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Exploring the role of social workers for pediatric oncology patients in case of Tikur Anbessa Specialized Hospital (TASH)

By Lielteweyn Shibeshi

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Exploring the role of social workers for pediatric oncology patients in case of Tikur Anbessa Specialized Hospital (TASH).

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This is to certify that the thesis prepared by Lielteweyn Shibeshi entitled: Exploring the role of social workers for pediatric oncology patients in case of Tikur Anbessa Specialized Hospital (TASH), in partial fulfilment of the degree of Master of Art in Social Work (MSW) complies with the regulations of the University and meets the expected standards with respect to originality and quality.

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Abstract

Social workers play important role in health centers like Tikur Anbessa Specialized Hospital by addressing the complex needs of pediatric cancer patients on their emotional, financial, and psychosocial support. The study focused on the roles, interventions, of social workers on pediatric oncology patients and their families at Tikur Anbessa Specialized Hospital (TASH). The research attempts to investigate social work practices in the pediatric oncology unit using a qualitative case study approach. The data gathered from social workers, medical experts and parents of children with cancer using a combination of in depth interviews, key informant interviews, and observations. The study emphasized on the impacts of social work interventions on patient care, treatment adherence, and family well being, the study used thematic analysis to find important trends and insights. In addition to highlighting the vital role social workers play in offering practical, social, financial and emotional assistance, the findings also pointed out resource related and structural issues that impede efficient service delivery. Also the research takes into account ethical principles applied like informed consent, privacy, and cultural awareness. Also this study intended to promote social work integration in Ethiopia's healthcare system by investigating social work practices in pediatric oncology at TASH. The study found that social workers at Tikur Anbessa Specialized Hospital play key roles in supporting pediatric oncology patients and their caregivers by facing different challenges but by addressing these barriers could improve the quality and effectiveness of their support. The study underscores the need for enhanced social work education, practice, research, and policy reforms to strengthen the role of professional social workers in pediatric oncology care in Ethiopia.

Key words: padriatic oncology, social worker, Role of social workers

Acronyms

ACS	American Cancer Society
AIHW	Australian Institute of Health and Welfare
GICC	Global Initiative for Childhood Cancer
LMICs	Low- and Middle-Income Countries
ESSSWA	Ethiopian Society of Sociologists, Social Workers and Anthropologists
NASW	National Association of Social Workers
NCSC	National Centre for State Court
NGO	Non Governmental Organization
SIOP	International Society of Paediatric Oncology
TASH	Tikur Anbessa Specialized Hospital
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

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CHAPTER ONE

1. Introduction

1.1. Background of the Study

Many nations have a longstanding tradition of professional social workers and other social service professionals actively involved in hospitals and different community health environments. Dating back to the early 19th century in the United States and the United Kingdom the earliest social workers referred to as almoners were employed in healthcare settings to address the poor living conditions that negatively impacted patients' health (UNICEF & Columbia School of Social Work, 2018). Today, medical social workers are regarded as essential members of healthcare teams in many countries and their work includes emotional support, counselling, advocacy, and coordination of patients with resources that solve the social determinants of health (Ruffin, 2022).

To meet the overall needs of patients in an effective way, it is essential to accord top priority to the deployment of medical social workers and child and youth care practitioners in pediatric units and hospital sections. This ensures holistic care and emotional support during the recuperation process of patients as well as social service professionals play a vital role in promoting hospital-home communication, both pre- and post-hospitalization. This kind of accomplishment calls for professional training and integration into multidisciplinary teams to improve outcomes in care and reduce emotional suffering for patients and families (Ruffin, 2022).

In the process, oncology social work has evolved significantly from being solely end of life-oriented to becoming an integral component of all cancer care stages. Oncology social workers are now integral members of cancer treatment teams, especially in the community

where they have growing responsibilities as care is discharged from the hospital to home (Wilde et al., 2003).

Over the years, oncology social work has evolved significantly by expanding from a focus on end of life care to a broader engagement in all stages of cancer treatment. Oncology social workers are now integral members of cancer care teams, especially within community settings, where their responsibilities are growing as care shifts from hospital to home (Wilde et al., 2003). Health and medical outcomes are deeply connected to psychological factors, and social workers help patients address both physical and emotional challenges to foster improved treatment adherence and recovery (Malik & Safrasaf, 2012).

Pediatric oncology, the branch of medicine concerned with diagnosing and treating cancer in children represents a growing area of concern globally. According to the World Health Organization (2021), around 400,000 children and adolescents aged 0 to 19 are diagnosed with cancer annually the ssurvival rates for childhood cancers exceed 80% in high-income countries but fall below 30% in many low and middle income nations. These disparities are sometimes due to late diagnosis, poor access to specialized care, and a lack of supportive services, especially psychosocial care for children and their families.

The recognized value of social work in pediatric healthcare many low resource health systems including those in sub Saharan Africa still underuutilized social workers. In Ethiopia, national health strategies have prioritized preventive care, medical infrastructure, and capacity building for physicians and nurses but limited attention has been given to psychosocial care, particularly in pediatric oncology services (National Strategy for New born and Child Survival in Ethiopia, 2015) and this gap leaves many families struggling with financial hardship, emotional trauma, and social challenges during cancer treatment.

In this kind of context Tikur Anbessa Specialized Hospital (TASH) plays a crucial role, because it is one of the biggest hospitals in Ethiopia providing specialized pediatric oncology

services. The hospital serves patients from across the country those many of whom come from low income and vulnerable backgrounds. By understanding how social workers function in this setting and the extent to which they address the psychosocial, financial and emotional needs of pediatric cancer patients and their families is critical for strengthening holistic pediatric cancer care in Ethiopia and informing future policy and practice.

1.2. Statement of the Problem

A childhood oncology diagnosis is more than a medical issue it's a deeply life-altering event for the child and his or her family. Patients with cancer are often subjected to gruesome physical suffering due to the aggressive care they are provided, but their trial does not end there. In addition to the medical issues, the children suffer from psychological trauma, emotional distress, social withdrawal, and disruption of their regular daily routines, such as staying away from school and losing contact with friends. For the parents, the diagnosis brings a lot of emotional suffering, economic expense, uncertainty, and exhaustion.

In such a scenario, social workers have to perform an extremely significant role. They are not just care coordinators but also affective support givers, resource mobilizers, and child and family advocates navigating the labyrinth of cancer treatment. Their intervention can make a huge difference in improving the quality of life of pediatric patients and in assisting families in coping with the long and torturous journey of treatment.

The healthcare system in Ethiopia is primarily aimed at preventing and healing both communicable and non-communicable diseases in the general population (International Network for Cancer Treatment and Research, 2010, as quoted in Mename, 2013). However, the system is primarily based on a biomedical model, which pays little attention to the high association between physical health and emotional, psychological, and social well-being.

Disease, specifically one as dangerous as cancer, is not merely an issue to the patient but does especially impact the family and society as a whole.

At Tikur Anbessa Specialized Hospital the biggest referral hospital in Ethiopia and only one that provides pediatric oncology care social work roles during cancer treatment are not known or appropriately utilized. While the diagnostic and treatment processes receive focus from the medical teams, psychosocial issues of patients and their families are an open gap. The emotional impact, financial hardship, and lack of appropriate support systems leave most families devastated, especially the low-income households.

Evidence confirms such apprehensions. For example, a research by Alemayehu (2022) shows that public comprehension of what social workers do within healthcare settings is very low, and even among patients and clinicians, comprehension of why psychosocial support is necessary is low. Such low awareness lacks the integration of social work within healthcare teams and limits its impact on patient and family outcomes (Verulava et al., 2018).

Another research conducted by Elfnesh (2018) at Tikur Anbessa and Minilik II Hospitals identified that social workers are confronted with serious challenges because of insufficient knowledge and practice of professional standards, like those established by the National Association of Social Workers (NASW). Although the research gives a general overview of the issues confronting the profession, it does not sufficiently explore the specific services rendered by social workers to pediatric cancer patients or how they are helping families facing such a life-changing diagnosis.

Besides, Atsedenesh (2014) addressed the psychosocial impact of childhood cancer on parents. Her findings confirmed that parents suffer tremendous emotional distress, financial hardship, and physical fatigue. While parents had employed various coping strategies, the

support systems available to them particularly social and psychological support—were most often inadequate. Once more, the study identifies the problem but fails to examine what sort of support, if any, social workers are then providing.

Similarly, the study of Konjit Adelahu (2019) on women with cervical cancer focuses on emotional, social, and economic challenges caused by late diagnosis, highlighting the necessity of compassion for patients' coping mechanisms and social workers' assistance. Children and their families, whose requirements are uniquely different, were not included in this study.

Alemayehu's 2022 study at ALERT Hospital examined social work functions as a whole and found dissatisfaction with the department's ability to meet NASW standards. Although helpful, this study does not take into account social workers' function in pediatric oncology, and how they perform their work when resources are scarce and official standards are not being followed.

Indeed, cancer patients diagnosed at Hospitals must cope with much more than a health emergency that comprises emotional distress, fear, anxiety, disturbed family relationships, and economic collapse. As remarkable as the part played by social workers is in comforting individuals at such crises, their essential tasks are seldom recognized, and underutilized. There is a wide gap in knowledge about how exactly social workers are really assisting pediatric oncology care, what challenges they are faced with, and how their services are or are not integrated into the entire treatment process. Furthermore, there is little evidence of how social workers represent and assist children and families who bear the brunt of cancer's impact socially, economically, and emotionally.

This study, therefore, seeks to examine the roles, challenges, and impact of social workers in pediatric oncology treatment at Tikur Anbessa Specialized Hospital. Through examining how they provide care, what challenges they encounter, and how they can improve their capacity, this study aspires to help fill the knowledge gap and propose actions to advance treatment for some of Ethiopia's most vulnerable patients children with cancer and their families.

1.3. Research Objectives

1.3.1. General Objective

The general objective of this study is to explore the role of social workers on padiatric oncology patients in case of Tikur Anbessa specialized hospital settled in Addis Ababa, Ethiopia.

1.3.2. Specific Objective

- To identify the types of services provided by social workers to pediatric oncology patients at Tikur Anbessa Specialized Hospital.

- To examine the impact of social works interventions on the improvement of psychosocial, emotional, and financial needs of pediatric oncology patients.

- To explore the challenges and opportunities of social workers during services delivering for pediatric oncology patients and their families.

- To understand the expectations of pediatric oncology patients and their families on the ongoing of cancer treatment related to social work services.

1.4. Research Questions

1.4.1. Specific Research Question

1. What specific roles do social workers play in the care of pediatric oncology cancer at TASH?

2. How the social workers interventions impact on psychosocial, emotional, and financial needs of pediatric oncology patients and their families?

3. What are the challenges and Opportunities of social workers on services delivering for pediatric oncology patients and their families?

4. What are the expectations of pediatric oncology patients and their families on the ongoing of cancer treatment related to social work services?

1.5. Significant of the Study

The significance of this study lies in its contribution to understanding the essential role of social workers in pediatric oncology care. For patients and their families, the findings shed light on how social work services such as emotional support, resource linkage, and psychosocial counselling can ease the burdens they face during a child's cancer treatment. Recognizing these services encourages a more holistic approach to care that goes beyond physical treatment to also address emotional and social needs.

For policy makers and hospital administrators, the study provides practical insights into the challenges social workers encounter in their day-to-day roles. These insights can help inform the development of more supportive policies and resource allocations that empower social workers and strengthen interdisciplinary collaboration. Furthermore, for academics and educators, the research highlights the importance of integrating pediatric medical social work

into social work education and training programs. By doing so, academic institutions can better prepare future professionals to meet the complex demands of working with children and families affected by cancer. Overall, this study not only offers a clearer understanding of the contributions and struggles of social workers at Tikur Anbessa Specialized Hospital but also provides guidance that can be applied across other healthcare settings to improve care and support systems for pediatric cancer patients and their families.

1.7. Scope of the Study

This study focused on finding out the roles, interventions, and challenges and opportunities of social workers during on the supporting of pediatric oncology patients and their families at Tikur Anbessa Specialized Hospital in Addis Ababa, Ethiopia. Also it focused on a single point in time, it examines key variables such as social work roles, intervention types, and challenges faced. The research assessed the perceived impact on treatment adherence, patient wellbeing, and more needed things from the social worker. The findings ware specific to the pediatric oncology unit and pediatric unit social workers only and it may not generalize to other hospital settings.

1.6. Limitations of the Study

This study has some limitations that and it was conducted at Tikur Anbessa Specialized Hospital, so that can limit the generalizability of the findings to the others healthcare settings in Ethiopia and the access to participants get particularly busy healthcare professionals and some ware swamped because of workload so that might limit more clarification.

1.8. Organization of the paper

This paper consisted six main chapters. The first chapter introduces the study, outlining the problem statement, objectives, limitation, significant and scope the Study. The second

chapter is includes to reviewing exited literature that relevant to the topic. The third chapter discusses the research methodology, covering data collection tools, sampling techniques, and ethical considerations. Also the fourth chapter deals about data finding of the study. The fifth chapter includes discussion and the last chapter which is chapter six includes conclusions & implication.

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CHAPTER TWO

2. Literature Review

2.1. Oncology Disease

In contemporary medicine, oncological diseases remain a pressing issue malignant tumours ranking second in global death statistics. In Georgia, oncological disorders account for 14% of all deaths. One of the primary reasons for this high mortality rate is late diagnosis 60% of cases identified at the third or fourth stage of the disease. Limited public awareness has been identified as a key contributing factor to late detection (Verulava, et al, 2017).

