

The Practices of Health Professionals in Medical Social Work in Minlik II Hospital

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A Thesis submitted to the school of social work presented in partial fulfillment of the
requirement for the degree of Master of ART (Social Work).

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This is to certified that the thesis prepared by Rahel Abate entitled” The Practices of Health Professionals in Medical Social Work in Minilik II Hospital” submitted in partial fulfillments of the requirements for the degree of Degree of Master of ART (Social Work) compile with the regulations of the university and meets the accepted standard with respect to originality and quality.

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ACRONYM

ADHERENCE COUNSELORS-Those workers, who live with the virus, took some training in HIV/AIDS and assigned in HIV/AIDS chronic clinic to work as a councilor to help those clients in ART clinic, as a peer group advisor.

ART—Anti Retroviral Therapy

CEO Chief of Executive Officer

DISCORDANT- different HIV results of the partners.

HIV – Human Immunodeficiency Virus,

IASSW- International Association of school of social work.

IFSW- International Federation of social workers.

MDT – Multi Disciplinary Team.

NASW- National Associations of Social Work

OPD –Out Patient Departments

WHO- World Health Organization

ABSTRACTS

Most health institutions in Ethiopia lack to look the client with multifaceted perspective. These health institutions do not focus on the clients personal, biological, psychological and environmental aspects. This kind of handling the client is partial treatments of his problem. Social worker provides services to meet the needs of individuals, communities and society. So, the main objective of this research was to identify the practices of health professionals in medical social work at Minlik II hospital. Qualitative research design was used. The tools for primary data collection were in-depth interview and focus group discussion in order to gain in-depth information. Eighteen health professionals who were working in Minlik II hospital were involved in the study. The data were analyzed by triangulation technique, to create a meaning from qualitatively generated data. The finding of this research show that health professionals have poor understanding of the medical social work practice within the health facilities, no involvements of social work practices with in their day to day activities and no work relationships with the hospital social work departments. The result of the study has an indication for the medical social work interventions and establishment of strong social work departments in the health care institutions. The implication of the research aim at the implication of applying the medical social work practices with in the health institutions all over Addis Ababa and throughout the country effectively and consistently.

Chapter One

Background

1.1 Introduction

The social work profession promotes social change, problem solving in human relationships and the empowerments and libration of people to enhance wellbeing utilizing theories of human behavior and social systems, social work intervene at the points where people interact with their environment principles of human rights and justice are fundamental to social work (IASSW/IFSW ,2001). This skilled activity shows how social work skills and interventions can be used in practice to enhance our effectiveness and helps bring about positive outcomes from human being.

National association of social work in 2001 described that social work practices addresses the barriers, inequalities and injustices that exist in society. It responds to crises and emergencies as well as to every day personal and social problems. Social work utilizes a variety of skills, techniques, and activities consistent with its holistic focuses on persons and their environments. social work interventions range from primarily person-focused psychosocial processes to involvements in social policies, planning and development. This include counseling, clinical social work, group work, social pedagogical work ,and family treatment and therapy as well as efforts to help people obtain services and resources in the community.

The social work intervention also include agency administration, community organization and engaging in social and political actions to impact social policy and

economic development. The holistic focus of social work is universal, but the priorities of social work practices will vary from country to country and from time to time depending on cultural, historical, and social- economic conditions (IASSW/IFSW, 2001).

On the other hand WHO in 2006 define health as the state of mentally, socially, psychological well being not merely the absence of diseases. There is strong conceptual, theoretical, and empirical evidence of relation among physical health, psychological health, and social experiences (Hutchison.E.2010, pp 150).

Societal situations and social environments will have influences on the occurrence of disease, prevention of illness and health maintenance .Individuals and societies tend to respond to health problems in a manner consistent with their culture, norms and values. Factors like social, political, cultural and economic and others will have definite influence over health maintenance. It is the responsibility of health care professionals to consider all these on the interrelationships with the clients and other activities to emphasizing the public on healthy life style and individual responsibility for health care (Née raja,K.2005,pp-15).

The history of social work in health care is a history of struggle to achieve professional identity, competence, and autonomy (self directedness) in such a complex setting, while developing effective services to patients, groups and communities. The struggle in some settings has been marked by lack of recognition from the medical profession and by some rivalry with other health professions (Bailey,C.1984, pp-18-19).

In health setting, in which physicians, nurses and other health professionals regularly meet to review a patient's health related problems. Mostly the health services professionals' focuses on the treatments of abnormality on under lying disturbances within the person, and assessments of disturbance results in a diagnosis based on a cluster of observation symptoms which is called the medical model. The medical model mostly don't focus on human diversity of the multidimensional approach of human behaviors (Hutchison,E.2010,pp-25).A critical feature of health care organizations is the variety of occupations and professions on which depend in order to carry out their missions, dominated for the most part by the powerful profession of medicine(Bailey,C.1984.pp-20-21).

Health services and professionals are important components of the health care system. From the definition of health, only treating a client's illness, does not give well being for the clients, it needs to handle the clients, mental, social and psychological perspective. The client's multifaceted parts, which are, psychological, biological and ecological aspects as a whole must be considered (Hutchison,E,2010,pp-160).The interrelationships of the health professionals and medical social workers must be linked for the handling of the client as a whole person.

1.2 Statement of the Problem

According to Hutchison (2010) health services and health professionals are important components of the health care systems. The health institution must equipped with the necessary equipments and the health professionals must implements their knowledge in order to fully satisfied and cure those clients who came to their institution

for the services ,the holistic handling of the clients must be considered to diagnosis and treat the client effectively.

Social workers have been involved in the health care field since the turn of the 20 century. The primary concerns of the profession were making health care services available to the poor and improving social conditions that bred infectious diseases (Bailey,C.1984,pp-20-21). In the course of time when the social work role expands, social workers joined other health professions in the delivery of high quality services (NASW, 2005). Social workers then provide frontline services in hospitals and medical centers to patients with conditions spanning the entire health care continuum (NASW, 2011, p. 1). The reality however is decoupled from the expectations where social workers professional status is yet muted while other disciplines in the hospital have been successful in establishing their professional status (Davis, Baldry, Milosevic and Walsh, 2004, P. 347).

As the international definition of the social work profession mention social work in its various forms addresses the multiple complex transactions between people and their environments. Its mission is to enable all people to develop their full potential, enrich their lives, and prevent dysfunction .Professional social work is focused on problem solving and change .As such social worker is change agents in the society and in lives of the individual ,family ,and communities they serve. Social workers are an interrelated system of values, theories and practices.

Bailey in 1984 explained in his book, the health care system in general and the health organization in particular are part of the context that helps shapes the structure and

context of the social work services, programs, and practices in health care. Both are themselves influenced by economics, political and historical and social forces in their environments. Knowledgeable awareness as both, and of their operation, is critical to effective social work practices (Bailey, C.1984, pp.16).

Some feature affecting the nature of social work functions and roles is the need for inter professional collaboration and consultation in which has given rise to health care teams. Team practice has characterized health organizations for a long time. As the benefits of ministering to the whole person, functioning in various social and physical environments have come to be more clearly recognized, however, the use of team practices has increased, as has interest in team structure and development .The approach assumes that coordination of the several disciplines leads to more effective care. It further assumes that no single health care profession alone can meet the bio psychosocial needs generated by illness and disability or can manage the complex of bio psychosocial and cultural forces involved in health maintenance and preventions(Bailey,C.1984,pp-19). The book did not elaborate the view of health professional 'perspectives to ward social work practices

Health occupations proliferate; the complexities of team practice are amplified. The functions, value systems, and practices of each occupation and profession have to be understood by the others for effective integration in diagnosis, treatment or health maintenance, the emphasis on team practice and on newer forms of interdisciplinary team requires attention to the issues generated and to principles and skills needed for effective team practices (Bailey, C,1984,pp-19).

The health care social work is the essential link between the patient, family, health care institutions, the community and its resources. The social workers who employed in a health care setting are engaged in a dynamic linkage with these professions. To do these, any health care professionals must understand the client the diverse racial and ethnic group that make up the community, their traditional beings about illnesses and health care and any special healers that people might turn to. The faith and spiritual values of the clients must be understood and respected by the health professionals often such values are the one vital sources of strength for a parent and for the family.

Most of the time the medical model lack this aspects, so the health professionals do not focuses on this background, most of the literate explain and elaborate the view of social workers with in the hospital, team work with the other colleges ,so this research fill the gaps on the understanding and involvements of social work practices by health professionals, the research paper focuses on the examining the understanding of social work practices by the health professionals, to identify the involvement of the health professionals on the social work practice and to assesses the work relationship of the health professionals on the social work practices with the medical social workers at Minilik II hospital.

1.3 Research Questions

1. What are the health professionals understanding of medical social work practices in Minilik II Hospital?

2. What are the experiences of health professionals in the involvement of medical social work practices in Minilk II Hospital?

3. What are the roles and work relationships of the social workers with the health professionals in Minilik II Hospital?

1.4 Objectives

1.4.1 General objectives

- To identify the practices of health professionals in medical social work in Minilik II Hospital.

1.4.2 Specifics Objectives

1. To examine the health professionals understanding of medical social work practices in Minilik II Hospital?

2. To assess the experiences of health professionals in the involvement of medical social work practices in Minilk II Hospital?

3. To examine the roles and the work relationship of the social workers with the health professionals in Minilik II Hospital?

1.5 Working Definition

Medical Social Work –is a branch of social work which focuses in health institutions for the implementation of social work practices.

Medical social worker: - Those social worker who specialized in medical social work or in general social work ,who hire as a social worker in health facilities.

Health professionals: - Physicians, health officer and Nurses who work in a clinical and/or health care setting.

Experience -the physical, psychological and social circumstances health professionals encounters in their working environment.

Practice - the set of activities performed by health professionals as a coping mechanism.

Role: - a function or part performed by social worker.

Socio-emotional - the social and emotional dimensions of an individual.

