed with open-ended questions believing that the participants will share their views and experiences freely regarding the issue raised. The interview guides

were prepared in accordance with the issues raised in the specific objectives, research questions and literature review.

During the interviews, Amharic language was used as a medium of communication so that there could be a clear understanding between the researcher and the participants. Most of the interviews were carried out in a quiet environment, such as in the office to get all the attention of participants to provide the adequate information. In contrary, some of the interviews were conducted on places where there is too much noise like in cafeterias. Besides, the interviews with the social workers took an average of 45-60 minutes. Furthermore the interviews with the other informants took an average of 20-30 minutes. In the course of data collection for this study, the researcher tried to electronically record interviews for future references. But very few of the participants were willing to be recorded.

Observation- “observation is a systematic method of data collection that relies on a researcher’s ability to gather data through his or her senses” (O’Leary, 2004, p. 170). In addition, observation offers the opportunity to record and analyze behavior and interactions as they occur, although not as a member of the study population (Ritchie, 2003, p.35). In this research a non-participant observation was applied. In non-participant observation, the researcher does not become part of the activities he/she is observing. The researcher will carefully watch the interaction of participants without involving him/herself (O’Leary, 2004, p. 172). In this particular research, the researcher observed matters such as social workers’ office setting, social workers’ record keeping mechanisms, social workers’ interaction with other professionals in the hospitals they are working in and so on.

Document analysis- In this study, document analysis was one instrument for data collection. “In document analysis, documents are pre-produced texts that have not been

generated by the researcher. Rather, the researcher's role is limited to gathering, reviewing, and interrogating relevant documents" (O'Leary, 2004, p. 177). Documents such as magazines, newspapers, booklets, brochures and websites regarding social work roles in hospitals and other related issues were reviewed to acquire the necessary data to answer the research questions.

3.5. Data Quality Assurance

In this study, the validity of the data collected was assured using one of the types of triangulation; the triangulation of sources. The triangulation of sources involves comparing the information gathered through different qualitative data collection instruments used in the particular research such as observations, interviews, and documented analysis (Ritchie and Lewis 2003, p.276).

In every research, fairness, truthfulness, honesty and unbiased approach are very important for the quality of the study. In qualitative approach, it is advisable for the researcher to get intimate with research participants and the study setting as a whole (Krueger and Neuman, 2006, p.138). For this reason, the researcher directly involved in the data collection process of the study.

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

3.6. Data Analysis

Ezzy (2002) stated that data analysis in qualitative researches starts during data collection (p. 60). He added that “If data analysis begins only after the data have been collected, researchers will have missed many valuable opportunities that can be taken only at the same time as they are collecting their data” (p.61). In this particular study, the researcher employed a thematic data analysis technique. As Boyatzis (1998) cited in Mohammed (2012), “Thematic Analysis is a type of qualitative analysis. It is used to analyze classifications and present themes (patterns) that relate to the data. It illustrates the data in great detail and deals with diverse subjects via interpretations.” (p. 10). Since the purpose of this study is to explore or discover unseen facts regarding social work practice in selected hospitals, the researcher choose thematic approach to analyze the data to be collected. More over due to its flexibility, thematic approach is preferable to analyze qualitative data. It helps in providing rich and detailed data regarding the issue raised (Braun and Clarke, 2006, p. 5).

In this study, data analysis was done manually. After the completion of successful data collection using in-depth interviews with the social workers and other informants as well as an observation, the researcher translated the interviews and observation notes from English to Amharic every day so that the information is well remembered. After thoroughly reading into the transcribing the data, 37 codes were raised. These 37 codes then categorized in to five categories depending on their similarity and relationship. By looking into the linkage between these categories, three major themes were identified; Application of general standards in social work practice in the selected hospitals, services social workers provide in the selected hospitals and challenges social workers face in the hospitals. In order to keep their anonymity and confidentiality of participants were given, pseudonyms.

3.7. Ethical Considerations

Research ethics is one important aspect that needs to be included in a particular research. Baillie (2003) stated that “The ethics of social research is about creating a mutually respectful, win-win relationship in which participants are pleased to respond candidly, valid results are obtained, and the community considers the conclusions constructive” (p. 95). In this study, the research considered the following ethical issues;

According to Jupp (2006) “An informed consent refers to an ethical principle implying a responsibility on the part of the social researcher to strive to ensure that those involved as participants in research not only agree and consent to participating in the research based on their own free choice, without being pressurized or influenced, but that they are fully informed about what it is they are consenting to” (p. 149).

Before starting the data collection, the researcher submitted letter of permission from school of social work to each hospital asking for their collaboration in providing relevant information during data collection. After getting permission from the hospital administrations, I was referred to the social workers in the hospitals. After that, the social workers introduced me to the other informants working in their hospitals and I made an appointment with them for an interview.

In this study, the researcher provided clear and precise information to participants so that they can understand the role they are playing in the ongoing research and become willing to participate. It has been made clear to the participants how the information they are providing is relevant to fulfill the objectives of the study.

The researcher was liable in protecting the identity of participants. It was made sure that the information participants are providing will not trace back to them. In this way, after building

a rapport, the researcher obtained the personal experiences of the participants. Participants were given pseudonyms in order to keep their anonymity. Moreover, the researcher made sure that the personal information they provide will not be disclosed to third person.

The study had also given due emphasis in using citations and avoiding plagiarism and falsification of any sources used in this study.

CHAPTER FOUR: DATA PRESENTATION

This section of the paper presents the findings of the study. It has four main sub-sections comprising socio-demographic data of all research participants, assessment of the application of the general standards for social work practice in the selected hospitals, services social workers provide in the selected hospitals and the identified challenges of social work practice in the selected hospitals.

4.1. Socio-Demographic characteristics of the Research Participants

Twelve Social workers taking the social worker positions in the selected six hospitals participated in the in-depth interviews. For the purpose of this research, these social workers are given codes that identify them in the data presentation. From the 12 social workers, five of them are males and the rest seven are females. The age range of these social workers lies between the ages 25-49. Furthermore, the experience of the participants as a health care social worker ranges between 5 years to 2 months. Looking at their educational background, the social workers have a nursing, sociology and social anthropology, psychology, social work, health officer and management backgrounds. The general background information of those social workers who participated in this study is presented in the following table;

Table 1: Background information of social workers

Participants' Code	Sex	Age	Educational background (training)	Work experience as a social worker	Hospital the social worker works in	Work experience in the hospital
SW 1	Male	49	Diploma in Nursing and BA in Sociology and	3 years	Menilik II Hospital	3 years

			Social Anthropology			
SW 2	Fem ale	32	Diploma in Nursing and BA in Sociology	5 years	Menilik II Hospital	5 years
SW 3	Fem ale	31	Diploma in Nursing and BA in Sociology and Social Anthropology	2 years	Menilik II Hospital	2 years
SW 4	Fem ale	35	Diploma in Nursing/ BA in Sociology and Social Anthropology	5 years	Ras Desta Hospital	5 years
SW 5	Fem ale	30	Diploma in Nursing and BA in Sociology and Social Anthropology	2 years	Zewditu Memorial Hospital	2 years
SW 6	Fem ale	36	Nursing diploma and BA in Sociology and Social Anthropology	4 years	Zewditu Memorial Hospital	4 years
SW 7	Male	33	BSC in Nursing	2 months	Zewditu Memorial Hospital	2 months
SW 8	Fem ale	28	BA in Sociology and Social Anthropology	3 years	Yekatit 12 Hospital	3 years
SW 9	Male	32	BA in Health officer and MA in Social Work	3 years	Yekatit 12 Hospital	3 years
SW 10	Male	25	BA in Psychology BA in	2 years	Ghandi	7 months

			Sociology		Memorial Hospital	
SW 11	Male	27	BA in Psychology	6 months	Tirunesh Bejing Hospital	6 months
SW 12	Fem ale	29	BA in Management	3 years	Tirunesh Bejing Hospital	3 years

There are also other informants in this study who comprise physicians, nurses, CEOs (Chief Executive Officers) and medical directors. These professionals were selected to be informants in this research on the premises that they have direct work relation with the social workers and can be able to provide information regarding social workers' activities in the hospitals they are working in. Among the 17 informants other than the social workers, 6 Physicians, 6 Nurses, 2 CEOs, 2 Medical Directors and 1 Medical Service Process Owner are included. The physicians and the nurses were selected to be informants by the recommendation of the social workers working with them. The CEOs, Medical Directors and the Medical Service Process Owner are included because the social workers in the selected hospitals are accountable to them and are believed to provide more information about social work activities in the hospitals. All these informants have been given pseudonyms. The background information of the other informants is illustrated in the following table;

Table 2: Background information of other

Participants' pseudonyms	Sex	Age	Hospital they work in	Position in the hospital	Work experience in the hospital
Selam Dawit	Female	26	Menilik II Hospital	Physician	1 year
Abebe Minalkew	Male	28	Menilik II Hospital	Nurse	1 month
Belachew Adem	Male	59	Menilik II Hospital	Medical director	15 years
Seida Kedir	Female	30	Ras Desta Damtew Hospital	Physician	3 years
Nigusse Belew	Male	48	Ras Desta Damtew Hospital	Medical director	4 years
Sewalem Zeleke	Female	39	Ras Desta Damtew Hospital	Nurse	10 years
Belete Assefa	Male	46	Zewditu Memorial Hospital	CEO	5 years
Mulusew Bekele	Female	43	Zewditu Memorial Hospital	Physician	15 years
Tsgereda Woldesnebet	Female	34	Zewditu Memorial Hospital	Nurse	8 years
Meaza Sergeta	Female	29	Yekatit 12 Hospital	Physician	3 months
Amanuel Ayele	Male	39	Yekatit 12 Hospital	Medical service process owner	2 years
Girum Kiefe	Male	28	Yekatit 12 Hospital	Nurse	8 months
Temesgen Alemayehu	Male	26	Ghandi Memorial Hospital	Physician	2 years
Getaneh Gessesse	Male	56	Ghandi Memorial Hospital	Nurse	15 years
Meles Negash	Male	56	Tirunesh Bejing Hospital	CEO	4 years
Assefa Dima	Male	44	Tirunesh Bejing Hospital	Physician	4 years
Endalkachew Negesse	Male	30	Tirunesh Bejing Hospital	Nurse	3 years

4.2. Application of General Standards in the Provision of Social Work Services in the Selected Hospitals in Addis Ababa

This section is organized in to 11 subsections presenting findings regarding the application of the 13 standards stated on the NASW Standards for Social Work Practice in Health Care Setting (2014) in the selected hospitals.

4.2.1. Ethics and Values

The social workers participated in this study were asked about their awareness regarding social work ethics and values as well as the application of these ethics and values into their social work practices. All of these participants except for one social worker reported that, even though their awareness level varies they are aware of the ethics and values of social work. SW 6 in Zewditu Memorial Hospital mentioned that she has never heard of the ethics and values of social work and does not apply them in her practice. SW 10 gave a brief explanation regarding his awareness and application of the ethics and values of social work in his practice. He stated that;

I am aware of the codes of ethics of social work. The first one is service; I know that it is my obligation to avoid injustices in providing services. It requires a talent and a commitment to provide psychosocial support and to be an advocate for patients when it is necessary. The second code of ethics is dignity and worth of a person, for example it is my responsibility to give psychosocial support for patients who are on the way to give up on themselves and let them know their worth. The third code of ethics is importance of human relationship referring that I should have a code communication with both patients and other hospital staffs to provide quality social work services. The forth one is integrity which is about having a coordination with

other case teams. The last one is competency. Currently, I take several courses and trainings to improve my social work skills.

