Chapter Seventeen

Understanding The Role Performance of Medical Social Workers in Nigeria Hospitals: Issues and Perspectives

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Introduction

Medical social workers (MSWs) are found in hospitals, skilled nursing institutions, outpatient clinics and community health agencies. They assist clients who require psychosocial support as well as their families. Additionally, they evaluate the patients' and family' psychological functioning and take appropriate action. The use of psychotherapy, supportive counseling, bereavement counseling and assisting patients are just few examples of interventions that may be used with patients and their families by MSWs. According to Mbah, Ebue, and Ugwu (2017), the primary responsibility of MSWs is to restore harmony to a patient's personal, family and social life in order to help the patient maintain or regain his or her health and strengthen his or her ability to adapt and reintegrate into society. They frequently collaborate with experts from other fields as part of interdisciplinary teams.

The MSWs offer mediations to speed up patients' recoveries and help families cope with serious and protracted health conditions. The ability of the patient and his or her family to adapt and deal with the impact of medical issues and consequence of illness on their finances, relationships, work and lifestyles will determine the patient's rehabilitation and the quality of his or her life. MSWs are supposed to help patients and their families manage life emergencies brought on by long-term or acute medical conditions with a focus on enhancing their physical and mental comfort. Additionally, they are meant to help patients as well as their families in reducing the sustained medical and social expenses. Concisely, the MSWs' duties in a typical hospital setting in Nigeria include offering counseling services to patients and their families, conducting psychosocial assessments for patient rehabilitation, providing and utilising financial and material assistance for patients in need, and giving patients in need of medicine. MSWs are expected to work with other members of the medical staff to identify deserving patients who require assistance, maintain positive relationships with patients and members of the medical staff and establish, facilitate and modify patient activities in order to ensure the welfare of patients at all times (Irele, 2011; Banks, 2012).

Hospital healthcare is organised around medical teams that include doctors, medical students, nurses, and other healthcare workers, including MSWs. These medical teams are set up to offer a structured learning environment while caring for patients in designated hospital areas (such as the cardiology unit) or patients spread out across the hospital (such as those with infectious diseases or renal disease).

The teams offer consultation services in a medical sub-specialization (such as dermatology) or any related field that are associated with a particular physician group practice. The medical team acts as a unit, but the role and responsibilities of each member's role and responsibilities is well spelt out in respect to the status of each individual. The MSWs is a special area of social work practice within these medical teams that are burdened with a wide range of responsibilities in various medical disciplines like psychiatry, nephrology, geriatrics, and oncology.

The MSWs offer counselling to patients regarding decisions that must be made and walk them through the emotions that patients and families may feel as a result of the diagnosis. They also help patients and their families understand the patient's illness. They are part of interdisciplinary teams that involve close collaboration with doctors, nurses and other healthcare providers, providing a person-in-environment perspective, providing medications to speed up patients' recoveries and helping patients' families cope with serious and protracted medical conditions. They create a plan for the patient's care in his or her home in collaboration with other organisation and the patient's family or support system.

According to Keefe, Geron and Enguidanos (2009), MSWs are widely regarded as nurse extenders since they bridge the gaps in patient care that both doctors and nurses agree are essential for higher member satisfaction. The most crucial function of MSWs is patient's counselling, which includes helping patients choose the best medical care and other health services, starting support group conversations, helping patients with serious or protracted illnesses and offering individual counselling. MSWs efficiently coordinate patient's discharge planning in hospitals. They assist patients and their family members in arranging for home medical equipment, gaining access to in-home healthcare services, organising follow-up treatments, providing transportation, and referring patients to social services organisation operating in the larger community. Additionally, they aid patients in accessing health insurance and financial help. In some instances, they collaborate closely with health insurance providers to determine the patient's compensation and support.

Despite the vital responsibilities that Medical Social Workers play in Nigerian hospitals, anecdotal evidence suggests that most Nigerians who visit these facilities as well as stew allied health professionals believe that the MSWs' crucial contributions are not fully felt. Some have suggested that there are not enough MSWs working in Nigerian hospitals because it is hard to find anyone filling the MSWs' typical positions among the interdisciplinary teams available in Nigerian hospitals. Others are of the opinion that where you even find the MSWs within the interdisciplinary teams, these essential roles are not in any way felt and this raises the salient issue of what roles do the MSWs play in the Nigerian hospitals. This Chapter therefore is design to provide an understanding of the role performance of MSWs in Nigerian hospitals.