2.2. Pediatric Oncology

The World Health Organization's (WHO) Global Initiative for Childhood Cancer (GICC), launched in 2018 aims to improve the survival rate of childhood cancer in low- and middle-income countries (LMICs) from the current estimate to 60% by 2030. Supporting this goal of the International Society of Paediatric Oncology (SIOP) initiated a program to establish a baseline map of pediatric oncology services across different regions. SIOP, which comprises over 2,000 members from 112 countries, including professionals such as physicians, nurses, psychologists and nutritionists, is one of only three non-state actors officially partnered with the WHO to address global pediatric oncology challenges. This collaboration plays a crucial role in advancing the GICC's objectives (SIOP, 2022).

Pediatric cancer stands as one of the leading causes of childhood mortality worldwide, presenting significant emotional, financial, and psychological burdens for both patients and their families. Although medical treatments aim to combat the disease, addressing the

psychosocial aspects of care is equally crucial, especially for children who often face fear, loneliness and the challenges associated with prolonged therapies.

In 2004, approximately 9,200 new cases of cancer were expected among children aged 0 to 14 in the United States, with childhood cancers being relatively rare compared to adult cancers. The most common type of childhood cancer are, leukaemia, accounted for 25% of all cases, affecting around 2,200 children annually. Advances in treatment, such as combination chemotherapies, bone marrow transplantation and improved surgical techniques, have significantly improved outcomes, with childhood cancer mortality rates decreasing by 49% since 1975. Survival rates vary by cancer type, ranging from 68% for neuroblastoma to 94% for Hodgkin's lymphoma (American Cancer Society [ACS], 2004; Patenaude & Last, 2001).

The current overall survival rate for childhood cancer is 75%, largely due to aggressive multimodal treatments. Childhood cancer is now viewed as either a single-episode illness or a chronic but treatable condition. But its diagnosis causes significant stress and anxiety for both the patient and their family, particularly during the initial diagnosis, treatment, and uncertain future. With many patients experiencing long periods of remission it has become possible to better understand the psychosocial challenges associated with the illness, including how individuals and families cope with the experience (American Cancer Society [ACS], 2004; Kazak et al., 2004; Derevensky, Tsanos, & Handman, 1998).

When doctors think a child might have cancer, they take a small piece of tissue to check for it. If cancer is found, it's important for the child to see a doctor who knows a lot about treating kids with cancer. They need to find out if the cancer is just in one place or if it has spread to other parts of the body. This helps them decide how to treat it. Kids' cancers can

grow quickly and often need strong treatments like surgery, chemotherapy, and radiation (Pizzo, 1993).

When a child gets sick with cancer it can be very scary for them and their family. There is hope for getting better, but the treatment can be very hard. Sometimes the child feels okay, and other times they might feel really sick again. This can be confusing because it's not always clear what will happen next. While many kids do get better, there is still some worry about what might happen (Stewart, 2003, p. 394). As described by Stewart (2003),

Childhood cancer makes things very uncertain for kids. They usually think about fun things and not the future but cancer makes them think about life and death. They have to deal with doctors and treatments that can be very scary. Kids might feel like their parents can't protect them anymore, and the world doesn't seem safe. Even though this is really hard, many kids in the hospital try to stay positive, play with others, and be friendly, even when things are tough.

Some kids who survive cancer can grow and become stronger because of their experience. Most of them are doing okay and feel normal. But, a few kids might still feel sad, have trouble making friends, or feel very anxious (Zebrack & Chesler, 2002, p. 133).

The highlights the global efforts to improve childhood cancer care particularly in low and middle income countries like Ethiopia and emphasizes that while medical treatment is essential, addressing the emotional, psychological, and social needs of children and families is equally important. It also shows that children with cancer face fear, uncertainty, and emotional distress, and the families often struggle with stress and care giving burdens.

2.3. Initial Diagnosis

When a child is first diagnosed with cancer, it can be a very scary and stressful time for everyone. The parents know their child is very sick, but they don't yet know what is wrong. The child might feel scared, miss school, and not understand what is happening.

Younger children might not fully understand their illness, and being away from their parents can make things even harder and or toddlers being in a hospital can feel really tough because they want to be independent. They might seem sad and not want to play. Kids who are 3 or 4 years old might also feel confused and lost, even if they are starting to show some signs of getting better (Chesler & Barbarin, 1987).

An older child diagnosed with cancer is likely to face some of the same difficult questions that adults grapple with, such as: Why is this happening to me? How much pain will I experience? And could this illness lead to my death? It's essential to involve the child in conversations about their diagnosis and treatment plan. When children understand what's happening to their bodies and the steps being taken to help them, they are better prepared to cope with the challenges of treatment. This approach to inclusion is evident in practices in the United States, where children aged seven and older are encouraged and required to participate in their care by signing consent forms for many treatment procedures (Patenaude & Last, 2001).

When kids become teenagers, they start to notice their health and may feel pain or sickness. While other kids their age are not thinking about dying, these teens are facing tough health issues. They are also becoming less dependent on their parents and more on their friends. They are learning more about their bodies and how to be adults. Because of their health

problems, many teens feel more emotional and have a harder time than younger kids (Ross, 1993).

2.4. Treatment

Hospitalization for treatment often requires school-age children to be separated from their home, friends, peers, and school, disrupting their daily routines (Chesler & Barbarin, 1987). Side effects such as hair loss from chemotherapy, physical changes from surgeries, and skin burns caused by radiation can lead to feelings of shame, self-consciousness, and fear of rejection by their peers. The repeated hospital stays further limit opportunities for peer support.

For adolescents undergoing treatment, the symptoms and medical interventions can greatly interfere with their psychosocial development (Stewart, 2003). Side effects like nausea, vomiting, mouth sores, muscle pain, and fatigue can result in significant school absences. Moreover, intensive treatment plans and vulnerability to infections due to weakened immune systems often necessitate social isolation, further distancing them from their peers and regular social activities.

Adolescents with cancer often face increased reliance on their families at a stage when their peers are striving for greater independence. Unlike most teenagers who prefer to spend time with friends and participate in group activities that reinforce social norms, adolescents with cancer are frequently isolated from their peers for extended periods. Treatments can lead to visible scars or even amputations, which can severely impact their already vulnerable self-esteem (Chesler & Barbarin, 1987).

While their peers are focused on planning for the future, adolescents with cancer are confronted with the uncertainty of their illness's duration and ultimate outcome (Derevensky

et al., 1998; Koocher, 1986). This group is particularly affected by the potential loss of autonomy, freedom, and opportunities for social interaction (Fearnow-Kenney & Kliewer, 2000).

Children of all ages experience the severe mental and physical strain that treatment places on them, but younger children frequently handle the physical therapies better than older ones. A child who has received successful cancer treatment has most likely experienced some disturbance during a crucial period of their emotional or physical development. Despite the fact that this period of disease is thought to be extremely difficult, research indicates that many children feel proud and confident in themselves because they have managed to cope with the on going stress of their illness (Ross, 1993).

2.5. Post Treatment

After completing treatment, children often go through an adjustment phase marked by fears and anxieties, partly stemming from the perceived loss of the protective aspect of their treatment (Shapiro and Shumaker, 1988). Even those in remission, who return to a health status similar to their pre-cancer condition, often, remain watchful for potential signs of recurrence, such as lumps or other symptoms that could indicate a return of the illness. Each stage diagnosis, treatment, and post-treatment poses significant emotional and physical challenges for both the children and their families.

The literature and concluded that adjustment challenges in children and adolescents with cancer are generally mild and temporary. More recently, Stewart (2003) found that children often adapt to the daily uncertainties of cancer and gradually rebuild a sense of normalcy, enabling them to view themselves as typical children living ordinary lives. However, it is essential to acknowledge that childhood cancer survivors differ from their peers who have not

faced a life-threatening illness. These survivors often exhibit a more serious outlook, a maturity beyond their years, and continue to carry the emotional burden of their illness long after treatment has ended. Even those in full remission must attend periodic checkups with oncologists, which serve as constant reminders of their cancer journey.

2.6. The Family Experience

Parents of children with cancer experience significant distress throughout the illness and beyond, managing their emotional burden while balancing other responsibilities and serving as the child's primary source of physical and psychosocial support (Suzuki & Kato, 2003). The family functions are the child's primary social support system; because their approaches to coping with the illness vary important influence the on child's experience and adjustment.

Researches like Shapiro and Shumaker (1988) highlights that effective parental coping strategies have positively impact on a child’s ability to manage their illness. Many factors like as family support, strong parental relationships, and interaction between parents, and open family communication are related to better adjustment and coping outcomes for childhood cancer survivors (Kupst & Schulman, 1988; Sanger, Copeland, & Davidson, 1991). Also, inadequate parental coping has been associated with negative outcomes in children patients, leading to increase on anxiety, feelings of hopelessness, and different and unexpected behaviours such as aggression (Blotcky, Raczynski, Gurwitch, & Smith, 1985; Frank, Blount, & Brown, 1997; Sloper, Larcombe, & Charlton, 1994).

Many researches have shown that gender differences in how parents cope with a child’s cancer diagnosis. In a research of Chesler and Barbarin (1987) observed that fathers sometimes coped by processing their emotions privately, employing avoidance strategies, and withdrawing emotionally but mothers were more likely to use emotional expression, openly

discussing their feelings. Similarly, Shapiro and Shumaker (1988) identified the differences in communication styles, with mothers favouring open and frequent conversations to support their emotional well-being.

Goldbeck (2001) explained parental behaviours during the initial three months of treatment, finding the mothers were more likely to remain in the hospital with their child, when fathers probably stayed at home or returned to work. Also economic necessity played a curtail role, so fathers generally chose work rather than hospital stays. This shows that mothers were more engaged in the day-to-day care of the child's illness.

The experiences of parents when a child is on diagnosed with cancer includes multiple factors, those are the child's medical status, the family's socioeconomic conditions, and the parents' perceptions of their child's coping ability. According to Barakat and colleagues (1997) found that many variables such as the child's age, age at diagnosis, and duration of the diagnosis were not significant predictors of parental distress or the development of post-traumatic symptoms but parents from lower socioeconomic backgrounds reported higher levels of distress in their lives, as noted by Kupst and Schulman (1988) and Van Dongen-Melman et al. (1995). Additionally, different studies highlight the interconnected of child and parental coping like Kupst et al. (1995) emphasized that the child's adjustment was closely related to their parents' emotional well-being. Zebrack and colleagues (2002) found that mothers' worries were significantly influenced by their child's concerns and the meanings how they handled and attached to the cancer experience.

The impact of a child's cancer diagnosis extends is not only the parent-child relationship but it includes their siblings who face unique challenges. Siblings could experience a mix of strong emotions including love and resentment as they navigate feelings of being overlooked by their family because they focus on the ill child. Ross (1993) described how siblings may

feel bad between their own needs to have attention and feelings of guilt and sad by wanting more parental focus. They might also with fears for their own health that concerns about the family's financial stability and uncertainty about the future.

The diagnosis and treatment of pediatric cancer affect the entire family and some families cope more effectively than others because all face significant emotions like fear, and anguish so by highlighted this review, to understand the interplay of these factors is very important to address the complex dynamics on families dealing with pediatric cancer (Barakat et al., 1997; Kupst & Schulman, 1988; Van Dongen-Melman et al., 1995; Zebrack et al., 2002; Ross, 1993).

2.7. Social Work Services in Health Care

Social work practice in health sector is deeply influenced by social determinants of holistic improvement in health outcomes. Social workers in cancer care sometimes serve clients who has complex social circumstances are further complicated by the cancer diagnosis. These individuals frequently belong to groups experiencing poorer cancer outcomes because of different problems such as limited access to appropriate healthcare services, especially in rural, regional, and Indigenous communities (AIHW, 2017; Shahid, Finn, Bessarab & Thompson, 2008; Treloar et al., 2013; Underhill et al., 2009).

The National Association of Social Workers (NASW) (1987) states that two primary categories of social work services in health settings; those are direct and indirect. Direct services is working directly with clients to address their needs, on the other hand indirect services focus on broader systemic actions performed on behalf of the client population.

Medical social work focuses on the interconnectedness of physical and psychological health by recognizing that patient's attitude on their illness and the treatments significantly impacts

their overall well-being. This practice addresses not only the physical health issues of patients but also the psychological and environmental factors that influence their conditions (Malik & Safrasaf, 2012). This aims is to help patients understand their needs, utilize their strengths, and find satisfactory solutions within available resources, fostering by giving holistic approach to health and recovery. But social work practitioners face multifaceted challenges in hospitals. 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 (Kadushin & Kadushin, 2013).

2.8. The Pediatric Oncology Social Worker

1. Types of services provided by social workers

Social workers in pediatric oncology units traditionally provide two primary forms of service that concrete services and supportive services. Concrete services involve practical assistance, such as referrals to community agencies, transportation support, discharge planning, and financial aid. Supportive services on the other hand focus on helping patients and families cope emotionally with a child's diagnosis, treatment, and potential death. These services aim to guide families in understanding the significant changes they are experiencing and adjusting to the challenges of their child's illness (Lang & Mitrowski, 1981).