According to the findings of this study, most of the social workers who reported to be aware of the ethics and values of social work mentioned confidentiality, transparency, accountability, punctuality, efficient documentation, and smooth and friendly communication as the ethics and values required to practice social work in health care setting.

Few of the social workers participated in the study related the ethics and values of social work with that of their previous professional backgrounds. They stated that the ethics and values of social work are more or less similar with other professions such as psychology and medical ethics. SW 11 mentioned that;

Not fully aware but since the ethics of social work practice is more or less similar with ethics of psychology; I know that as a social worker helping people who need help is very essential. I know that I have to respect my patients and keep the confidentiality of their case. Moreover, I believe that a priority must be given to economically poor segment of the society.

Similarly, SW 4 who has medical background elaborated that;

Yes/ since I have a medical background I can say that social work ethics and values are more or less similar with medical ethics. The basic difference is that social workers tend to side with clients/ patients. Moreover, the social work ethics and values are also more or less similar with that of the civil servant ethics. For instance, I am well aware of the kinds of relationships I am expected to have with clients, colleagues and management. I am also well aware of the values of client dignity and confidentiality.

4.2.2. Qualification and Knowledge

The study tried to assess whether the qualification and knowledge of the social workers participated in this study meets the standards. According to the findings of this research, except for SW 9 who has a BA in health officer and an MA in social work, all of the participants have educational backgrounds other than social work either in a BA or MA level. Almost half of the participants reported that they have both a diploma in Nursing as well as a BA in Sociology and Social Anthropology.

The other participants stated that they have a BSC in nursing, BA in psychology, BA in sociology and social anthropology and BA in management. Full educational background of the social workers in presented on table one.

4.2.3. Cultural and Linguistic Competence

Social workers participated in this study were asked about their familiarity with the concept of cultural and linguistic competence and its impact in their social work practices in the hospital they are working in. All of the participants reported that they are aware of the existence of diversity among patients in the hospital. After stating their familiarity with the concept, the participants were asked to elaborate the ways they handle client diversity in culture and language.

All the participants reported that when there is a linguistic difference between them and patients, they let their colleagues translate for them. SW 7 stated that; *“If there is language difference I will let other staffs translate for me. For example when a patient with hearing disability comes the other social workers will translate it for me and help me communicate with the patient.”*

Moreover, among the social workers participated in this study, only few of them explained about the ways they handle cultural differences between them and patients. SW 11 explained that;

When there is cultural difference between me and my client I will try to compromise our differences and respect and accept them for who they are. When I face language difference and when I cannot understand what my clients are trying to say I will ask other hospital staffs to translate the language for me. This is how I avoid a miscommunication between me and my clients.

As SW 9 put it,

When I face a language difference between me and my client I will let my colleagues to translate it for me. Also there are times when patients bring a letter of collaboration written in a different language. This time we cover their cost to bring the translated version of the letter. Moreover, there are times when patients with different culture come to me. For example, there are cultures who do not allow for a girl to be alone in an office with a strange man and that the husband must come along. This time I let the husband to come in to the office with her. This is how I show them that I respect their culture.

4.2.4 Screening and Assessment

Among the standards of social work practice in health care setting, screening and assessment is one of them. The social workers were asked if they are aware of the concept of assessment and screening as well as how they conduct screening and assessment on clients/patients. All participants stated that they are familiar with the concept of assessment and screening. Even though all of them have their own ways of assessment and screening, conducting

an in-depth interview on the patient is the common one among all of the social workers.

According to SW 11;

When there are patients who need to be provided with social work services we make an assessment on them. The assessment is conducted by asking patients detail questions including their name, the person who brought them to the hospital, their full address, their socio-economic status, as well as police information about them (this mostly happens for patients who claim to live on the street). Based on the information we obtain from the assessment we make a screening to figure out whether they need a social work service or not. Since the wellbeing of the patient is given priority, the assessment and screening takes place while the patient is receiving a medical service

According to the finding of the study, the social workers in only one of the hospitals have a standardized assessment and screening instruments. SW 9 working in this hospital reported that;

We conduct a subjective and objective assessment. The subjective assessment is the one where we ask the patient detailed questions about their whole life. The objective assessment is conducted through filling out a form that assesses the dressing style, gesture, emotions and so on. The screening is conducted based on the result we find using the two kinds of assessments.

In contrast, one of the social workers (SW 10) reported that he uses his own assessment and screening tools rather than a standardized one. He stated that;

I have three ways to make assessment on patients; I make a round and visit patients, be informed by nurses, and be informed by doctors. During the assessment first I

build a rapport so that patients believe me and share their stories to me. In the assessment I make a detailed interview about their socioeconomic and personal status. After the assessment there comes the screening. I set up 15 criteria that I use to decide whether a certain patient deserves a social work service or not. I set up these criteria on my own which is not included in my job description. The reason to set these criteria is because I have witnessed some unfair works in the hospital like favoring the relatives of the members of the hospital administration. Some of the criteria include; helping people living on the street, helping the elderly, helping the disabled, helping people who faced environmental hazard and so on.

4.2.5. Intervention

Intervention is one of the standards stated in NASW Standards for Social Work Practice in Health Care Setting. Social workers participated in this research were asked if they are familiar with the concept of the intervention role of social workers in hospitals. Half of the participants reported that they do not have awareness about the intervention role of social workers. Besides they stated that they do not intervene in any plans prepared to provide medical services to patients in the hospital.

In contrary to these participants, half of the social workers stated that they are familiar with the intervention role of social workers in care plans for patients. According to these social workers, they carry out their intervention roles in the care plans in different ways. SW 4 stated that;

In this hospital the highest decision makers are the physicians. Other professionals carry out the doctors' decisions. Especially, I do not have a voice in the intervention of medical plans. Most of the time, I am required to make assessment on the patient

and suggest for possible intervention plans. But there is a slight possibility that my decision might be taken seriously. Usually, I put my signature on already decided intervention plans for the patient.

In opposite to what SW 4 stated, SW 9 reported that; *“Social work is an independent unit with its own budget and has power over decisions made in the hospital. Our department is a member of the management team and participates in planning and implementation of managerial decisions.”*

4.2.6. Advocacy

Study participants were questioned if they are familiar with the concept of advocacy in social work practice. According to the findings of this study, most of the social workers are familiar with the idea of advocacy. Only few of the participants are not aware or not sure what advocacy is in a social work practice. Among these few participants, only one of them has no idea what advocacy is. The rest reported that they are not clear about the concept of advocacy. According to SW 5, *“No/ we help patients get free medical service if that is what advocacy means.”*

Furthermore, the participants who reported that they are aware of the advocacy role of social workers also reported their activities while advocating for their clients. According to the findings, the social workers advocate for patients when patients face difficulties in relation to financial issues, discharge, external medical investigations and mistreatment during the provision of medical services in the hospital. According to SW 10;

Of all the social work services I provide, advocating for patients is the most important of them. Most of my advocacy work is related to discharging patients. The hospital does not care about patients' next move as far as they left the hospital early.

So the hospital pressures them to leave even if they don't have anywhere to go. This is the time when I advocate on behalf of the patients and make them stay in the hospital until they find a place to go. There is this woman with this problem who were forced to leave the hospital but have nowhere to go. But I convinced the hospital administration to let her stay in the hospital until I find her a family or a place to stay and she stayed in the hospital for two months. And then I collected money from NGOs and took her to her families who lived in rural areas without the help of anyone.

4.2.7. Interdisciplinary and Inter-Organizational Collaboration

One of the standards in the NASW standard for social work practice in health care setting is the interdisciplinary and inter-organizational collaboration among social workers and other professionals in the process of helping patients in the hospital they are working in. Social workers participated in this study were asked if they had participate in the interdisciplinary team works in the hospitals. According to the findings, very few of the social workers involve in the medical service provision in collaboration with other professionals. The rest does not involve in any interdisciplinary collaborations with other professionals. In relation to this, the social workers who participate in the interdisciplinary teams were asked what their roles are in the medical teams. All of them reported that, their roles are related to handling patients' social and financial problems. According to SW 4;

I participate in medical services provided in collaboration with different professionals. Different case teams participate in the interdisciplinary medical services, including; doctors, nurses, x-ray technicians, laboratory technicians, social workers, pharmacist and so on. In this multidisciplinary team work my role is to

facilitate the medical process by advocating for the patient, helping the patient easily communicate with the team and helping the patient collaborate with the team to smoothen the medical process.

In relation to this issue, other informants who participated in this study were asked to elaborate the involvement of social workers in interdisciplinary teams. Some of them reported that social workers do not participate completely in the interdisciplinary teams. Endalkachew, a nurse in Tirunesh Bejing hospital stated that;

Social workers do not participate in interdisciplinary team works. We involve the social workers after a decision has been made by other professionals about the given patient. And then they will be called and given the responsibility of handling the patient's social problems. I have never seen them participating in important meetings hosted by the hospital regarding medical service provision.

The rest of the informants shared their experience in relation to social workers involvement in interdisciplinary teams. They stated that the social workers have limited involvement in the medical teams. According to these informants, social workers roles in these teams does not involve making medical decisions, rather it is related to handling social and financial issues of patients in the hospitals. As stated by the informants, some of the roles played by social workers in medical teams includes; planning discharge for patients, providing information to patients about the medical process, and provide counseling for patients before going in to surgery. According to Seida, a physician in Ras Dessta Damtew hospital;

In the interdisciplinary teams the role of social workers is to handle the social aspects such as helping patients with economical problems. They do not participate in the planning process for patients' medical care and are not allowed to make

decision in relation to the patients' medical treatment. They become active in the team after the patient finished his treatment. In the hospital, after the patient is treated and cured, he/she must leave the hospital because they might be exposed to other infections if they stay in the hospital. If these patients have nowhere to go, we report them to the social worker to discharge them from the hospital by any means they have. This is how they help in the team.

According to the researcher's observation in Rad Desta Damtew hospital, the social worker is not given a place in an interdisciplinary medical service provision. She does not have an organized participation in these teams. While she was showing the researcher around the hospital compound, we met a nurse and told her that there is a new case and that they need her help. She also told her that the nurses and the doctors already discussed about the case without involving her. It is very clear that they involve the social worker if they meet her by coincidence and they do not give her the chance to play her role in the provision of medical services.

4.2.8. Practice Evaluation and Quality Improvement and Supervision and Leadership

Social workers participated in this study were inquired to identify the evaluation mechanisms they apply. According to the findings, two of the social workers stated that they do not have any mechanism to evaluate their work. As SW 3 stated; *"There is no evaluation, we just do our work with no job description to refer to and we do not write a report."*

On the other hand, the rest of social workers stated that they have different evaluation mechanisms to evaluate their social work practices in the hospitals. According to the findings, the evaluation mechanisms identified by the social workers include, writing report to the responsible body and a 1 to 5 evaluation method (it is an evaluation method where six colleagues gather and discuss about their strengths and weaknesses during work; one of them serves as

facilitator of the discussion). Most of the participants stated that they do not receive a feed back after writing a report to the responsible body about their activities. Only few of them mentioned that they improve their work based on the feed backs they receive after writing the report.

According to SW 9, *“we report to the responsible body which is to the Medical Service Vice Provost of the Hospital. And we evaluate our work based on the feedback we get on the report.”*

Aside from writing a report, the participants also identified a 1 to 5 evaluation method as a mechanism to evaluate their work and help in quality improvement. Most of the study participants confirmed that they apply this evaluation mechanism into their practice. SW 12 stated that;

We are obliged by the hospital administration to evaluate ourselves with our colleagues using the 1 to 5 evaluation mechanism. Bus since we are two social workers we evaluate our works discussing the issues such as our strengths, weaknesses, challenges, solutions, the works we have done and our future plans. Plus we submit a report every Friday to the Outpatient Department even though we do not get any feedback.