Significance of the Study

Knowing how a profession is put in to practice in the existing context helps to improve the practice itself within the context and contributes to the body of knowledge. This study has the importance of contributing to the body of knowledge concerning social work practices in hospitals in particular and health care settings in general. Especially in Ethiopia, the involvements of social workers in health care settings do not have much history. As a result, the health professionals could get some clue about their contribution to the existing health system and the next step that should be undertaken.

By contributing to the improvement of the social work practice in this hospital, will help to look the clients as a whole person which gives its impact on the clients and their families, this also contributes its part for the community health service in general. This means, the society who uses those selected hospitals and other health care settings, which consider this study, will be the direct beneficiary of the study by getting better

social work service. In addition, the researcher did not come across any research regarding the perceiving of social work practices by the health professionals which affects the growth of social work professions in the health settings.

Consequently, as an exploratory study, this study serves at least as a starting point for other researches of this type in the country. The social workers in this field in the country would also get some helpful ideas to improve their service and will have good relationship with the health professionals which create good working environments. Thus, this study contributes for the better implementation of the social work profession and helps to develop standardized guidelines for the practice of health care social work practices throughout the country.

Chapter Two

Literature Review

2.1 Overviews of medical social work

A brief history and overview of social work in health care is presented in this chapter in order to provide a fundamental knowledge of the profession. The literatures related to this study reviewed and focus on the historical background of social work in health care, the understanding of social work practices by the health professionals, the involvement of the health professionals on the social work practices and the challenges and difficulties of the health professionals with the social workers in Minilik II Hospitals.

Social work in the health field is the first specialty area of social work (Baksa, 2010, p. 9-10)., there are some disagreements between some scholars about the time when the health care social work really began. According to Gehlert & Browne (2006, p. 6) the first social worker, called a hospital almoner, was hired by the Royal Free Hospital in London in 1895. On the other hand, Fort Cowles (2003) as cited in Baksa (2010, pp. 9-10) stated that hospital social work began in 1905. According to him, Richard Cabot, a physician at Massachusetts General Hospital, appointed a nurse to the first hospital social worker position in that year and two years later, social workers were placed in the Neurology Clinic at Massachusetts General Hospital. A member of the board of the Boston children's Aid as well, Cabot was acquainted with how the social worker staffs there studied the needs of children. He observed that they designed their help to fit those needs and used the community resources then available out of concern about the seeming inability of his clinic patients to carry out treatment regimens because of social problems pressing up on them, that is why Cabot invited social worker to work with him in the clinic. He believed they could help patients with individual and family problems. Either the result of illness or preexistent social problems were interfering with effective treatment (Baily,C. 1984,pp.1-2).Besides, the medical-social needs of patients and families during the infection epidemics of 1918G.C and the devastating consequences of World War I created an unmet need and a professional position for social workers in the health care arena.

In all the history, differences in expectations and views of the role and function of social workers in health care emerged early in the development of the field. Social workers believed and expected that their role should include treatment of social and

psychological problems. In contrast, physicians and other medical practitioners saw social workers primarily as a liaison between the hospital and the social environment and community of the patient (Fort Cowles, 2003 as cited in Baksa, 2010, p. 9-10). Over the century, however, the roles and responsibilities of hospital social workers have evolved, in response partly to changes in the profession itself and more recently in response to economic challenges driving health care organizational changes (Fort Cowles, 2003 as cited in Baksa, 2010, p. 9-10).

The role of early medical social workers was to assist medical staffs, primarily physicians, in reaching out to patients in the community and provide knowledge of patients in the context of their home environment (Baksa, 2010, p. 13&16). Even though the role of social workers has continued to evolve until now, so many scholars still complain about the definition and clarity of social work roles in health care settings (Baksa, 2010; Davis, et al., 2004, 2005 & Fleit, 2008). (Weiss (2005, p. 2) on his essay entitled "Medical social workers: clinicians or clerks? Stated that, this lack of role clarity as "One particularly vexing problem for the social work profession is that medical social work still lacks a well-defined clinical role".

According to the authors, lacking a specific clinical role, social workers are at risk of losing their professional identity. He added that instead of being allowed to perform as clinicians, medical social workers perform as clerks resulting in professional stagnation which in turn erodes the credibility of the medical social worker as a member of the interdisciplinary treatment team and calls in to question. Fort Cowles (2003) as cited in Baksa (2010, p. 13-16) strengthen this idea by saying "Social work roles and functions

often are not firmly defined in health care settings. For example, psychosocial problems and discharge planning are traditionally part of the domain of Social work, yet physicians and nurses increasingly perceive these functions as part of their own domains". However, even though social workers in health care settings routinely perform duties that are not commensurate with their education, training or skills, writers in the field believed that Social workers are essential to the delivery and design of optimal health care (Gehlert & Browne, 2006, p. 27 & Weiss, 2005, p. 1).

In the history of Ethiopia, school of social work was opened for the first time during the emperor period in the year 1959. However, it was closed when the military government came to power in the year 1974. It was due to the reason of the government ideology of socialism. Social work education in Ethiopia reemerged at master's level in September 2004. While the successful completion of the first batch in social work, the PhD program in social work and social development opened at Addis Ababa University in August of 2006. In the year 2009, the Bachelor of Social Work program was opened with 81 students (Butterfield, Abye & Linsk, 2009 & Social Work Education in Ethiopia Partnership, 2011). Currently the school of social work working actively within the three categories, BA, Master program and PhD level. Above this, the researcher of this thesis could not come across any document which deals with the social work practice in general and medicals social work practice in particular in Ethiopia.

2.2 understanding of social work practices by the health professional

The primary mission of the social work profession is to enhance human wellbeing and help meeting basic human need of all people with particular attention to

the needs and empowerment of people who are vulnerable, oppressed and living in poverty. As mentioned in 1996, the code of ethics in NASW, on helping clients may involve enhancing client's knowledge and skills, hence, social work practices carried out in both public and private agencies and includes direct services to individual, families groups, and communities, as well as administration, managements and polices analysis (Gambrill . E .1997:pp.4).

The practice and the professional combination must consider the interactions between individuals, psychosocial and physiological states and the need to see the patient as an integrated whole. So, illness in the society is so frequent the result of some social problem that to treat with medicine and advices only, is now beginning to be generally recognized as unscientific (Bosanquest, 1914, pp-222 cited in Auslander.G,1997 pp.2).The assessment of specific client problems have been expanded to include more comprehensive measures of quality of life and well being among families, communities and organizations. The wholeness of the clients with in the hospital must consider seriously. The health professionals, the physicians must look thoroughly the client as a whole. The participation of the clients has great support when one consider looking for health assessments (Auslunder.Gail, 1997, pp.3).

Lack of participation is not a mystery and it is not something that should be blamed on clients. Rather it is an occasion to examine what can be done to increase it considering obstacles from the clients point of view will help the health professionals to respond effectively. Lack of participation is often blamed on clients. In contextual view the influence of the helper and the much between helpers and clients as well as agency

characteristics are considered. This view offers many options for increasing participation that respect and involve clients. It highlights the importance of recognizing the boundaries between your responsibility (to do the best that is possible under the circumstances) and the clients responsibility (to work towards objectives they say they want to pursue).It also emphasize the importance of candid recognizing coercive aspect that surround exchanges between you and your clients. Many clients are not in our offices by choice. Either they have been forced by to come or are subject to unwanted restriction one may impose. The example for this can be hospitalize a client they view as suicide against the person's wishes .In either case there is actual or potential coercion that may affect the clients participation in two ways. Clients may participate but only because they are goaded in to it by avoidance of even more disliked or feared potential consequences. Or they may not participate in hoped for ways, In either case, informed consents and respect for clients calls for candid recognition of coercive aspect (Gambriel,E,1997,PP-270- 271).

Client participation is a complex topic because it involves many different behaviors and many related factors including characteristics of the clients, the relationship with the client, the nature of the problem and environmental factors. Many medical patients do not follow the treatments prescribed for them even when instructions are clear. Many clients forgot information provided or do not read materials given to them.

some factors related to motivation concern clients variables, such as ambivalence about change, others are related to environment variables, such as anticipated loss of

support from significant others (Gottman and Leiblum,1974 in Gambrill,Eileen,1997).Personal and social factors are especially influential in the initial stages of helping(Gambrills Eileen,1997,pp-272).The client life circumstances must be considered .This includes economic and cultural factors ,attributes and behavior of family members as well as the physical environment .The nature of the problem and suggested services influence participation. Also, lack of participation may be related to our lack of knowledge about client's values, norms and preferred communication styles. All these have impacts on the implementation of social work practices with respect to the clients.

The other aspects to have clear understanding of social work practices we have to consider the other dimension on health. The biomedical definition of health as the absent of disease tends also to focus on disorder rather than in the promotion of wellness .It also inhabits the view of the patients as a total person in a total environment by overlooking the personal and environment dimension in health and illness. As WHO in 1940 defined health as a state of complete physical, mental and social wellbeing not merely the absence of disease. As cited in Ahemed, Kolker, and Coelho(1979 in Beily Carel.pp.34) define health as “a multi dimensional process involving the wellbeing of the whole person in the context of his environment”. This is a more useful definition for the social workers and health professionals, because it takes in to account personal and cultural variation in how health and illness are defined and experienced.” Disease “is explained in the biomedical model as deviations from the normal of measurable biochemical variables” on the other hand “Illness” refers to the subjective state of being unwell of experiencing distress or pain. Just as organic malfunctioning or disease may not be accompanied by experienced subjective discomfort, “illness “can be in the absence of

disease. Whereas diseases are a biological concept, illness is a socio psychology, biological concept, and it includes the cultural meaning of the discomfort or pain to the patient and her family. As Kleinman.1979 on his page 58 suggest that in situation where only “disease” is treated ,care will be less satisfactory to the patient and less clinically effective than in situation where both “disease ”and ”illness “are treated together .Problem of illness and problem of disease are complementary ,and both require intervention for effective care (Bailey Carel,1984:35).Sickness in contrast is a social concept which refers to a social label applied by others and accepted by the individual (Ahemed etal,1979:11) the social identity of “ill person ”therefore involves a process of negotiation between the individual ,his social network and the physician. If there is a consensus, the social identity of “ill person” is clear, and treatment can began. However, because there are differences among cultures in how illness is conceptualized, and often differences in conceptualization between the individual and the clients’ family .or between them and the physicians, consensuses may be difficult to reaches. In such instances, treatment will be adversely affected (Kleinman, 1979, pp.58).

