

**CHALLENGES AND OPPORTUNITIES OF SOCIAL WORKERS IN PUBLIC
HOSPITALS: THE CASE OF TIKUR ANBESSA AND MENILIK II HOSPITALS,
ADDIS ABABA, ETHIOPIA.**

BY

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DECLARATION

I hereby declare that the dissertation entitled *Challenges and Opportunities of Social Workers in Public Hospitals: The Case of Tikur Anbessa and Menilik II Hospitals, Addis Ababa, Ethiopia* is submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University, (IGNOU) New Delhi. It is my own original work and, to my knowledge, it has not been submitted earlier, either to IGNOU or to any other institution for the fulfillment of the requirement for any other program of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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CERTIFICATE

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ABSTRACT

Introduction- *One of the institutions where social workers practice is health care settings. Even though most of the time they do not have a well-defined role, social workers contribute for better health outcomes in health care settings.*

Objective- *this study is intended to explore the challenges and opportunities of social workers in health settings. So, this study focused on assessing the application of general standards in social work practice, services social workers provide in hospital as well as challenges they face while practicing social works in hospitals.*

Methodology- *A qualitative approach, particularly a case study research design was deployed in this study. Purposive sampling technique was used to select the hospitals where the study was conducted. In general, 8 social workers and 8 other informants participated in this study. The total sample size was 16. Semi-structured interviews were conducted with social workers and other informants and observations were used to collect data for the study. Collected data were analyzed using MS-Excel.*

Finding- *The findings of the study show that social workers practicing in the selected hospitals could not apply and even do not know most of the standards stated on the NASW Standards for Social Work Practice in Health Care setting (2016). Also, the finding from this study shows that social workers in these selected hospitals provide various services not only as per their job descriptions but also works outside their job descriptions. Moreover, social workers face different challenges ranging from poor perception from other professionals of the importance of works of social workers to lack of facility to deliver the quality service. The root cause for these challenges is lack of awareness among other health professionals about social workers' roles in the hospitals they are working in. In relation to this, the study findings also show that social workers make more efforts to overcome the challenges they are facing today. The study also presents social work implications on the areas of policy, practice, research, and education.*

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Acronyms

AAPSW-American Association of Psychiatric Social workers

AASW-American Association of Social Workers

AIDS-Acquired Immuno-deficiency syndrome

CASW-Canadian Association of Social Workers

ESSWA-Ethiopian Society of Sociologists, Social Workers and Anthropologists

HIV- Human Immune Deficiency Virus

NASSW- National Association of School Social Workers

NASW-National Association of Social Workers

SWRG-Social Work Research Group

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

Social work has been practiced in various places and with many different groups. As Payne (2006) indicated there are three historic models for the role of social work; Social Order, Therapeutic, and Transformational. In relation to the social order social work is all about providing support and protecting people from the negative impacts of social inequalities. Apart from creating social integration, social work is also dealing with malfunctions in different policy areas such as crime, health and education (Asquith, Clark, and Waterhouse, 2005).

In the process of treating patients, like other health practitioners who are engaged on the treatment of physically sick patients, social workers have also played a critical role in health institutions, mainly hospitals by treating patients who have faced mental or psychological disorder. In addition, social workers support families of the patients to address the impact of illness and treatment. Gambrill, as cited in Browne (2012), agreed that social workers are essential to the delivery and design of optimal health care. Social workers contribute via direct clinical contact with patients and their families as well as through roles in macro level settings. Therefore, social workers are a part of health professionals' teams; they work on health teams comprised of direct patient-care professionals and as administrators overseeing health care delivery program planning and implementation. Health related social work services are congruent with the goals of the profession of social work and include helping clients to solve their problems, cope up with life stressors; linking individuals with resources, services and opportunities and developing and improving social policy. Social workers, as part of the health care team, provide assessment and appropriate interventions to assist the patient in achieving optimum recovery/rehabilitation and quality of life. This includes maximizing the benefit of the patients and their families to receive medical treatments and transitioning to risk-reduced, timely discharge.

In the context of Ethiopia, social workers have played some degree of roles in hospitals; they have carried out activities such as support and treatment of patients with psychological or mental disorder, support of people living with HIV/AIDS- by creating linkage with grant providers and other services, provide counseling service to the families of patients when they face stress because of patients whom they care for, etc. In general, social workers who are working in hospitals are engaged with provisioning of psycho-social support services and others.