Furthermore, one of the social workers reported that he has his own self-evaluation method to assess his social work activities in the hospital. SW 10 stated;

Since social work is part of the liaison case team, I report to the responsible bodies about my work. But personally, I have my own evaluation method. Day to day, I make a plan for what I am going to do for the whole day. And also, I plan for the future like I prepare myself by making a deal and an arrangement with different NGOs to accept patients with financial problems.

As to supervision and leadership, none of the social workers stated about them being involved in a leadership position or being formally supervised by any person who have the expertise in social work practice in health care setting. But, indirectly most of the social workers are accountable to the Medical Directors, CEOs and Medical Service Process Owners to report their work and receive feedback to improve the quality of services they provide.

4.2.9. Record Keeping and Confidentiality.

Social workers who participated in this study were asked if they are familiar with the concept of patient record keeping and confidentiality. According to the findings, all the social workers stated that they have awareness about the concept of patient record keeping and confidentiality of patient files. In relation to this, these participants were requested to elaborate their patient record keeping mechanisms in the hospital. Few of the participants stated that they keep patient files both in hard copy and soft copy. The rest of the participants keep patient files only in hard copy. All of the participants keep the hard copy of patient files on a ledger. Those social workers who also keep patient files in soft copy use a computerized way of recording patient medical history. SW 6 put it as;

We keep patient files in hard copy and soft copy. The soft copy is about patients who received medical service from the hospital and are discharged. The hard copy, which is written on a ledger, includes patients' medical history and letters we wrote and received from different organizations. No one has access to patient files except the three of us.

The social workers also stated about the accessibility of patient files. Few of the social workers participated in this study mentioned that the patient files are accessible by anyone who

wants to view these files. SW 3 stated that, *“we have a hard copy of patient files written on a ledger. It is always there on the table, not locked and anyone can have access to it”*.

In contrary, most of the social worker stated that they keep the confidentiality of patient files very well and that only authorized bodies have access to these files. SW 12 said,

I keep patient record on a ledger. Since our computer is not working we could not be able to keep patient records on softcopy. If the information of the patients is needed by our bosses we will give it to them. Otherwise, we lock the cabinets in the office and no one will have access to it.

As the researcher observed, the record keeping mechanism of Ras Desta Damtew Hospital, the social worker keeps patient files in hard copy as well as soft copy. The hard copy of patients' file is recorded on a ledger which is placed on one of the tables which anyone can have access to. On the computer, the social worker keeps patients file on a folder she created and named “social”. On the soft copy file of patients the ID, admission date, name, age, sex, card number, diagnosis result, the physician name who took care of the patient and other important information about the patient are included.

4.2.10. Workload Sustainability

One of the standards in NASW standards for social work practice in healthcare setting is workload sustainability. Social workers participated in this study were questioned if they face workload in practicing social work in the hospitals. Some of the social workers reported that they have never faced any kind of workload during practicing social work. The rest of the participants stated that they face workload with different experiences and magnitude. As these participants identified, working liaisons' work aside from their social work practice, difficulties in finding

organizations to take their patients, burnout during practice, heavy caseload, and limited number of social workers in hospitals have caused for the existence of workload during their practice.

The participants who face workload were asked if the workload has any negative impact on the quality of services they provide. According to the findings, only one of the social workers stated that the workload has a negative impact on the quality of social work services she provides. SW 2 stated that, *“most of the time we do the liaisons work in addition to ours just because we share office with them. This reduced the time we spend to visit our patients.”*

Moreover, the social workers were asked what mechanisms they employ to manage the work load they face. The solutions for workload management identified by the social workers include; managing to perform only social work duties, discussing with colleagues, putting more effort on their activities, having a face to face contact with NGOs rather than using telephone, prioritizing vulnerable segments of the society (such as children and mothers) when there is a heavy case load, and sacrificing personal matters for the sake of clients. SW 12 stated the following;

Mostly it is very difficult for us to find NGOs where we can take patients with economic problem. In relation to this the doctors and administration of the hospital pressures us to find NGOs and discharge patients quickly from the hospital. I work extra hours to avoid this pressure but it does not have a negative impact on the quality of social work services I provide.

4.2.11. Professional Development

Social workers who participated in this study were also asked if they are aware of the concept of professional development. Few of them reported that they are not aware of the concept of professional development in social work practice in health care setting. These

participants also stated that they are not involved in any activity to develop their professional skills as a social worker.

The rest of the participants stated that they are aware of the concept of professional development in social work profession. These participants were asked if they are involved in any kinds of activities to advance their knowledge and skills. Few of them stated that, even though they are aware of the concept of professional development currently they are not involved in any kind of activity to develop their professional skill. The rest of the participants stated that they attend different courses at different levels and also read about social work to advance their professional engagement. SW 10 reported: *“Currently I am taking online clinical psychology courses. Moreover, I read a lot about different code of ethics and standards and participate in different capacity building trainings and different social events that can improve my social work skills.”*

4.3. Services Social Workers Provide in the Selected Hospitals

This section presents the services social workers who participated in this study provide in the hospitals they are working in. These include, their stated roles in their job description and the services they provide outside the job descriptions provided by the hospitals.

4.3.1. Services Social Workers Provide Based on Job Descriptions

Social workers participated in this study were questioned to describe their stated roles in the job descriptions provided to them by the hospitals they are working in. Few of the social workers reported that they do not have a job description. Among these social workers, one of them stated that he did not get a job description only because he is new to the position. He stated that he is expecting to get a job description any time soon. But the rest said that they did not get a

job description right from the start when they were hired in the hospitals they are working in. In relation to this SW 1 stated that;

We do not have a job description; but we work based on the description we adopted by looking at the experience of other hospitals. Based on this description, we have the responsibility to conduct assessment, help clients with financial problem and keep the confidentiality of patient secrets.

Contrary to the above idea, most of the social workers reported that they have a job description stating what their roles are in the hospitals they are working in. In relation to this the social workers were asked to illustrate the services they provide in the hospitals as a social worker. All the social workers who reported that they have job description also mentioned that they provide all the activities stated in their job descriptions. They identified the following activities as social work services they provide based on their job descriptions:

Conducting assessment

Conducting assessment is one of the stated roles of social workers in the job descriptions they are provided with by the hospitals. According to the findings of this study, only some of the social workers provide this service in the hospital they work in. Other informants were also asked to describe the services social workers provide in the hospitals. Meles, a CEO in Tirunesh Bejing hospital confirmed that the social workers in the hospital have the duty to conduct an effective assessment and screening on patients. He said;

The duties of social workers in the hospital are various. They facilitate free medical service and free medicine for patients with poor financial status after conducting an effective assessment and screening on patients, they make a deal with NGOs to facilitate rehabilitation for patients, they provide counseling for patients about the

whole medical process, and collect wheelchairs from different volunteer organization for handicapped patients who cannot afford to buy those instruments.

Taking care of patients who does not have attendants

Taking care of patients who does not have attendants is one of the duties stated in the job description of social workers. Most of the social workers reported that they take care of patients who does not have attendants and provide them with their basic needs such as food and cloths.

SW 5 mentioned that;

Some of our responsibilities stated in our job description are; to follow up and help patients who does not have attendants and provide them food and cloths, taking patients who does not have anywhere to go to organizations, taking children abandoned by their parents to NGOs after reporting it to the police and so on.

Similarly, one of the other informants, Meaza, a physician in Yekatit 12 hospital stated that; *“The only responsibility of social workers as far as I know is to help patients with no attendants.”*

Create linkage to services

Another service provided by social workers in the hospital as stated by their job description is to take those patients who have nowhere to go after discharge to organizations that can provide them with their basic need such as food, clothing and shelter. Majority of the social workers who participated in this study reported that they link patients with different organizations, mostly NGOs. As these social workers stated they provide this service mainly to vulnerable groups of the society such as children who are abandoned by their families, mothers and elderly people. One of the other informants, Sewalem, a nurse in Ras Desta Damtew hospital confirmed that;

As far as I know the duties of the social worker in the hospital are creating a linkage between the hospital and other organizations to provide patients their basic needs such as clothes and shelter and helping poor patients get free medical services and medicine from the hospital.

Facilitating free medical services

According to the findings of this study, facilitating free medical service for patients with financial problems is one of the important services social workers provide in the hospitals. All the social workers participated in this study confirmed that they facilitate free medical services as well as free medication and free external medical examinations (such as CT scan, MRI and different laboratory tests) for patients who are believed to be economically poor. As SW 8 put it;

Our job description mentions that we have the responsibility to facilitate free medical service and medicine for patients with financial problem, facilitating free medical investigations that are not found in the hospital such as MRI and CT scan, providing meal service for patients who does not have attendants or family, sending patients and abandoned children to NGOs and facilitating ambulance service in the hospital.

Offering education and information

Another duty social workers are expected to carry out as stated in their job description is providing education to patients. Among the social workers who participated in this study, very few of them provide this service. They stated that they provide education for patients about the whole medical process and about patients' stay in the hospital. SW 10 reported that;

In my job description, I am required to conduct assessment and screening, help economically poor patients get free medication and medicines, document each and

every social case I handle, create linkage with non-governmental and governmental organizations to help patients, provide education for patients regarding their stay in the hospital, take care of patients who does not have attendants or family, write report about my work and forward problem solving ideas to help patients.

Advocate for work transparency and provision of quality services

Other informants who participated in this study were asked to state social work services provided in the hospitals they work in. Among them, only one of them reported that social workers in the hospital advocate for work transparency and provision of quality services in the hospital. Girum, a nurse in Yekatit 12 hospital said;

The responsibilities of social workers in the hospital include; facilitating free medical services and medication for patients who live on the street and have financial problem, they advocate for work transparency and quality services in the hospital, create linkage with NGOs and providing basic needs (food, cloth and shelter) for patients with financial problem.

Facilitating patient discharge

According to the findings of this study, facilitating discharge process for patients is another service provided by social workers in the hospitals. Among the social workers participated in this study, only one of them stated that the duty of facilitating patient discharge from the hospital is stated in the job description. Moreover, Endalkachew, a nurse in Tirunesh Bejing hospital confirmed that one of the services social workers provide in the hospitals in to facilitate patient discharge from the hospital. SW 10 reported that;

My job description states that I have to help patients with social and economic problems get medical service, provide social education for patients, facilitate patient

discharge process, linking patients with different NGOs, taking abandoned babies to NGOs, conducting need assessment on why mothers abandon their children and so on.

Facilitating ambulance service

Facilitating the ambulance service in the hospital was also stated as the services social workers provide. Among the social workers participated in this study as informants, only two of them provide this service in the hospital they work in. SW 8 stated that;

Our job description mentions that we have the responsibility to facilitate free medical service and medicine for patients with financial problem, facilitating free medical investigations that are not found in the hospital such as MRI and CT scan, providing meal service for patients who does not have attendants or family, sending patients and abandoned children to NGOs and facilitating ambulance service in the hospital.

Family reunification

As one of the social workers participated in this study stated reuniting lost family members is one of the duties stated in the job description. According to the findings, only one social worker provides this service. SW 6 reported that; *“Our job description mentions that we have the responsibility to facilitate free medical service for patients with financial problem, reuniting lost family members, and finding NGOs to take patients who are disabled, elderly and abandoned children.”*

4.3.2. Services Social Workers Provide Outside their Job Descriptions

Social workers who participated in this study as informants were asked if there are any services they provide in the hospitals that are not stated in their job descriptions. In addition to

carrying out their duties as stated in their job descriptions, the social workers provide the following services in the hospitals.