Medical Social Work: Conceptualism and Responsibilities

Medical social work came into existence as a result of desired efforts of some doctors and nurses in having comprehensive approaches to curing of sicknesses and maintaining patient's health. Hospital social work is another name for medical social work, a significant subfield of social work. Hospitals frequently employ MSWs (MSWs) to help patients who require psycho-social support. MSWs assess the bio-psycho-social-and-spiritual needs of their patients and then intervene by putting them and their families in touch with community resources and healing programs. In order to help patients function better in society, they also offer supportive counselling and psychotherapy (Mbah, Ebue, and Ugwu, 2017). Social case work, according to Amadasun (2021), is a process that shapes personality via intentional changes made one-by-one between men and their social environment as a result of their problems. Medical social work is a process that aids the caseworker in the patient's diagnosis and treatment by examining the patient's social condition and getting to know the patient and their immediate environment. Additionally, organised sources help the medical social work to improve the effectiveness of medical care.

According to the Nigeria Association of Social Workers (NNASoW), hospital social work's main duties include educating medical professionals about the social and psychological effects of disease and serving as a liaison or link between the hospital and patients' social environments and community resources. In order to ensure the patient's health in advance of their return home, casework or medical social work is performed in hospitals (Maijor, 2011). Irele (2011) described medical social work as the job of hospital social workers that includes providing direct patient care for social and psychological issues that are among the causes or effects of a patient's health issues or that function as barriers

to a patient's involvement with the medical treatment plan. An outpatient clinic, hospital, community health organisation, hospice, or long-term care institution are some examples of workplaces for MSWs. The most common term for medical social worker is "social worker," though they occasionally use other terms like "case/care manager." A variety of patients benefit from the care of MSW, particularly those with mental illness, the homeless, those who are terminally ill, patients receiving transplants, those who have chronic degenerative diseases, and those who have numerous emotional, monetary, social, financial or housing problems. Hospital social work and medical social work are both subfields of social work (Irele, 2011). Medical social work is a technique that is oriented on one-to-one relationships, according to NNASoW (2016). It is a fundamental method for assisting people's social functioning. The counselling of patients is the medical social worker's most significant function. MSWs facilitate support group talks, offer assistance to patients with severe or persistent illnesses, and provide individual counselling. They also help patients make decisions regarding appropriate medical care and other health services.

MSWs effectively organize patients' discharge plans in hospitals. They assist them in making arrangements for home healthcare services, in-home medical equipment, follow-up plans, transportation arrangements, and referrals to local social support groups. They assist people in acquiring financial aid and health insurance. Sometimes, MSWs work closely with health insurance companies to establish the patient's support and compensation. The following were described as the fundamental responsibilities of MSWs by the NNASoW (2016):

i. carrying out a psychosocial, physical and spiritual evaluation to determine the fortitude and tenacity of patients, their families, and the networks of social support that enable them to function in society
ii. educating the patient's family about the patient's bio-psycho-social requirements and the resources available to them; resolving disputes within the family
iii. offering counseling to patients' families
iv. Patient risk assessment (including family violence, child abuse, and self-harm such as suicide)
v. overseeing resources and providing funding for deserving causes.

Based on the NNASoW (2016), MSWs can find employment in various medical specialties such as psychiatry, nephrology, geriatrics, and oncology, in addition to specialized sectors. Family mediation and therapy, case management, bereavement, palliative care, domiciliary care, community network and advocacy, trauma work, case management, group work, teaching and research are among the specialized fields. The social variables

in the patient's milieu and his personality, which have a variety of effects on his mental and emotional state, worry the MSW. MSWs must have strong analytical and evaluation abilities, as well as the ability to communicate effectively with both patients and staff and to build therapeutic relationships with them.

The ethical principles of patients' self-determination are valued by MSWs. He or she works to uphold the patient's right to make their own decisions on their care, planning, treatment, and release. Many times, individuals who are on a limited budget may be urged to take pricey medications. A medical social worker gives patients the necessary care and medication. A medical social worker may occasionally serve as a motivator by outlining to a patient the nature of the condition and the significance of its treatment. A medical social worker will often present the patient's case history when treatment of the patient necessitates knowledge of the patient's past and family history (NNASoW, 2016; Irele, 2011).

Stress has been classified as a stimulus, a consequence or response, and an interaction, according to Onigbogi and Banerjee (2019). As a result, interaction is frequently the key to helping anxious patients adopt positive behaviours. Because of this, counseling is a dynamic and intentional connection between two people, in which the processes change depending on the nature of the clients' requirements. As a result, the medical social worker and anxious patients always naturally participate in counseling in order to attain wellbeing.