The relationship between health phenomena and social factor in medical context also considered. It develops integrated knowledge as it relates the life processes to the existing social phenomena and health in a meaningful manner. It provides information concerning the process scope and organization of the elements of the medical which will affect the individuals .It enables the practices to have sound Knowledge about medical institutions, the study of diseases ,social cultural perspectives, altitudes and values ,treatment facilities and its pattern. It is the study of various broad socio cultural economic, political forces, health problems and health practices that shapes health

services system of a country at the macro levels and health behavior of the people and health institutions at micro –level. The health professionals specially the physician must keep in mind when they are handling the clients (Neeraja,K,2005).

A comprehensive, culturally competent assessment, according to NASW Standards for Social Work Practice in Health Care Settings (2005, pp.20) includes, pasts and current health status including genetic history of family health, the impact of health conditions or treatments on cognitive, emotional, social, sexual, psychological, or physical functioning, the impact on body image, intimacy, and sexuality, social history, including current living arrangement and household environment, work, school, or vocational history, stage in the life cycle and related and relevant developmental issues, cultural values and beliefs, including views on illness, disability, and death, family structure and the client's role within the family, social supports, including formal and informal support systems, behavioral and mental health status and current level of functioning, including suicide risk, and coping styles, Financial resources, including access to and type of health insurance. In addition, Comprehensive assessments shall address unique needs relevant to special populations, including children, people with severe and persistent mental illness, immigrants and refugees, people with substance use disorders, victims of violence or trauma, homeless people, and people with physical or psychiatric disabilities (NASW, 2005, p. 21).

2.3 The experiences of health professionals in the involvement of social work practices by the health professionals.

Professional identification wish to increase responsibility and authority often leads to unnecessary fights for ownership of the patients. The hierarchy of professionalism can be equalized by focusing on the task to be done rather than the professional who will perform the task. It is not often easier to decide if a patient needs doctoring or counseling first if one does not evaluate the social importance of the role of doctors versus the role of the social workers (Baily,C.1984,pp.198).Collaboration in the provision of health care by members of two or more professions or disciplines is not new. Doctors and nurses have collaborated from the beginning of formalized nursing care. Social workers were originally brought in to Massachusetts general hospital in 1905 by Dr Richard Cabot to work collaboratively with the physician by ameliorating social conditions that interfered with treatment. The assumption was that the physician did not have the time, knowledge or interest to do so(Baily,C.1984:198).Recognition of the contribution that could be made by several disciplines working together was present (Baily,C.1984,pp.198).

The distinguishing features of contemporary collaboration in health care are the rationale for its use, the nature of the collaborative relationships, the number of disciplines represented on many health teams, and emphasis on a systematic, knowledge-based approach to collaborative practices. As health care and even medical treatment, move more and more toward an optional view of health and illness, the knowledge and skill

required for comprehensive quality care exceed the capacity of any one individual or any one discipline. Collaboration may be informal or formal. When processes of exchange involving communication, planning it is informal, the process may consist of occasional or irregular conferring between social worker and physician social worker and nurses, or social worker and other health professionals initiated by one or the other participations in response to a patient's need or in the interest of more effective (Baily,C.pp.1984-1989).

The influence of medicine, and the medical model or biomedical model, has become more pronounced in recent years, although its benefits are limited where illness falls outside a disease model (Wade and Hailigan, 2004 in Trevithick Pamela, 2010, pp.30). The medical model is based on several assumptions. These are the mind and the body can be treated separately this is referred to as mind-body dualism. The body can be repaired like a machine and consequently the merits of technological interventions are often overstated. Explanations of disease focused on biological changes to the relative neglect of social and psychological factors, this is referred to as reductionist. Such reductionism also assumes that every disease is caused by a specific, identifiable agent (Nettlten1995, pp.3 in Trivisthick, 2010, pp.30). If working in a multidisciplinary context, it would be important to maintain contact with other professionals.

To involve on the social work practices one has to ask what knowledge do practitioners draw on. This reminds that the health professionals knowledge is limited in relation to the theories and practices approaches that social workers regularly use in their work, The reference point for an understanding of others is one's self, to know oneself is

to know the others (Howe,1987 in Trevithick).In the course of one's lives, one may acquire a rich pool of experience ,but it is one's capacity to reflect on the experience that leads to self-understanding ,self- awareness and self – knowledge the sense that one know “” what we are doing ,why we are doing it ,how we are presenting our selves’ (Lehman,1994,pp.145 in Trevithick,pp.44).Self-knowledge of this kind is a central component of the repertoire of skills heald by the reflective practitioner. Its importance is also noted in relation to assessment .In addition to knowledge of personal and social problems and the assessments process, good understanding of oneself is also required (Trevithick,P,2010,pp.44).It described how one works with the people, how one communicate his knowledge, skills and understanding in way that are helpful not demeaning ,and how one communicate our values in terms of the care concern and respect we hold for others people(Trevithick,P,2010,pp.44).

A hospital social worker staffs needs not only competent to direct service capability but also, expertise in administration, organizational theory, and social planning and community organization. The ideology of physicians to be conservative, they viewed the hospital primarily from the angle of their professional needs and tended to resist new development and trends. The limited definition of the social workers role in the hospital and the conservative characteristics of medical administration influence the choice of social work leadership (Divideson,K 1990, pp 380).

2.4 The roles and the work relationship of social workers with in the hospitals

Minilik II Hospital

The challenges and difficulties for the implementation of the social work practices with in Minilik II Hospital.

Social work has consistently played a role in social change primarily by assisting people through transition, secondly, by shaping social policies. Today's organizational works including health institution are undergoing rapid, dramatic, intense social change. These changes provide both an opportunity and responsibility of social work to contribute to the direction and character of the organizations. To do so we requires expanding social work roles in to the organization as client (Dividison,K. 1990).

Organizational tradition and transformation are international in scope and deeply affect the way we organize work, family, and personal lives .we require new ways to protect the profession a new kind of empowered work force, and new visionary leadership with relevant knowledge skills and roles for each (Auslander,G,1997).As he elaborated more organizations have always been the context for social work practice. They have shaped the role of collaborator, mediator, and advocate.

Besides, The recent documents in Gregorian (2005, p. 4) & NASW (2011, p. 1) stated the timely role and job functions of social workers in the existing hospital settings. According to them the main roles and functions of social workers in the hospital include, initial screening and evaluation of patient and families, comprehensive psychosocial assessment of patients, Helping patients and families understand the illness and treatment options as well as consequences of various treatments or treatment refusal, Helping patients/families adjust to hospital admission, exploring emotional/social responses to illness and treatment; Educating patients on the role of health care's team members,

assisting patients and families in communicating with one another and to members of health care team, interpreting information; Educating patients on the levels of health care (i.e. acute, sub- acute, home care), entitlements, community resources, and advance directives, facilitating decision making on behalf of patients and families, Employing crisis Intervention, Diagnosing underlying mental illness, providing or making referrals for individual, family, and group psychotherapy, Educating hospital staff on patient psychosocial issues, Promoting communication and collaboration among health care team members, Coordinating patient discharge and continuity of care planning, Promoting patient navigation services, Arranging for resources/funds to finance medications, durable medical equipment, and other needed services, Ensuring communication and understanding about post hospital care among patient, family and health care team members, Advocating for patient and family needs in different settings: inpatient, outpatient, home, and in the community and championing the health care rights of patients through advocacy at the policy level, Writing, teaching and research, especially in academic medical centers, Consulting around suspected child abuse, elder abuse and domestic violence and Addressing substance abuse issues. In pediatrics, social workers may also be involved with divorce, custody and adoption cases.

According to Judd & Sheffield (2010, p. 860) those Activities and/or roles carried out by hospital social workers incorporated in five domains, which are discharge planning, direct practice activities such as counseling and/or crisis intervention, conducting evidenced-based practice activities, identifying and participating in bioethical issues, and income-producing projects. If a social work function is to help people and system adapt our work environment need to be part of the content of our role and

function .Taking organization becomes a significant environment for intervention. By expanding professional function and role to the work organization, Social workers contribute, the society, employees and to themselves.

There professional development is enhanced as they utilize skills in new ways and gain organization perspective. The expansion of roles into organizational context for the purpose of facilitating change includes helping people adapt to changes, moves social organization development and training. From the literature written in Auslander,G,1997 on pp-254, there are fifteen practical principles which help social workers to maximize opportunity and deal with obstacles, such as:

- View the organization from different perspectives of different people.
- Begin small and realistic, with a pilot around an immediate felt need.
- Assess your project in relation to the bigger picture of the organization.
- Develop sanction for your involvement in the project.
- Assess the organization 'steadiness for change (needs, desirability, and feasibility).
- Assess the practitioners' readiness to engage in the change efforts.
- Define who is your clients and identify different agendas of administration, staffs, and other relevant sub groupings.
- Identify and strategize around issues of your client's being a colleague, including potential role conflict, perceived conflict of interest.

- Maintain boundaries as an inside consultant by dealing with organizational issues such as potential use and abuse of power within the clients department and between the department leader and you.
- Early in the process, establish a very clear contract around the client's needs and expectation ,confidentiality, sharing and use of information .All people involved in the program should know this agreement.
- Be prepared for initial resistances and skepticism. Prior to implementing the program, meet with individuals to explain purpose, hear feedback, and build in appropriate responses and safeguards within the program.
- Frame the service to make it acceptable to the larger audience, rather than an imposition by them avoids the trap.
- Maintain a systems perspective at all times.
- Establish mechanisms for feedback to appropriate organization decision makers, and assistance in developing action plans based on date.
- Begin the program with a short presentation by departmental or programmatic leaders (to demonstrate their support, define expectations and processes for follow-up).