Counseling

According to the findings of this study, counseling is one of the services provided by social workers in the hospitals. Few of the social workers stated that they provide counseling for patients and their families about the whole medical process they are provided with in the hospital. As SW 3 put it;

We facilitate free medication to patients with financial problem, we act like family for those patients who do not have attendants, creating NGO linkage and providing counseling for patients and their families during surgeries.

Co-ordination of volunteer activities and social events

Another important finding of this study regarding the services provided by social workers in these hospitals is co-ordination of volunteer activities and social events in the hospitals they work in. Almost half of the social workers reported that they are involved in volunteer activities such as establishing volunteer club in the hospitals, co-ordinate blood donation form volunteers, collect money from volunteer hospital staffs to help patients with financial problems with their basic needs such as food and clothing as well as transportation, collect clothes and shoes from volunteer hospital staffs and gather wheel chair and other devices for handicapped patients who cannot afford to buy those instruments. Moreover, aside from all the involvement in volunteer activities in the hospital, one of the social workers stated that he also organizes different social events in the hospital such as HIV/AIDS day, mothers' day and so on. SW 10 stated;

I provide all services that are stated in my job description. Other than that there are things I do that are not stated in my job description such as; I am on the verge to

establish a volunteer club in the hospital, I am working on HIV mainstreaming, I am also planning to work on quality management, I facilitate different social events in the hospital such as the celebration of women's day, mothers' day and HIV day. Moreover, since I have a psychiatry background, I help the Psychiatry Department when there are patients with psychosis development. I also recommend patients to be sent to Psychiatric Department while I was rounding in the hospital.

Furthermore, only one of the social workers, SW 2 reported that she is involved in facilitating holiday celebration in the hospital for patients who do not have family or attendants.

Checking patients' medical records

Another finding of this study shows that one of the social workers with a medical background checks and follows up patients' medical records. SW 4 stated that;

Since I have a medical background, I check for the patient cards whether they are given the right medication or not. If I noticed any problem or negligence in the patients', I report it to the doctors.

Assisting weak patients

From the social workers participated in this study, only one of them reported that they assist in feeding very weak patients in the hospital aside from what has been stated in their job description. SW 8 stated that;

We carry out all our responsibilities mentioned in our job description. Other than what is stated in the job description, we provide cloths for patients with no attendants and feed very weak patients sleeping in wards.

4.4. Challenges of Social Workers in the Selected Hospitals

One of the objectives of this study was to find out whether there are challenges to social work practice in the selected hospitals and points them out if there are any. Social workers participated in this study were requested if there are any challenges they face during practicing social work in the hospitals they work in. All of these participants reported that they face different challenges while providing social work services in the hospitals. The challenges identified by the social workers will be presented as follows.

Lack of awareness about social work roles

Lack of awareness about social workers role in the hospitals is one of the challenges identified by the social workers. All of the study participants reported that there is lack of awareness about social work roles among different professionals as well as the hospital administration. SW 4 clearly stated that;

The other challenge I face in this hospital is lack of awareness of my colleagues, other professionals and the administration staff about social work activities. we are considered as beggars because most of the time my job is related to searching for different organizations out side the hospital to provide me with aids I can give back to my clients based on their problem. Also, when I advocate for my patients, I usually face a challenge from other professionals. They think that I do not respect their profession and their decisions and they think that I might take their right to decide on the patients' wellbeing.

Moreover, SW 6 also stated that;

The first challenge is lack of awareness about social work. Most of the hospital staffs think that our job is just "putting a free stamp on patients' cards"; they don't know

that the things we do are beyond that. Even our salary is less than the salary of other professionals with the same level to us.

Office problem and lack of office facilities

According to the findings of this study, office problem is one of the challenges the social workers reported. Majority of study participants stated that they do not have their own office in the hospital, rather share office with liaisons. SW 4 stated that;

There is a space problem. As you can see it I share this small room with other four colleagues. When I have a case that I should handle in my office such as a counseling session with a patient, I cannot have a quite environment to have a clear conversation. Moreover, the confidentiality of the secret of my client will be jeopardized because my colleagues could listen to what we are talking.

One of the social workers reported that even though they have their own office, they complained about the size of the office and lack of office facilities. As SSW 6 put it; *“There is an office problem and lack of office facilities; we requested to get an office wider than this and we are waiting for their respond.”*

As the researcher observed in Menilik II Hospital, the social workers work in a small office sharing it with two liaisons. The office holds 2 computers, 2 beds, 4 lockers, a table, fridge, stove, kitchen utensils, tap water and a wireless telephone. All the social workers wear a white gown. In the office there is a suffocating temperature and too much noise. On the table there are many ledgers holding patients' files. They talk to patients through the window.

The researcher also tried to observe Ras Desta Damtew Hospital social worker's office setting. According to the observation, the office of the social workers is found on the OPD (outpatient department) building. The social worker shares an office with four other liaisons. In

the office there are two tables, five chairs, two lockers, one computer, one printer and different stationary materials. The social worker has her own stamp. The social worker does not have a gown. She does not have a phone to use at work. The four liaisons have one phone but she make a call going to the administration office. The office is found on a building where there is too much and disturbing noise from patients.

Lack of budget

According to the findings of this study, lack of budget is another challenge pointed out by the social workers who participated in this study. Most of these participants stated that they do not have their own budget to run activities independently. SW 5 mentioned that,

We have no budget to do our work. For example there is a difficulty in finding clothes, diaper and milk for children who are abandoned in the hospital; but if we had had a budget, we wouldn't have faced these problems.

In contrary, one of the social workers reported that, even though they have their own budget they still face financial problems in practicing social work in the hospitals. SW 9 said.

“Even though we have our own budget there is still financial problem to do our work.”

Having a difficult relationship with the hospital administration

Having a difficult relationship with the hospital administration is another challenge the social workers reported to be facing while practicing in the hospitals they work in. Some of the social workers stated that they have difficulties in communicating and agreeing with the hospital administration regarding some issues. As one of the social workers reported one of these issues is referral system. He said that they face challenges in admitting patients from rural areas. As SW 7 put it; *“The other main challenge is that patients who come from rural areas bringing a letter of*

referral from federal hospitals face a great challenge to be admitted in hospitals under Addis Ababa health bureau.”

SW 12 stated that, hospital administration put much pressure on them to do different works. She said; *“Moreover, lack of awareness about social work services in the hospital, pressure from administration and lack of enough cloths for the patients are the challenges we face.”* Another issue raised by one of the social workers regarding miscommunication between the hospital administration and the social workers is the administration’s unwillingness to cooperate in social workers relationship with NGOs. SW 6 reported:

The other challenge is when the hospital does not co-operate with us when we try to make a deal with NGOs. These organizations set criteria to take our patients in; they mentioned that they will take our patients if the hospital provides free medical service to the people under their organization. But the hospital did not make any decision about the issue until now.

Difficult communication with NGOs

As stated by the social workers participated in this study, having a difficult communication with NGOs is one of the challenges they face. SW 2 stated that there are times when they face difficulties when the organizations refuse to accept patients’ with criminal records. Similarly, SW 8 also stated that it is difficult for them to find NGOs for elderly people. SW 12 also mentioned that they face challenges in finding NGOs for patients with financial problems.

Similarly, SW 9 reported that; *“The other main challenge we face is the lack of age specific adoption agencies for abandoned children; there are no organizations that are willing to adopt a child above the age 8.”* As SW 8 stated, *“for instance when a child is abandoned n the*

hospital it is our responsibility to report it to the police; but it is hard to get effective and well organized service from the police.”Furthermore, two of the social workers stated that there is a difficulty in getting an effective service form the police.

Mechanisms social workers employ to overcome their challenges in the hospitals

Along with the challenges they face, the social workers participated in this study were also questioned how they overcome their challenges. Regarding the lack of awareness about social work roles among hospital staffs, all the social workers reported that they always try to create awareness by explaining their activities and roles in the hospital they work in. SW 5 stated that they had prepared a stakeholders meeting to create awareness about social work roles in the hospital. Similarly, SW 1 stated that;

There is lack of awareness among the hospital staffs, and there are times when some hospital staffs ask as to do them a favor like to help them get free medication from the hospital. To avoid these challenges we always try to explain to them how the work is done.

Some of the social workers explained how they overcome the challenge of lack of budget to carry out their responsibilities. Few of them mentioned that they are planning on preparing a proposal to submit to the hospital administration requesting for a budget allocation to run their activities. Only one social worker, SW 6, reported that they already requested the hospital administration for allocation of budget.

All those social workers who reported that they have office problem stated that to overcome this challenge they requested for an office with full office facilities and are waiting for the response from the hospital administration.

Among the social workers who reported to face a challenge of having difficult communication with NGOs and the police, one of them stated that they prepare stakeholders meeting to discuss about the issue. As SW9 put it, *“moreover, there is a delay in police stations when we report an abandoned child to them (to solve this problem we prepare a stakeholders meeting every 3 months).”* Similarly, SW 8 stated that, *“the only solution for this case is to go to the station in person than communicate through telephone.”*

Summary

The chapter presented major findings of the study regarding the application of general standards to social work practice, services social workers provide and challenges social workers face while practicing social work in the selected hospitals. The presentation comprised the data gathered through in-depth interview, interview with other informants and researcher’s observation. Subsequent to this, the discussion of the study findings in relation to relevant literatures will be followed in the next chapter.

CHAPTER FIVE: DISCUSSION

This section of the paper discusses findings of the study by relating them to relevant literatures. The discussion will be based on the identified themes in the data presentation section answering the research questions presented in the first chapter of this paper. Furthermore, the limitations of the study as well as the challenges faced during the study are also presented in this chapter.

5.1. Limitations of the study

If it wasn't for time and cost constraints, the researcher would have considered studying public hospitals at national level taking samples from all over the country. This limited the study not to generalize for the social work services being provided in public hospitals all over the country.

5.2.Challenges of the Study

The researcher faced different challenges while conducting this study. The first challenge is the very long process in the hospitals to get permission to interview participants working in the hospitals. Even if the researcher took a letter from social work department asking for the hospitals' collaboration, it took me days to get permission to interview participants.

The other challenge is participants' unwillingness to be interviewed. After a long explanation of the research objectives and the importance of their involvement in the research, some participants refused to be interviewed. This challenge occurred only with the informants other than the social workers.

The other significant challenge faced during the data collection is the refusal of participants to be recorded. Even though it has been mentioned in the informed consent that it is a choice for their voice to be recorded, the researcher explained that it will be more advantageous

if the interview is supported by voice recorder. But only three participants were willing to be recorded. For instance, one of the participants refused to be recorded and asked the researcher to turn off the phone. Furthermore, most of the participants repeatedly cancelled the appointments they had with the researcher or came late to the interview.

The dispersed location of the research settings has also been a main challenge during the data collection. It has been very tiresome for the researcher to move from one hospital to another during data collection.

5.3. Application of General Standards in the Provision of Social Work Services in Selected Hospitals in Addis Ababa

5.3.1. Ethics and Values

According to the findings of the study, almost all of the participants confirmed that they are aware of the ethics and values of social work and practice social work based on these ethics and values of the profession. In this study, participants identified confidentiality, transparency, accountability, punctuality, efficient documentation, and smooth and friendly communication, avoiding injustices, dignity and worth of a person, importance of human relationship, integrity, and competency as ethics and values of social work profession. Similarly, according to the NASW Standards for Social Work Practice in Health Care Setting (2014), “service, social justice, dignity and worth of the person, importance of human relationships, compassion, integrity and competence- constitute the foundation of social work and underlie the practice of social work in health care settings.” (p. 13)

Moreover, the standard also stated that, “upholding a client’s right to privacy and confidentiality and promoting client self-determination fosters competent social work practice in

health care settings.”(p. 13) But, promoting client self-determination has not been identified by the study participants as a social work ethic and value.