2. Multidisciplinary team participation and core roles

As integral members of the multidisciplinary care team, social workers perform various roles, including assessment, crisis intervention, supportive counselling, and case management. That role shows the importance of social workers as collaborative professionals to contribute beyond psychosocial care (Chesler & Barbarin, 1987). Their ability to conduct comprehensive assessments ensures early identification of risks when their crisis intervention

skills enable them to manage serious emotional or behavioural breakdowns. Supportive counselling provides emotional stabilization, and case management ensures continuity of care across different services. This integration within the clinical team allows for timely and coordinated interventions, which are especially crucial in pediatric oncology, where treatment and family needs change frequently.

3. Provision of information and communication support

A researcher like Shields et al. (1995) conducted a family needs survey that identified seven primary areas that where families of children with cancer require assistance. The first is the need for clear and accessible information about their child's diagnosis and treatment, especially when they are newly diagnosed families. Social workers play a crucial role in sharing this kind of information, tailored to the family's ability to process it at different stages of the process. These kinds of providing perfect and understandable information helps those families feel more in control and came down during uncertain times.

4. Facilitating family and social support systems

The other identified need is family and social support that social workers facilitate access to support systems within and beyond the family's social circle by including self-help groups and peer meetings. This function is very important for the community and relational networks in coping with illness. Peer groups provide emotional validation, practical advice, and a sense of belonging and other that help the family to cope up this challenge Lang & Mitrowski, 1981). Social workers support by giving bridges to these networks, helping families avoid isolation and anxiety. Their role in mobilizing informal and formal supporting systems help to contributes a long-term emotional resilience for both the child and their family members as a hole.

5. Providing financial guidance

Providing financial guidance is the other significant need that many families facing considerable stress due to medical expenses and related costs. Social workers assist through connecting families to financial assistance programs and by helping them complete their paperwork in addition to referring them to relevant community agencies.

Cancer treatment is mostly lengthy and expensive so the financial strain can exacerbate emotional stress and even influence treatment on goings (Patenaude & Last, 2001). Social workers mostly reduce this burden by linking those families to available resources like, non-governmental aid, hospital grants, or transportation subsidies. Handling such kinds of complex bureaucratic processes they allow families to focus more and fully on the child's well being.

6. Assisting with communication and psychosocial education

Parents sometimes require support in explaining their circumstances to others including siblings of the affected child so the social workers counsel families on effective communication strategies (Shields et al, 1995).

7. Coordinating childcare and respite services

Childcare support and respite care were also highlighted is critical needs because Social workers help families access community resources to fulfil these requirements (Shapiro and Shumaker, 1988). Also beyond the hospital, they assist families in finding specialized community professionals like dentists or doctors experienced in treating children with cancer. This often includes like established connections and knowledge of available resources.

Many families one or both parents may have to reduce work hours or stop working altogether or the childcare and accessing specialized professionals can be overwhelming (Shields et al, 1995). So the social workers' knowledge of local services helps those families maintain some degree of normalcy and avoid burnout by arranging time for rest or work related responsibilities to cope up by them self. This network is can ensures the trusted continuity on the professionals of quality care outside the hospital.

8. Providing crisis intervention and emotional support

Social workers provide crisis intervention by fostering open emotional expression, validating feelings, and guiding families through stressful situations because their aim is to support functional behaviours, anticipate potential problems and help maintain family cohesion during the child's illness (Stovall, 1993).

9. Developmentally appropriate support for child patients

During work directly with a child cancer patient, the social worker must consider the child's developmental stage and the behavioural challenges brought on by their illness and hospitalization (Stovall, 1993). For example for younger children separation from their parents and the discomfort of illness often lead to them anxiety and fear. In these cases, the social worker can provide comfort by offering consistent attention and being a supportive presence when parents are not on their side. Older children, while often more easily distracted, still require the social worker's attention and may benefit from encouragement to express their fears and emotions and the adolescents, on the other hand, face unique struggles related to schooling, friendships, and growing independence. So social workers can assist these patients through counselling, addressing their concerns, and helping them navigate these challenges based on their age.

10. Linking families with external resources and programs

Social workers also help families access resources beyond the hospital setting like oncology camps, programs for children with cancer and their families (e.g., Ronald McDonald Houses), and school based interventions to support those child's educational and social needs (Cincotta, 1993).

This kind of support enhances the continuity of care and helps families reintegrate into everyday life because those programs help to offer relief, educational continuity, and opportunities for socialization and normalization. Social workers' involvement ensures that those kinds of benefits are institutional support extend into the broader social environment of the family.

11. Support during relapse

In social work research the care of patients and families during a relapse which is an especially devastating experience like it shatters the family's hope for recovery and signals a return to treatments, hospitalizations, and significant disruptions to daily life. The intense anger and emotional distress that often accompany a relapse can be overwhelming for families. On these kinds of situations that the social worker's role is to provide an accepting and non-judgmental space for these emotions, encouraging open discussions about the feelings and challenges associated with the recurrence of the illness (Chesler & Barbarin, 1987).

Relapse introduces a renewed and often intensified emotional crisis for families who may have begun to return to normalcy so this development is particularly traumatic. The Social workers provide crucial emotional anchoring, validate grief, and help families reframe expectations on navigating a new phase of uncertainty (Cincotta 1993).

2.9. Related Model

2.9.1. The Bio Psychosocial and Model

This model is highly applicable as it emphasizes addressing biological, psychological, and social aspects of a patient's by using this model would consider the medical needs of pediatric oncology patients, their emotional and mental health, and the impact of their illness on family dynamics and social life.

The bio psychosocial model is referred to a holistic view because of it seeks to reflect the whole picture of a person rather than other models for example medical model is focused on physical and mental aspects of health problems. But the bio-psycho-social model is addressed to the social environment causes and effects of health problems social worker believes that a social situation (martial dysfunction, social isolation, loss of one's job, or sickness and death of a loved one) can produce emotional distress that can lead to different changes in physical functioning which increases ones vulnerability to disease.

On the other hand, health problem can interfere with the ability to perform customary activities which can affect work, marriage, or other social role and relationship and in turn, head to emotional distress (malik & safrasaf, 2012). Based on this model during the sickness of one child can lead different challenges on the child and the family as a hole so this kind of problem needs a holistic treatment not only physical side but also there is a need to consider different dimension like social emotional psychological and the like.

2.10. Relevant Therapies

1. Family Therapy: The cancer does not only affect the patient, but the entire family so that all the members of the family need therapy is extremely crucial that meets the emotional and psychological needs of all the members of the family by helping them communicate, cope,

and care for one another better. This aligns well with the Ecological Systems Model as it considers how illness affects the family system and maintains the family as a unit (Goldenberg & Goldenberg, 2013).

2. Cognitive Behavioural Therapy (CBT): CBT is helpful in enabling the children and their families to manage the emotional difficulties of a cancer diagnosis and treatment. This therapy aims at modifying negative thought patterns to alleviate anxiety, depression, and stress (Tyagi & Chowdhary, 2022). This therapy will be coupled with the Strengths-Based Model and Bio psychosocial Model since it enables resilience building and deals with psychological elements of their well being.

3. Play Therapy: For younger patients, play therapy provides a way to express their feelings and cope with the stress of treatment in an age-appropriate manner because it aligns with the Biopsychosocial model that considers the developmental needs of children and supports emotional expression and healing through play (Landreth, 2012).

4. Psycho education and Support Groups: Educating patients and families about the illness and treatment options can empower them and to reduce anxiety by Support those groups also provide a sense of community and shared experience. These approaches align with the Strengths Based and Bio psychosocial Models by fostering resilience and providing social support (Gehlert & Browne, 2012). These therapies can integral to comprehensive social work practice in pediatric oncology for addressing the mental and emotional needs of children and their families in the face of such kind of serious illness.

2.11. Theoretical Frame Work

System theory

This study is guided by Systems Theory, originally proposed by Ludwig von Bertalanffy (1968). The theory posits that individuals, groups, and organizations function as parts of a larger interconnected system. Changes in one part of the system affect other parts, and understanding the relationships among system components is essential to understanding the whole.

In the context of pediatric oncology care at Tikur Anbessa Specialized Hospital, social workers operate within a complex and dynamic system involving pediatric patients, families, medical staff, hospital management, external donors, and policy frameworks. Each of these actors or units is a subsystem that interacts with others. Social workers serve as key connectors within this system, ensuring coordination of care, mobilizing resources, advocating for patients, and supporting families psychologically and socially.

By applying Systems Theory, this study explores how social workers contribute to maintaining balance within this hospital-based system, how they manage disruptions (such as lack of resources or emotional crises), and how their roles are shaped by and contribute to the functioning of the overall pediatric oncology care environment.

CHAPTER THREE

3. Research Method

3.1. Research Design

There are usually three broad research strategies within social science research: quantitative, qualitative, and mixed approaches. The quantitative approach is focused on collecting and analyzing data that is numeric in nature in order to measure variables and test hypotheses by using systematic tools such as questionnaires and experiments. The mixed-methods approach brings together both qualitative and quantitative strategies in an attempt to gain a better understanding of a phenomenon. Conversely, a qualitative approach is most suitable where the goal is to examine in-depth complex human processes, meaning, and experiences with tools like document reviews, interviews, and observations (Creswell & Creswell, 2018). For this study, a qualitative approach was used because it can examine the lived experience, roles, and perspectives of social workers engaged in pediatric oncology care at Tikur Anbessa Specialized Hospital (TASH). As the research sought to learn human behaviors, emotional responses, and professional interventions in real hospital settings, qualitative was the most appropriate.

Within this environment, a case study design was employed, which, according to Yin (2018), is applicable for in-depth, contextual study of a contemporary phenomenon in its real-life context. This made it possible for the researcher to explore the actual practices and challenges of the social workers in the pediatric oncology ward. Phenomenological elements were also incorporated to explore the lived emotional and professional phenomena of the social workers, as phenomenology deals with how human beings interpret their experiences (van Manen, 1990). This integration of the case study and the phenomenology approach provided

a rich, contextual understanding of the social worker's role and challenges in caring for children with cancer and their careers, making it the most suitable methodological strategy for achieving the research goal.

3.2 Study Setting

This study took place at Tikur Anbessa Specialized Hospital (TASH), also known as Black Lion Hospital, and it is one of the largest teaching and referral hospitals in Ethiopia, located in Addis Ababa. Established in 1973, TASH is the country's most comprehensive cancer care center for both adults and children by serving as the primary referral facility for pediatric cancer diagnosis and treatment nationwide. In 2013 TASH launched a groundbreaking program that established Ethiopia's first dedicated pediatric oncology unit, trained doctors and nurses in specialized care, and introduced essential equipment and medicines. Social workers are integral to the program, offering crucial support to patients and families (The Aslan Project, 2016). Therefore, the rationale for selecting the study area arises from the fact that TASH is one of the largest cancer diagnostic and treatment centers providing service for children from all parts of Ethiopia, and it involves social workers integral to the program. The research focused specifically on the pediatric oncology unit, where social workers play a critical role in supporting patients and their families.

3.3. Selection of Study Participants

Krueger and Neuman (2006, p. 2009) emphasize qualitative research seeks to discover how participants view and interpret phenomena, allowing the researcher to gain a detailed insight into the research issue. Probability and non-probability sampling are generally classified under research design. Probability sampling entails the use of randomness whereby each of the population has equal chances and a known chance of being selected in the research. This

is generally utilized in quantitative research to ensure generalizability (Creswell & Creswell, 2018). Non-probability sampling, on the other hand, does not make use of random sampling but instead samples on the basis of some attributes or ease of accessibility, and it is more appropriate for qualitative research where depth of information is more important than generalizability (Etikan, Musa, & Alkassim, 2016).

As this research was qualitative in nature and aimed to examine the lived experiences, role, and challenges of pediatric oncology social workers at Tikur Anbessa Specialized Hospital (TASH), application of non-probability sampling was most appropriate. For this context, purposive sampling was used to recruit participants intentionally who worked directly in pediatric oncology services and who could provide more significant, meaningful, and relevant data. As Patton (2015) argues, purposive sampling is the best where the researcher would like to acquire in-depth information from participants with specific experience or knowledge concerning the study topic.

The researcher thus selected social workers, oncology children's parents, and medical staff directly in interaction with social workers within the oncology ward to ensure data gathered would be applicable directly to study goals and participants were chosen purposefully based on predefined criteria linked to the study objectives (Yin, 2018).

These professionals were approached by the researcher in person, utilizing the inclusion and exclusion criteria developed for this study to make the selection. According to Yin's (2018) case study approach, this emphasizes the selection of participants who are experts and can provide in-depth information about the social work practice and intervention in pediatric oncology care at TASH.

Inclusion Criteria:

- Social workers who has more than one year experience in pediatric oncology careto have more experienced Participant.
- Parents of children diagnosed with cancer who have received social work support.
- Healthcare professionals (nurses and physicians) who work collaboratively with social workers more than one year in pediatric oncology care at TASH.

Exclusion Criteria:

- Social workers with less than one year of experience in pediatric oncology.
- Parents of children diagnosed with cancer who have not interacted with social workers.
- Healthcare professionals with no direct collaboration with social workers in pediatric oncology care.

3.4. Sample Size

In qualitative research, sample size is guided more by data saturation than statistical calculations (Krueger & Neuman, 2006; Creswell, 2014; Morse, 1994). The aim is to achieve depth and richness of data rather than a large number of participants. According to Creswell (2014), a case study may involve 4 to 5 participants when focused on a specific group. So in this study the primary target group for in-depth interviews was social workers involved in pediatric oncology care at Tikur Anbessa Specialized Hospital (TASH), so a total of five social workers were selected and interviewed from the five social workers in the hospital.