These principles relate to three practical questions? How does one begin to expand roles? How does one continue to work effectively during the change effort? How does one maintain dual roles as consultant and colleague throughout the work?

Getting started: Be a competent social workers and social work department. In order to expand the role of social work in the organization, social worker must be visible, credible, viable, and competent in their core function.

Developing the work: Maintain a systematic perspective. When first defining needs and assessing the organization, the social work consultant needs to think about the system from different perspective of different people.

Sustain one: Maintain boundaries as you expand roles. The work of an internal consultant is often intense. It requires ability to maintain boundaries as an inside consultant to your colleagues.

In general, these principles demonstrate inherent opportunities for social workers to contribute effective and efficiently in health institutions. As health care organization undergo transformation the social work profession is concerned with how to reserve the psychosocial perspective curve out a meaningful role. The health professional parts can be stated as in the care of the suffering, [the physician] needs technical skill, scientific knowledge, and human understanding . . . tact, sympathy, and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs, and disturbed emotions. The patient is human, fearful, and hopeful, seeking relief, help, and reassurance (Harrison, 1950).The health professionals must consider thinking of the client as a whole not simply treating the affected part from his whole. The health professionals must integrate their daily activities of the performance especially for those clients who are in need of the social work practices must collaborate with the social worker with in the hospital.

Theoretical Frame work

Bio- Psychosocial theory

The bio- psychosocial approach which is derived from the psychoanalytic theory (Trevitck.P. 2005, p.272) is the theoretical frame of this study. This approach is chosen because it takes the relationship between the biological, psychological and social circumstances of the individual into consideration. As to Hollis (1977, p.1308) cited by Trevitck (2005, p.272) this approach focus Socio-emotional support on “the importance of both internal and external factors” regarding changes in which people’s faces during their illness or sicknesses with their daily life. Since this study focus on understanding of social practices of the person which is related to the individual’s biological, psychological, emotional and social aspects, so this approach is useful in order to gain a holistic insight on the issue. Furthermore this approach can help to widen the scope of the study around biological, the psychological and social spheres, and a psychosocial approach lays the relationship created between the services users and social workers. The social workers shows human concern for clients but disciplines his or her use of the

relationships in keeping with the assessment of the clients need and intervention goals'

Goldstein, 1995,pp1950 cited in Trevitck(2005,pp.272)

Ecological Perspectives

The ecological systems model also useful in conceptualizing and understanding the problem. This study focuses on the ecological systems model is an eclectic approach in assessing and understanding an individual or community. The ecological systems model emphasizes the importance of the relationship between individuals and their environment. According to the model, an individual and their environment influence one another. An individual exists within the context of multiple systems. The most important concept is that people need to be understood within the context of their environment.

According to an ecological model developed by Bronfenbrenner (1979) cited by Benckcliaitis (2002) human development is shaped both "immediate and remote" environments. Assessment and interventions may look at micro system, mezzo system, and macro system levels. The micro system is the immediate every day environment of home, school or neighborhood. It is made up of the interconnectedness behavior, roles and relations that influence the person daily life. The mezzo –system consists of setting or events that people do not experience directly but that affect their development .The macro system reflects complex ideological system (such as beliefs and values)with in a culture of sub cultures that also affect the individual.

Ecology's concerns are with the relationships between organisms and environments. It offers a useful metaphor for social work practices. Like other helping

professions, social work is giving more attention to the influence of social and physical environments on the adoptive and coping behaviors of people .People are beginning to understand that the environment is more dynamic and complex than man realized ,and is more important in coping and other life process than they thought. The challenge now is to develop ways that we can use, modify, or support people's environment mobilizes, modify, or support people 's psychological functioning (Davidson, Kay 1990, pp 51-52).

Health organizations and other social institutions on which people depend are significant features of the environment. When applying ecological thinking to social work practices in any, field one must look first at the environmental context of practices itself. The rate of social change in health care and its impact on social work are striking. New knowledge and technologies, new social designs, and new services responsibilities affect the social work task. The rising costs of health care and dissatisfaction with the quality of services create additional pressures .These and other forces in the social context of health care bear up on social work's professional purpose, its roles and functions, and its practices domain. The ecological perspectives suggest that our social purpose is to improve the quality of transaction between people and environments so there is a better match between people adaptive potential and environmental qualities as cited in Gordon 1969 in Davidson Kay. Arising from this purpose, our roles and functions are directed to supporting and enhancing the adaptive capacities of people and to influencing immediate environment to be more responsive to human needs. This interface position assumes that person and environments are reciprocal parts of a transacting system whether one looks at an individual and the social worker, patient group and the hospital ward and so on. Each shapes the other, and the social work domain comprises both (Davidson, K, 1990, pp 52).

As cited by Dennis in 1996 ,for late Carel German and Alex Gateman (1996) who have written about ecological approach, environmental typically mean environmental resource and supports or the opposite environmental challenges or scarcity, Environmental resource include formal services networks of relatives, friends ,neighbors and work mates. However some formal and informal support system may be unresponsive or cease to be supportive. An ecological system theory believes that the individual development and well being influence by factors in immediate environment as well as society and culture as a whole. Ecological system theory is thought to be most useful in defining social issues and guiding social polices decisions. According to ecological system theory, the individual development is enhanced when there is a strong supportive linkage between various ecological systems (Smiz,2000).

Application of the Ecological Systems Model

Social work in health care settings exists within the context of multiple systems. On the micro system and mezzo system levels, social work in health care settings exists within individual social work departments in health care organizations. Social workers are part of medical interdisciplinary teams with other health care professionals. In addition, social workers are part of health care organizations and facilities in which they work. On the macro system levels, they are part of the social work profession and also professional social work organizations such as the National Association of Social Workers (NASW). In addition, social work in health care settings exists within the ever changing health care environment. Social work ultimately needs to be understood within the context of these different systems.

It is also useful to describe the challenges of medical social work within these different contexts. Potential challenges of medical social work, may be understood and analyzed as practice with the micro and macro level, these can be explained in the individual level and policies within the health organization. On the practice of micro system level, understanding, attitudes and views of social work practices, the involvements of social work in regard to their professional identity and roles and professional relationships is important. On the policy or macro system level, understanding the social work practices and implementing with all level of the health care system is one of the relevant health care policies, particularly as they affect social services. Conceptually, the major questions this study attempts to explore the understanding and involvements of social work practices with in the hospitals are the main issues.

Chapter Three

METHODS

This chapter deals with the explanation of the research method employed in conducting this study. The study used qualitative research method. A purposive sampling technique was used to identify participants and interviews, document review and observation are the tools for data collection. The chapter also deals with data Collection Method and Procedure, Inclusion Criteria, Study Areas, Data analysis procedure, limitation of the study and Ethical Consideration.

STUDY DESIGN

A qualitative design was used to conduct this study. Qualitative study is best when the issues of concern at hand needed exploration, comprehensive understanding of the context and the phenomena (Creswell, 2007, p.40 and Maxwell, 2005, p.22). This design is useful in order to get an in-depth understanding of the experience and practices of health professionals in regard to the social work practices. Qualitative design is chosen due to its flexible nature, helpful to understand real life context and ability to allow the active involvement of the study participants (Creswell, 2007, p.40 and Maxwell, 2005, pp.22-23). To understand real life context and ability to allow the active involvement of the study participant qualitative design is the best. Since the research topic is the issues of social and emotional engagement is subjective as the result of which they are more easily expressible in word rather than in numerical terms.

Study Area

The study area is Minlik II hospital. The hospital is the first and the oldest hospital of the country. It was established in 1896 on the basis of the request made by Emperor Minlik to the Russian Red Cross medical team which was treating the wounded citizens at Adowa. Currently, the hospital is a referral hospital which used by the clients all over the country specially those services, eye department and pathology examination on forensic activities are the unique services given by the hospital from the country. The hospital is working with 200 beds. The combination of the staffs are 15 specialist in

different disciplines, 20 general practitioners, 200 nurses, 8 x-ray professionals, 15 laboratory professionals, 2 pathologists and other supportive workers. The hospital has different departments, like medical, surgical, ophthalmology, in and outpatient clinic, ENT, forensic (examination of the dead body) which is found only in this hospital, ART, VCT and psychiatry clinic. The hospital is serving for those clients who came from all over the country (Gebru, 2007).

This study will be conducted in Minlik II hospital, the rationale for selecting this research site is because of its long term experience in service provision and as a teaching institute and service rendering organization at national level and there are unique services within the hospital throughout the country which needs many interventions of social work.

Participants

The participants of the study were eighteen health professionals: eleven of them were involved in the in depth interview and seven of the health professionals involved in the focus group discussion. The composition of the health professionals are three Physicians, one health officer, one psychiatry nurse, eleven nurses and two social workers. The primary rationale for selecting eighteen participants are not to have data saturation and focused on those health professionals who have frequent needs of the social worker interventions in different departments. Other factors which are taken into consideration are willingness to participate, resource and time availability of the participant. In from the eighteen participants, seven participants were involved in the focus group discussions.

Those individuals who are selected holds particular characteristics from different departments, in which the researcher believes they are necessary to the topics.

Participant Selection Techniques

Purposive sampling technique was used in order to select participants. According to (Maxwell,2005) a choice for sampling technique should consider the practicability to get the data. Moreover, purposive sampling were used based on the inclusion criteria to enable to gain detailed understanding of the phenomena ,also the balances for the gender composition of the study of the participant were considered.

Inclusion Criteria

All the participants of this study currently are working in Minlik II Hospital at the time of the data collection process. The participants of the study were selected based on the following inclusion criteria;

- (1) Willingness to participate with the study.
- (2) Work experience of five to twenty five years.
- (3) The physicians were those, who have frequent contact with the clients and willing to participate.
- (4) The nurse participants are those nurses who work at different departments of the hospital and from psychiatry clinic and ART.
- (5) The social workers of the hospital.