5.3.2. Qualification and Knowledge

The findings of this study revealed that among the social workers participated in this study, only one of them has an MA in social work. The rest of the social workers have different educational background other than social work at a BA or MA level. Regarding the qualification and knowledge of social workers who work in health care settings, NASW standard for social work practice in health care setting mentioned that;

Social workers practicing in health care settings shall possess a baccalaureate or master’s degree in social work from a school or program accredited by the Council on Social Work Education; shall comply with the licensing and certification requirements of the state(s) or jurisdiction(s) in which she or he practices; and shall possess the skills and professional experience necessary to practice social work in health care settings (p. 14).

The standard also stated that, “As health care professionals, social workers require special knowledge and skills. This knowledge and skill base can be obtained through multiple approaches, including coursework and field practice in a social work degree program, specialty practice credentials earned after graduation, health care-related employment experience, and on-going continuing education (p. 14).” In line with this explanation, this research found out that even though only one of the social workers joined social work program at MA level, most of the other participants have a health care related employment experience.

5.3.3. Cultural and Linguistic Competence

In respect to cultural and linguistic competence in social work practice, the results of the study indicated that all the social workers participated in this study are aware of the existence of cultural and linguistic difference between them and their clients. Similarly, as the NASW (2014) standard for social work practice in health care setting put,

Recognition and affirmation of cultural and linguistic diversity are critical to both therapeutic alliances with clients and cooperative working relationships with colleagues. Given the many facets of culture, every interaction between a health care social worker and a client is potentially a cross-cultural exchange, as two individuals are unlikely to be identical in every aspect of cultural identity (p. 16)

According to the findings, the social workers respect and understand the cultural as well as linguistic difference existing between them and their clients and make an effort to have an effective interaction with clients in different ways. The standard stated that social workers must have an understanding about the history, traditions, rituals, values, family systems, and communication patterns of clients they provide social work services to (p. 17).

5.3.4. Assessment and Screening

The study revealed that, the social workers practicing in the selected hospitals conduct assessment and screening on their clients on their own ways. They indicated that they conduct assessment on the social and economic aspects of patients. In contrary, the NASW standard for social work practice in health care setting clearly put it that, “Bio-psychosocial–spiritual assessment is a fundamental process of social work practice in health care settings (p. 18)”. None of the participants mentioned that they conduct biological, psychological and spiritual assessment on patients.

Moreover, except for only one of the social workers participated in this study, none of the participants use a standardized instrument for client assessment. Regarding the importance and use of a standardized assessment instrument NASW (2014) stated that; “in the assessment process, social workers may find standardized instruments helpful in identifying and responding to client concerns. Such instruments are viewed as starting points in the development and refinement of an individualized, comprehensive assessment.” (p. 18)

5.3.5. Intervention

In regards to the intervention role of social workers in health care delivery system, the findings of the study shows that half of the social workers have no awareness about what intervention is. However, the NASW standard for social work practice in health care setting (2014) asserted that, “Social workers practicing in health care settings shall develop and implement evidence-informed care plans that promote client well-being and ensure a client- and family-centered continuum of care.” (p. 19).

On the other hand, the rest of the participants reported their different ways of intervening in care plans. According to the NASW standard cases management is one of the ways for social workers to implement care plans to help clients. In line with this the standard mentioned different names for social workers who are involved in case management including discharge planner. (p. 19) Based on the findings of this study, one of the social workers reported that, he intervenes in the care plan by planning a safe discharge process for the client as stated in the standard. In line with this, the standard also “stated ensure care continuity through safe discharge, appropriate transition between different levels of care, and client follow-up (p. 20)” as one of the social workers role in the implementation of care plans for clients.

5.3.6. Advocacy

According to the 2014, NASW standards for social work practice in health care setting, “Social workers practicing in health care settings shall advocate for the needs and interests of clients and client support systems, and promote system-level change to improve outcomes, access to care, and delivery of services, particularly for marginalized or disadvantaged populations.” (p. 20). In line with this, the finding of this study shows that most of the social workers practicing in the selected hospitals advocate on behalf of their clients. The social workers advocate for patients when patients face difficulties in relation to financial issues, discharge, external medical investigations and mistreatment during the provision of medical services in the hospital. The standard similarly stated, “Social workers in health care settings serve as client advocates by promoting client access to health care, identifying and removing barriers to service delivery, and helping clients navigate between and among complex health and social service systems.”(p. 20)

5.3.7. Interdisciplinary and Inter-Organizational Collaboration

Even though the NASW standard for social work practice in health care setting (2014) states; “within health care settings, multiple providers are often involved in a client’s care, making teamwork and collaboration essential. Teamwork and good communication among health professionals can improve health care delivery, resulting in better client outcomes.”(p. 21) the findings of the study revealed that majority of the social workers participated in this study do not involve themselves in the interdisciplinary teams collaborating to provide medical services for clients in the hospitals they are working in.

In the opposite, the research finding shows that some of the social workers participate in medical service provision given by the collaboration of different professionals. One of the social

worker stated that in this multidisciplinary team work social workers have a role to facilitate the medical process by advocating for the patient, helping the patient easily communicate with the team and helping the patient collaborate with the team to smoothen the medical process.

Similarly the standard mentioned that social workers in health care setting have the role to “advocate for the client’s integral role in team communications and care planning, delivery, and monitoring as well as communicate the client’s information in a respectful and objective manner while protecting the client’s confidentiality and privacy.”(p. 22). In line with the stated role of social workers in health care setting on the NASW standard (2014), describing the roles of other health care professionals and organizations involved in supporting the client and sharing team leadership in planning and providing services to clients (p. 22), the social workers in the selected hospitals provide a service of planning discharge for patients, providing information to patients about the medical process, and provide counseling for patients before going in to surgery.

5.3.8. Practice Evaluation and Quality Improvement and Supervision and Leadership

According to the NASW standard for social work practice in health care setting (2014),

Social workers practicing in health care settings shall participate in ongoing, formal evaluation of their practice to advance client well-being, improve outcomes, assess the appropriateness and effectiveness of services and supports, ensure competence, and strengthen practice (p. 22).

In line with this standard, the study finding revealed that, except for few of them, most of the social workers participated in this study evaluate their social work practices in the hospitals they work in. As the standard identified Social work evaluation methods may include peer review, self-evaluation, supervision, and other research methods (p. 22). Similarly, the social

workers in the selected hospitals stated self-evaluation, peer review (1-5 evaluation) and supervision through report feedback as evaluation methods to their social work practice.

The NASW Standard for social Work Practice in Health Care Setting (2014) stated that “the purpose of social work supervision in health care settings is to enhance the professional skills and knowledge of a supervisee, in order to increase her or his competence in providing quality patient care. Supervision facilitates professional growth and development and improves clinical outcomes.” In contrary, the research finding shows that none of the social workers stated about them being involved in a leadership position or being formally supervised by any person who have the expertise in social work practice in health care setting.

5.3.9. Record Keeping and Confidentiality

In respect to record keeping and confidentiality of patient files, the findings of the study shows that all the social workers are aware of the concept and have different mechanisms to document patient files. In line with this, the NASW standard for social work practice in health care setting (2014),

Documentation serves as a foundation for care planning, and practice and program evaluation. Additionally, professional documentation is often required for service reimbursement, utilization or legal review, and demonstration of organizational accountability to payers or funding sources. The purpose of documentation is to foster strong working relationships with, and services for, clients in health care settings (p. 23).

Moreover, the study revealed that, only few social workers keep patient files on paper as well as electronically. The rest keep patient files only on paper. As regards to patient record keeping mechanism and confidentiality of patient medical files, the standard stated that,

“Documentation of social work services will be recorded on paper or electronically and shall be prepared, secured and disclosed in accordance with regulatory, legislative, statutory, and organizational requirements”(p. 23). Furthermore, although the standard identified “Documentation of compliance with confidentiality and privacy rights and responsibilities” (p. 23) as high quality social work documentation of patient files in health care setting, the social workers who participated in this study mentioned that the patient files are accessible by anyone who wants to view these files. Which implies that, the social workers does not keep the confidentiality of patient files in the hospitals.

Even though the NASW standard for social work practice in health care setting states that, “it is necessary to ensure that the client has the information needed to provide informed consent and to facilitate the client’s understanding of how the social worker discloses client information to other health care professionals and how the health care organization responds to external requests for confidential information” (p. 24), the study finding shows that most of the social worker stated that they keep the confidentiality of patient files very well and that only authorized bodies have access to these files. But none of them reported that they inform the client/ patient about the disclosure of any of his/ her medical information to other professionals in the hospital or outside the hospital.

5.3.10. Workload Sustainability

The findings of this study revealed that most of the social workers practicing in the selected hospitals face a heavy workload under different circumstances. The social workers reported about working as a liaison aside from their social work practice which in turn leads to an increment in case load size. The NASW standard for social work practice in health care setting (2014) stated that, “Client caseload size directly affects a social worker’s capacity to

establish relationships with and provide services to clients. Consequently, caseload size should allow for meaningful opportunities for client contact.” (p. 24) Moreover, the standard affirmed, “for maximum effectiveness, the size of the social work staff reflects the mission of the health care organization, the scope of the social work program, and the number and complexity of clients served” (p. 25). In line to this the finding of this study shows the social workers practicing in the selected hospital reported that the existence of limited number of social workers in hospitals is caused for the existence of heavy workload during their practice. Furthermore, the participants also identified difficulty in finding organizations to take their patients and burnout during practice as causes for heavy workload which are not discussed in the NASW standard for social work practice in health care setting.

5.3.11. Professional Development

As to professional development in social work profession, the NASW standards for social work practice in health care setting (2014) states, “social workers must engage in ongoing professional development to maintain competence within their fields of practice.”(p. 25) In accordance with this standard, the finding of the study shows that few of the social workers participated in this study are involved in professional development activities. As the standard indicated, “Professional development activities relevant to social work practice in health care settings may include developments in clinical care, research or technology; health care policy and legislation; community resource and services; ethics; and leadership and administration, among other topics.” (p. 25). More or less similarly, the social workers participated in this study indicated that they are taking social work courses at MA level and online clinical psychology courses to enhance their professional development.

5.4. Services Social Workers Provide in the Selected Hospitals

A finding of the study shows that social workers practicing in the selected hospitals provide different social work services. One of these services they provide is conducting assessment and screening on the patients. Similarly, Gregorian (2005) and Asquith, Clark, and Waterhouse, (2005) stated that conducting assessment is a major role of social workers in health care setting. As Gregorian (2005) put it one of the role of social workers in health care setting is “Assessing the family’s social situation, dynamics, and capacity to cope with the illness, treatment and hospitalization” (p. 4). Moreover, the NASW standard for social work practice in health care setting (2005) affirmed that “Social workers shall provide ongoing assessment, including gathering comprehensive information to use in developing interventions and treatment strategies” (p. 20). The standard also explained that the assessment should be conducted on the patient as well as his/ her family regarding biomedical, psychosocial and spiritual issues. (p. 20). According to the finding of this study, the social workers conduct assessment and screening mainly on the social and economic aspect of only the patient; the psychological and spiritual matters are not included. According to Browne (2012) “Social workers conduct an evaluation of the strengths and needs of individuals and members of their social support network as part of a social work assessment to identify assets and potential barriers to care”(p. 24). Moreover, Lakhan (2006) stated that the application of the bio-psychosocial model into social work practice is important because for better healthcare outcome it is important to compile the biological, psychological social as well as spiritual aspects of the client. (p. 2)

The study revealed that all of the social workers participated in this study provide a service of facilitating free medical services as well as free medication for patients with financial problems. Similarly, a study by Ali and Rafi (2013) indicated that, “In many cases costly drugs,

medicines and diets may be prescribed for patients and are too poor to achieve (procure) them. Here the medical social worker arranges this material for the patients by some social agency or any other source” (p. 359).