Ogundipe and Edewor (2012) highlighted the characteristics that MSWs must have in order to properly counsel their patients. These include being able to relate to people of all backgrounds with ease, having genuine concern for others and their well-being, being mature and stable, being able to remain composed under pressure, having a sense of humanity (treating others as oneself) and being able to maintain objectivity. Ensuring patients and their loved ones are comfortable and socially ready for hospital treatment is the aim of MSWs. The patient's illness, recovery and safe transfer from one care setting to another are taken into account as well as the unique requirements and opportunities of their immediate environment.

The NNASoW (2016) outlined how to accomplish this by having the medical social worker concentrate on psycho-social factors, such as supportive relationships, living arrangements, patients' developmental histories, and their economic, cultural, religious, educational, and occupational backgrounds as they have an impact on how well patients are treated and how to prevent relapses in hospitals. Consequently, MSWs could urge families to bring clothes and other

special personal items to the anxious patients, provided that they have the approval of the appropriate hospital personnel before use. In addition, MSWs should help patients make their beds and put on proper clothing so that treatments can start. as well as they should assist patients in storing their personal items in areas that are accessible and tidy within hospitals.

MSWs' Job Performance in Hospitals in Nigeria

MSWs provide information about patient's condition to him or her and their families. In addition, they assist patients in processing the feelings that a patient's diagnosis may cause them and their families, as well as offering guidance on necessary decisions (Whitaker, 2006). MSWs collaborate closely with doctors, nurses, and other health professionals. They are essential members of the interdisciplinary team because they offer the perspective of the person in the environment (Whitaker, 2006). The MSW offers mediation services as a member of a multidisciplinary healthcare team to help patients through the course of recovery and their families cope with serious and protracted medical difficulties. Additionally, assisting patients and their families with issues related to health and worries, MSWs conduct a comprehensive assessment of a patient's emotional, social, financial and environmental support systems. The prognosis and quality of life of a patient are determined by their ability to cope with the impact of their sickness and resulting impairment on their income, relationships, employment, and lifestyle, as well as those of their family. The MSWs assist patients and their families in learning coping skills related to acute or long-term medical conditions. In order to help patients, develop self-confidence, they also focus on making them feel more comfortable both physically and emotionally. The MSWs create a plan for the patient's care at home in collaboration with other agencies, the patient's family and support networks.

The MSW focuses on the social aspects of the patient's environment and personality since these elements can have a variety of impacts on the patient's mental and emotional health. By developing a solid, reliable rapport with the patient (client), a medical social worker aims to enhance the patient's mental and emotional state and reduce the stress, strain, or pressure caused by the external modification of the patient. As members of a multidisciplinary healthcare team that actively participates in the patient's care, MSWs oversee the treatment plan's actions and make the necessary arrangements for the patient's social integration and recovery. Furthermore, MSWs must be able to establish therapeutic

relationship with patients, possess excellent analytical and evaluative skills, as well as be able to communicate effectively with staff and patients.
MSWs respect patients' ethical right of self-determination. They work to protect the patient's autonomy to choose their course of care, including planning, treatment and discharge. At times, doctors may prescribe expensive medications that will impoverish patients but it is the duty of medical social worker to motivate by outlining to the patient the nature of the illness and the significance of receiving treatment. When a patient's treatment necessitates knowledge of their past medical history and family history, a medical social worker will often present the patient's case history. MSWs are clearly valued members of interdisciplinary teams by doctors and nurses. According to research by Keefe, Geron and Enguidanos (2009), primary care physicians as a whole think that social workers can help them become more proficient at providing patients with complete, high-quality treatment. Furthermore, social workers are viewed as nurse extenders by nurses and fill in necessary responsibilities, according to their statements. MSWs, in the opinion of doctors and nurses, fill in the gaps that are necessary for patients to receive better care, which they believe would ultimately lead to happier members (Keefe, Geron and Enguidanos, 2009).

The most significant function that MSWs perform is patient counselling. They start support groups, offer individual counselling, help patients with chronic or severe illnesses, and help people make decisions regarding various health services and appropriate medical care. In hospital settings, the MSWs efficiently manage the discharge planning of patients. Hospital social workers were surveyed by Craig and Muskat (2013), who used their responses to create seven main themes that characterised the roles of social work: bouncer, janitor, glue, broker, firefighter, juggling, and challenger. Social workers serve as a liaison between patients, families, other professionals, and both internal and external agencies in a variety of duties and obligations associated with these professions. As a result, there are numerous chances to incorporate larger perspectives on health disparities into the fundamental social work evaluation procedure and action log documentation. For instance, a social worker employed by a hospital might be asked to visit a patient and their family who reside in a remote place and require financial aid for travel costs. Most hospital social workers would view this as a standard referral.

