



Hospital Social Workers in the Eyes of Frontline Medical Staff of University of Benin Teaching Hospital, Benin City, Nigeria

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Abstract. The complexity of infirmity and its strong root in social factors, necessitated the emergence of social workers in the healthcare system. However, the frontline medical staff remains uncertain about the purpose and roles of the hospital social work professionals in the biopsychosocial healthcare interdisciplinary collaborative relationship. The focus of this study, therefore, is to ascertain how the frontline medical staff in University of Benin Teaching Hospital (UBTH) perceives hospital social workers and this help to understand the extent in which the biopsychosocial model of healthcare has been embraced in the hospital. Semi-structured interview schedule based on face-to-face interviews was conducted among the selected participants in UBTH. Following the qualitative data analysis, findings suggest that the frontline medical staff of UBTH perceive hospital social workers as insignificant members of the medical team. The findings also illustrate that the hospital social workers perform roles/responsibilities outside their scope which may be the resultant effect for the poor value of the hospital social workers' services. Consequently, recommendations are offered to hospital social workers to be professionally responsible in their roles/responsibilities as these are what create their identity in the eyes of the frontline medical staff.

Keywords: Hospital Social Workers, Frontline Medical Staff, Health, Biopsychosocial, UBTH

1. Introduction

Hospital social workers came into the hospital environment and became an integral part of the multidisciplinary medical team when it was realized by Dr. Richard Cobot of Massachusetts General Hospital, United States of America in 1905, Institute of Almoners in Britain in 1945 and the enactment of

the Constitution of the World Health Organization in 1948 that health was no longer the absence of disease or infirmity alone rather the state of complete physical, mental and social well-being (Suls & Walston, 2003, Sartorius, 2006; Heenan & Birrell, 2019). Also in Nigeria, following the increasing number of indigent patients that was unable to pay their medical bills, the Director of Medical Services in 1950 appealed to the Lagos Colony requesting for the government engagement of ex-nurses as almoners to support in the provision of social welfare services for patients. This culminated in the employment of Mallam Abba Namtari in 1952 as the first almoner in Government Hospital in Yola (Okafor, et al., 2017). These resulted in the paradigm shift in the philosophy, ideology and composition of the medical team. Hence, the modern medical model was born and shifted from biomedicine and lay emphasis on biopsychosocial medicine which focuses attention to address social consequences that affect health alongside biomedical consequences (Fuller, 2017; Sun, et al., 2023). The essence of this interdisciplinary collaborative working relationship is to ensure that the healthcare services delivery process in the hospital is consistent and of high quality (Browne, 2012).

Social workers in the hospital environment offer a holistic approach to restore and provide services to service users and their families within and outside the healthcare system (Craig et al., 2015). Social workers in the hospital setting are mainly concerned in helping service users and families have in-depth knowledge of the nature of a particular illness through effective psychosocial intervention to address the psychological, social and economic challenges associated with the illness. This is achieved through resource linkages, counseling/psychotherapy, advocacy, enabling appropriate health-related services and providing direction for service users and their

caregivers through making best decisions with positive consequences and ensuring the well-being of service users through after care service (Okafor et. al 2017). Hospital social workers play multidimensional roles in the process of performing their professional responsibilities to service users and families in the hospital environment and these roles includes education, advocacy and counseling, providing emotional and financial support particularly to the frail and vulnerable service users and their families (Seok, Kwonho & Junpyo, 2019). These roles play by the social workers in the hospital environment have been said to be affected by some factors. These factors include the organization, operation and culture of the hospital system, the way in which work is organized within the hospital and he nature of the professional act (Browne, 2012).

Hospital social workers help service users and their families to bear and cope with the impact of ill health and treatment and they cushioned the resultant effect with series of biopsychosocial interventions that facilitates the delivery of appropriate care to the individual and their families (Heenan & Birrell, 2019). Most importantly, hospital social worker adopts holistic approaches to deliver a person-center care needs which focuses on understanding the desires of the service user and their families. Overtime, these include stabilizing the family dynamics, serving and advocating for the interest of the service user with the aim of achieving a safe and efficient discharge from the hospital (Soderberg, 2018 and Harrison, O'Malia & Napier, 2019). The scope of operations of social workers in the hospital environment spans beyond the immediate medical concerns of the service users but include the broader ecological context and its impact on health outcome (Cleak & Turczynski, 2014).