Another finding of this study shows that, even if it is provided by few of them, counseling is one of the social work services being provided in the selected hospitals. In the same way, Judd and Sheffield (2010) stated that “The provision of concrete resources, counseling services, and patient advocacy reflect overarching categories of activities historically carried out by hospital social workers.” (856).

Furthermore, the study also stated that, social workers in the selected hospitals provide education to patients and families regarding the whole medical process they go through. Correspondingly, a study conducted by Fleit (2008) on the influence of organizational structure on hospital social work practice and professional identity revealed that “Participants assisted patients and families in the navigation of complex hospital and reimbursement systems, interpretation of medical terminology, provision of support, education and adjustment to illness interventions.”(p. 147). Moreover, as Beder (2006) stated in Judd and Sheffield;

Hospital social workers assumed tasks that included conducting patient assessments regarding their living environment and family situation, educating patients regarding the hospital stay and potential impact of the diagnosis, assisting patient compliance with physician treatment recommendations, and providing a link to community resources to assist the patient post discharge (p. 857)

In line with his, as stated by the finding of the study, another service provided by the social workers in the selected hospital is discharge planning for patients. The social workers facilitate a timely discharge for patients and handle cases after post discharge. The social

workers communicate patients who do not have anywhere to go after being discharged from the hospital with different organizations to provide them with shelter and other basic necessities. Likewise, as Bateman and Whitaker (2002) mentioned in Browne (2006), the medical setting needs the help of social workers in addressing home care needs and their service of planning a discharge for patients that links them with essential health services (p. 22).

5.5. Challenges of social workers in the selected hospitals

According to the findings of the study, lack of awareness among other hospital staffs is one of the challenges identified by social workers in the selected hospitals. Due to this lack of awareness with in other professionals, the social workers face various challenges. The first one is office problem and lack of budget. Majority of the social workers in this study reported that they face office problem, as well as lack of different office facilities and lack of budget to provide quality social work services. A study by Chitereka (2010) regarding Hospital Social Work Practice in Zimbabwe states that, “They also face the challenge of operating in an under-funded environment that is also understaffed and politically volatile. There are shortages of resources like stationary and transport. As a result, social workers cannot carry out home visits or follow-up on the discharged patients.” (p. 779). As Davis et al. (2005) stated in Chiteraka (2010) “social workers identify numerous factors affecting their role, such as medical professionals’ lack of recognition of the social workers’ role, time constraints, and resource limitations”.(p. 779). In relation to the lack of awareness one social worker stated that the social workers have low salary, even less than those with the same level of employment in the hospitals. Similar finding has been revealed in Chiteraka’s (2010) study on Hospital social work practice in Zimbabwe. He mentioned that, “Another challenge is that of low salaries that cannot sustain the social workers and their families.” (p. 779)

Difficult communication with other professionals in the hospital they work in is another finding of the study as the challenges social workers face in the selected hospitals. They mentioned that they do not have equal voice as other professionals and do not participate in important decision makings. Likewise, Browne (2012) mentioned that social workers in health care setting face difficulties in working in collaboration with other professionals. Social workers are passive in medical teams collaborating to help patients (p. 32). In addition, the social workers stated that mostly they face problem in communicating with hospital administrations regarding patients' discharge. They reported that the hospitals force them to conduct untimely discharge on patients to reduce their hospital stay. In line with this Browne (2012) stated that, "Health-care provision increasingly is focused on reducing costs and decreasing hospital stays." (p. 32)

Summary

The chapter presented the findings of the study by relating them to the relevant literatures. The first section discussed the Application of general standards into the social work practice in the selected hospitals by relating them to the NASW Standard for Social Work Practice in Health Care Settings. The next section briefly discussed the services social workers provide in the selected hospitals. Finally, challenges social workers face while practicing social work in the selected hospitals were discussed. The conclusion of the study with its implication for policy, research, education as well as social work practice will be presented in the next chapter.

CHAPTER SIX: CONCLUSION AND SOCIAL WORK IMPLICATION

6.1. Conclusion

The study was conducted to assess social work services being provided in selected public hospitals in Addis Ababa. It had the objectives of assessing the application of general standards on social work practice in the selected hospitals, identify the services social workers provide in the selected hospitals and discover the challenges social workers face during practice in the selected hospitals. The study used qualitative approach using in-depth interview guide to interview social workers and other informants and observation check list as data collection tool.

The study was based on the experience of social workers who practice in the selected public hospitals; Tirunesh Bejing Hospital, Ghandi Hospital, Zewditu Memorial Hospital, Yekatit 12 Hospital, Ras Desta Damtew Hospital and Menilik II Hospital. Other health professionals were also interviewed as informants for the study.

According to the findings of the study, social workers in the selected hospitals practice social work based on most of the standards stated in the NASW standard for social work practice in health care setting. Ethics and values is one of the NASW standards that all the social workers take in to consideration during their practice. Confidentiality, transparency, accountability, punctuality, efficient documentation, and smooth and friendly communication, avoiding injustices, dignity and worth of a person, importance of human relationship, integrity, and competency were the ethics and values of social work profession identified by the social workers.

The study founded that most of the social workers do not qualify to practice in health care settings according to what has been stated in the NASW standard for social work practice in health care setting. Since these social workers do not have social work educational background,

they do not have the qualification and knowledge required to practice social work in health care institutions.

Regarding cultural and linguistic competence as one of the NASW standards, the findings of the study shows that the social workers in the selected hospitals respect and accept the different cultures and languages of patients and make an effort to build good communication with them.

Another finding of the study revealed that the social workers participated in this study conduct assessment and screening on patients in a slight difference than what has been stated in the NASW standard for social work practice in health care setting. The standard mentioned that during assessment and screening, the biological, psychological, social and spiritual aspects of the patient. But the results of the study show that the social workers focus on assessing only the social and economical aspects of patients' life. In regards to the intervention role of social workers the study founded that most of the social workers does not involve in the implementation of care plans designed to help patients. In contrary, discharge planning is one of the intervention role social workers play in the hospitals.

Most of the study participants also stated that they apply one of the NASW standards, advocacy, on their social work practice in the selected hospitals. The social workers stand on behalf of patients when patients face difficulties during medical service provisions in the hospitals. With regards to the standard of interdisciplinary and inter-organizational collaboration, the finding of the study revealed that most of the social workers do not participate in medical teams with different professionals in the provision of medical services for patients in the hospitals. In contrary, those social workers who participate in the interdisciplinary medical teams

provide a service of planning discharge for patients, providing information to patients about the medical process, and provide counseling for patients before going in to surgery.

Most of the social workers participated in this study evaluate their work in different ways such as self-evaluation, peer review (1 to 5 evaluation) and supervision through report feedback. Besides, in relation to supervision and leadership as one of the stated standard in the NASW standard for social work practice in health care setting, none of the social workers stated about them being involved in a leadership position or being formally supervised by any person who have the expertise in social work practice in health care setting. As another finding of the study shows, most of the social workers record keeping mechanisms and confidentiality do not comply with that of the NASW standard regarding record keeping and confidentiality. As to the standard, patient files should be kept both electronically and on paper, but most of the participants keep patient files only on paper. Moreover, regarding confidentiality it has been founded that most of the social workers keep the patient files confidential.

Moreover, the social workers participated in this study revealed that they face heavy work load due to working as a liaison aside from their social work practice which leads to an increment in case load size, existence of limited number of social workers in the hospitals, difficulty in finding organizations to take their patients and burnout during practice. Furthermore, even though the NASW standard for social work practice declared that social workers in health care setting must go through professional development, the study founded that only few social workers who participated in this study involve themselves in activities to advance their social work skills.

Therefore, it can be said that, the social workers who participated in the study apply most of the standards on the NASW Standards for Social Work Practice in Health Care Setting.

Another finding of the study illustrated different services social workers provide in the selected public hospitals in Addis Ababa. These services are; conducting assessment, facilitating free medical services and free medications for patients with low financial status, counseling, provision of education for patients about the whole medical process, advocacy, and discharge planning. Even though they are providing those services at a general level, it can be said that social workers play important roles in hospitals. Looking at that, it is very essential if they could be able to operate in every department in the hospitals that seeks the services of a social worker.

The study also tried to discover the challenges social workers face during practice in the selected hospitals. The social workers participated in this study identified the following challenges they face in the hospitals; lack of awareness, office problem and lack of office facilities, lack of budget, difficult relationship with other professionals in the hospitals and difficult communication with hospital administrations. Moreover, the social workers use different mechanisms to overcome those challenges such as; awareness creation, preparing proposals requesting for budget as well as office and office facilities and facilitating stakeholders meeting to discuss on their challenges and on the ways to overcome them.

In conclusion, it is up to the social workers to advocate for themselves and get acceptance by the hospitals as important health care service providers.

6.2. Social Work Implication

The findings of the study, Assessment of social works services being provided in selected public hospitals in Addis Ababa has the following social work implications in regards to practice, education, research and policy.

Policy Implication

The NASW standard for social work practice in health care setting is an ideal tool to provide quality social work services in health care setting. It is always a good thing to have a standard to guide one's own practice and for better provision of social work services. Social workers must find a way to support their practices with standards and guidelines. Concerned bodies such as the hospital management, Addis Ababa Health Bureau, Ministry of Health and professional associations such as ESSSWA (Ethiopian Society of Sociologists, Social Workers and Anthropologists) should also look into preparing guiding tools for social workers to incorporate into their practice.

This study clearly discussed the important contributions social workers make in health care service provision in the selected hospitals, especially to those vulnerable and to patients with low financial status. In designing policies, the government also gives priority to these sections of the population. Therefore, policy makers should consider and incorporate social work services in designing health policies and programs looking at how much social workers in health care settings contribute for better health care outcome.

Practice Implication

With regards to their role, there is a lot that these social workers can provide in the hospitals. There are different cases that need to have the intervention of social workers. Social workers need to involve in multidisciplinary teams to provide services that others professionals cannot provide. The social workers must not limit themselves to their job descriptions and explore areas where they can get involved into. In addition, the social workers must not wait for someone to bring a solution to their challenges in practicing social work in the hospitals. Rather,

they should advocate themselves and make their own voice heard by showing how important social work intervention is.

Education Implication

With regards to education, social work education should integrate the importance of practicing social work based on guidelines and standards. For example the BSW and MSW education curricula should widely incorporate the role of social workers in health care settings. Social workers practicing in hospitals should have access to trainings on how to incorporate standards including the NASW standard for social work practice in health care setting. In addition, the health education system should incorporate the roles social workers play in health care setting and the importance to include the services social workers provide in the medical service provision in health care settings. this in turn helps in improving the awareness of other professionals about social workers and social work practice.

Research Implication

To the best of my knowledge, very few studies have been conducted regarding social work practice in health care setting. It is very clear that there is a research gap regarding this issue. This research can serve as a beginning point for further researches in the hospitals incorporated in the study as well as other hospitals. This research can help as a reference for other researches which might focus on comparing social work services provided in the hospitals this study was conducted on and other hospitals at different levels such as the hospitals under the federal government. Moreover, the existence of such studies will help to the improvement and advancement of social work services provided in health care institutions.