In order to broaden the perspective and encompass different views on the role of the social workers in this study, purposive sampling was used to deliberately select participants who had close interaction and direct experience with social workers in the pediatric oncology unit.

The sample included two pediatric nurses, two parents of pediatric cancer patients, and one medical doctor working in the unit. These individuals were selected as key informants because of their regular collaboration with social workers and their deep insights into the nature, challenges, and effectiveness of social work interventions within the hospital. Such purposive selection is appropriate in qualitative research, where the goal is to obtain rich, detailed, and relevant information rather than numerical generalization (Palinkas et al., 2015; Patton, 2015). This approach also ensures the cognitive alignment in data collection for children aged 0 to 14; observations assessed can gauge emotional, social, and behavioral responses during treatment, providing additional insights relevant to the study's objectives.

3.5. Methods of data collection

Creswell (2009, p. 179) highlights that qualitative research relies on multiple sources of data to obtain a comprehensive understanding of the primary and secondary issues. Primary data is data collected personally by the researcher for a particular objective of their study, like interviews, observation, or surveys. Secondary data is information that others have collected for some other purpose, e.g., books, journal articles, reports, or government statistics. Both types of data are required in the study, where primary data offers firsthand information, and secondary data offers background and contextual information. So, in this study, the primary data gathered through face-to-face interviews, including in-depth interviews with social workers and key interviews with parents of children diagnosed with cancer, and conducted with healthcare professionals, served as key informants in the pediatric oncology unit at Tikur Anbessa Specialized Hospital (TASH). Because in-depth interviews are used to explore participants' personal experiences in detail, and key informant interviews involve experts who provide insights based on their knowledge and professional experiences (Kumar, 2011). Additionally, observation is a method of data collection that relies on a researcher's ability to

gather data through his or her senses (O'Leary, 2004, p. 170). It also 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). So in this study nonparticipant observation was employed as another method of data collection because it enabled the researcher to gain firsthand insights from the participants' behaviors, gestures, and actions. During in-depth interviews, participant behaviors, gestures, and interactions will be closely observed, with notes taken immediately after each session for use in data analysis, and the researcher conducted semi-structured observations of the ward setup and patient activities such as playtime and birthday ceremonies, familiarizing themselves with the environment and gaining firsthand insights into the pediatric oncology care provided at TASH.

In addition to that, the secondary data sources included the review of public documents relevant to the study, such as books, journals, magazines, newspapers, and websites. So according to Yin's (2018) explanation, this kind of multi-method approach asserts that case study research benefits from collecting diverse forms of evidence to ensure a more robust and holistic analysis and data triangulation in addition to a comprehensive understanding of the research.

3.6. Data Analysis

Data analysis in qualitative research has been portrayed as the orderly examination, structuring, and interpreting of text or image data to make known patterns, themes, meanings, and insights into the research issue (Creswell, 2014). Data analysis involves processing raw data such as interview transcripts or observation records into an ordered sense of meaningful participants' experience. In this study the data analysis involved a combination of thematic analysis and coding to systematically organize and interpret the data because thematic analysis allowed for the identification of key patterns and themes emerging from the

interview data with social workers, parents, and healthcare professionals. According to Braun and Clarke (2006), thematic analysis helps to identify, analyze, and report patterns in the data to make it an effective approach for capturing rich and meaningful insights from qualitative data.

The first step in data analysis involved coding the interview transcripts to label and organize the text into meaningful segments. Then the process helped break down the data into manageable parts, which allowed the researcher to identify the significant themes related to the role of social workers in pediatric oncology care. As Creswell (2014, p. 189) highlights, coding is very essential in qualitative research in order to help reduce the data into themes that are central to understanding the participants' experiences and perspectives.

Following coding, themes developed through constant comparison of the coded data. This process will involve grouping similar codes into broader themes, as recommended by Braun and Clarke (2006), allowing for a deeper understanding of the various aspects of social work practices in pediatric oncology. So the researcher carefully reviewed and refined the themes to ensure that they accurately reflect the experiences of the participants and align with the research objectives.

In addition to the strengthening of the credibility and validity of the findings, data triangulation was applied, involving multiple data sources, interviews with social workers and parents, interviews with healthcare professionals, and observations, which allowed for more verification of themes. According to Yin's (2018) explanation, data triangulation is very important in case study research because it increases the reliability and richness of the findings by comparing the results in different perspectives and data collection methods.

3.7. Ethical Considerations

Ethical considerations are important, so this study involved vulnerable populations like pediatric oncology families. For adult participants, healthcare providers and social workers provided informed consent and information sheets. Also, to ensure confidentiality and anonymity, participants' data is coded, anonymized, and securely stored, with all identifiable information destroyed after the research is organized, and special care is taken to minimize psychological distress during interactions, with participants free to skip questions or withdraw at any time without effects.

This study did not interfere with clinical care and respected cultural norms by using locally appropriate languages and practices by giving the participant a voluntary interview without coercion or financial incentives, though reasonable reimbursements were provided. The ethical approvals were obtained from the Institutional Review Board, adhering to international guidelines like the Declaration of Helsinki (World Medical Association, 2013) from ESSSWA. THIS study's findings will be reported transparently, avoiding stigmatization, and shared with participants and hospital administrators to foster improvements.

CHAPTER FOUR

4. Results and Discussion

Introduction

This chapter presents the data collected through interviews with social workers at Tikur Anbessa Specialized Hospital regarding their roles in pediatric oncology care. The purpose of this chapter is to provide a deep and thematic interpretation of the data by emphasizing the real experiences, challenges, and contributions of hospital social workers. This study analysis is structured through thematically to identifying recurring patterns, categories, coding and insights that emerged from the interviews. Also this chapter discusses the research findings presented in relation to existing scholarly literature. The discussion is organized according to the major themes that emerged from the data.

4.1. Results

4.1.1. Socio Demographic Characteristics of Participants

Table 4.1.1 Socio-demographic characteristics of in depth interview Participants

Participant ID	Role	Sex	Age rang	Educational level	Marital status	Work experience
SW 1	Social worker	Female	20-30	Masters	Single	3 years
SW 2	Social worker	Female	30-40	Masters	Married	7 years
SW 3	Social worker	Female	30-40	Masters	Married	6 years
SW 4	Social worker	Male	20-30	Masters	Married	2years
SW 5	Social worker	Female	20-30	Masters	Single	1 years

As shown in the table above, a total of five social workers who hold social work positions at Tikur Anbessa Specialised Hospital participated in the semi-structured interviews conducted for this study. To maintain confidentiality and ensure clarity in data presentation, each participant was assigned a unique code, and also, from the five social workers, four are female and one is male. The ages of the participants range between 20 and 40 years, with three of them falling within the 20 to 30 age group and the remaining two in the 30 to 40 age group. Regarding marital status, four participants are married and one is single. All five social workers hold a master's degree in social work, and in terms of professional experience, three participants have between one and three years of experience working in health care social work, and the remaining two have more than five years of experience. Also, one of the participants falls within the three- to five-year 'experience category.

Table 4.1. 2 Demographic characteristics of key informant interview Participants

Participant ID	Role	Sex	Marital status	Work experience/Duration at hospital
N1	Nurse	Male	Single	6 years
N2	Nurse	Female	Married	4 years
P1	Parent	Female	Married	1 month
P2	Parent	Male	Married	5 month
Dr.	Pediatric oncologist (MD)	Male	Married	12 years

The above table shows that the researcher selected key informants to support triangulation of the data. These informants consist of two parents of pediatric oncology patients, two nurses, and one medical doctor. They were selected based on their interactions with social workers and their ability to provide relevant information regarding the study. Two participants are

female and three are male; based on their marital status, four are married and one participant is single. In terms of professional experience, two nurses have six and four years' experience, and the medical doctor has 12 years' experience. Also, the two parents's duration of hospital stay at the hospital for medical treatment is 1 month and five months, with one from outpatient and one from inpatient.

4.1.2. Roles of Social Workers in Pediatric Oncology at TASH

This section explores the multifaceted duties carried out by the social workers on the analysis that revealed their roles are broad, ranging from connecting patients and their families with support systems.

1. Resource connection

According to the interviewees, social workers described their role as bridging the gap between low-economic-background pediatric patients and their families and essential services by connecting patients with NGOs, donors, and sometimes personal networks to provide food, medications, and additionally temporary housing. One participant stated:

> The role that we play in pediatric oncology care at the hospital really varies depending on each patient and their family's specific needs and circumstances because it's not the same for everyone. Someone may need more emotional support, while others might need practical assistance, but what we see most often is that families are struggling financially. Many of them come from different parts of the country, and they can't afford even the basics they need for themselves until the end of the treatment of their child. They face serious challenges in covering the costs of food, finding shelter during treatment, and paying for medical services like ultrasounds, MRIs, CT scans, and chemotherapy medications, so in most cases, our role starts with helping them handle these financial and practical difficulties (SW 3).

Also, the other social support this explanation as follows:

> The kind of support we provide isn't always the same; it often depends on whether the child is an inpatient or an outpatient, because their situations and needs can be very different. Inpatients usually have a bed at the hospital and may have slightly more stability in terms of basic care, but outpatients,

> especially those who travel from far regions of Ethiopia, often face more challenges. Many of them don't have a place to stay in Addis Ababa, and they come without enough resources. So based on their case, the need for shelter, food, and medication support all comes at once. They're not just struggling with the medical aspect of the illness but also with the cost and logistics of staying in the city for treatment. So our role shifts depending on each child's treatment setting. And we give such kinds of support, like linking them with NGOs and different people who can help them on this (SW 5).

Key informants such as nurses and doctors also give similar explanations on the financial difficulties families face. One nurse said, "Many parents come without enough resources, and social workers are our first insight for help with food and shelter (N1)."

Parents confirmed the service they get from the social worker, with one stating,

> I and my sick child came from the Gojame Amhara region, and the social workers 'helped me by connecting me to the donors because we could not have managed the cost of travel and lodging during treatment. Also, my child is an outpatient, so they facilitate our shelter (P1).

2. Care coordination

As the participants explained, social workers often served as intermediaries between doctors and patients' families when doctors referred a child for a test or treatment that families could not afford; then the social worker's task was to intervene and find support. One of the participants stated that

> Doctors refer children to us not for treatment, but because their parents are unable to afford the costs or they don't understand what's happening then we try to manage from our side. Based on our experience, the services we provide for pediatric oncology patients and their families are quite diverse and go beyond just one type of support. So we work to connect them with different resources whether it's shelter, food, medication, or other forms of assistance. Not only that but also we coordinate their care by working closely with the medical team to make sure the support is related to on their treatment (SW 1).

Also, the other social worker support this explanation by saying

> Doctors refer children to us not for treatment, but because their parents are unable to afford the costs or they don't understand what's happening, and then we try to manage from our side. Based on our experience, the services we provide for pediatric oncology patients and their families are quite diverse and go beyond just one type of support. So we work to connect them with different

> resources, whether it's shelter, food, medication, or other forms of assistance. Not only that, but also we coordinate their care by working closely with the medical team to make sure the support is related to their treatment (SW 1).

Doctors agreed that social workers play a crucial role in care coordination. A pediatric oncologist medical doctor explained, "We often refer families to social workers when we see they cannot afford certain tests or treatments (DR)."

The one parent also explained, "When I explained my financial problems to the nurses and how difficult it was to manage my child's illness, they understood my situation and tried to help by linking me with the social workers (P2)."

3. Psychosocial support

Participants also explained that children's diagnoses often come as a shock to families, and then social workers provide emotional first aid, especially when delivering bad news or dealing with death. But they did not give psychological support for the children directly because the hospital has employed a psychologist, so she gives that aid for the older pediatric oncology children. One of the social workers explained that:

> We are not a member of the palliative care board, but we are involved in different cases like that. For example, one case that really stayed with us was a 7-year-old boy who was battling final-stage leukemia. He was already in the fourth stage, and the medical team had explained to his parents that the chances of survival were very low. So we supported the child and his family throughout the process emotionally, psychologically, and practically, doing our best to ease their burden. Even when the child eventually passed away, our role didn't end there. We continued to support his parents in the process of their grief and tried to bring them some level of peace and comfort, which is meaningful, knowing that even now those parents still call us to say thank you for being there during this kind of painful time in their lives (SW 3).

During the interview the other social worker explain related concept by explaining:

> When I started working in this hospital, I did not see that they came to us for psychological support for the children because there is already a psychologist, but sometimes we give them enjoyment, like celebrating birthday parties and

> the like, although we are very small in number in this hospital, so sometimes we may not integrate deeply (SW 5).

The remaining participants also expressed similar concerns. Moreover, during the observation, a particularly emotional incident occurred when a parent arrived at the hospital in distress, breaking down in tears. The parent cried out, "What should I do now? My child is suffering, and I can't afford the proper medication. The worst part is, I've left my entire family behind just to care for one child." Witnessing this, the social worker stepped in, offering support and practical guidance, which helped calm the parent and alleviate their emotional burden.

4. Advocacy

Health care is a holistic issue, so the participants described offering spiritual and cultural support that related to or was based on patients and their families' beliefs. One participant explained that: "We always raised suggestion to the hospital in order to have more focused to have more class for the patients and their support to do their spiritual things because health is a holistic issue (SW 2)."

Also, during observation there is a playing room for the children and many playing materials, but the researcher couldn't find rooms for spiritual practice for the patients and their families.