In order to achieve a positive health outcome for the service users, hospital social workers engage in a collaborative working relationship with frontline medical staff to help service users and their families to deal with the challenges that come with ill health and develop solutions that support them to reintegrate safely and live independently in their communities. The skills, knowledge and values that they bring into practice are essential tools they applied to improve service users and their family resilience that aim to help them realize their full potential and enhance their wellbeing (Heenan & Birrell, 2019). Despite this long historical impact and indispensable value of social worker services in hospital environment, majority of frontline medical staff remains uncertain about the purpose, roles and presence of social workers in the hospital environment. These uncertainties occur in the form of questions concerning models and function,

leading to confusion concerning it identity as a specialization/profession should be fostered or realigned. Is it purpose in the location of the role (within hospital) that made it important or is the nature of its work with service users? (Adeoti, 2019; Okoye, 2019; Adewunmi et. al 2020; Steils, Moriarty & Manthorpe, 2021). This study seeks to assess the perception of frontline medical staff understanding of the purpose, roles and relevance of social workers in the hospital environment and in the medical team in University of Benin Teaching Hospital (UBTH). It also seeks to explore the extent frontline medical staff of UBTH have embrace the modern medical model of health. Against this background, this study is guided with the following research questions:

- Who do you think hospital social workers are?
- Can you identify any specific roles/service(s) performed by the hospital social workers that has help to enhance the healthcare of service users (patients) in the hospital?
- How has hospital social workers impacted the effectiveness of the medical team?

2. Brief Timeline Account of Hospital Social Work in University of Benin Teaching Hospital (UBTH)

University of Benin Teaching Hospital (UBTH) is a government non-profit organization located along Ugbowo Lagos Road, Benin City, Edo State, Nigeria and shares boundary with University of Benin. UBTH was established in August 1973. At that time, the hospital was known as the Benin City Hospital and it served as a referral center for several public hospitals in the mid-west region of Nigeria. In the early years, the hospital's focus was primarily on providing quality healthcare services to service users, but as the institution grew and evolved, the need for a more comprehensive approach to service user care became apparent. This led to the development of the Hospital Social Work Department, which was established in the late 1980s. The department was set up to address the psychosocial needs of service users and their families, as well as to provide social welfare services for staff members who were dealing with challenging situations. The team consisted of Social Workers, Sociologist, Psychologist, Counselors, Public Administrators, and other professionals who worked together to ensure that service users received holistic care beyond just medical treatment.

In the 1990s, the department began offering training programs for healthcare professionals on topics such as stress management, communication skills, and patient advocacy. These programs helped to enhance

the hospital's capacity to deliver high-quality health care services while promoting positive relationships between staff and service users. In the early 2000s, the department launched a series of community outreach initiatives aimed at improving health education and awareness among local populations. These efforts contributed significantly to reducing the rate of infant mortality, maternal mortality, improved childhood immunization rates, and combating infectious diseases like HIV/AIDS.

3. Roles of Hospital Social Workers According to the Compilation of Department of Medical Social Work in UBTH

Hospital social workers engaged in the following roles in UBTH that help in the delivery of appropriate health care services to service users and their families:

Assessment and Intervention: They assess the psychosocial needs of patients and provide interventions to address identify needs. They offer counseling, case management and referral services to help patients cope with illnesses, injuries, or other challenges.

Patient Advocacy: They serve as advocates for the best interest of the service users and their family. They ensure that service users receive appropriate care and support throughout their admission period. They engage in collaborative and effective working relationship with all healthcare staff in the hospital environment, families, and communities to promote positive experiences for service users.

Soliciting Funds: The hospital social worker are responsible for soliciting for funds from various sources to support indigent patient care, they often generate these resources from local NGOs, businesses, government agencies, international donors and well spirited individuals.

Repatriation of Abandoned Service Users: In some cases, service users are abandoned in the hospital by their relatives and are unable to pay for their treatment or require ongoing care after discharge. The hospital social workers assist with repatriating these individuals to their homes/communities, ensuring they receive appropriate follow-up care and support.

Home Visits and Social Investigation: To provide comprehensive services to service users and families, they often conduct home visits to assess living conditions, family dynamics, and other factors affecting the well-being of service users and their families. They also investigate social situations that may impact health outcomes, such as poverty, domestic violence, or lack of access to resources like food, shelter, or education. Early identification of potential challenges hospital social worker to conduct

effective intervene and link patients and families with available resources to promote positive health outcomes.

Family Support: Hospital social workers often provide emotional support to family members responsible for the care of ill individual receiving treatment. This support includes helping them navigate the healthcare system, providing information on available resources, and offering coping strategies.