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ANNEXES

ANNEX 1

INFORMED CONSENT FORM

This consent form is prepared for the research titled: *Assessment of social work services being provided in selected public hospitals in Addis Ababa.*

Purpose of the study- the main purpose of the study is to deeply explore social work services being provided in selected Hospitals in Addis Ababa. Moreover, the study intends to assess the application of global standards for social work practice in health care setting in selected hospitals of Addis Ababa, assess social work services provided in selected Hospitals in Addis Ababa and analyze the challenges social workers face during practice.

Procedures to be followed- the researcher request that you answer a number of in-depth questions forwarded by the researcher during the time of interview. You have the right to withdraw from the interview process at any particular point of time.

Discomforts and risks- the possible discomfort you might experience from participating in this research could be because of uncomfortable and sensitive questions that could cause stressful memories and emotional disturbances. For this reason, you have the right to decline any or all of the questions provided to you.

Benefits- you will definitely get a personal satisfaction for being able to share your experience in this research. The data obtained from you will benefit the society because it contributed to the quality improvement of social work services through the recommendations the researcher forwards at the end of the study.

Confidentiality- this study is guided by the ethical considerations of Autonomy and confidentiality. The information you provide will be disseminated for the purpose of the

research. But the personal information is to be kept confidential. Your participation in this study will be confidential and your personal information will not be transferred to third party without your consent.

Right to ask questions- you have a full right to ask any questions you have regarding the research process that you need to be clear with. The researcher is more than willing to provide clear answer to your questions.

Voluntary participation- Your participation is completely voluntary. You may refuse to answer any questions you do not wish to answer. You may end your participation at any time without penalty by letting the researcher know.

If you are willing to participate in this research and agree to the above terms, please sign your name and indicate the date below. Thank you in advance for participation in this study.

Participant name/code _____

Participant Signature _____

Date _____

Researcher name _____

Researcher signature _____

Date _____

Contact number _____

ANNEX 2

INTERVIEW GUIDE FOR IN-DEPTH INTERVIEW WITH SOCIAL WORKERS

1. Background information

- a) Age
- b) Sex
- c) Professional background/ field of study/ graduation year
- d) General work experience as a health care social worker (time length, previous work settings, particular focus area)
- e) Work experience in the hospital (duration, in which unit/ case team)

2. Questions regarding general standards for social work practice in health care setting

- A) Are you aware of any standard (such as written documents like guidelines or job descriptions) for social work practice in health care setting? If yes, how well do you know about the existing standards for social work practice in health care setting?
- B) There exist general standards on how social work should be practiced in health care settings/ hospitals. How do you relate your activities as social workers with the general standards for social work practice in health care setting? Do you practice social work in the hospital in accordance with the stated standards? Have you come across any of these social work standards being practiced in the hospital you are working in or other health settings?
- C) Are you aware of the ethics and values of social work profession? If yes, how do you integrate these ethics and values of social work profession in to your practice in the hospital you are working in?

- D) Are you familiar with the concept of cultural and linguistic competence in social work practice? If yes, in what way do you handle client diversity in the hospital? How do they manage the factors (beliefs, cultural differences, values...) that might affect their communication with their clients during practice?
- E) Are you aware of the screening and assessment process in social work practice? If yes, how do you conduct screening and assessment on clients/patients in the hospital you are working in?
- F) Are you familiar with the intervention role of social worker? If yes, in what way do you participate in intervening and carrying out care plans on clients/ patients?
- G) How well do you know about the advocacy role of social workers? What kinds of activities do you conduct to advocate for your clients in the hospital you are working in?
- H) Are there any mechanisms that evaluate your practice in the hospital? If yes, what kinds of evaluation strategies are used (peer review, self-evaluation, supervision...)?
- I) Are you familiar with the concepts of record keeping and confidentiality of client's/patient's information? In what way do you keep record of client's information? Who have access to your client's information? What kinds of mechanisms do you use to insure the confidentiality of your client's information?
- J) Do you face a heavy work load in the hospital you are working in? If yes, what measures do you take to handle these situations? Are there any effects the heavy work load you face brought on the quality of social work service you provide in this hospital?
- K) Are you aware of the concept of professional development? If yes, are you currently involved in any kinds of activities to advance your social work knowledge or social work practice skill?

3. What are your stated roles as a social worker in the hospital you are currently working in?
4. What kinds of social work services do you provide in the hospital? Are there any kinds of services that you provide outside your stated job description as a social worker in the hospital? Are there any activities you perform that are not stated in the general standards for social work practice in hospital setting?
5. Do you participate in interdisciplinarity team works in the provision of medical services to clients in the hospital you are working in? If yes, what kinds of roles do you play in the interdisciplinarity teams?
6. What do you know about the social work services being provided in other public hospitals in Addis Ababa (the hospitals selected for the purpose of this research)? Do you have working relationships with them? If yes, in what kinds of services do you work in collaboration with the selected hospitals?
7. Are there any challenges you face during practicing social work in the hospital? If yes, what kinds of challenges do you face? How do you overcome the challenges and continue to provide social work services?
8. What is your outlook regarding future social work practice in the hospital? What kinds of social work activities do you think should continue to be carried out? What kinds of social work activities do you think should be included in the future service provision in the hospital you are working in?
9. Do you have any additional comment that you would like to add? If yes, please forward.

ANNEX 3

INTERVIEW GUIDE FOR OTHER INFORMANT INTERVIEW

1. Background information
 - i) Age
 - ii) Sex
 - iii) Professional background/ field of study/ graduation year
 - iv) General Work experience in your profession (time length, previous work settings, particular focus area)
 - v) Work experience in the hospital (duration, in which unit/ case team)
2. What do you think are the responsibilities of social workers in the hospital?
3. How do you describe the relationship between social workers and other professionals during service provision?
4. What are the roles and contributions of social workers in the medical team? In what kinds of activities does social workers are allowed participate in the medica teams? What kinds of activities that are performed by the medical team are not allowed for social workers to participate in?
5. What is your outlook regarding future social work practice in the hospital? What kinds of social work activities do you think should continue to be carried out? What kinds of social work activities do you think should be included in the future service provion in the hospital you are working in?
6. Do you have any additional comment that you would like to add? If yes, please forward.

Thank you for your participation!!!

ANNEX 4

OBSERVATION CHECK LIST

Based on the consent of social workers, other informants as well as patients/ clients, the researcher will observe the following;

- ✓ The office setting (including accessories) of social workers in the selected hospitals
- ✓ Daily activities of social workers in handling cases in the hospital (including engagement, assessment, planning, intervention, discharge, follow up...)
- ✓ Social workers' record keeping methods
- ✓ Social workers interaction with clients
- ✓ Social workers interaction with other professionals in the hospital
- ✓ Social workers interaction with other social workers in the hospital
- ✓ Social workers roles in the interdisciplinary medical teams during service provision to clients/ patients

ANNEX 5

የተሳታፊዎች ፈቃደኝነት ማረጋገጫ ቅፅ

እኔ ህይወት ተመስገን በአዲስ አበባ ዩኒቨርሲቲ በሶሻልወርክ የትምህርት ዘርፍ የሁለተኛ ደረጃ ተመራቂ ተማሪ ስሆን በአሁኑ ሰአት ትምህርቴን እጨርስ ዘንድ የሚረዳኝን የመመረቂያ የጥናት ፅሁፍ በመስራት ላይ እገኛለሁ። ይህ የጥናት ፅሁፍ የሚያተኩረው በአዲስአበባ ውስጥ በሚገኙ የህዝብ ሆስፒታሎች ውስጥ በሚሰጡ የሶሻልወርክ አገልግሎቶች ላይ ነው። በኢትዮጵያ ውስጥ እስካሁን ድረስ በዚህ ጉዳይ ላይ የተሰሩ በቂ ጥናቶች ስለሌሉ ይህ ጥናት በርከፋች በመሆን ያገለግላል። በዚህ ጥናት የሆስፒታል ሶሻልወርክ ተግባር መለኪያ መስፈርቶች እንዲሁም በሆስፒታሎች ውስጥ የሶሻልወርክ ተግባር ተግዳሮቶች በስፋት ይዳሰሳሉ። እርስዎም የዚህ ጥናት አካል መሆን ትልቅ ጠቀሜታ ሲኖረው በቅድሚያ ከልብ ላመሰግኖት እፈልጋለሁ። ከእርስዎ ጋር የምናደርገው የቃለመጠይቅ ቆይታ ከ45-60 ደቂቃ ይፈጃል ተብሎ ይገመታል። ቃለ መጠይቁን ወይንም ውይይቱን የምናደርገው በርሶ ፈቃደኝነት ላይ ተመስርተን በድምፅ መቅረጫ በመታገዝ ሲሆን ይህም ፅሁፍን በምፅፍበት ጊዜ እንዲያግዘኝ በመታሰብ ነው። በውይይታችን ወቅት የምናነሳቸው የርሶ የግል ሚስጥሮች በሙሉ በኛ መሀል የሚቀሩ ሲሆን የሚስጥሩን ተጠባቂነት ከወዲሁ ላረጋግጥሎት እችላለሁ። ቃለ መጠይቁ ወይንም ውይይቱ የሚካሄደው በእርሶ ሙሉ ፍላጎት ላይ ብቻ ተመሥርቶ ሲሆን መመለስ የማይፈልጉክቸው ወይም ምቹቶን የሚነሱ ጥያቄዎች ካሉ ሳይመልሱ ማለፍ ይችላሉ። ከዚህም በተጨማሪ በፈለጉበት ሰአት ውይይቱን ማቆይ ይችላሉ። በቃለመጠይቁ ወቅት ግልጽ ያልሆኑ ጥያቄዎች ካሉት ማብራሪያ መጠየቅ ይችላሉ።

ስለዚህ የጥናት ፅሁፍ ተጨማሪ ማብራሪ ከፈለጉ እኔን (09 10 98 39 01) ወይንም የዚህ የጥናት ፅሁፍ አማካሪን ዶ/ር ዜና ብርሃኑ (09 11 88 28 57) ማነጋገር ይችላሉ። ከላይ

የተቀመጡትን ቅድመ ሁኔታዎች አንብበው ስለመረዳትዎ እና ለተሳትፎ ፈቃዥነትዎን ለመግለጽ ስም እና ፊርማዎትን ከታች በተጠቀሰው ቦታ ያስፍሩልኝ።

የተሳታፊ ስም _____ የጠያቂ ስም _____

የተሳታፊ ፊርማ _____ የጠያቂ ፊርማ _____

ቀን _____ ቀን _____

ANNEX 6

ከሶሻል ወርክ ባለሙያዎች ጋር ለሚደረግ ቃለ መጠይቅ የተዘጋጁ ጥያቄዎች

1. የተሳታፊዎች መረጃ

ሀ) እድሜ

ለ)ጾታ

ሐ) ያጠነት የሙያ ዘርፍ/ ትምህርት ያጠናቀቁበት ዘመን

መ) በሶሻል ወርክ ስራ ልምድ (ለምን ያህል ጊዜ አገልግለዋል?/ የት የት አገልግለዋል?)

ሠ) አሁን የሚሰሩበት ሆስፒታል እና አሁን በሚሰሩበት ሆስፒታል ለምን ያህል ጊዜ አገልግለዋል?