A more general social issue that has impacted and will keep influencing this patient's access to appropriate care is the financial challenges that the patient and their family have experienced due to living in rural and regional areas uneven access to high-quality medical care (Alston, 2007). Their sense of control over their own lives and self-worth may be affected by having to ask for financial aid.

The recommendation for financial support is a sign of a wider health disparity as well as an issue that needs to be addressed individually. More components of the complicated social circumstances might be identified in practice if the patient and their family belong to an Indigenous family or came from a lower socioeconomic category, for example. Expanding the scope, structural injustices and health disparities are seen as parts of the current issue. In order to promote effective practice in social work and maybe prevent a limited perception of social work's role in health, Giles (2009) recommended that social workers cultivate a "health equality imagination." The cumulative effects of injustices and disparities on people's day-to-day lives are something social workers must be cognizant of.

Krieger (2001) has referred to this cumulative effect as the "embodiment" of social class, whereby people integrate the material and social environment in which they live, from conception to death, biologically. This implies that understanding history and individual and societal lifestyles is essential to understanding any aspect of human biology. Social workers might benefit from concepts like embodiment while attempting to comprehend the compounding effects of social deprivation and intergenerational poverty. The social workers should include each of these elements in the case notes they write for the patients as well as their family in their social assessment. The theoretical frameworks and critical perspectives that situate the condition and the actions of the social worker in context beyond the prevailing biopsychosocial viewpoints that might be evident in this practice setting would form the basis of the social evaluation. Social work interventions should take policy formulation, research, advocacy and social policy development into consideration in presenting the patient's condition as social circumstances.

Challenges Facing the MSWs in Nigeria Hospital

The MSWs encountered many challenges in performing their duties. The tasks that MSWs perform are very challenging. MSWs face a number of challenges, including health disparities, an increase in chronic illness, an aging population, and a noticeable rise in the prevalence of diseases influenced by society and the environment. A few ran into money problems. inadequate funding to assist patients who are unable to pay for their care, or a drawn-out and difficult procedure before the money can be used. Hospitals would not use funds or other medical resources for any patient who was not one of their own, even if they were available. This raises another issue: agency. Furthermore, MSWs are not given the freedom to function efficiently because they are hardly acknowledged.

One of the most overworked, underappreciated, underpaid, and distressed professions is medical social work. Governments' lack of acknowledgement is demonstrated by the lower status and pay that social workers receive in comparison to other professionals who possess comparable training. Consequently, social workers are particularly susceptible to stressful circumstances like excessive workload, conflicting or unclear roles, excessive responsibility, and unfavourable working environments. These demands often result in burnout, which is characterised as the physical and mental depletion of a social worker's reserves and is mainly caused by a sense of powerlessness, unreasonable expectations, and an aspiration to succeed. Many African MSWs are finding that the stress they face at work is too much to handle, which lowers their productivity and causes them to become unhappy.

Additionally, a lack of personnel is a major problem since there aren't enough MSWs in the hospitals and, in the few that are, some of them lack professional training, so they are unaware of the duties and ethics of MSWs in the medical setting. Social work in Africa is severely hampered by a shortage of social workers with professional training. Inadequate funding for social welfare initiatives is one factor contributing to this issue. Like their counterparts in America and Europe, many African governments have been promoting lower social welfare spending as a result of misguided policies, conservative ideologies, and a protracted recession. Many people hold the opinion that funding social welfare programs has no direct impact on economic development or growth. However, the majority of government funding goes toward economic development initiatives, which makes it challenging for social welfare organisation to get the personnel and supplies they need to carry out their programs (Macpherson and Midgley 2008). Inadequate office supplies and facilities (filing cabinets, stationery, and tape recorders) are a result of limited funding. Maintaining confidentiality and maintaining records becomes extremely difficult in such circumstances. Furthermore, a lack of funding results in poor transportation and communication capabilities, which suggests that home visits are difficult or impossible to conduct, especially for those who reside in rural areas, where the bulk of people live.