In performing their duties and responsibilities, social workers in hospitals have faced various challenges which range from facing communication gaps with other health practitioners to lack of resources (facilities to undertake assistance and/ or treat patients). Because of these, social workers could not deliver quality services to the standard. Besides, they are forced to engage with other services which are out of their professional duties.

1.2 Statement of the Problem

Social workers are part of health professional teams who have critical roles in supporting patients to recover fast from their mental and social health. In Ethiopia, though involvement of professional social worker in a hospital setup was started a decade ago, still people, including health professionals, do not have sufficient understand of social work as a profession. For the meantime, the reforms developed by the Federal Ministry of Health have created both opportunities and challenges for social work as a profession. Social workers had begun taking part in hospitals in decreasing the mental or psychological effects of diseases on patients.

In the process of delivering various services in hospitals, like other professionals, social workers have faced different challenges. For example, the very nature of the work and interaction with human beings and multiple systems can make a career in this profession challenging. A social worker works with individuals, families, groups, communities to help people with complicated and complex psychological, health, financial, and social problem. In Ethiopian context, the challenges social work professionals face is shortage of appropriate and adequate linkage in referral of clients and lack of enough fund leads to burn out of social worker and low perception of other professionals like nurses, physicians,

hospital administrators towards social workers role. This initiated the researcher to conduct the research in selected public Hospitals in Addis Ababa. Thus, this paper tries to examine the challenges and opportunities social workers face in their delivery of the service in hospital in Addis Ababa, Ethiopia.

The rationale to select this topic was that most of the time social workers who are working in health service are not considered apart of health professional team by the community of the hospital. They are rather assumed to be care givers of the patients. Besides, social workers treatment of mental and psychological disorder persons does not give attention by the health professionals or administrative bodies of the hospitals. Because of this, social workers have faced various challenges such as low perception of the health professionals towards social workers job and the administrative bodies do not give due attention for social workers work so that they do not fulfill the necessary facilities for social workers that helps them to delivery service. This is what I see as a major challenge of social workers who are working in few hospitals of Addis Ababa. Therefore, this enables me to select the topic and to conduct this research.

Although the challenges of social workers face during practice in hospital is studied by other researchers, the challenges mainly the low perception of health professionals to social workers and lack of facilities were not well covered in their study. Besides, the opportunities of social workers in hospital setting have not been given much attention. Therefore, what makes this study to be different from previous researches are that it tries to further explore and provide recent information on different aspects of social work practice in the selected hospitals in Addis Ababa and the challenges of social workers. Besides, it tries to investigate what is convenient and inconvenient situations of hospitals found in Addis Ababa for the social workers.

1.3 Objectives of the Study

1.3.1 General Objective

The objective of this study was to explore the challenges and opportunities of social workers in Public Hospitals found in Addis Ababa, Tikur Anbessa hospital and Menilik II Hospital.

1.3.2 Specific Objectives of the Study

The specific objectives of this research were:

- To assess the application of global standards for social work practice in health care setting as compared to the service currently delivered by social workers in selected public hospitals in Addis Ababa.
- To examine the challenges and opportunities of social workers in Tikur Anbessa hospital and Menilik II Hospital public hospitals.
- To generate possible suggestions and recommendations to reduce the challenges and indicate the existing opportunities to improve social workers role in public hospitals.

1.4 Research Questions

Based on the above objectives, the following research questions were formulated and addressed as part of the research inquiry.

- What are the global standards that are deployed in selected hospitals in Addis Ababa?
- What are the challenges and opportunities that social workers face while undertaking their duties and responsibilities in public hospitals?
- What are the possible suggestions and recommendations to reduce such challenges and means of maximizing the usage of opportunities?

1.5 Significance of the Study

This study is important for the following major purposes. First, it helps to show the challenges of social workers in health institutions mainly hospitals. Secondly, it could serve as a reference for other researchers who want to study on challenges of social workers in hospital. Furthermore, since social workers are not considered as part of health professionals team, this study creates positive influence on hospitals and the Ministry of Health in general to give due attention in fulfilling the necessary facilities for social workers to render professional services in hospital.