(6) The participants are with the age of 22 to 50 ranges.

These inclusion criteria used for selection of study participant for both the in-depth interviews and focus group discussions.

Data Collection Procedures

The data of qualitative inquiry is most often people's words and actions, and thus requires methods that allow the researcher to capture language and behavior. The most useful ways of gathering these forms of data are participant observation, in-depth interviews, focus group discussions, and collection of relevant documents (Maykut & Morehouse, 1994, p.42).

To obtain detailed information, in-depth interview with the medical director, matron of the hospital, health officer, psychiatry nurse and nurses and the social workers, were participated and observation of the service provision and document review (different formats and registration books) were employed in this study. Audio tape recorders were used for the focus group discussion session conducted to make data collection process smooth and easy. After I brief pre-interview and pre-focus group discussion introduction held individually to introduce the purpose of the study and ask their willingness to participate in the study. The date and places for data collection was arranged immediately after I make sure that the potential participant fulfills the inclusion criteria and the participants decides to go through the interview. The written consent was distributed and they approved their consent by signing on the consent paper.

Then data collection was carried out after the first contact with participant and unstructured questions were used in the interviews.

Data Collection Tools

In this study both primary and secondary data sources were utilized. Primary data were gathered by using questionnaires for the in-depth interview and focus group discussion. This is done with the aim of ensuring the trustworthiness of the study by gathering data from multiple sources.

The sources of secondary data were reports documents, journals, and books, published and unpublished reports in relation to the topic under study. An in-depth interview was conducted by using an open ended semi structured interview questions. Focus group discussion was also conducted by using open ended questions, with the intention of gaining rich data to answer the research questions. Furthermore the in-depth interview and focus group questions are design in a flexible manner in order to be easily understood and make the participants interactive.

A focus group discussion was held with nine nurses who were not involved in the in-depth interview. This procedure helps to widening the sources of the information and it contributed to crosscheck the data gathered from the in-depth interviews. Gathering data from different sources can maximize the trustworthiness of the information and minimize the limitation (Maxwell, 2005).

Ethical Considerations

Ethical awareness is a fundamental part of the professional practice of social workers. According to Lewis (2003) ethical consideration should be made in every research. The purpose of the study will be explained to the participants in the initial discussion. In order to assure the ethical consideration a written informed consent were obtain from every participant after proper explanation. The explanation were about; the purpose of the study, the kind of participation required, how the collected information going to be utilized and an approximation of how much time will require for interview or focus group discussion. In order to ensure confidentiality of the information the audio records are handled with utmost care. After completion of the study the audio records will be destroyed. Furthermore, the issues of protecting participants from harm were also considered, since participants may share and disclose their personal view and observation in their work place. Moreover the participants informed to take a rest or stop the interview any time and to skip any question they do not want to answer.

Data Analysis

First, I organized both field notes and the audio recorded interviews which were implemented for some of the participants. Since both the in depth interview and focus group discussion were conducted in English, all the audio records and the field notes were first translated from Amharic into English and then transcribed into written form and the field notes were arranged based on specific themes. In other words, the field notes were summarized into categories and then into themes. Then, I read the data repeatedly and organized to get the meaning as well as the general idea of what the participants want to express.

After thoroughly examining the data the necessary coding followed. I, then, organized the data into sub-themes. Later the codified themes were described in narratives form to convey the results of the analysis. At the end, I moved on the meaning derived from the critical analysis of the primary data, the literature and theories.

Cross case synthesis was the main analytic technique. According to Yin, (2003, p.134) this analytic technique is useful method for analyzing multiple cases. Besides 'the analysis is likely to be easier and the findings likely to be more robust' (p.134). Four major themes and under them twelve sub themes were developed in order to present each participant's idea and make it ready for the interpretation. These thematic categorizations were done with the purpose of making comparison and searching for a meaning in order to answer the research questions.

Limitation

This study involved only eighteen health professionals: eleven's nurses and three physicians, one health officer, one psycatriy nurse and two social workers. The small sample size and qualitative nature of the study also make this study difficult to generalize to the larger number of health professionals population. It would have been better if there were more composition of the professionals in order to get more information especially from the physicians' side. But due to the problem of time constrain and work load I can't get more volunteers physicians. This would have helped the study get the full picture of health professionals' understanding and involvements. Additionally, I faced great problem to get recorder for the recording of the explanation of the participants, but with

great straggle I got the recorder for one day, so I recorded the focus group discussion and two in-depth respondents.

Description of Trustworthiness of Data

One of the methods to assure trustworthiness of qualitative data is triangulation. According to Creswell (2007, p. 377) “Triangulation is a methodological approach that contributes to the validity of research results when multiple methods, sources, theories, and/or investigators are employed”. As a result, the trustworthiness and internal validity of the qualitative data in this study enhanced by triangulation that involves the use of different methods, (in-depth interviews, focus group discussion and document review, theories and Observation) and the involvements of different types of participants (physicians, nurses, health officer, psycatriy nurse and social workers) in addition to the literature review and theories.

Chapter four

Data Findings, Analysis and discussions

The findings on the practices of medical social work by health professionals in Minilik II Hospital are presented in the following section. The primary source of the data was in depth interview and focus group discussion with a total of 18 purposively selected physicians and nurses who are currently working in Minilik II Hospital.

This chapter is classified into two main sections the first describes about the demographic characteristics of the participants. The second section presents findings about study participants' experience and perceptions about the social work practices, the involvement of the health professionals in social work practices and the work relationships between the health professionals and the social workers. The findings are presented and summarized according to the objectives of the study.

Table 1 summary of the demographic and professionals information.

N o	Profession	A g e	S e x	Ser vice s year	Departments
1	Nurse	33	F	17	Art
2	Nurse	31	F	8	Art
3	Nurse	22	M	5	in- patients
4	Health Office	25	F	5	Triage
5	Nurse	37	F	15	in patients
6	Physician	45	M	25	in patients
7	Physician	55	M	20	medical

		0			director
8	Physician	4 5	M	15	Dental
9	Nurse	3 0	F	8	eye department
1 0	Nurse	3 5	F	12	eye department
1 1	Nurse	2 8	M	8	quality officer(FGD)
1 2	Psychiatry nurse	3 4	M	10	psycatriy clinic(FGD)
1 3	Nurse	3 7	M	12	Art(FGD)
1 4	Nurse	4 2	F	15	Metrone (FGD)
1 5	Nurse	4 5	F	15	surgical opd (FGD)
1 6	Nurse	4 5	M	20	emergency opd(FGD)

1 7	Social worker	3 0	F	5	social work(in depth
1 8	Social worker	3 2	F	7	social work(FGD)

Demographic Characteristics of the Participants

In this study eighteen health professionals were participated. Twelve nurse participants were within the age of 22 - 45 range and three physicians were within the age 45-50 range, there was only one female health officer with age of 25 and two social workers with the age group of 30 and 32.

. The gender composition in the cases of nurse participants, they were twelve in number, from them five participants were males and seven females. All the physicians were males. Two female social workers and one male psycatriy nurse were participated.

Regarding their service year, the nurse's service year range from 5-20 years, and in the case of physician's services year which ranges from 10-25 years. Two of the physicians are specialist in internal medicine and urology and the other is a dental doctors. Nine of the nurse participants are professional nurses and the others three nurses are diploma nurses in nursing,

Concerning their departments, one physician is a medical director who works with the hospital chronic outpatient department in addition to his medical director responsibilities, the other two are working within inpatient and dental clinic respectively. The health officer was working in ART clinic, three months ago. Currently she is working in triage room, one psychiatry nurse from the psychiatry clinic, the other twelve nurses are from different departments within the hospital, like, in patients, out patients, emergency room, eye departments, ART clinic and the matron of the hospital also participated.

Finding of the Data

Description of the health professionals understanding of the social work practices

This study has the importance of contributing to the body of knowledge concerning social work practices in hospitals in particularly the health care settings in general. This section presents to examine the health professionals understanding of medical social work practices. In terms of assessing the body of knowledge of the health professionals understanding concerning social work practices by examining their knowledge in terms of the meaning of social work , the aim ,role of social work, and the holistic approaches of the clients.

The practices of medical social work by health professional's health

In order to assesses or examine the practice of medical social work by health professionals asked to discuss and explain about the meaning of social work, its aim the role of the social workers in the view of the health professionals. The health professionals described this as follows:

Description of the participants understanding:

From the three physicians one physician described social work as “a profession which improves the quality of life of individuals, community and society which intervene on the crises, poverty and health problems”. The other two physicians described that social work is a service which intervenes on the individual problems.

The health officer explained social work as a discipline which treats the social aspects of the client and looking the social influences, assets and interventions on the social problem.

Nurses’ description of social work: from the twelve nurses who were participated in the in-depth interview and in the focus group discussions, seven nurses described social work as a profession which helps those poor people in need of help, the other four nurses described that social work is a profession which gives services for the society, this may be financial, aid and other in which mostly works on the social problem who have socio –economic problems and solve their problems. One nurse told me that he didn’t know the real meaning of social work.

The participants were asked how they implement the holistic approach of the clients. From the three physicians two of them answered that, they observe the holistic aspect of the clients in the case of investigation and for the managements of their sickness but sometimes there is a problem of time constrains and workload to focuses on the holistic approach, for example participant number 06, age 45,explained that in case of clerking one admitted client I assessed his family issues, the condition of his marital status, his environments ,his live hood ,about his job, the influences and the reason and impacts of the illness brings on his psychological aspects and looking for his economic

strength for the ordering of medication, the availability of nutrition and so on .The other doctor told me that I didn't observe the holistic approach because there is time constrain and knowledge gap to do so, I only looked to the current illness of the clients, and his treatments.