Community Outreach: The hospital social workers reach out to members of local communities through various community outreach initiatives aimed at promoting health education, disease prevention, and early detection. These efforts contribute significantly to improving the overall health status of local populations.

Training and Education: They organize training programs for healthcare professionals on topics like stress management, communication skills, and patient advocacy. Additionally, they also educate service users and their families on issues relevant to their health and well-being.

4. Research Methodology

The qualitative evaluation research design was employed in this study (Clarke, 2005). In a study conducted by Babbie and Mouton (2001) pointed out the relevance of evaluation research in developing countries like Nigeria, focuses on assessing whether or not the quality of social work practice in interdisciplinary relationship is consistent with global practice in the area of social work in healthcare system. A qualitative approach for the collection of required data was used because the data that was required was descriptive and exploratory. In addition, the information was gathered directly from the targeted group who were assumed to have the needed set of information (Crossman, 2018; Amadasun, 2021). The purposive sampling was use to select the required participant based on the purpose of the study. Semi-Structured-face-to-face interview was use to elicit required information which was developed based on the observed attitude and the nature of the working relationship between the frontline medical staff and social workers in the hospital and expert advice. The originally developed interview guide as adopted to reduce variation in the quality and depth of information obtained. Although the interviewer was not constrained by the outline and often uses probing questions to enhance the depth of the interview.

The participants in this study comprise frontline medical staff that has practice in the hospital for a minimum period of one year. Purposive sampling was use to select 16 participants for the study. However, on

the day schedule for the commencement of the investigation, 2 participants that is, 1 Consultant and 1 Resident Doctor sent a notice to be unavoidably absent due to responsibility they were ask to hand by the management of the hospital. Thereby bring the total study participant to 14 that is, 3 Consultant, 4 Resident Doctors, 4 House Officers and 3 Nurses. The response from the interview was audio-recorded by a social work student from University of Benin on field placement in University of Benin Teaching Hospital. The interview with the selected participant lasted for approximately 20 – 25 min. At the end of the interview, the data collected were analyzed in accordance with Smith et. al (2009) steps intrinsic to Interpretive Phenomenological Analysis (IPA). The steps were sequentially followed in the process of data analysis: (1) reading and rereading, (2) initial noting, (3) developing emerging themes, (4) searching for connections across emergent themes, (5) moving to the next case and (6) looking for patterns across cases. The information gather was transcribed verbatim, although insignificant details in the citations were modified for the purpose of confidentiality and content analysis was use to analyze the data.

4.1 Ethics

The ethical approval for this study was sought and secure from the Nigeria Medical Association (NMA) UBTH Chapter, the Nurses Association of UBTH alongside the approval of the Medical Social Work Department of UBTH. Ethical concerns addressed in this study are informed consent, voluntary

participation and privacy and protection from harm. Consequently, identifying details of participants and the organization in which they represent are anonymized. More so, their responses are documented as a collective story to further obscure personal identification.

4.2 Limitation of the Study

The small sample size of the study participant and the focus on a single healthcare institution in Benin City is a major limitation of this study. Although consistent with the principles and norms in qualitative research, the identified limitation impaired the prospects of generalizability of the research findings. Nevertheless, this study has made an indelible contribution to the limited body of literature on hospital social work in Nigeria and Africa in general.

5. Results

The result of the study is presented in accordance with the four themes drawn from the research questions raised above: social workers are integral part of the medical team, specific services provided by social workers that help to enhance the healthcare of service users (patients), critical decision making and overall rating of the presence of social workers in the hospital environment. The responses of the research participant are reported verbatim in order to ascertain the frontline medical staff perception of social workers in the hospital environment.

Table 1: Thematic framework for the results

S/N	Themes	Subthemes
1.	Hospital social workers in the eyes of frontline medical staff.	Bridge between the hospital and the service users (patients and family). Uncertain identity and roles Professionals who are concern about social conditions affecting health Solicit for funds Clean and feed service users that are critically ill in the absence of relatives. Run errands for service users Counsel service users (patient) No Significant impact After care follow-up
	Observed identified roles/services of hospital social worker	
	Contribution to the effectiveness of the medical team	