1.6 Scope of the Study and Limitations

1.6.1 Scope of the Study

Geographically, this study focused on those social workers who are working in Menilik II and Tikur Anbessa hospital which are found in Addis Ababa. Meanwhile, the study was specifically emphasized on the challenges and opportunities of social workers working in hospitals.

1.6.2 Limitations of the Study

The study was conducted only in some selected public hospitals due to time and financial constraints. Therefore, this study did not include other public and private hospitals.

1.7 Organization of the Paper

This research is comprised of five chapters. The first chapter deals with the introductory part, which comprises the introduction, statement of the problem, objectives of the study, significances of the study, and scope and limitations of the study. The second chapter focuses literature review. The third chapter deals with research design and methodology such as description of the study area, universe of the study, sampling and sampling methods, tools for data collection and data analysis. The fourth chapter focuses on data interpretation and analysis. Finally, the fifth chapter deals with conclusions and recommendations of the study based on the findings.

CHAPTER TWO

2. LITERATURE REVIEW

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

2.1 The Emergence and Development of Social Work Service in Health Institutions

In relation to the emergence of social work practice in health care, NASW (2005) clearly mentioned that the aim of social workers was to make health care services accessible to the poor and help them avoid the transmission of infectious diseases by improving their social conditions. Later, the responsibilities of social workers in health care setting went beyond that and they started to be part of the provision of high quality health care services. The alliance of social work provided medical students with the opportunity to examine how social and environmental factors affected their patients. The support from this alliance legitimized social work as a component of patient care within a hospital setting. The presence of case workers within the hospital environment concerned with social and other influences affecting the health of patients gave the hospital institution a more holistic and benign persona. Nowadays, it is very common to see social workers being involved in every section of the health care system. After social work started to be practiced in a hospital setting, patients began to seek for their social environment to be included in the treatment process along with their medical problems. Social workers in hospital setting endeavor to help patients get better and bring change in the community they live in. Moreover, the tasks of social workers were to help patients with chronic disease management, mental health issues, drug and alcohol abuse, physical disabilities,

terminal conditions, and accessing extended care services (as Cannon cited in Judd and Sheffield, 2010).

According to Judd and Sheffield (2010) the provision of concrete resources, counseling services, and patient advocacy reflect overarching categories of activities historically carried out by hospital social workers. Since the initiation of medical social work services to patients at Massachusetts General Hospital in 1905, during the era of Medicare and Medicaid implementation in the 1960s, throughout the cost containment decade of the 1980s and beyond the reengineering period of the 1990s, hospital social workers have had to adapt to changes in both professional roles and accountability standards. As the American health care system continues to fall under the watchful eyes of policy makers anxious to implement reforms targeted at decreasing health care costs and improving outcomes, it is imperative that continuous efforts be made to ensure hospital social workers are proficient in sustainable areas of expertise, and to identify domains for professional growth.

In 1918, the establishment of American Association of Hospital Social workers paved the way for the professionalization of the field of social work in health care. The association had two main purposes; to foster and coordinate the training of social workers in hospitals and to enhance communication between schools of social work and practitioners (Gehlert, 2006). In 1955, merging with six other social work organizations; American Association of Social workers (AASW), National Association of School Social workers (NASSW), American Association of Psychiatric Social Workers (AAPSW), American Association of Group Workers (AAGW), Association for the Study of Community Organization (ASCO), and Social Work Research Group (SWRG), the National Association of Social workers (NASW) was established (Jhansan, n.d.).122.2. Standards for Social Work Practice in Health Care Setting.

2.2 International Standards of Social Work Service

In the process of reviewing different literatures regarding standards for social work practice, the researcher did not come across any social work practice standard for health care setting other than the NASW standards developed at different times. For this

research, the most recent standard of social work practice in health care setting which was developed in 2016 is reviewed.

According to the Australian Association of Social workers (2013), the purpose of practice standards is to outline what is required for effective, professional and accountable social work practice in all social work contexts. According to NASW (2016), The standards to articulate the necessary knowledge and skills of health care social workers should possess to deliver competent and ethical services in today's health care environment; provide benchmarks for quality social work practice for use by health care employers; and assist policymakers, other health professions, and the public in understanding the role of professional social workers in health care settings. These standards reflect the input of health care social work experts throughout the United States.