The health officer told me that I consider to look the holistic approach of the clients if only if there is no work load, also this is true in my day to day practices, most of the health professionals do not look the holistic approach of the clients because work load is our biggest challenge, to assess the clients social aspects and time constrain, and negligence of us to do so. We look the client's holistic approach when the clients came reputedly for one case without improvement.

All the nurses except the psycatriy nurse told me that we have no accesses to do so, most of the time we look on the nursing care and fulfilling our routine work, even if we learned in our academic session to consider the holistic approach of the clients but, we do not apply it practically, it is because of our responsibility with in the hospital, which focuses in nursing care.

The psycatriy nurse describes the holistic approach of the clients as our flied of psycatriy focuses on detail history of the clients. During the time of taking history I look thoroughly the holistic approach of the clients and with the whole course of the treatments; we look one client for his social-environmental –genetic aspects of the clients. It is one part of our job to look.

All the participants were asked for the aim of the social work, from the three doctors, two of the doctors told me that the aim of social work is to intervene on the social problems, to give social and psychological support for those in need and for the referral system that means for the linkage of recourse from outside the hospital. The other doctor told me that the aim of social work is to improve quality of life, to intervene on the social problems of the society. The health officer described social work aim, it is to intervene on the problems and stabilized the clients from his problems.

From the eleven nurses, ten nurses answered that the main aim of social work is to assess the social problem and intervene on it and its main aim is helping those people in need .One nurse(participant no 3,age 22) told me that the main aim of social work is working for the clients to solve their economic problems.

Concerning the role of social workers, the entire participants were asked to answer these questions their answers were as follow:

All three physicians told me that, the roles of the social workers are to involves on counseling, crisis intervention, education, improvement of life participants, linkage and resources arrangements were mentioned. The health officer described the role of social work as assessing resource for the clients, giving them psychological support were the lists.

All the nurses lists the specific role of the social worker as helping clients with in simple way, solving the social problems, minimizing the problem of the clines, works on the linkage with other stakeholders to satisfied the basic need of the clients are the lists

.The psycatriy nurse described the social work role as, they give psychological, social and environmental support for the clients and link the clients with recourses by assessing were the recourses are from inside and outside the hospital.

The next questions which were presented for the participant were to assesses the need of social work intervention in there day to day duties. They described as follows:

All the three doctors told me that the need of the social worker is necessary from their day to day activities', most of the time they need the social worker for the free access of medication, bed occupancy payments, transportation and for counseling activities. One of the physician (participant No -7,age 52)described as follows:

“I am from chronic care outpatient clinic, most of the clients in our department are with hypertensions, diabetes. Asthmatic and heart problem, most of these clients are old age, from lower economic class, no educational back ground, they need different types of interventions, for example like counseling, free access for the medications, investigations ,and so on All these problems were intervene by social worker. I asked him what he does for all these problems he answered me that he treat the medical part only and transferred to the nurses to educate on the medication part then I send them to their home without any social work interventions.”

The health officer described the need of the social work interventions:

It is the issues of life and death, here in our hospital there are clients who have nothing to pay or eat but came in critical condition so if there is a social

worker they will intervene on different aspects of the clients and solve the problem of the clients, this is the simple example which I told you, there are so many challenges which needs the interventions.

The psychiatry nurse told me that the need of social work intervention is very important with in hospital set ups, because most of the clients are from the lower class and with traditional habits, for example most of the clients with in our clinic came after so many delay with their illness, this is because the family came after the trial of so many traditional medicine including holly water, in this case we need a social worker to intervene on the family. So in the health sector the need of social work intervention is mandatory.

Concerning the nurses, all twelve nurses told me that the need of social workers with the health sector is mandatory, because most of the clients who came in government hospitals and health facilities are from lower classes, they are in need of different interventions, for example, need of free services within the hospital, linkage with the other stake holders, for counseling.

The experiences of health professionals in the involvement of social work practices.

This section presents the participants' experiences and involvements of the social work practices in terms of, the availability of social work departments, the role of the social work departments in the hospital, the need of the daily activities of the health professionals concerning social work interventions.

All three doctors told me that the relationship of the department explained with the availability of the department without the department how we could described about the departments, but in our hospital cases we have no social work departments, in which we consult clients, to discuss cases or issues. Even though there are two social workers for the fulfillment of the position, they do not work on site; they have some additional tasks to do. From the doctor one of the participants in no 7, age 52 described as follows:

“we cannot say there is a department even if there are two assigned social workers, the social workers themselves are not changed as a social worker and they are not committed to work actively, of course there are some additional problems with the management ,”.

Also, participant no -6, age 45, told me that I have the chance to compare the social workers with the previous social workers of the hospital (5 yrs back), the previous social worker were so active even they have the resources on money and materials collecting from different organization because they have the linkage outside the hospital, they supervise the client in every and each wards and identify their problem and intervene on it, this is their strength, but in the current condition no participation with the medical departments the social workers only write on the

investigation request and prescription. Also, the current social workers are not empowered to do so. Of course, the social workers are not the only one to blame because there are so many reasons for the failure of the departments within the hospital. Because of these reason we send the client without any social work intervention.

The health officer informed that I can say there is no social work department with in the hospital, because we have no department to send our clients for the consultations, intervention and so on, they have no office so how could we say there is a social work services even if there are two social workers who works other additional health works.

The nurses view on this issues as follows:

All the nurses agreed on the unavailability of the social work departments. The social workers, who were assigned, have other tasks to do with the medical departments. One nurse participant from ART clinic participant No- 2, age 31 described as follows:

“The department is not active because in my opinion the social workers educational background has its own problem to implement the proper social work practices with in the hospital even though there are some other additional problems, for example in our departments we need highly the social work interventions.”

The other questions which are presented for the participants were:

Lists of medical problems which needs the social work intervention are in need of social work and what are the interventions,”

The participants described as follows:

All three physicians told me that the social workers are needed for the intervention of different social problems with our day to day activities like, free services, to have linkage with other stakeholders, discharge planning, counseling of families who face discordant results in ART clinic, for those clients who are not integrate their medical follow up with the traditional medicine and the clients in those chronic clinics.

The health officer told me that she is in need of social work intervention always especially when she was in ART clinics there were different social problems, like socio-economic problems, for counseling of the family and the clients, for disagreement of the partners with discordant results simply we counsel them for the case managers(who are working as adherence councilor) who are found in ART clinic only, even if they have no the proper background in counseling. But we sent the partners their home only with our reassurance and with their gaps, without any intervention this can lead the two partners to another problem.

In case of the twelve nurses, seven nurses (participant number,11,12,13,14,15,16,18) elaborated their feeling within the focuses groups discussions they described, lists of day to day activities which need social work

interventions such as, to assesses resources for those clients in need, to help those partners family to give counseling and education, to help those poor clients with in the hospital for the resources.

The other five nurses (participant number,1,2,3,5,9) also told me that they have the need in different cases, for example to get some recourses for those clients in eye department who brings cancerous child with themselves who have no relatives in Addis Ababa who suffer to have basic needs at the time of caring the child, but the response is less since there are no departments.

Job satisfactions in relation to the social work departments

This section presents the participants' job satisfactions in relation to the social work departments:

Despite a positive regard to the need of the social work intervention and need of the departments, all of the study participants including the social workers, all of them have faced dissatisfaction, with the current situation of the departments.

Most of the nurse participants said that even if we are in need of the social work intervention daily for our clients, how we could communicate with the social worker with in the hospital without the office and stability of the department. In addition all physician and the health officer elaborate this idea, there need of the social work intervention and the availability of the departments.

The roles and work relationships of the social workers with health professionals

The finding of the role of the social worker with regarded to medial social work will be presented The subtheme are the relationships of social work departments with the other health services, like the issues of MDT involvements, involvements of management committees, and the issues of rounds with in the physicians concerning for the assessments of admitted clients, reporting system of the department were assessed.

“Almost all the participants told me that they have no relationships with the social work departments rather than singing of the request and prescription of the clients for free accesses. Currently, they have no departments and do not work on the social work cases”. In the cases of the nurses, one nurse participant number 1, age 33, described as follows:

“I am from ART clinic for the last eight years, with in this services years, I didn’t observed proper intervention of social work even though our clients are badly in need of the services. For example, there are several social problems like, socio –economic problems, disagreements of the family, misuse of drugs, the involvement of traditional medicine, on the use of nutritional availability and its usage, the understanding of the diseases and drugs. All the above lists need the involvements of the social work interventions, but there are no interventions except arranging the free services for the investigations and medications of some clients. The social workers were expected to participate in our monthly MDT meeting but they are not .Even we need one social worker for the ART clinic but, we have none with in the hospital who works effectively and efficiently. For these reasons I am not satisfied with the social work departments.

Due to these problems we send the clients without any interventions except the medical parts.”

The other questions which were presented for the participants are:

Concerning the linkage of the departments with reporting systems:

All the participant answered no linkage with the reporting system except the departments send every six months its report informally for the CEO of the hospital without any time interval and for the budget and monitoring departments, the components of the report formats consists of, what was the lists of activities?, for whom it is done?, what was the expenses of the clients in this time durations? They report for the general statistics departments.

Additionally the researcher tried to look the daily activities of the social workers and tried to observe their registration books, most of the time the social workers were assigned in different departments like OPD’S and disease prevention and control case team working different health activities. The social worker who was assigned at the OPD sometimes works to sing on the different investigation requests and medication prescription for the free access for those poor and unaffordable clients, the registration book also register those clients who got the free access only.