5. Cultural and spiritual support

The social worker participants explained how they play their role in cultural and spiritual support during their duration of staying at the hospital. One participant stated,

> As social workers, we make a special effort to celebrate the children's birthdays so they feel remembered and loved; it's one way of bringing joy into a very difficult period of their lives. These small moments can give a good memory and feelings, especially when a child is going through painful treatments and spending long days in the hospital. In addition to celebrating the birthdays, the pediatric unit also prepares celebrations on major religious

> holidays like Christian Christmas and Islamic Eid Al-Fitr with a lot of excitement and community spirit, and many people are at the hospital gate there, and we all enjoy it together. These celebrations help the children and their families feel less stress and a sense of belongingness (SW 2).

Also the other social workers explained a similar concept. One nurse stated, supporting the above explanation, "We as a staff of pediatric oncology, by working with social workers and founders, by combination celebrate those two holidays to make them feel happy and belonging (N2)."

6. Family education and communication

Participants emphasized that many families, especially those from rural areas, lacked medical literacy, so social workers helped explain medical procedures in accessible terms.

> Some mothers are very scared and confused. So we give them information about the illness, the treatment process, and what to expect next. In addition, if they cannot speak Amharic, SW3 communicates with them by using other regional languages like Oromifa, but not all languages (SW2).

4.1.3. Impact of Social Work Interventions

This section explores the psychosocial, emotional, and financial impacts experienced by pediatric oncology patients and their families as revealed through the data analysis, along with the available support systems that address these challenges.

1. Psychological and emotional outcomes

Social workers play a critical role in the support of the psychological and emotional burden experienced by pediatric oncology patients and their families. One participant explained, "We help them manage stress... we advise parents who feel hopeless to take turns with other family members to reduce their psychological pressure (SW)."

One of the observations during the gathering of data was a father who was visibly overwhelmed and in tears because his child was severely ill and hospitalized; also, he was broke and did not have the financial means to purchase medication or cover treatment-related costs, including bed fees. The social worker who intervened demonstrated the core value of professional social work practice by providing emotional support while also addressing practical needs. She approached the father and listened to him empathetically when he validated his feelings and gently guided him toward calmness. So the social worker went beyond emotional comfort by connecting the father with an individual who could assist financially, and the other participants explain the same thing.

2. Financial burden alleviation

The financial distress experienced by families is a recurring theme. Social workers intervene by linking them with resources and mobilizing this kind of support:

One participant explains that "We talk to pharmacies... they give the medicine at half price, and we cover the rest (SW 3)."

The other participants supported this by explaining related ideas. Another social worker explained, "When donors give us money, we prioritize medication, food, and shelter (SW 2)." During observation parents came frequently with their medical prescriptions and asked them for help.

3. Quality of life and well-being

Beyond basic needs, social workers strive to enhance the quality of life of children undergoing painful and long treatments. One participant shared, "We celebrate birthdays and

holidays... organizations come with music and build playgrounds so the children can enjoy (SW 2)."

The other participant shared the same explanation: "When there is a birthday of a patient or their siblings, the social workers prepare the party and the decoration, and then we let them have enjoyment by dancing and playing except the child who had chemotherapy on that day (N2)."

Parents and key informants highlighted the value of celebrations and recreational activities.

One of Kay participant shared: "Birthday parties and holidays bring happiness to my child, even during treatment (P2)."

Also the other participant supported by stating: "Such events help improve children's moods and cooperation with treatment (N2)."

During observation the researcher saw that when they celebrated the birthday of one child who is having treatment there, all the children were happy, laughing, and dancing, playing with each other, and the parents were also enjoying it.

4.1.4. Barriers and Social Workers Face on Delivering Support

This explores the barriers social workers face while delivering psychosocial, emotional, and financial support for pediatric oncology patients and their families.

1. **Lack of recognition and structural support**

During the interview the participants noted that their contributions are undervalued by the hospital administration and there are no structured promotional pathways or designated budgets. One participant explained:

> We are social workers assigned to every hospital and every department without a specific structure or benefits system for our profession and also continue to receive the same salary as when we were first hired, with no opportunities for promotion or professional advancement. So this lack of recognition makes it hard to feel motivated or valued at work. If the Ministry of Health and the hospital truly understood the importance of social work, they might actively support the growth and development of the profession (SW 2).

Another social worker also stated related explanation:

> Healthcare should be holistic, not just focused on providing medication, because patients have many needs beyond treatment, like having spaces to relax and places for religious prayer, but these kinds of supports are not available. Even though we raise these concerns again and again, we are not given the needed focus for advocating on behalf of patients and families (SW 5).

The rest social worker participants also stated the same idea with the above social worker participant.

2. **Ethical and operational challenges**

Participants shared that not all families are honest and believable because some misuse the aid intended for their children. One participant explained that, "We gave an opportunity for a father to have medicine for his child, and then we found out later that he used to sell it. And we were shocked because we did not expect that kind of situation (SW 3)."

Participants also frequently mentioned that they faced such kinds of carers during intervention. The direct quoted response from one nurse is as follows: "When we forward the parents to the social worker, we communicate with them what kind of delivery they will give for that parent because at the same time some people try to fool us (N2)."

3. **Work load**

Social workers at Tikur Anbessa Specialized Hospital (TASH) reported that excessive workload and under staffing are major constraints in delivering effective services. Despite

being officially employed and salaried by the hospital participants revealed they are often responsible for securing external resources for patients due to the lack of institutional support.

> We are officially employed by the hospital and receive salaries, the reality is that we have to find resources and support for our patients on our own because the hospital does not provide us with dedicated funding or materials to do our work effectively. This means we spend a lot of time on reaching out to donors, organizations, and individuals who can help, which adds to our workload and that limits our work (SW3).

In addition to resource related responsibilities the limited number of social workers was frequently emphasized as a barrier to providing timely and quality care.

> We have repeatedly requested the hospital to hire more social workers because the current number is insufficient to meet the needs and to work effectively so there should be at least ten social workers to adequately cover in different departments. Additionally when we see international standards every department like ICU, emergency, obstetrics, and others should have its own dedicated social worker to address patients' specific needs (SW4).

Another participant acknowledged the institutional limitations while still underlining the impact of the shortage:

> When we consider the hospital's limited resources, we understand that achieving this ideal may not be feasible right now but still the shortage of social workers greatly affects the quality of the support we are providing(SW 1).

During observation the researcher saw how they work in all the week by dividing the days and when someone arrive there she or he can find only one social worker being very tired.

4.1.5. Opportunities That Support Social Workers' Service Delivery

This explores the response of the participants on the opportunities that social workers gain during delivering support on psychosocial, emotional, and financial for pediatric oncology patients and their families.

Support from non-governmental organizations (NGOs) and voluntary peoples

This explores the response of the participants to the opportunities that social workers gain while delivering psychosocial, emotional, and financial support for pediatric oncology patients and their families.

One participant shared that:

> Many times we write letters for patients to NGOs that support cancer patients. Also one NGO called Mary Joy used to play with the kids three days in every week, which helped decrease our workload. Other NGOs also help us cover costs that we cannot manage through the hospital alone. Additionally, some people come to see the children and promise to give us money if they are Muslim they offer their Sedeqa, and if they are Christian their Asrat Bekurat (SW 3).

1. **Interdisciplinary team collaboration**

A recurring theme among participants was the benefit of working closely with a team of professionals including oncologists, nurses, and psychologists. This collaborative environment promotes integrated care and improves the quality of services delivered to patients and their families.

One participant explained this: “We work together with the medical staff when we refer patients by listening to their recommendations. That makes our work more effective (SW 3).”

2. **Training opportunities and capacity building**

Participants shared that although not extensive, they did receive orientation and basic training, which helped enhance their effectiveness, particularly those with prior health-related backgrounds. Also the participant explained, Participants shared that although not extensive, they did receive orientation and basic training, which helped enhance their effectiveness,

particularly those with prior health-related backgrounds. One participant explained, “When I was employed here, they gave me training, which was not that much detail, but the hospital gave me training about my work in here. I have a health-related educational background, but I improved my knowledge more (SW 4).

7. Satisfaction

Social workers expressed pride in their ability to offer emotional and psychosocial comfort to families even when they cannot provide tangible resources. According to the response of one participant, “We may not provide medicine, but we give families a space to cry, to ask questions, to feel human. That space brings relief, and that relief is part of healing (SW 3).”

During observation the researcher saw a woman at the gate and then, with all her heart, giving the grief. Also, the other participants explained that “some parents also call and thank us after what happened to them by saying thank you again and again (SW 1).”

4.1.6. Concerns and Priorities of Pediatric Cancer Patients and Their Families

This section explores the concerns and priorities of pediatric oncology patients and their families regarding the intervention of social workers. According to this participant, respond based on basic needs and long-term support

1. Basic survival need

Parents emphasized that the high cost of medications and limited insurance coverage are on-going challenges, communication and guidance also long term supports and follow up.

> Right now, he is doing well, but the cost of the medication is very difficult, and it is getting worse. If you have health insurance and the medicine is available in the hospital, you can get it for free sometimes. But most of the time the medicine has to be bought from outside and it is very expensive. I wish I could get more help in that area. It's not that the social workers didn't help; they did help me, but they can't always provide support for everything (Pa1).

Other participants expressed similar views and shared related experiences that reinforced this response.

2. Communication and guidance

Nurses also acknowledged the vital role of social workers in bridging communication gaps and providing psychosocial support during treatment. **"**Some times when we cannot give all the needed retirement when we treating physically the child in this situation the social worker help us and the families with this (N2)."

During the data gathering the researcher was observing that parents came and ask different question which related to their children disease. Also the other participants explained the same thing in their response.

3. Long term support and follow up

Both families and social workers noted that while support is offered, sustainability is a challenge due to resource delays and external dependency. "They helped me, but they can't always help which means it is not blame them it's just hard when you don't know how to afford everything over time (Pa 2)."

Also the one of social worker participant explained as followed: "Sometimes people processed to give as and they may not come quickly so we cannot give supports and we tell them to come back on the other day (SW 3)."

4.1.7. Suggestions for Strengthening Social Work Services in Pediatric Oncology Care

This section explores the participants of suggestion for strengthen social workers services in pediatric ontological care.

1. **Need for structural recognition and promotion**

The participants explained about the lack of recognition for the social workers at the hospital, which is one of their obstacles to their intervention: "We work 24 hours in a small room, and there is only one office for all of us. It's hard, but we do it as we can (SW 5)."

During observation the researcher saw that the social work office is a single, small room with limited seating and poor facilities. The social workers try to manage a high caseload and work around the clock, including weekends and holidays.

2. **Hopes for policy level attention from the ministry of health**

There was a unanimous call among social workers for formal recognition by health policy makers to ensure sustainable service delivery and integration within the healthcare system. One of the social worker responds:

> We need policy attention from the Ministry of Health; if they recognize social work formally, then things will change. This can allow for national staffing standards, funding mechanisms, and integration into holistic patient care and ensure social workers are no longer treated as invisible (SW 3).

4.2. Discussion

4.2.1 Roles of Social Workers in Pediatric Oncology Care

Resource connection and mobilization

The role of social workers as connectors to essential resources aligns with findings in multiple global and regional studies. Emphasize that in pediatric oncology, social workers often act as liaisons between families and external support systems to reduce financial strain particularly in low-resource settings. According to the data the social workers give especially emphasis on food, medication, and housing support. This confirming that the most immediate and visible role of social workers at TASH is practical assistance to reduce financial hardship. According Kassaye et al. (2018) who argue that medical social workers play a vital advocacy role by translating clinical information into accessible language for families, particularly in oncology settings where procedures are complex and emotionally taxing.

Care coordination

Care coordination between medical staff and families, as described at the finding affirms the interprofessional collaboration model discussed by where social workers function as critical links in multidisciplinary teams. This coordination ensures that non-medical factors (financial, emotional, or logistical) are addressed, a crucial factor in holistic care.

Psychosocial support

The emotional support given to the families particularly during end of life stages who stress the need for continuous family centered care in pediatric oncology, the findings also illustrate gaps in direct psychological support for children, since this is mainly handled by

psychologists but sometimes they give a joy for the children. This form of psychosocial care is consistent with the work of Sloper (1996) who emphasized the importance of normalization and joy in pediatric care as a way to improve emotional resilience and adherence to treatment. But this division of labor mirrors practices in some high resource contexts but raises concerns about collaborative limitations in emotionally intensive settings.

Advocacy and holistic care

The data reveals that social workers at TASH advocate for more comprehensive spiritual and cultural support. This aligns with the biopsychosocial and spiritual model which argues that well-being is intertwined with cultural identity and spiritual expression. However, the lack of institutional support for such advocacy, as highlighted by at the finding underscores a misalignment between social work role and the hospital policies.

Cultural and spiritual support

Literature on pediatric palliative care emphasizes the therapeutic power of celebrating meaningful life events. The celebrations reinforce the importance of creating moments of joy in treatment settings. Where small cultural gestures significantly improved pediatric patient outcomes and morale and the data affirms that such support is crucial not only for children but for family cohesion during prolonged hospital stays.

Family education and communication

According to the finding shows that social workers at TASH step in to translate complex medical information a task often under emphasized in formal job descriptions but central to effective care. This educational function not only reduces anxiety and confusion but empowers families to become active participants in their child's treatment as Christ and

Wiener (2014) explained in their work by emphasized the role of social workers in health literacy and caregiver empowerment in pediatric oncology. Additionally this aligns with the findings of Jones et al. (2010) and Kassaye et al. (2018), who argue that medical social workers play a vital advocacy role by translating clinical information into accessible language for families, particularly in oncology settings where procedures are complex and emotionally taxing by social workers.