The specific goals of the NASW (2016) standards for social work practice in health care setting are pointed out as follows; ensure that social work practice in health care settings is guided by the NASW Code of Ethics 13, Ensure that the highest quality of social work and client and family centered services are provided to clients and families in health care settings. Advocate for clients' rights to self-determination, confidentiality, access to supportive services and resources, and appropriate inclusion in medical decision making that affects their wellbeing.

In the NASW (2016) standards for social work practice in health care setting, 13 standards have been identified. To the best of the researcher's knowledge, studies regarding the application of the NASW (2016) standards cannot be found. Each of them is reviewed as follows; -

Standard 1: Ethics and Values

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

values throughout their practice. Moreover, social workers practicing in health care setting must adhere to the ethical responsibilities of upholding a client's right to privacy and confidentiality and promoting client self-determination to deliver quality service to clients.

Standard 2: Qualification

To work in the health care setting, social workers must be qualified and must fulfill the following requirements. They need to have the necessary training and acquire skill and professional experience essential for the provision of excellent services in health care setting. Besides, they should get and maintain social work license or certification which is available for social workers based on their educational level and professional experience.

They should abide by a defined scope of practice, as required by state law or regulation and adhere to supervision requirements. Apart from this, they should pursue ongoing professional development activities to acquire the competence necessary to perform job responsibilities.

Standard 3: Knowledge

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

Standard 4: Cultural and Linguistic Competence

Social workers in health care setting must have the tendency to recognize and respect the culture of their clients as well as their colleagues. They must be ready for crosscultural exchange with clients during practice. Social workers shall understand the existence of

client diversity in different ways such as; race, ethnicity, socioeconomic class, gender, gender identity, gender expression, sexual orientation, religion, age, health and family status, cognitive, physical, or psychiatric ability and sensory differences, preferred language, immigration status, degree of acculturation, level of formal education, and literacy.

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

Throughout their work in health care setting, social workers must have an understanding about the history, traditions, rituals, values, family systems and communication patterns of their clients. This in turn fosters the provision of quality service for clients. Moreover, it has been mentioned that health care social workers should promote for organizational practices and policies that encourage and support cultural diversity amongst staff members and all over the health care organization.

Standard 5: Screening and Assessment

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

Standard 6: Intervention

Social workers play great role in health care setting in the implementation of care plans developed through biopsychic- social spiritual assessment. Through the approach of case management, social workers in health care setting employ clients in the joint process of

identifying, planning, accessing, coordinating, monitoring, evaluating, and advocating for resources, supports and services.

Standard 7: Advocacy

Social workers practicing in health care setting have the responsibility to speak on behalf of the marginalized and disadvantaged population regarding access to care and delivery of quality service. More importantly, social workers must strive for the development of their identity and advancement of their roles in the health care institution. Furthermore, social workers also take part in the representation of their health care institution with in the community and address issues such as community education, disease prevention, health promotion, access to care and other recent health related topics.

Standard 8: Interdisciplinary and Inter-Organizational Collaboration

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

Standard 9: Practice Evaluation and Quality Improvement

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

Standard 10: Record Keeping and Confidentiality

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

Standard 11: Workload Sustainability

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

Standard 12: Professional Development

Social workers should develop their profession to be competent with other professionals in health care setting. The areas where professional development of social workers would be necessary are: clinical care, research or technology, health care policy and legislation, community resource and services ethics, leadership and administration and others. The advancement of social work practice in the above areas can be achieved through;

organizational sponsorship of multidisciplinary and social work specific continuing education programming, promotion of supervision and mentorship opportunities for social workers, and support for social work involvement in peer review, research, publication, and volunteer activities evidence based social work practices in health care setting and improve the health care system in general.

2.3 Standards for Social Work Practice in Health Care Settings in Ethiopia

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

- The primary hospital shall have social work service at least during working hours.
- There shall be an organizational chart or alternative documentation clearly delineating the lines of responsibility, authority and communication for the social services.
- The social work service shall have written policies and procedures that are reviewed at least once every five years. The policies and procedures concerning the social work services shall address the following areas: Counseling, Discharge management and planning, Social work assessment, Consultation and referral to support groups, centers and/or organizations, Patient advocacy, Community liaison and education and the social work service shall have a protocol to ensure that social work services are offered to all needy patients.
- Patient directory for those who received social service shall be available in the hospital and shall be updated.