The barriers for these gaps were discussed by the participants:

All the physicians discussed about the barriers as the first and the most problems listed by the physicians are knowledge gaps of the health professionals to implement properly the disciplined,

- The great problem of the departments not to be functional is a problem of systems within the social work practices starting from the health minister to health center, the hierarch is not on the way that is why all this problems is happened as one of the participant on number 13,age 37 described it.
- The participant in number 6, age 45,told me that the social workers are not empowered by the hospital, this is explained by taking away the offices and other recourses and assigning the social workers in other departments.
- The social workers themselves have a gap of knowledge, they are with background of the nursing and of sociology and social Anthropology no social work back ground this have its own impact on the implementation of the social work practices with in the hospital. The medical director of the hospital told me that the social workers themselves are not changed to do the social work practices, they themselves needs to be changed in order to change the others .No social work professionals who trained with social work practices.
- The other challenges is the problem of the management to recognize the departments itself, due to this the management didn't stabilize the departments to be stand by, taking the office and assigning the social workers in the other departments. In addition the social workers don't have job description.
- The social workers also described their problems they have no office to do everything and contact any one for the services within the office and we the social

workers are also assigned to do other assignments, so how we give the work of our assignments.

- The other problem is the health professionals also have their own knowledge gaps to consult and refer the clients to us, the other is we have no resources to settle those problems with the clients this entire have its own problems.

I also tried to observe and assess and compared other hospitals(yekatit 12 hospital, Ras desta Dametaw hospital, ALERT hospital) the social work departments with in Addis Ababa almost all social work departments are in the same condition, not active and works other additional work with triage departments, they have no their own departments, the social workers are with the back ground of nursing and sociology but no social work educational back ground, almost all are slow and not energetic to bring change by showing commitments, except Alert hospital which have good involvements with the management body of the hospital and the social workers are with the background of social work educational back ground.

The last questions were the solution for all this problems to implement the social work practices with in the hospital:

All the participants were described this as follows:

- The participant in No-16,age-45 explained that the Addis Ababa University school of social work must do on this issues, to develop a system starting from the health minster to the lower health services that is health centers.
- There must be a curriculum on “social medicine” or other related field for the natural sciences or health professionals’ education as common course on their

education, this helps for every health professionals to have a common back grounds.

- In the cases of Minilik II Hospital, the management must give focuses for the strengthening of the departments as the entire participant gave their comments. They must develop the job description of the social workers.
- The social workers must strengthen their capacity to be active and they must bench mark other hospital for experience sharing.

The departments must be developing the directory for the recourses net working with the catchment area of the hospital is one of the methods for recourses arrangements.

Discussions and Analysis

In this section the practice of medical social work by health professionals in Minilik II hospital will be presented in light of established knowledge. There are differences in the profession, experience and practices of understanding of social work practices among the study participant. These differences will be analyzed according to the thematic areas identified in the previous chapter in relation to the research objectives and reviewed literatures and theories.

This facilitates the practices of health professionals understanding of social work practices, the experiences of health professionals in the involvement of social work practices, and the role of the social works with regard to medical social work practices by health professionals and the social workers.

Description of the understanding

As the finding of the study indicated the participants' description of their understanding were in terms of, what they understand from the social work practices, the aim of social work, the specific roles of the social workers, their holistic approach.

The description forwarded by the physicians study participants number 6 and 8 described that social work as a service that provides free services within the hospital. They also noted that even if they have to look the holistic aspects of their patients ,due to the time constrains and work load, explained as they didn't' focus on it, but the medical director of the hospital described as, I and some of my colleagues have some gaps on our education on this area. Concerning the holistic approaches of the client was discussed on the literate review;

On the literate review it is described by Kleinman.1979 on his page 58 suggest that in situation where only “disease” is treated, care will be less satisfactory to the patient and less in clinical effective than in situation where both “disease ”and ”illness” are treated together. The literate review elaborate that disease are a biological concepts, illness is a socio psychology ,biological concept , and it includes the cultural meaning of the discomfort or pain to the patient and her family.

Additionally in cases of nurses, even if they believes social work as a profession, they believed that it works only on helping of those poor people who are in need of the services they didn't consider social work in broad, as they explained, they do not have the chances to look the holistic approach of the clients, because they have no chances to examine or clerk the clients in our country contexts, since nurses focuses on the nursing care and other duty of the clients with in the hospital.

The international association of school of social work (IASSAW) in 2004, define social work as “the social work profession promotes social change, problem solving in human relationships and the empowerment and libration of people to enhance well being utilizing theories of human behavior and social systems, social work intervene at the points where people interact with their environment principles of human rights and justices are fundamental to social work.”.

Concerning the aim of the social work from the three doctors, only one doctor explained the proper aim of the social worker as social work is a profession which

improves the quality of life of individuals, community and society and intervening on the crises, poverty, and health problems. The others including the nurses mixed the intervention of social work practices.

IASSAW in 2004 mentioned the aim and mission of the social work as, to enable all people to develop their full potential enrich their lives and prevent dysfunction.

However as to the description of the study participant there is a significant problem to describe the aim or mission of social worker.

The finding on knowing the role of the social worker, all the three physicians, and health officers described the roles of the social workers in good ways, however concerning the role of the social workers on the involvement of polices, advocacies are not described at all, which shows they have a gap on some parts of the role of the social workers.

AS described on the international association of school of social work in 2004, the role of social work range from primary person-focused ,psychological process to involvement in social policy ,planning and development. This includes counseling, clinical social work, group work, social pedagogical work, and family treatment and work, child social work as well as efforts to help people obtain services and resources in the community.

The physicians and some diploma nurses described they have no courses within their curriculum concerning their college education, where as those young nurses who are

degree graduates and health officer and the psycatriy nurse took the course introduction for sociology course with their nursing education but the medical doctors told me that they have not took any social work or related social sciences courses. Even, currently the medical doctors have no related social sciences or social work course as a common course. These shows that those health professional who took their health professional course long years ago and the physicians didn't took the course, where as the current generation with degree program specially in nursing course took the course and have the back ground on social sciences.

The entire participants over all description of the understanding of the social work practices are blurred and confused with the aim and interventions of social work or limits the social work definition with specific activity only, this shows that the health professionals have misunderstanding of the social work practices.

The experiences of health professionals with the involvement of social work practices.

The finding on the involvement of social work practices by the health professionals will be discussed in relation of the sub themes presented in the finding section. The participant involvement in social work practices in light of relate review literate the activity of the social work practices in general, the social workers role within the hospital ,the need of the intervention with their day to day activities within the hospital.

The availability of social work departments

The finding of the study concerning the availability of departments all the three physician described there is no social work departments even if there is the assigned social workers who are working in additional tasks with the medical services as a health professionals rather than the social work duty, sometimes they tried to work as a social worker, signing on the requested paper for investigation and medical prescription.

The other health professionals, nurses, health officer and the psychiatry nurses agreed that there is no social work department, even though there are the social workers

Bailey in 1984 described that the functions, value systems, and practices of each occupation and profession have to be understood by the others for effective integration in diagnosis, treatment or health maintenance, the emphasis on team practice and on newer forms of interdisciplinary team requires attention to the issues generated and to principles and skills needed for effective team practices.

In addition of this Trevithic explained in his book in the literature review that how one works with the people ,how one communicate his knowledge, skills and understanding in way that are helpful not demanding and how one communicate our values in terms of the care concern and respect we hold for other people (Trevithuc Pamela,2010:44).

It assume that performance of the social work practices needs recognition of the profession this also explained by the establishment of the department with the availability of offices its equipment and the necessary man power with in it ,to work ,communicate our knowledge ,skill properly. We need to establish the departments.

As the finding revealed with the correlation of the literate review there is no social work departments.

Need of the social work interventions:

The need of social work interventions within their day to day activities were one of the assessed questions. The physicians mentioned that they face different problems in their day to day work concerning the social work interventions, like client who have no income money to pay for medication, different investigation during this time we are in great trouble, if there were a social workers they can handle these in proper way. In addition all the nurses are in need of the social worker to have free access for the clients medication or investigations or linking with other organization for those clients who don't pay for bed, who have no relatives.

The health officer described this in different ways from the nurses, those clients in lower socio –economic problems, disagreements with the partners results for counseling's, to handle the client with the day of discharging the social worker must prepare a discharge planning in addition to the health professionals.

As Key explained in her book 1990,pp 380 “ a hospital social worker staffs need not only competent to direct services capability but also, expertise in administration ,organization theory ,and social planning and community organization. The ideology of physicians to be conservative, they viewed the hospital primary from the angle of their professional need and tended to resist new development and trends .The limited

definition of the social worker role in the hospital and the conservative characteristics of the medical administration influence the choice of the social worker leadership”.

The findings have revealed that in this sub theme, most of the social workers in this study conducted assessments mostly to check the financial capacity of the clients and there by decided whether he or she should get free services or not. These performances of the social worker activities within the hospital dominate the health professionals' image for the social workers and social work practices this limited their involvements with the hospital in the social work practices. This shows that how much the scope of social workers' assessment role is limited in the hospital, and additionally the study indicated that there is a problem of the understanding on the social work practices; most of the times the health professionals need the social workers only to check the financial capacity of the clients.

The role and work relationships of the social workers with the health professionals

This part assessed the work relationships of the health professionals with the social work departments, trend of work relationship in regards to meeting sessions, participations with in management committee or MDT meeting, relationship with the round sessions with the health professionals, and any reporting system, the challenges for the implementation of the social work practices and its solution also discussed.

All the participants repeatedly noted that even if they are in great needs of the interventions. The participants repeatedly explained that even if they are in great need of the interventions the department is not that much active. As they mentioned in the

previous topics, to have a good relationship with departments we have to have the basic fulfillments of the departments, without the availability of the departments and the involvements of the social worker how could we say we have the relations ships.

As mentioned in Auslander.G in 1997 on page 254 in the lecturer review, concerning the social workers activities, social worker must be competent social workers and must have active social work department. In order to expand the role of social work in the organization, social worker must be visible, credible, viable, and competent in their core function.

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The social workers involvements concerning reporting system and MDT-meeting with the health departments.

All the participants told me that they have no relationships with the social work departments in regards to meeting ,reporting systems as member of the MDT within the ART clinic they have no relationships.