4.2. 2. Impact of Social Work Interventions

Psychological and emotional outcomes

The study found that social workers act as emotional anchors for caregivers during moments of acute stress. The emotional and logistical support provided during emotionally charged situations such as the case of the father in crisis illustrates a practice of integrated intervention, where social workers address both psychological and material distress. This mirrors the "dual function" where social workers provide both therapeutic and resource-oriented interventions. Also this professional therapy is usually provided by psychologists, social workers contribute significantly through ongoing emotional presence, empathy, and informal counseling like explained by Kumar and Mahajan (2013), who note that in low resource oncology units, social workers often serve as the primary emotional support for patients and families.

Financial burden alleviation

The interventions described negotiating discounts with pharmacies or allocating donor funds are examples of innovative resource mobilization, consistent. But the precariousness of

relying on donor-based funding also echoes criticisms in literature about the sustainability of social work in underfunded health systems (Midgley, 1997).

Quality of life and well being

The role of social workers in improving quality of life through music, play, and celebration supports developmental care based on the finding data reveals that such interventions are not peripheral. But it is very important to emotional resilience and confirming the growing body of literature that recognizes the hospital as a social environment not just a clinical one. This activity of social workers related to the ideas play therapy that explained about how to support younger patients during treatment (Tygi & Chowdhary, 2022).

4.2.3. Barriers and Opportunities in Delivering Support

Barriers

Based on the comments of the participants there is strongly align with this narrative, pointing to institutional neglect and lack of structural support despite the high demands of the job. On this situation findings show that despite their indispensable contributions social workers at TASH receive limited professional growth, mirroring the situation of many health systems where social work is undervalued.

The research reveals major impediments faced by social workers in delivering psychosocial, emotional, and economic care to children with cancer and their families at Tikur Anbessa Specialized Hospital (TASH). According to Kadushin & Kadushin,(2013) these and other results of previous studies agreement with that social workers are most likely to face structural, ethical, and functional challenges that undermine the effectiveness of their work within healthcare institutions.

One of the barriers is lack of Recognition and Structural Support that Participant reflective comments regarding the devaluation of social work within the hospital administration mirror the broader literature on marginalization of social work in medical environments. Stagnated pay scales, absence of career progression, and failure to get recognition at the institutional level demoralize social workers and impede professional growth, as per SW2. The expression by the participants of a need for whole-person care, including psychosocial and spiritual care, also supports growing consensus that patient-centered care must extend beyond medical care to encompass total needs (WHO, 2018).

The other one is ethical and operational challenges which exploitation of the resource by some caregivers is revealed in this research is corroborating evidence from earlier research on the ethical dilemmas experienced by social workers during clinical practice. Disengagement between the families and the social workers might jeopardize support and complicate assessment processes. The resistance by the nurses to refer the parents to the social workers also identifies operational hurdles undermining interprofessional working and the provision of services.

Additionally low staffing and workload demand were both identified as significant impediments to service quality, consistent with evidence in similar healthcare environments (Lee et al., 2019; Chen et al., 2022). Social workers being forced to search for external resources independently since ring-fenced funds are unavailable, as noted by SW3, increase their workload and deprive direct patient contact work. The call for additional personnel to assign a specialist social worker to every department of the hospital is in line with international best practice and recommended guidelines for the best health care teams. Although the limitations of resources were acknowledged by the participants, the dearth of

social workers continues to pose a severe bottleneck to timely effective interventions, a finding supported by observational proof of worker burnout and shortage of services.

Opportunities

This study found that social workers at TASH benefit significantly from the support of NGOs and charitable organizations. These external partners help bridge gaps in hospital services by providing medication, transportation, and food support to pediatric oncology patients. Another notable opportunity identified was the close collaboration between social workers and the interdisciplinary care team. Participants emphasized that working alongside medical staff improved care coordination and strengthened trust between professionals and families. Additionally even the training opportunities were limited the social workers noted that even minimal orientation improved their confidence in handling complex cases. Lastly, the emotional reward and gratitude received from patients and families served as a powerful motivator because this kind of appreciation reinforces the value of psychosocial care and supports.

4.2.4. Concerns and Priorities of Pediatric Cancer Patients and Their Families

The findings of this study were that the TASH cancer children and their families have intertwining issues of experiences and expectations of social work services. They are framed within three themes of survival needs, information and guidance, and follow-up and continuous support, each of which intersects with the wider context of resource constraints, emotional distress, and organizational boundaries of social work services in health care institutions.

Among the most frequently raised concerns by caregivers was the expense of treatment particularly the expense of medication and lack of medication in the hospital. The informants

said that when social workers provided some assistance such as help was hindered by institutional limitations. This result is consistent with the existing literature in low-income healthcare environments where economic hardship is a primary cause of care disruption and psychological distress for families (Adelahu, 2019; Kassaye et al., 2022). The appeals of participants for more routinized support corroborate the importance of enhancing social protection mechanisms like greater access to health insurance and medication subsidies, possibly intermediated through hospital-based social work initiatives.

Both nurses and families also acknowledged the social workers' facilitative role in serving as a buffer between medical staff and families especially in emotionally taxing interventions. Observed in fieldwork and corroborated in interviews, social workers often serve as intermediaries to assist parents in understanding diagnoses, surgeries, and prognoses. This aligns with literature that has established the psychosocial role of oncology social workers in particular where clinicians lack the time and capacity to deliver emotional care (Mitchell et al., 2011). The more formal inclusion of social workers in interdisciplinary medical teams can enhance the degree of family-centered care.

The other theme explanation was difficulties in maintaining support over the long term on both families and social workers reported experiencing delays in support as a result of donor dependence both outside institutions and institutional bottlenecks. This is one which is consistent with difficulties reported in Ethiopian healthcare social work that continuity of services is typically compromised by donor dependence and administrative delays (Yimam & Gebre, 2020). This is a challenge for institutional commitment to sustainable funding models, staff capacity building, and more stable referral systems.

CHAPTER FIVE

5. Conclusion and Implications

5.1. Conclusion

This study revealed that social workers play a vital and irreplaceable role in the pediatric oncology unit at Tikur Anbessa Specialized Hospital. Their support is not limited to emotional counseling but extends to addressing a range of challenges faced by children with cancer and their families, including financial burdens, cultural concerns, and practical difficulties related to hospital navigation and treatment follow-up. Their interventions are highly flexible and shaped by the unique needs of each patient and family, which makes them crucial actors in ensuring continuity and quality of care.

However, the research also uncovered several challenges that affect the ability of social workers to perform their roles effectively. These include limited institutional attention, lack of structural support, inadequate staffing, and minimal involvement in hospital decision-making processes. These barriers not only reduce the potential impact of social work services but also affect the morale and motivation of the professionals involved. Still, it is important to note that the presence of some enabling conditions such as informal collaborations, external donations, and individual commitment provides social workers with certain opportunities to support patients and families as best as they can.

The findings of this study point to the need for greater institutional commitment and investment in social work services within pediatric oncology. This includes allocating dedicated budgets, increasing the number of trained professionals, offering continuous professional development, and ensuring the proper integration of social workers into

multidisciplinary care teams. Strengthening these areas will allow the health system to benefit more fully from the valuable contributions of social workers in addressing the complex and often overwhelming realities faced by children with cancer and their families.

Finally, the study recommends that future research give attention to the long-term outcomes of social work interventions in pediatric care and explores ways to formally recognize and embed social work within Ethiopia's broader healthcare structure.

5.2. Implications

5.2.1 Implications for Social Work Education

The findings revealed that social workers in pediatric oncology require specialized knowledge in grief counselling, trauma informed care, palliative support, and medical social work. Based on this finding the social work education in Ethiopia should integrate pediatric medical social work and oncology related content into undergraduate and graduate curricula.

Practical training and field placements in hospital settings especially in pediatric and oncology units should be expanded to prepare students for the realities of this kind of work.

5.2.2. Implications for Social Work Practice

The study highlighted that social workers at Tikur Anbessa play critical roles in psychosocial support, emotional counselling, linking patients to resources and advocacy for vulnerable families but their involvement is often limited by staff shortages, lack of role clarity and minimal interdisciplinary collaboration. So strengthening the presence of social workers in pediatric oncology settings along with clearer role definitions and interdisciplinary team inclusion would enhance the quality of care. On going in service training should also be provided to help practitioners cope with emotionally demanding cases and burnout.

5.2.3. Implications for Social Work Research

Future studies should explore Impact of Biopsychosocial and Spiritual Care on Oncology Patients to know how integrating biopsychosocial and spiritual approaches affects the overall wellbeing and treatment outcomes of oncology patients so they holistic perspective could offer deeper insights in the patient centred care models at the oncology settings.

Researchers can study to assess the specific contributions and outcomes of social work interventions in hospital settings to include measuring the effectiveness of social workers at the improvement of patient care, supporting families, and collaborating with multidisciplinary teams at the hospitals.

Additionally future studies should examine the long term impact of social work interventions on treatment adherence, emotional wellbeing, and caregiver resilience.

5.2.4. Implications for Social Work Policy

The study revealed that the role of social workers in pediatric oncology is not formally institutionalized within the hospital's organizational structure. So there is a need for national level health and social policies that recognize and integrate professional social work into pediatric oncology services.

The Ministry of Health with collaboration with universities and the Ethiopian Social Work Association should develop policies that mandate and support the hiring of trained social workers in specialized medical units.

Budget allocation and resource mobilization for social work departments within hospitals are also necessary to strengthen the profession's impact.

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Annexes

Information Sheet for Participants

Study Title: The Role of Social Workers in Pediatric Oncology Patients at Tikur Anbessa Specialized Hospital

Researcher: Lielteweyn Shibeshi

Institution: Addis Ababa University, School of Social Work

Advisor: Dr. Commander Demelash Kassaye

◆ Purpose of the Study

This study aims to explore the role of social workers in supporting children with cancer and their families at Tikur Anbessa Specialized Hospital and the research will focus on the challenges faced by pediatric oncology patients and how social workers provide emotional, social, and practical support.

◆ Why did You Invited?

You have been selected because you are either:

A social worker involved in pediatric oncology care at Tikur Anbessa Specialized Hospital.

A parent or guardian of a child receiving oncology treatment.

A healthcare professional (nurse or physician) who working in the Pediatric Oncology Unit at Tikur Anbessa Specialized Hospital and collaborating with social workers in patient care.

◆ What Will Happen If You Take Part?

If you agree to participate:

You will take part for the interview.

The interview will last approximately 30 to 45 minutes.

I may ask about your experiences with social workers in the hospital.

Based on your permission the interview may be audio recorded for accuracy.

◆ Do You Have to Take Part?

No. The participation is completely voluntary. You can choose not to participate or withdraw at any time without giving a reason.

◆ **Are There Any Risks?**

There are no physical risks but if the discussing sensitive experiences may cause emotional distress and if you feel uncomfortable and you can stop the interview at any time.

◆ **Are There Any Benefits?**

While there is no direct benefit, your participation will help improve understanding of social workers' roles in pediatric oncology care and may lead to better support services in the future.

◆ **Will My Information Be Kept Confidential?**

Yes. Your responses will be kept confidential and anonymous. Your name will not be recorded in the study and data will be stored securely.

◆ **Who Can I Contact for More Information?**

If you have any questions, you can contact:

- **Lielteweyn Shibeshi (Researcher)**
  Tele Mobile: 0937655586

  Email: lielteweyn@gmail.com

- **ESSSWA Physical Address:** Arat Kilo, **Holy Trinity Theology University** 5th Floor, Office No. 502, Next to Addis Ababa University, College of Natural Sciences, Arat Kilo Campus.

  Email: **irbessswa@gmail.com**

  Tele Mobile: **+251 (0)982765649**

  Office: **+251 111 223 450**

  Website: **www.essswa.org**

Thank you for your participation.

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የጥናት ርዕስ፡ በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የህጻናት ኦንኮሎጂ ታካሚዎች ላይ የማህበራዊ ሰራተኞች ሚና

የጥናቱ አዘጋጅ፡- ልዕልተወይን ሺበሺ

ተቋም፡- አዲስ አበባ ዩኒቨርሲቲ፣ የማህበራዊ ስራ ትምህርት ቤት

አማካሪ፡- ዶ/ር ኮማንደር ደምመላሽ ካሳዬ

1. **የጥናቱ ዓላማ**

ይህ ጥናት በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የማህበራዊ ሰራተኞችን ሚና በካንሰር የተጠቁ ህፃናትን እና ቤተሰቦቻቸውን ለመደገፍ ያለመ ነው። ጥናቱ የሚያተኩረው የሕፃናት ኦንኮሎጂ ሕመምተኞች የሚያጋጥሟቸውን ችግሮች እና ማህበራዊ ሰራተኞች ስሜታዊ, ማህበራዊ እና ተግባራዊ ድጋፍ እንዴት እንደሚሰጡ ነው.