Theme 1: Hospital social workers in the eyes of frontline medical staff

After careful interview with the participants following the request to examine the view or opinion of frontline medical staff, who they think hospital social workers are, majority of the participants expressed diverse view ranging from, the bridge between the hospital and the service users and their families, normal

administrative staff, people with uncertain identity and roles, professionals who are concern about the social conditions affecting health. As one of the participants purports, *“social workers in the hospital are unique professional they help service users to locate the various resources and facilities in the hospital environment. When the service users and their families come to the hospital environment for the first time, they tend to be confused and don’t know what to do*

and where to go, the social workers offices or department are where they are direct". Also, another participant added that "when the service users and their families are dissatisfied with the quality of service received, they report to social workers who they believe service as the voice(s) of the service users". Given more room to the frontline medical staff to express their perception about hospital social workers, one participant started thus "from my experience, hospital social workers work hand-in-hand with doctors. While the doctors focus on the medical aspect of health (biomedical pathology) the social workers focus on the social aspect of health (social pathology) with the same goal of promoting the health and wellbeing of the service users". Though the above perceptions of the frontline medical staff were impressive acknowledgment, some others highlighted a sharp twist of view about hospital social workers. "I really do not know what the groups of people who claim they are social workers are doing in the hospital environment. They do not have any medical training and they are trying to be part of the medical team. If they want to be doctor, they should go to medical school. Then they will realize it is not a child play to be a doctor". In the same direction, another participant added "I am yet to know what the social workers are employed to do because their purpose in the hospital environment is not certain. It is difficult to pinpoint one particular thing that they are doing".

Theme 2: Observed identified roles/services of hospital social worker

The participant specifically identified three major roles/services they have experienced social workers in the University of Benin Teaching Hospital environment perform or carried out. These are solicited for fund, clean and feed service users that are critically ill while the relatives are not available and lastly run errands for services users. The participants highlighted that the social workers become the last resort for service users and their families who are unable to meet up with the financial demand of their healthcare. The social workers provide financial support for indigent, abandoned, abused and discriminated against service users for their medication and toiletries. For the indigent and discriminated against service users, the social workers are usually responsible for their feeding and clothing needs. Sometimes they are responsible for the transportation of indigent service users to access services and facilities that are unenviable in the hospital at the time of need. In addition, the frontline medical staff reported that from the funds solicited by social workers are used to subsidize the cost of medication and follow-up of indigent, abandoned, abused and discriminated against outpatient care.

Furthermore, the frontline medical staff highlighted that "social workers help maintain the personal hygiene of critically ill service users and they also function as support staff in the various wards to feed service users that are unable to do so independently". Another participant affirms that social workers help the nurses to change service users pampers. Beside the derogatory role that the social workers assume in the spirit of empathy, the frontline medical staff also attributes their role in the hospital environment as errands staff. They pointed that social workers are known for helping service users to get food, medication and other items needed by them from within and outside the hospital environment.

Theme 3: Contribution to the effectiveness of the medical team

Following the request to share their thought regarding the impact of the hospital social workers towards enhancing the effectiveness of the medical team, majority of them purported that social workers have no significant impact or contribution to the effective of the medical team. They highlighted that social workers lack necessary medical training to make any meaningful impact in the medical team. The participants emphasized that the social workers are more administrative oriented. Contrary this view, another participants responded that one crucial way that the hospital social workers has enhance the effectiveness of the medical team are the aftercare follow-up they provide to the vulnerable service users and stated thus: "the doctors and nurses are overwhelm with the demanding needs of patients in the hospital and that they do not have the time know what happen to their patients by the time they are out of the hospital particularly to the vulnerable once. The social workers have helped greatly to bridge that vacuum and they have been very effective in that regard". One consultant concurs asserting that the "counseling services that the social workers provide to patients particularly at a time when they are diagnosed of awful medical conditions (such as HIV, cancer etc.) are remarkable. The social workers with their empathy skills are able to help the patients and their families cope with the condition perceive as a hopeless. Truly social workers give hope to the hopeless". In conclusion, the participants (particularly those at the senior level position) pointed out that people believe hospital social workers have no significant impact on the effectiveness of the medical team because of the organization and operation of hospital in developing countries particularly in Nigeria. They also highlighted that this believe is based on the fact that social work as a profession is still an emerging profession in the Nigeria society.

6. Discussion

The findings from the interview in theme 1 concerning hospital social workers in the eyes of the frontline medical staff suggest that the frontline medical staff in University of Benin Teaching Hospital view hospital social workers as a bridge between the hospital and service users corroborates with the findings of (Craig et al. 2015; Cleak & Turczynski, 2014; Soderberg, 2018 and Harrison, O'Malia & Napier, 2019). Uncertain about the identity and roles of social workers in the hospital environment affirm the findings of the (Steils, Moriarty & Manthorpe, 2021) and also as professionals whose focus is on addressing the social conditions that affects health was well documented in the existing professional literature (Fuller, 2017; Sun, et al., 2023).