The litterateur review described that in Gregorian (2005, p. 4) & NASW (2011, p. 1) stated that the timely role and job functions of social workers in the existing hospital settings. According to them the main roles and functions of social workers in the hospital include, initial screening and evaluation of patient and families(Triage), comprehensive psychosocial assessment of patients, Helping patients and families understand the illness and treatment options as well as consequences of various treatments or treatment refusal, Helping patients/families adjust to hospital admission, exploring emotional/social responses to illness and treatment; Educating patients on the role of health care's team members, assisting patients and families in communicating with one another and to members of health care team, interpreting information; Educating patients on the levels of health care (i.e. acute, sub- acute, home care), entitlements, community resources, and advance directives, facilitating decision making on behalf of patients and families, Employing crisis Intervention, Diagnosing underlying mental illness, providing or making referrals for individual, family, and group psychotherapy, Educating hospital staff on patient psychosocial issues, Promoting communication and collaboration among health care team members, Coordinating patient discharge and continuity of care planning, Promoting patient routine services, Arranging for resources/funds to finance medications, durable medical equipment, and other needed services, Ensuring communication and understanding about

post hospital care among patient, family and health care team members, Advocating for patient and family needs in different settings: inpatient, outpatient, home, and in the community and championing the health care rights of patients through advocacy at the policy level, Writing, teaching and research, especially in academic medical centers, Consulting around suspected child abuse, elder abuse and domestic violence and Addressing substance abuse issues. In pediatrics, social workers may also be involved with divorce, custody and adoption cases. In addition the participants commented and discussed what the barriers of not implementing the social work practices with in the hospital as follows:

All the participants including the physicians and the health officer described the barriers for the developments of social work practices with in their hospital ,all the problems are due to problem of system developments with the health sector of social worker ,there is no "system" starting from the minister of health to the health center level, gaps of knowledge of the health professional and social worker place, those workers who assigned as a social worker must have the proper educational background to have proper knowledge and commitments for the departments. The school of social work also involve in the implantation of the discipline within the health sector.

Trivsthyck 2010,pp 52 cited that a multidisciplinary context, it would be important to maintain contact with other professionals,

From the finding of this study almost all participant believes that the role of the social workers are not present except signing on the prescriptions paper.

Finally, this study found out that the role of the social workers are insignificant with in this hospital..

Chapter Five

Conclusion, Recommendations and Implications

Conclusion

This study provides some insight about the practices of health professionals in medical social work practices. The focuses on the understanding and involvements of social work practices by health professionals in Minlk II Hospital .It examine health professionals understanding of social work practices, asses the experiences and involvement of social work practices by the health professionals and asses the role of social worker in Minilik II Hospital.

The study indicated that health professionals understanding of the social work practices is poor or low .These was described by their knowledge of what social work is, the aim of social work, the education back ground of the social work or other related education. As most of the health professional described they combined the social workers role aim and defention of social work, as social work as a service of the hospital to the clients who are unable to pay and facilitate the discharge processes of clients mostly this is financial in capability. It also found that even these activities are not carried out appropriately as compared to literature review.

In addition the involve of the health professional with the social work practices is not present in regard to no department for the social work practices implementation, even if there are two social workers who assigned within the hospital outpatient clinic, who signing on the free request or prescription paper .

The finding of the study on role and the work relationship between the health professional and social workers is low, they have no round session, meeting, solving different challenges and involving on the MDT meeting with different departments, even they have no reporting mechanize with any departments. In addition most health

professionals do not consult the social worker for the intervention of the social work practices, like counseling ,crisis –intervention discharging planning, educational, resource allocation except for limited tasks .in general ,in addition to the global misunderstanding of social worker role in hospitals ,the study indicated the gaps that exists in hospitals ,in understanding and involvement of social work practices among the health professionals of the hospital.

Recommendation

The implementation of social work practices with in the hospital needs primarily to understand what social work is! Therefore, the need of basic knowledge for the health

professionals concerning social science part is mandatory, so the curriculum for social work or related discipline must be integrated with the natural and medical science professions as a basic common course.

Medical social work is the most important discipline to implement in the health services, so system must be created starting from minister of health to the lower health center level, additionally the regional health biro must involve to implement and strengthen this discipline within each hospital by developing the proper job description for the assigned social workers.

Focus must be given on the training part and to place the competent social work professionals within each health facilities and the active involvement of the social work department within the hospitals. To implement these activities the school of social work department must straggle a lot.

Implications

Social work implications

Social work intervention in the health care services is mandatory. As this study indicates the understanding and involvements of social work practices with in the health sector must be experienced. To do these the school of social work and Minster of health must play great roll on the training of competent social work professionals and the creation and follow up of the system with in all health structure. Also, curriculum must be design for the implementation of social work or related field courses for the all health and natural science professionals.

Implication for policy

The Ethiopian government particularly Federal Ministry of Health should develop a policy on the implementation of social work practices with in the health sector. Since the function of social work practices with in the health facilities has no question. The current situation of the discipline with in the country have multiple gaps, those problems which are identified by this study must be solved.

The Ministry of Health must design the policy and implement in every health facility with strong follow up by prepare the necessary job description with the proper structure of the department.

Educational Implication

Creating awareness is one of the effective tools to solve the existing social problems in the world. Teaching social work students about their roles and responsibilities will make them experienced professionals and prepare them to better serve their country. Thus, teaching social workers in this regard is the mandate of schools social work. Social workers should be cognizant about their tasks in a given setting paying due attention to details. In this regard, it is better to train many competent social workers that could serve the needs of the huge population in the health settings. In addition, the social workers that currently exist in the selected hospitals and in other health settings should get the opportunity to develop their professional self. As a result, school of social work, the hospitals, and Ministry of Health can play a great role in this regard.

Research Implication

To the best of my knowledge, I did not get any study that deals with social work practice in health care settings in Ethiopia. On the contrary, the finding of this study showed gaps on the roles of social workers and the general social work services in the selected hospitals. Thus, I believe that researches should be conducted to study the state of social work practice in hospital Settings. Understanding social work professionals practice issues such as role confusion and overlap, challenges of social workers, attitude of other practitioners about the profession and the practice, researchers and practitioners may be able to more effectively address the issues.

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Annex One

Informed Consent

My name is Rahel Abate, and I am a post graduate student at Addis Ababa University School of Social Work. I am conducting a qualitative study on understanding and involvements of social work practices by health professionals in Minilik II hospital. I am doing this study for partial fulfillment of my master's degree in social work. The purpose of this study is to assess the understanding and involvement of the social work practices by the health professionals (physicians and nurses) during their day to day duty with in the hospital.

The study's findings will have different purposes; it can assist the health professionals to implement social work interventions in their day to day duty and help those people in need, to establish strong and active departments of the social work departments within the health facilities and to create smooth relationship and awareness of the social work practices by the health professionals..

Your participation in the study will involve an interview or focus group discussion. The in-depth interview is with an estimated length of 35-45minites.This interview will be audio recorded for later analysis. The focus group discussion will also be estimated to take 40 -55 minutes and it will also be audio recorded for later analysis.

Besides I will do my best to ensure that confidentiality is maintained by not citing your actual name within the study report. You may choose skip any question that is not interesting to you or quit the interview session at any time. If you have any question or concerns, you may contact the researcher by the following telephone number 0911475509.

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

Name _____

Signature _____

Date _____

Annex-- Two

Questioner for the in -depth interview

1. Demographic Data

Age_____

Sex_____

Marital Status_____

Educational Back Ground_____

Diploma_____

Degree and above_____

Profession_____

VI. Experiences_____

2. To examine the understanding of the social work practices by the health professionals.

How do you explain social work? And how the health professionals explain the holistic approaches of the client? If, no, why? Explain.

What is the aim of social work? (The Purposes of social work).

What are the roles of social worker in general?

Do you have any course with in your educational back ground on the social work courses or any related course? Do you have any limits on the social work practices implementation?

Do you have the need of social work interventions in your day to day activities?

Do you believe that social work interventions are necessary in your hospital?

3. To assess the involvement of the health professionals' on the social work practices?

Do you have a social work department in your hospital? Dose the department has active role within the hospital? What are they? Explain.

What are the lists of cases which are in need of social work interventions, and do you refer to the social work departments? Yes? Or No? Explain. What are the interventions done for your referred clients?

Are you satisfied with the interventions of the social work departments?

4. Work relationship of the health professionals and the social workers.

How you explain the relationship of the social work departments within your departments? Do you have sessions of meeting? Is the social work department the multidisciplinary team member or the management member? Do you have any round of clients with the other health professionals with in the in patients (ward)? Yes of No? With the social work departments to discuss challenges, interventions, rounds?

Do you have a reporting system with the departments of social work or to the central monitoring and evaluation departments concerning the social work performance of the departments?

What are your experiences in facing barriers which hinder the active role of the social work practices?

How you suggest the solutions for the above barriers?

Thank You!

Questioner for Focus Group Discussions

1. Demographic Data

A. Age_____

B. Sex_____

C. Marital Status_____

D. Educational Back Ground_____

I. Diploma_____

II. Degree and above_____

E .Profession_____

I .Experiences_____

2. How do you explain social work?

Its definition.

What is the social work aim?

What is the role and activities of the social worker?

3. In what way the social worker and the health professionals involve with the social work practices in its day to day activities of the hospital?

What are the daily needs of the social work interventions with your departments?

How is the health professionals look the holistic approach of the clients?

How you explain the daily activities of your departments' relationship with the social work departments?

How you explain the daily activities of the social worker with the hospital?

What are the activities you linked with the social work departments?

Is the departments involve actively with the hospital, How you explain this?

5. What is the integration of the social work departments with the other departments?

Thank You!

Check Lists for the Observation of Social Work Department within the

Hospitals

1. Name of the Hospital _____

2. Is the hospital has social work Departments _____yes, if yes, dose the hospital have a social worker? If there is a social worker under which departments they are supervised? _____

_____No, if no, explain the
resone? _____

_____.

3. Dose the hospital have a social
worker? _____yes. _____No,why _____

_____.

4. If ,the hospital has a social worker, what is the qualification of the social worker?
_____, how much in number?
_____.