As a result, it becomes challenging for MSWs to perform their roles appropriately. All of these cause the patients' and their families' mistrust of them and their permission to interfere in their personal affairs, which impairs their ability to do their jobs well. To sum up, a number of theories have been put forth concerning the variables that predict work performance. Nevertheless, in their explanation of job performance, the majority of the theories mostly disregarded combining all the variables. A framework on the predictor of MSWs' job

performance in the southwestern states of Nigeria was created by this study. Campbell's Multifactor Model theoretically explained the relationship between these variables. In 1990, Campbell proposed that there are eight behavioural dimensions of performance that adequately characterise the upper echelons of the latent hierarchy in all jobs. This implies that there are variables influencing how well MSWs do their jobs.

Conclusion

This chapter has show that the work of MSWs was not that felt in the hospitals due to the fact that patients and their families in most cases did not even know of the existence of MSWs in the hospital. The MSWs were not given enough recognition as per their job performance, this led to some hospitals not having them at all but only created offices for them. Places where they have, not enough personels were available and this made their work more tidious than expected. With the examination carried out, the small number of them that were available were able to effectively carried out their duties successfully well.

Recommendations

1. The management of healthcare institutions should enhance the continuous training and professional development of medical social workers. This can be achieved through regular workshops, seminars, and access to the latest research in medical social work, ensuring they are equipped with the necessary skills and knowledge to handle the complexities of the healthcare environment.
2. The government and healthcare institutions should develop and enforce policies that clearly define the roles and responsibilities of medical social workers. These policies should support the integration of social work services into the healthcare system, ensuring that social workers are recognised as essential members of the healthcare team.
3. The government and non-governmental organisations (NGSs) should make efforts to raise awareness among healthcare professionals and the general public about the critical role of medical social workers. This could involve educational campaigns within hospitals and in the wider community to highlight how social workers contribute to patient care.
4. Healthcare institutions should work towards addressing issues such as workload, inadequate resources, and lack of support within the healthcare system is essential. Providing better working conditions, including

reasonable caseloads and access to necessary tools, will enable medical social workers to perform their roles more effectively.

References

Adebayo, M. 2017. Social workers lament delay in passage of Council of Social Work bill by Senate - February 9, 2017. Retrieved August 6, 2021 from http://dailypost.ng/2017/02/09/social-workers-lament-delay-passage-council-social-work-bill-senate

Afolabi, G. 2024. Predictors Of Medical Social Workers' Job Performance In Hospitals In Southwestern States Nigeria. An unproved Ph.D Theory in the Department of Adult Education, University of Ibadan, Ibadan

Alston, M. 2007. It's really not easy to get help: services to drought-affected families. Retrieved August 6, 2021 from https://researchoutput.csu.edu.au.

Altham, K. 2002. Reporting indexical studies in the philosophy of logic and knowledge. Oxford: Oxford University Press. Amazon.com.

Amadasun, S. 2021. Public perceptions of social work in Nigeria: Does the profession has what it takes to address Nigeria's social problems? The British Journal of Social Work 51.1:259-278. Also available on: https://doi.org/10.1093/bjsw/bcaa057

Bandura, A., and Wood, R. E. 1989. Effect of perceived controllability and performance standards on self-regulation of complex decision making. Journal of Personality and Social Psychology 56:805-814.

Banks, S. 2012. Ethics and values in Social Work. 4th edition. Macmillan International Higher Education. Law, 304. London: Macmillan. Also available on https://www.researchgate.net/publication/271854589_Ethics_and_Values_in_Social_Work

Borman, W. C, Hanson C, Mary Ann Oppler, Scott H. Pulakos, Elaine D. White, Leonard A. 1993. The role of early supervisory experience in supervisor performance. Psychology Faculty Publications 1110.

Borman, W. C. and Motowidlo, S. J. 1997. Task performance and contextual performance: the meaning of personnel selection research. Journal of Human Performance 10.2:99-109.

Caillier, J. G. 2010. Factors affecting job performance in public agencies. Journal of Public Performance and Management Review 34.2:139-165.

Campbell, J. P. 1990. Modeling the performance prediction problem in industrial and organisational psychology. Handbook of industrial and

organisational psychology (2nd ed). M. D. Dunnette and L. M. Hough. Eds. 1.687-732. Palo Alto, CA: Consulting Psychologists Press.

Carroll, J. B. 1993. Human cognitive abilities: a survey of factor analytic studies. New York, NY: Cambridge University Press.

Coleman, V. I. and Borman, W. C. (2000). Investigating the underlying structure of the citisenship performance domain. Human Resource Management Review 10:25-44.

Crossman, A. and Zaki, B. A. 2003. Job satisfaction and employee performance of Lebanese banking staff. Journal of Managerial Psychology 18.4:368-376.