Secondly, theme 2 about observed identified roles/services of hospital social worker, the finding highlighting social workers solicit for funds or provide financial support for service users and their families has been equally affirmed by previous studies (Okafor, Onalu, Ene & Okoye, 2017 and Seok, Kwonho & Junpyo, 2019). What is new that this study has reveal and that other literature has not documented as roles played by hospital social workers that may be consider as novel discovery are the responsibilities to clean and feed services users that are critically ill in the absence of the relatives and to run errands for them. These derogatory roles played by social workers in this hospital environment for service users with the heart of service to humanity may be the responsible factor for the poor image of social workers among the frontline medical staff. However, further research needed to be carryout in this regard to validate the findings.

Finally, theme 3 concerning contribution to the effectiveness of the medical team suggest that the hospital social workers help to enhance the effectiveness of the medical team by providing counseling services has been noted in literature (Okafor, et al., 2017 and Seok, Kwonho & Junpyo, 2019). The finding associated with aftercare follow-up has been noted in literature (Okafor, et al., 2017). Another finding that may be taken to be novel discovery is that the frontline medical staff says social workers in the medical team in University of Benin Teaching Hospital have no significant impact or contribution towards the effectiveness of the medical team. This perception reveals from the data gathered that the inadequate knowledge of the importance of hospital social workers among the frontline medical

staff is attributed to their level of exposure to global practice and a strong believe in the biomedical model.

7. Conclusion

Health which is not just the absence of disease or infirmity alone but the state of complete physical, mental and social well-being demonstrates that medical conditions are rooted in social condition. To help individuals, families and communities to achieve this state of complete physical, mental and social well-being, social workers who specialized in providing social care and alleviating social consequences that affect health play integral roles in within the healthcare system. The findings of the study suggest that majority of the frontline medical staff of University of Benin Teaching Hospital are uncertain about the purpose, roles and presence of social workers in the hospital environment. Also, the frontline medical staff particularly the doctors is yet to recognize significant impact of hospital social workers in the medical team. Hence, this impairs interdisciplinary collaborative working relationship engender by the biopsychosocial medical model of health.

8. Implication and Recommendations

Hospital social workers are professional in providing social care with a long history of working within hospital and related healthcare system. Their expertise encompasses a wild range of patient and family engagement, social diagnosis, case assessment, care planning, discharge planning, behavioural health and system navigation. Social workers diagnose and address multiple consequences that contribute to health and well-being. The findings of the study suggest that majority of the roles compile by social workers in UBTH that they perform are not noticeable by the frontline medical staff. This may be attributed to factors such as organization, operations and culture of the hospital setting which make the roles of the frontline medical staff more obvious and important than social work roles, composition of hospital social workers team, poor understanding of their position and function within the hospital and also failure on the part of hospital social workers to be professional in their dealings with services users and their family and with frontline medical staff. The responses of the participant suggest that the hospital social workers are sometime sympathizing rather than empathy. Furthermore, the composition which include Sociologist, Public Administrators and other professionals is a matter of critical concern that need urgent attention by the core social workers and management of the hospital social workers for the

biopsychosocial model of health to address adequately. Against this backdrop, it is obvious that the biopsychosocial model of health has not been fully embraced in University of Benin Teaching Hospital. In response to the findings of this study, the following suggestions are offered to medical staff and hospital social workers in Nigeria to correct the wrong perception of frontline medical staff and to create awareness about the roles and essence of social workers in the hospital environment.

It is time for the frontline medical staff in Nigeria to realize that the biomedical model of health has become inadequate to achieve a state of complete for people. This is so because majority of biomedical conditions of ill health are the aftermath of dysfunctional social and psychological conditions. Therefore, biopsychosocial model of healthcare is design to enhance the quality of health of service users and frontline medical staff should embrace a collaborative working team and not perceive the hospital social workers as their rivals.

Hospital social workers in University of Benin Teaching Hospital are professional responsible by their conduct and roles which is a major determine factor that create their identity and how they are perceived among the frontline medical staff. Social workers are to empathize and not to sympathize. They should not because of sympathy to perform role outside their scope which in turn result to underestimate their professional role and relevance in the hospital environment. Hence, hospital social workers should be professional in their approach to work and service users to avoid their relevance relegated to the background.

Social workers in the hospital setting should include in their quarterly or yearly work plan to organize symposium to create enlighten and correct the myth the frontline medical staff may be holding about hospital social worker. Also, hospital social workers should make conscious effort to address psychosocial issues affect medical condition of service users in order to make an indelible impact in the medical team and not just to be part of the medical team to fulfill all righteousness.

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