2. **ለምን ተጋብዘሃል?**

እርስዎ የተመረጡት እርስዎ ከነዚህ ውስጥ አንዱ ስለሆኑ ነው፡-

- **በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የሕፃናት ኦንኮሎጂ እንክብካቤ ላይ የተሳተፈ የማህበራዊ ጉዳይ ሰራተኛ።**
- **የኦንኮሎጂ ሕክምናን የሚቀበል ልጅ ወላጅ ወይም አሳዳጊ።**
- **በሆስፒታል ውስጥ ህክምና የሚወስድ ልጅ (ከወላጅ/አሳዳጊ ፈቃድ ጋር)።**
- **በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የሕፃናት ኦንኮሎጂ ክፍል ውስጥ የሚሰራ የጤና አጠባበቅ ባለሙያ (ነርስ ወይም ሐኪም) እና በታካሚ እንክብካቤ ውስጥ ከማህበራዊ ሰራተኞች ጋር በመተባበር።**

3. **ከተካፈሉ ምን ይሆናል?**

ለመሳተፍ ከተስማሙ፡-

- **በቃለ መጠይቅ ወይም በውይይት ውስጥ ይሳተፋሉ.**
- **ቃለ መጠይቁ በግምት ከ30-45 ደቂቃ ይቆያል።**
- **በሆስፒታል ውስጥ ከማህበራዊ ሰራተኞች ጋር ስላጋጠመዎት ልምድ ልጠይቅ እችላለሁ።**
- **በእርስዎ ፈቃድ፣ ቃለ መጠይቁ ለትክክለኛነት በድምጽ የተቀዳ ሊሆን ይችላል።**

4. **መሳተፍ አለብህ/ሽ?**

አይደለም ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ነው። ምክንያቱን ሳይገልጹ በማንኛውም ጊዜ ላለመሳተፍ ወይም ለማቋረጥ መምረጥ ይችላሉ።

5. **አደጋዎች አሉ?**

ምንም አይነት አካላዊ አደጋዎች የሉም፣ ነገር ግን ስሜታዊ በሆኑ ገጠመኞች ላይ መወያየት ስሜታዊ ጭንቀትን ሊያስከትል ይችላል። ምቾት የማይሰማዎት ከሆነ በማንኛውም ጊዜ ቃለ መጠይቁን ማቆም ይችላሉ።

6. ጥቅማጥቅሞች አሉ?

ምንም አይነት ቀጥተኛ ጥቅም ባይኖርም፤ የእርስዎ ተሳትፎ በህጻናት ኦንኮሎጂ እንክብካቤ ውስጥ ስለ ማህበራዊ ሰራተኞች ሚና ግንዛቤን ለማሻሻል ይረዳል እና ለወደፊቱ የተሻለ የድጋፍ አገልግሎቶችን ያመጣል።

7. የእኔ መረጃ በሚስጥር ይጠበቃል?

አዎ። ምላሾችዎ ሚስጥራዊ እና የማይታወቁ ይሆናሉ። በጥናቱ ውስጥ ስምዎ አይመዘገብም እና መረጃው ደህንነቱ በተጠበቀ ሁኔታ ይቀመጣል።

8. ለበለጠ መረጃ ማንን ማግኘት እችላለሁ?

ማንኛውም አይነት ጥያቄ ካሎት ማነጋገር ይችላሉ፡-

• ልዕልተወይን ሺበሺ (የጥናቱ አዘጋጅ)

ሞባይል፡ 0937655586

ኢሜል፡ lielteweyn@gmail.com

• የኢኤስኤስዋ አካላዊ አድራሻ፡ አራት ኪሎ ቅድስት ሥላሴ ቲዎሎጂ ዩኒቨርሲቲ 5ኛ ፎቅ ቢሮ ቁጥር 502 ከአዲስ አበባ ዩኒቨርሲቲ የተፈጥሮ ሳይንስ ኮሌጅ አራት ኪሎ ካምፓስ ፊት ለፊት።

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በዚህ ጥናት ውስጥ ለመሳተፍ ፍቃደኛ ስለሆኑ እናመሰግናለን።

Informed Consent Form

Title of the Study: The Role of Social Workers in Pediatric Oncology Patients at Tikur Anbessa Specialized Hospital

Researcher: Lielteweyn Shibshi

Institution: Addis Ababa University, School of Social Work

Purpose of the Study:

The aim of this study is to explore the role of social workers in supporting pediatric oncology patients and their families at Tikur Anbessa Specialized Hospital.

Interviewee:

If you agree to participate, you will be asked to take part in an interview/ that will last approximately 30-45 minute and our participation is completely voluntary so you may withdraw at any time without any consequences.

Confidentiality:

All information you provide will be kept confidential and used only for thisacademic purpose also your identity will not be disclosed in any reports or publications.

Possible Risks and Benefits:

There are no direct risks to participating in this study but some questions may be sensitive so you have the right to skip any question or stop at any time during the interview.

Consent Statement:

I have read and understood the above information and I voluntarily agree to participate in this study.

Participant's Name: _____ Signature: _____ Date: _____

Researcher's Name: _____ Signature: _____ Date: _____

የስምምነት ቅፅ

የጥናቱ ርዕስ: በጥቁር አንበሳ ሆስፒታል የማህበራዊ ሠራተኞች በሕፃናት ኦንኮሎጂ ታካሚዎች ላይ ያላቸው ሚና ሕብረተሰብ ውስጥ

ጥናቱን የሚሰራው፡ ልዕልተወይን ሺበሺ

ተቋም: አዲስ አበባ ዩኒቨርሲቲ፣ የማህበራዊ ስራ ትምህርት ቤት

የጥናቱ ዓላማ:

ይህ ጥናት በጥቁር አንበሳ ሆስፒታል ውስጥ ለሕፃናት የኦንኮሎጂ ሕመማን እና ቤተሰቦቻቸው የማህበራዊ ሠራተኞች ሚና ምን ይመስላል የሚለውን ለማየት ነው።

በጥናቱ ውስጥ መሳተፍዎ:

እርስዎ በፈቃድዎ በዚህ ጥናት ላይ ለመሳተፍ ከተስማሙ፣ ከ30-45 ደቂቃ የሚደርስ ቃለመጠይቅ/ውይይት ውስጥ ይሳተፋሉ። ተሳትፎዎ በፈቃደኝነት ነው፣ በማንኛውም ጊዜ መሰረዝ ወይም ማቋረጥ ይችላሉ።

የሚሰጡት መረጃ ሚስጥራዊነት:

የምስክርነትዎ መረጃ በጣም ሚስጥራዊ ሆኖ ይቆያል። ስሞት በጥናቱ በማንኛውም ሁኔታ ውስጥ አይጠቀስም።

እድሎች እና ምጥናዎች:

የተደረገው ጥናት በእርስዎ ላይ ምንም አይነት ሥጋት አያመጣም። ነገር ግን፣ የሚጠየቁት ጥያቄዎች አንዳንድ ጊዜ ስለእርስዎ ልዩ መረጃ ሊያካትት ይችላል። ማንኛውንም ጥያቄ ማለፍ ወይም ቃለመጠይቁን ማቆም ይችላሉ።

የፈቃድ መግለጫ:

ከላይ ያለውን መረጃ አንብቤ ተረድቼ በዚህ ጥናት ላይ ለመሳተፍ ፈቃደኛ ነኝ።

የተሳታፊው ስም: ___ፊርማ: ___ቀን: ___

የአጥኚው ስም: ___ፊርማ: ___ቀን: ___

For Social Workers

1. Background Information

1. Demographic Information

Age: ___

Sex: ___

Years of Experience in Pediatric Oncology

Educational Background (Highest Degree Earned)

2. Study related questions

What specific training or certifications do you have in pediatric oncology social work?

How long have you been working at Black Lion Hospital?

Have you worked in other healthcare settings before? If yes, please specify:

On average, how many pediatric cancer patients are you responsible for at any given time?

How do you manage your caseload and prioritize your work with patients? ___

Can you describe your primary responsibilities as a social worker in the pediatric oncology unit?

How do you support children and adolescent cancer patients and their families during the treatment process?

how do your interventions impact the well being of pediatric cancer patients?

Can you share any specific cases where social work has significantly improved a patient's emotional or social condition?

What challenges do you face when providing social work services to children and adolescent cancer patients?

How do these challenges affect your ability to deliver effective support?

Based on your interactions, what are the key needs and expectations of pediatric cancer patients and their families regarding social work services?

For Parents/Guardians

For Parents/Guardians:

1. Demographic Information:

Age

Sex

Relationship to the Child (e.g., Mother, Father, Guardian)

Educational Background

Occupation

2. Family and Household Information:

Number of Children in the Family

- Who else lives in the household with you?

- What is your household's primary source of income?

3. Child's Health Background:

- How long has your child been receiving cancer treatment?

What type of cancer has your child been diagnosed with?

How often do you visit the hospital with your child? ___

How have the social workers at TASH supported your child during their cancer treatment?

Do you feel that the social work services have been helpful for your family? If so, in what ways?

How effectively do the social workers communicate with you about your child's condition and treatment?

Have the social workers provided you with resources or guidance on how to support your child emotionally during treatment?

In what ways do you believe the social workers have contributed to your child's emotional and social well-being?

Can you share any specific examples where social work interventions made a significant difference?

What challenges, if there is any, have you encountered in accessing or benefiting from social work services?

How do you think these challenges could be addressed to better support families like yours?

What are the most important needs or expectations you have from the social workers at the hospital?

If you could suggest any improvements to the social work services, what would they be?

How have the social workers involved your family in the treatment and care process?

Do you feel that the social workers understand and respect your family's needs and concerns?

For Healthcare Professionals (Nurses/Physicians)

1. Demographic Information:

    - Age: ___
    - Sex: ___
    - Years of Experience in Pediatric Oncology: ___
    - Educational Background (Highest Degree Earned): ___

2. Professional Information:

- Can you tell me about your role in the Pediatric Oncology Unit at Tikur Anbessa Specialized Hospital?
- How long have you been working in this unit?
- How do social workers contribute to the care of pediatric oncology patients?
- How often do you interact with social workers in your daily work?
- Can you describe a situation where a social worker played a crucial role in a patient's care?
- What are the biggest challenges faced by pediatric cancer patients and their families at TASH?
- How do these challenges affect the treatment process?
- In what ways do social workers help in addressing these challenges?
- How do pediatric cancer patients and their families cope with emotional distress?
- What kind of psychosocial support do social workers provide to patients and families?
- Do you think the current support system is sufficient? If not, what improvements would you suggest?
- How would you describe the working relationship between healthcare professionals and social workers?

- What barriers exist in effective collaboration between medical staff and social workers?
- How do you think this collaboration can be improved to enhance patient care?
- What do you think can be done to strengthen the role of social workers in pediatric oncology care?
- Do you have any additional thoughts or suggestions on how social workers can better support pediatric oncology patients**?**

መግቢያ

ሰላም ዛሬ ስለተቀላቀሉኝ አመሰግናለሁ። ስሜ ልዕልተወይን ሺበሺ ነው። እኔ በአዲስ አበባ ዩኒቨርሲቲ የማህበራዊ ስራ ትምህርት ቤት የድህረ ምረቃ ተማሪ ነኝ። ይህን ጥናት ለማህበራዊ ስራ ማስተርስ ዲግሪዬን ለማጠናቀቅ የሚያስችል ነው። ይህ ቃለ መጠይቅ በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል ውስጥ የህፃናት ኦንኮሎጂ ታካሚዎችን እና ቤተሰቦቻቸውን ለመደገፍ የማህበራዊ ሰራተኞች የሚጫወቱትን ሚና ለመረዳት የተዘጋጀ ጥናት አካል ነው።

ይህ ቃለ መጠይቅ የህፃናት ካንሰር ከሚያስከትላቸው አካላዊ፣ ስሜታዊ እና ማህበራዊ ችግሮች ጋር በመጋፈጥ የማህበራዊ ሰራተኞች እንዴት ከጤና ባለሙያዎች፣ ታካሚዎች እና ቤተሰቦቻቸው ጋር እንደሚተባበሩ ለመረዳት አስፈላጊ ነው። የእርስዎ ልምዶች እና ግንዛቤዎች በዚህ ስርዓት ውስጥ ያሉትን ጥንካሬዎች እና ክፍተቶች ለመረዳት እንዲሁም የሚሰጠውን እንክብካቤ ለማሻሻል የሚያስችሉ መንገዶችን ለመለየት አስፈላጊ ናቸው።

የእኛ ውይይት ሚስጥራዊ ይሆናል፣ እና የሚያጋሩትን መረጃ ለ(ጥናቱ/ምርምሩ) ብቻ ይውላል። ምቾት ካልተሰማዎት በማንኛውንም ጥያቄ ወይም ቃለ መጠይቅ ላይ አለመመለስ ቃለመጠይቁን ማቋረጥ ወይም ማቆም ይችላሉ።

ለማህበራዊ ሰራተኞች

1. ግልፂ መረጃ

- ዕድሜ: ___

- ጾታ: ___

- በህፃናት ኦንኮሎጂ ውስጥ የስራ ልምድ: ___

- የትምህርት ደረጃ (ከፍተኛው ዲግሪ): ___

2. ሙያዊ መረጃ፡

- በልጆች ኦንኮሎጂ ማህበራዊ ሥራ ውስጥ ምን ዓይነት ልዩ ስልጠና ወይም የምስክር ወረቀቶች አሎት?

- በጥቁር አንበሳ ሆስፒታል ምን ያህል ጊዜ ሰርተዋል? ___

- ከዚህ በፊት በሌሎች የጤና እንክብካቤ መስጫ ቦታዎች ሠርተዋል? አዎ ከሆነ፣ እባክዎን ይግለጹ፡___

-በአማካኝ ምን ያህል የሕፃናት ካንሰር ታካሚዎች ላይ በሀላፊነት ይሠራሉ? ___

- የስራ ጫና ካለብዎት እንዴት እንደሚቆጣጠሩ እና ከታካሚዎች ጋር ለሚሰሩ ስራዎች ቅድሚያ እንዴት እንደሚሠጡ ያብራሩ ::___

- በሀጻናት ኦንኮሎጂ ክፍል ውስጥ እንደ ማህበራዊ ሰራተኛ ዋና ኃላፊነቶችዎን መግለጽ ይችላሉ?