2. በሆስፒታል ውስጥ የሶሻል ወርክ ሰራተኞችን ተግባር መለኪያ መስፈርትን የተመለከቱ ጥያቄዎች

ሀ) በአለም አቀፍ ሆነ በሃገር ደረጃ በሆስፒታል ውስጥ የሶሻል ወርክ ሰራተኞች ተግባር መለኪያ መስፈርት መኖሩን ያውቃሉ? መልሶ አዎ ከሆነ ስለነዚህ መስፈርቶች ምን ያህል ያውቃሉ?

ለ) በአለም አቀፍ ደረጃ ሶሻል ወርክ በሆስፒታል ውስጥ እንዴት መተግበር እንዳለበት የሚያሳዩ መለኪያ መስፈርቶች ይገኛሉ:: እርሶስ የሶሻል ወርክ ተግባሮችን ከነዚህ መስፈርቶች ጋር እንዴት ያገናኙታል? በሚሰሩበት ሆስፒታል ውስጥ ሶሻል ወርክን የሚተገብሩት በነዚህ መስፈርቶች መሰረት ነው? እነዚህ የሶሻል ወርክ መስፈርቶች በዚህ ሆስፒታልም ሆነ በሌላ ቦታ ሲተገበሩ ገጥሞት ያውቃል?

ሐ) ስለ ሶሻልወርክ የሙያ ስነ-ምግባራት ግንዛቤ አለዎት? መልሶ አዎ ከሆነ እነዚህን የሙያ ስነ-ምግባራት በሆስፒታሉ ውስጥ ከሚያከናውኑት የሶሻልወርክ ተግባራት ጋር እንዴት እንደሚያቀናጁት ቢያብራሩልን?

መ) በሶሻልወርክ ሙያ ውስጥ ስለሚያጋጥሙ የባህል እና የቋንቋ ልዩነቶች ግንዛቤ አለዎት? መልሶ አዎ ከሆነ በሚሰሩበት ሆስፒታል ውስጥ ሶሻልወርክን በሚተገብሩት ወቅት የታካሚዎች የባህል እና የቋንቋ ልዩነቶች ሲያጋጥምዎ ምን ያደርጋሉ? እነዚህ የባህል እና የቋንቋ ልዩነቶች ከታካሚዎች ጋር ያለዎትን ግንኙነት እንዳያሻክሩ ምን አይነት እርምጃዎችን ይወስዳሉ?

ሠ) በሶሻልወርክ ሙያ ውስጥ ስለሚደረግ የደንበኞች ማጣራት እና ዳሰሳ ግንዛቤ አለዎት? መልሶ አዎ ከሆነ በሚሰሩበት ሆስፒታል ውስጥ ሶሻልወርክን በሚተገብሩት ወቅት ታካሚዎች ላይ የማጣራት እና የዳሰሳ ጥናት የሚያካሂዱት እንዴት እንደሆነ ቢያብራሩልን?

ረ) ሶሻልወርክሮች ደንበኞችን ለመርዳት በሚደረጉ የእቅድ ትግበራዎች ላይ ስላላቸው ሚና ግንዛቤ አለዎት? መልሶ አዎ ከሆነ በሚሰሩበት ሆስፒታል ውስጥ እንደ ሶሻልወርክር ደንበኞችን ለመርዳት በሚደረጉ የእቅድ ትግበራዎች ላይ ያለዎትን ሚና ቢያብራሩልን?

ሰ) በሶሻል ወርክ ሙያ ውስጥ ደንበኞችን ስለመወከል ወይም ስለመደገፍ ሚና ግንዛቤው አለዎት? መልሶ አዎ ከሆነ በሆስፒታሉ ውስጥ ታካሚዎችን ወክለው ወይም ደግፈው ምን ምን እንቅስቃሴዎችን አካሂደው ያውቃሉ?

ሸ) በሆስፒታሉ ውስጥ የሚያከናውኑትን የሶሻል ወርክ ተግባራት መገምገሚያ ዘዴዎች አሉ? መልሶ አዎ ከሆነ ተግባራትን ለመገምገም ምን ምን አይነት ዘዴዎች ይተገበራሉ?

ቀ) ስለደንበኛ መረጃ አያያዝ እና ምስጢራዊነት ግንዛቤ አለዎት? መልሶ አዎ ከሆነ በምን አይነት ሁኔታ የታካሚዎችን መረጃ እንደሚያስቀምጡ ቢያብራሩልን? ለታካሚዎች መረጃ ቅርበት ያላቸው አካላት እነማን ናቸው? የታካሚዎችን መረጃ ሚስጥራዊነት ለመጠበቅ ምን አይነት ዘዴዎችን ይጠቀማሉ?

በ) በሚሰሩበት ሆስፒታል ውስጥ ከፍተኛ የሆነ የስራ ጫና ያጋጥሞታል? መልሶ አዎ ከሆነ ይህን የስራ ጫና ለመቋቋም ምን አይነት እርምጃዎችን ይወስዳሉ? ይህ ከባድ የስራ ጫና በሚተገብሩት የሶሻል ወርክ ስራ ላይ ያመጣው አሉታዊ ተፅእኖ አለ?

ተ) በሶሻል ወርክ ሙያ ውስጥ ስለ ሙያ እድገት ግንዛቤ አለዎት? መልሶ አዎ ከሆነ በአሁኑ ሰአት የሙያ ብቃቶን ለማሳደግ የሚያደርጉት ጥረት አለ?

3. አሁን በሚሰሩበት ሆስፒታል ውስጥ እንደ ሶሻል ወርክ ባለሙያነት የተቀመጠልዎት የስራ ድርሻ ምን ምን እንደሆኑ ቢያብራሩልን?

4. በሆስፒታሉ ውስጥ ምን ምን የሶሻል ወርክ ተግባራትን ያከናውናሉ? በሆስፒታሉ ከተቀመጠልዎት የስራ ድርሻዎች ውጪ የሚሰጡት የሶሻል ወርክ አገልግሎት አለ? በተጨማሪም በሆስፒታል ሶሻል ወርክ ሙያ የተግባር መለኪያ ውስጥ ከተዘረዘሩት መለኪያዎች ባሻገር ምን ምን የሶሻል ወርክ ተግባራትን ያከናውናሉ?

5. ከሌሎች ባለሙያዎች ጋር በሚደረግ የተቀናጀ የህክምና አገልግሎት አሰጣጥ ላይ ተሳታፊ ነዎት? መልሶ አዎ ከሆነ በዚህ የባለሙያዎች ቡድን ውስጥ እርሶ የሚጫወቱት ሚና ምንድን ነው?

6. በሌሎች ሆስፒታሎች (ለዚህ ጥናት በተመረጡ ሆስፒታሎች) ስለሚሰጡ የሶሻል ወርክ አገልግሎቶች የሚያውቁትን ቢገልፁልን? ከነዚህ ሆስፒታሎች ጋር የስራ ግንኙነት አለዎት? መልሶ አዎ ከሆነ ከነዚህ ሆስፒታሎች ጋር ምን ምን አይነት ስራዎችን በቅንጅት ይሰራሉ?

7. በዚህ ሆስፒታል ውስጥ ሶሻል ወርክን በሚተገብሩበት ወቅት የሚያጋጥምዎት እንቅፋቶች አሉ? መልሶ አዎ ከሆነ የሚያጋጥሙት እንቅፋቶች ምን ምን ናቸው? እዚህን እንቅፋቶች በማስወገድ ጥራት ያለው የሶሻል ወርክ አገልግሎት ለመስጠት ምን ምን ዘዴዎችን ይጠቀማሉ?
8. ወደፊት በሆስፒታሉ ውስጥ ሊሰጥ ስለሚችለው የሶሻል ወርክ አገልግሎት ምን አይነት አመለካከት/አይታ አለዎት? ምን ምን አይነት የሶሻል ወርክ አገልግሎቶች በዚህ መቀጠል አለባቸው ብለው ያምናሉ? ለወደፊትም በሆስፒታሉ ውስጥ ቢካተቱ የሚሏቸው የሶሻል ወርክ አገልግሎቶች ካሉ ቢነግሩን?
9. መጨመር የሚፈልጉት አስተያየት ካለ ማቅረብ ይችላሉ?

ANNEX 7

ጉዳዩ ለሚመለከታቸው አካላት የቀረቡ ጥያቄዎች

1. የተሳታፊ መረጃ

ሀ. እድሜ

ለ. ፆታ

ሐ. ያጠኑት የትምህርት አይነት/ትምህርት ያጠናቀቁበት አመት

መ. በተሰማሩበት የሙያ መስክ የስራ ልምድ (ለምን ያህል ጊዜ እና የት የት አገልገሉ)

ሠ. በሆስፒታሉ ውስጥ ያላቸው የስራ ልምድ (ለምን ያህል ጊዜ እና በየትኛው የስራ ክፍል ውስጥ)

2. በሆስፒታሉ ውስጥ የሶሻል ወርከሮች ተግባራት ምን ምን ናቸው ብለው ያስባሉ?

3. በሶሻል ወርክ ባለሙያዎች እና በሌሎች የሆስፒታሉ ሙያተኞች መካከል ያለውን ግንኙነት እንዴት ያብራሩታል?

4. በህክምና አገልግሎ ሰጪ ቡድኖች ውስጥ የሶሻል ወርክ ባለሙያዎች የሚጫወቱት ሚና ምንድነው? በነዚህ ቡድኖች ውስጥ ሶሻል ወርከሮች እንዲተገበሩዎቸው የተፈቀዱ ተግባራት ምን ምን ናቸው? በተቃራኒው ሊተገበሯቸው የማይችሏቸው ተግባራትስ ምን ምን ናቸው?

5. ወደፊት በሆስፒታሉ ውስጥ ሊሰጡ ስለሚችሉ የሶሻል ወርክ አገልግሎቶች ምን አይነት አመለካከት/አይታ አለዎት? ምን ምን የሶሻል ወርክ አገልግሎቶች በዚህ መቀጠል አለባቸው ብለው ያምናሉ? ለወደፊትስ በሆስፒታ ውስጥ ቢካተቱ የሚሏቸው የሶሻል ወርክ አገልግሎቶች ካሉ ቢገልፁልን?

6. መጨመር የሚፈልጉት አስተያየት/ሀሳብ ካለዎት ማቅረብ ይችላሉ?

ANNEX 8

የቅኝት ዝርዝር

በሆስፒታሉ የሶሻል ወርክ ባለሙያዎች፣ ጉዳዩ የሚመለከታቸው አካላትና ታካሚዎች ፈቃደኝነት መሰረት ለዚህ ጥናት ሲባል የሚከተሉት እንቅስቃሴዎች ይቃኛሉ።

- ✓ የሶሻል ወርከኞች ቢሮ (የቢሮ ቁሳቁሶችን ጨምሮ)፤
- ✓ በሆስፒታሎቹ ውስጥ የሶሻል ወርክ ባለሙያዎች የእለት ተእለት እንቅስቃሴ፤
- ✓ የሶሻል ወርክ ባለሙያዎች የታካሚ መረጃ አያያዝ ዘዴዎች፤
- ✓ የሶሻል ወርክ ባለሙያዎች ከታካሚዎች ጋር ያላቸው ግንኙነት፤
- ✓ የሶሻል ወርክ ባለሙያዎች ከሌሎች የሆስፒታሉ ባለሙያዎች ጋር ያላቸው ግንኙነት፤
- ✓ በሆስፒታሉ ውስጥ ያሉ ሶሻል ወርከኞች እርስ በርስ ያላቸው ግንኙነት፤
- ✓ በሆስፒታሉ ውስጥ በተለያዩ ባለሙያዎች ቅንጅት በሚሰጥ የህክምና አገልግሎት ወቅት የሶሻል ወርክ ባለሙያዎች የሚጫወቱት ሚና፤