The social work services shall have criteria for identifying at the time of admission and promptly assessing high risk patients in need of psychosocial intervention and/or discharge planning. The social work service shall participate in the development and review of the hospital's agreements with extended and long-term care facilities. There shall be a system for clinical staff to refer patients directly to the social work Service. The social worker shall consult members of other disciplines providing patient care and services. Each patient who has received social work intervention shall be informed that he or she may call the social work service for questions after discharge. Patient's families or guardians should be included in services provided by the social work service where indicated.

The social work service shall assist patients directly or indirectly in identifying the need for implementing and verifying guardianship as part of discharge planning. The social work service shall report victims of abuse to the appropriate body according to the Ethiopian laws.

When a patient is transferred or linked to another health care facility after discharge, the social work service shall assure that relevant social work service documentation or information is provided to the facility to assure continuity of care. When social work intervention is provided, a record shall be kept in accordance with standards in the medical record. The record shall have at least the following information; -

- The reason for intervention
- The name (s) of social workers involved and dates of intervention
- A social work assessment
- A treatment plan and referrals
- Notes reflecting interventions before discharge.

Patients' files, at social work service, shall be kept physically secure and confidential. All reasonable efforts shall be made for privacy in patient and family interviews and in the handling of confidential phone calls by social workers. Regarding the place where social workers practice in hospital setting, the document stated that; the hospital shall have

separate social work service area. At least a room shall be available for patient and family interview and handling of confidential phone calls and archive.

2.4. Services Provided by Social workers in Hospitals

Among the settings where direct health services are provided; public and private hospitals, outpatient clinics, neighborhood health centers, ambulatory surgery centers, physician's offices, mobile care units, skilled nursing facilities, military settings, correctional facilities, schools, and health maintenance organizations are included. Moreover, there are health care centers that provide health services specific to certain diseases such as dialysis center for kidney failure, chemotherapy clinics for cancer, and community health clinics for HIV/AIDS.

Besides, there are also multipurpose organizations that address numerous health issues (Browne, 2012, p. 26). Health care can refer to a variety of interventions and therapies intended to improve or address disease, illness or injury. Health care includes: prevention, early intervention, treatment and maintenance of one's health and wellbeing (AASW, 2014). Based on the health condition or imperative and the nature of the intervention or therapy, health care services are provided different settings at different levels. As it has been identified by the social determinants of health, there exists a mutual relationship between the general health situation of an individual with that of their significant involvement with in the community and the society (AASW, 2014).

As Barker (2003) cited in NASW (2005) put it the activities practiced in health care setting include assessment, care, and treatments that address the physical, mental, emotional and social wellbeing of a person. In addition, in health care settings there are provisions of social work services to address the prevention, detection, and treatment of physical as well as mental disorders with a purpose of improving the bio-psycho social and spiritual wellness of an individual. The provision of social work services in health care setting integrates the involvement of human resources including doctors, nurses, social workers hospital attendants and other staffs, proper service delivery facilities such as hospitals, hospice, assisted living, medical centers and outpatient clinics, and finally educational and environmental facilities that assist in the prevention of diseases.

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

Medical social workers must have the capacity and the technique to provide support for patients with psychosocial problems. Till today, in a health care setting, social workers are restricted to fully function as physician; rather they perform activities that have no relationship to the medical care in the hospital. The practice of wearing away of the role of social workers in hospitals as clinicians, resulted the profession not to move forward in its development. The process of the advancement of the role of social workers in hospital setting and development of its familiarity within the health care setting faces different challenges such as vague understandings about the general role of social workers in health care setting, the inferior positions of social workers have in the medical care and the absence of precise social work methods in the treatment of patients (Weiss, 2005).

Definite and distinctive proficiency of medical social workers provides them with an easy understanding of their own position and responsibilities in the medical setting. This in turn helps them maintain a respected and significant position in multidisciplinary teams of medical care in hospitals (Gregg, 2008).

Due to a continuous reformation in hospital settings, there exists a perplexing change in the roles of social workers in hospitals. At times, the principal role of social workers in hospitals is planning discharge of patients. However, in other hospitals this task is the responsibility of nurses which places social workers to focus only on the psycho-social

care of patients. On the other hand, some hospitals give social workers the responsibility to handle the outpatient setting, teaming up with physicians and community health organizations (Gregorian, 2008).