- በሕክምናው ሂደት ውስጥ ልጆችን እና ታዳጊዎች የካንሰር ታካሚዎች እና ቤተሰቦቻቸውን እንዴት ይደግፋሉ?

- በተሞክሮዎ, የማህበራዊ ስራ ጣልቃገብነቶች ወይም ትብብር የሕፃናት የካንሰር ታካሚዎች ደህንነት ላይ በምን መልኩ ተፅኖ ያሣድራሉ?

- ማህበራዊ ስራ የታካሚውን ስሜታዊ ወይም ማህበራዊ ሁኔታ በእጅጉ ያሻሻለባቸውን ልዩ ሁኔታዎችን ማጋራት ይችላሉ?

- ለህፃናት እና ለታዳጊ ካንሰር ታካሚዎች የማህበራዊ ስራ አገልግሎት ሲሰጡ ምን ችግሮች ያጋጥሙዎታል?

- እነዚህ ተግዳሮቶች ውጤታማ ድጋፍ የማቅረብ ችሎታዎ ላይ ምን ተጽዕኖ ያሳድራሉ?

- በእርስዎ ግንኙነት ላይ በመመስረት የማህበራዊ ስራ አገልግሎቶችን በተመለከተ የሕፃናት ካንሰር ታካሚዎች እና ቤተሰቦቻቸው ቁልፍ ፍላጎቶች ምንድን ናቸው?

- እነዚህን ፍላጎቶች በሆስፒታሉ ሀብቶች ውስንነት ውስጥ እንዴት መፍታት ይቻላል?

- በልጆች ኦንኮሎጂ ክፍል ውስጥ የማህበራዊ ስራ አገልግሎቶችን ውጤታማነት ለማሳደግ ምን ለውጦችን ወይም ማሻሻያዎችን ይጠቁማሉ?

- ለሥራዎ ይጠቅማል ብለው የሚያምኑት ተጨማሪ ግብዓቶች ወይም የድጋፍ ሥርዓቶች አሉ?

- በሀጻናት ኦንኮሎጂ ክፍል ውስጥ ካሉ ሌሎች የጤና እንክብካቤ ባለሙያዎች ጋር እንዴት ይተባበራሉ?

- ይህ ትብብር ለታካሚዎች የሚሰጠውን እንክብካቤ በምን መንገዶች ላይ ተጽዕኖ ያሳድራል?

ለወላጆች/አሳዳጊዎች

1. ግላዊ መረጃ

ዕድሜ:

ጾታ:

ከልጁ/ቷ ያለዎት ግንኙነት (ለምሳሌ፣ እናት፣ አባት፣ አስተዳዳሪ):

የትምህርት ደረጃ:

ሙያ:

2. የቤተሰብ መረጃ፡-

በቤተሰብ ውስጥ ያሉ ልጆች ቁጥር:

ከእርስዎ ጋር በቤት ውስጥ የሚኖረው ሌላ ማን ነው?

የቤተሰብዎ ዋና የገቢ ምንጭ ምንድነው?

3. የህጻኑ/ዋ ጤና ሁኔታን በተመለከተ ፡-

ልጅዎ ለምን ያህል ጊዜ የካንሰር ህክምና ሲወስድ ቆይቷል?

ልጅዎ በምን ዓይነት ካንሰር ተይዟል?

ከልጅዎ ጋር ምን ያህል ጊዜ ወደ ሆስፒታል ይጎበኛሉ?

በጥቁር አንበሳ ሆስፒታል ውስጥ ያሉ የማህበራዊ ጉዳይ ሰራተኞች ልጅዎን በካንሰር ህክምና ወቅት እንዴት ይደግፉታል?

የማህበራዊ ስራ አገልግሎቶች ለቤተሰብዎ ጠቃሚ እንደነበሩ ይሰማዎታል? ከሆነስ በየትኞቹ መንገዶች?

የማህበራዊ ጉዳይ ሰራተኞቹ ስለልጆችዎ ሁኔታ እና ህክምና ምን ያህል ከእርስዎ ጋር ይገናኛሉ?

በህክምና ወቅት ልጅዎን በስሜታዊነት እንዴት መደገፍ እንደሚችሉ የማህበራዊ ሰራተኞቹ ግብዓቶችን ወይም መመሪያ ሰጥተውዎታል?

በየትኞቹ መንገዶች የማህበራዊ ጉዳይ ሰራተኞች ለልጆችዎ ስሜታዊ እና ማህበራዊ ደህንነት አስተዋፅኦ አድርገዋል ብለው ያምናሉ?

የማህበራዊ ስራ ጣልቃገብነቶች ከፍተኛ ለውጥ ያመጡባቸውን ልዩ ምሳሌዎችን ማጋራት ይችላሉ?

ከማህበራዊ ስራ አገልግሎቶችን ለማግኘት ወይም ለመጠቀም ምን ተግዳሮቶች አጋጥመውዎታል?

እንደ እርስዎ ያሉ ቤተሰቦችን በተሻለ ሁኔታ ለመደገፍ እነዚህ ተግዳሮቶች እንዴት ሊፈቱ ይችላሉ ብለው ያስባሉ?

በሆስፒታሉ ውስጥ ካሉ ማህበራዊ ሰራተኞች በጣም አስፈላጊ የሆኑ አገልግሎቶች ምንድን ናቸው?

በማህበራዊ ስራ አገልግሎቶች ላይ ማሻሻያዎችን ቢጠቁሙ ምን ሊሆኑ ይችላሉ?

የማህበራዊ ጉዳይ ሰራተኞች ቤተሰብዎን በህክምና እና እንክብካቤ ሂደት ውስጥ እንዴት አሳትፈዋል?

ማህበራዊ ሰራተኞች የቤተሰብዎን ፍላጎቶች እና ስጋቶች እንደሚረዱ እና እንደሚያከብሩ ይሰማዎታል?

ለጤና ባለሙያዎች (ነርሶች/ሐኪሞች)

1. ግላዊ መረጃ፡-

- ዕድሜ: ___

- ፆታ: ___

- በህጻናት ኦንኮሎጂ የስራ ልምድ፡ ___

- የትምህርት ዳራ (የተገኘው ከፍተኛ ዲግሪ): _____

2. ሙያዊ መረጃ፡

- በጥቁር አንበሳ ስፔሻላይዝድ ሆስፒታል የሕፃናት ኦንኮሎጂ ክፍል ውስጥ ስላላችሁ ሚና ልትነግሩኝ ትችላላችሁ?
- በዚህ ክፍል ውስጥ ምን ያህል ጊዜ ሰርተዋል?
- ማህበራዊ ሰራተኞች ለህጻናት ኦንኮሎጂ ታካሚዎች እንክብካቤ የሚያደርጉት እንዴት ነው?
- በየእለት ስራዎ ከማህበራዊ ሰራተኞች ጋር ምን ያህል ጊዜ ያገናኛችኋል?
- አንድ የማህበራዊ ጉዳይ ሰራተኛ በታካሚ እንክብካቤ ውስጥ ወሳኝ ሚና የተጫወተበትን ሁኔታ መግለጽ ይችላሉ?
- በሆስፒታሉ የሕፃናት ካንሰር ታካሚዎች እና ቤተሰቦቻቸው የሚያጋጥሟቸው ትልልቅ ፈተናዎች ምን ምን ናቸው?
- እነዚህ ተግዳሮቶች በሕክምናው ሂደት ላይ ምን ተጽዕኖ ያሳድራሉ?
- ማህበራዊ ሰራተኞች እነዚህን ተግዳሮቶች ለመፍታት የሚረዱት በምን መንገዶች ነው?
- የሕፃናት ካንሰር) ታካሚዎች እና ቤተሰቦቻቸው የሚያገጥማቸውን የጭንቀትን ስሜት እንዴት ይቋቋማሉ?
- ማህበራዊ ሰራተኞች ለታካሚዎች እና ቤተሰቦች ምን አይነት የስነ-ልቦና ድጋፍ ይሰጣሉ?
- አሁን ያለው የድጋፍ ስርዓት በቂ ነው ብለው ያስባሉ? ካልሆነ ምን ማሻሻያዎችን ይጠቁማሉ?
- በጤና ባለሙያዎች እና በማህበራዊ ሰራተኞች መካከል ያለውን የስራ ግንኙነት እንዴት ይገልጹታል?
- በህክምና ሰራተኞች እና በማህበራዊ ሰራተኞች መካከል ውጤታማ ትብብር ውስጥ ምን መሰናክሎች አሉ?
- ይህ ትብብር የታካሚ እንክብካቤን ለማሳደግ እንዴት ሊሻሻል ይችላል ብለው ያስባሉ?
- በህጻናት የካንሰር ህክምና እንክብካቤ ውስጥ የማህበራዊ ባለሙያዎችን ሚና ለማጠናከር ምን መደረግ አለበት ብለው ያስባሉ?
- ማህበራዊ ሰራተኞች የህጻናትን ኦንኮሎጂ በሽተኞችን እንዴት በተሻለ ሁኔታ መደገፍ እንደሚችሉ ላይ ተጨማሪ ሃሳቦች ወይም ጥቆማዎች አሉዎት?

Observation Checklist

The observation checklist is designed to systematically record and assess the interactions, behaviors, and environment related to the role of social work in the pediatric oncology unit at TASH.

- ✓ The pediatric oncology unit is clean and well-maintained.
- ✓ The waiting areas are comfortable and child-friendly (e.g., with toys, books, or decorations).
- ✓ There are private spaces available for social workers to have confidential conversations with patients and families.
- ✓ The hospital environment is conducive to reducing stress and anxiety for children and adolescents.
- ✓ Social workers are easily accessible to patients and families within the unit.
- ✓ There are clear signs or information available directing patients and families to social work services.
- ✓ Social workers explain their role and the services they provide in a way that is understandable to children and adolescents.
- ✓ Social workers use language that is appropriate for the patient's age and comprehension level.
- ✓ Social workers actively listen to the concerns and questions of patients and families.
- ✓ Social workers demonstrate empathy and understanding in their communication.
- ✓ Social workers provide emotional support during difficult conversations (e.g., diagnosis, treatment updates).
- ✓ Social workers use comforting and reassuring language when interacting with children and adolescents.

- ✓ Social workers address the emotional needs of both the patient and their family members.
- ✓ Social workers are respectful of the cultural and religious beliefs of patients and their families.
- ✓ Social workers actively involve family members in discussions about the patient's care and treatment.
- ✓ Social workers provide information and resources to help families understand the patient's condition and treatment options.
- ✓ Social workers address the concerns and questions of family members with patience and clarity.
- ✓ Social workers provide emotional and practical support to caregivers (e.g., offering coping strategies, connecting with resources).
- ✓ Social workers check in with caregivers to assess their well-being and offer assistance as needed.
- ✓ Social workers effectively manage crisis situations (e.g., sudden changes in the patient's condition, emotional outbursts) with calmness and competence.
- ✓ Social workers provide immediate support to both the patient and family members during crises.
- ✓ Social workers share relevant information with the healthcare team while maintaining patient confidentiality.

Ethiopian Society of Sociologists, Social Workers And Anthropologists
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Reference No. ESSSWA/L/AA/05911/2025

Date: 08/April/2025

ESSSWA's Institutional Review Board (ESSSWA's-IRB)

Protocol Approval Letter

ESSSWA'S IRB meeting No. IRB/ESSSWA/003/2025

To: Lielteweyn Shibeshi . Principal Investigator

From: Abeje Berhanu (PhD), Chairperson, Institutional Review Board (IRB)

Protocol Title:	***Exploring the role of social workers for pediatric oncology patients in the case of Tikur Anbessa Specialized Hospital (TASH).***
Protocol Number	005/2025
Principal Investigator	Lielteweyn Shibeshi .
Institute	AAU
Study site/s	Addis Ababa University, School of Social Work , Tikur Anbessa Specialized Hospital
Decision	The Institutional Review Board of ESSSWA has approved the above mentioned research protocol which involves human study participants.
Date of final approval issued	08/April/2025
Expiration date of this approval certificate	08/April/2026

Obligations of the PI

1. Should comply with the standard international and national scientific and ethical guidelines.

2. All amendments and changes made in the protocol and consent forms must have prior IRB approval.

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Address: 4 Kilo area, Holy Trinity Theology College, 5th Floor Office No. 502, Opposite AAU Arat Killo Campus, Addis Ababa, Ethiopia

3. The PI should report all serious and/or unexpected side effects or unanticipated problems (SAE) in writing within 10 days to ESSSWA's IRB by email abejeye2010@gmail.com and/or irbessswa@gmail.com) or in person.

4. Brief progress report of the study should be given to the IRB when the data collection activity is completed

5. A hard copy of the final report of the study should be given to the IRB.

Note: If this project continues after the expiry date of approval indicated above, then it must be renewed as specified by the IRB guidelines. A renewal application consists of a brief report which summarized the results obtained during the past period and a short statement of the research plan for the coming year.

Abeje Berhanu (PhD)

Chairperson, ESSSWA-IRB

Sig: _____

Date: 11/04/2025

Ethiopian Society of Sociologists, Social Workers and Anthropologists
ESSSWA

CC: ESSSWA's IRB Secretary

Name: Me

Chairperson, IRB