As Spensley cited in Beddoe and Deeney (2012) The primary work of social workers in hospitals are also engaged in the help of doctor in the treatment of his patient, and under his direction to enquire into and assist in the treatment of social conditions affecting the health of the patient and preventing him from obtaining the full benefit of medical treatment.

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

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

As Engel (1977) cited in Browne (2012) proposed, the suggested approach for health care delivery services nowadays is the bio-psychosocial approach. He stated that the bio-

psychosocial model addresses the biological, social, environmental, psychological, and behavioral aspects of illness. This model advanced the old and usual method of health care groups, and communities by such activities as delineating alternatives, helping to articulate goals, and providing needed information.

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

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

According to the NASW standard for social work practice in health care setting (2005), individual, family, or group counseling, vocational, educational and supportive Counseling and financial counseling are included under the standard of intervention and treatment planning. Counseling/Psychotherapy: assess role of emotional and social/cultural factors on health status and behavior and provide appropriate intervention; enhance coping capacities related to feelings of loss, grief and role changes; assess and

intervene related to mental health concerns such as anxiety, depression, anger management (OASW, 2004).

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

Based on the NASW(2005), clinical social workers shall be knowledgeable about available community resources and advocate on behalf of the client for appropriate services. Social workers mainly devote themselves to the responsibility of safeguarding clients' essential resources and keep them away from physical as well as psychological harm (Gomory, Wong, Cohen, LaCasse, n.d.). The Canadian Association of Social work (2005) elucidated that social workers advocate for fair and equitable access to public services and benefits. Social workers advocate for an equal treatment and protection under the law and challenge injustices, especially those that affect the vulnerable and disadvantaged. According to NASW (2011), one of the tasks social workers perform in hospitals is advocating for patient and family needs in different settings: inpatient, outpatient, home, and in the community and championing the health care rights of patients through advocacy at the policy level.

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

In relation to the role of social worker as case manager, NASW (2005) stated that case management is one of the standards for social work practice in health care setting. It has been explained that; Case management, sometimes used interchangeably with care management, is the collaborative process of assessment, planning, and facilitation for

options and services to meet an individual's complex needs. When appropriate, this would include arranging, coordinating, monitoring, evaluating and advocating on behalf of the client and/or his or her family for the multiple services needed from a variety of social service and health care agencies. Case management addresses both the individual client's bio-psychosocial spiritual status at micro level as well as the state of the social systems in which the services operate at macro level.

Social work case management in health care setting is expected to enhance clients' healthy situation. Case management smoothen the relationship between service providers to evade clients' problems and fulfill the biomedical and psychological needs of clients by providing well organized, suitable and valuable healthcare services (NASSW, 2005). As Dhooper (1997) cited in Gregg (2008), the concept of case management is evolving and can differ depending on the client group, setting and situation. The basics to case management however include assessing needs, identify and planning services, linkage, advocating, coordinating, monitoring, evaluating the process and result as well as emotional support and counseling.

According to Ney (1998) cited in Gregg (2008) A case management can be considered as successful when patients' wellbeing is attained throughout the identification of patients' requirement during the care process using advocacy, education and identification of strengths.

Moreover, for an effective case management, thorough awareness of services existing in the community and the whole hospital system is crucial. Principally, the main task of case manager is to serve as a linkage between the patient, the physician, other medical professionals and the family to make sure that the right information is being passed on.

In some hospitals, social workers are primarily held responsible for discharge planning for patients (Gregorian, 2005). Discharge planning continues to be a primary role for hospital social workers consuming the preponderance of their time. The process of discharge planning has encompassed two areas of activities for hospital social workers. These are counseling to help patients deal with reactions to illness and hospitalization while preparing to leave the hospital setting and provision of concrete resources

(Blumefield& Rosenberg, 1988: Kadushin&Kulys, 1993 cited in Judd and Sheffield, 2010).

As OASW (2013) mentioned; Social workers identify and address barriers to discharge; locate resources; identify options and supports; facilitate referrals and applications to government/community agencies; advocate for access to resources; coordinate referrals and/or placement plans; assist patient and family to emotionally prepare for transitions; prevent readmissions for non-medical reasons.

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

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

Social workers are recognized as educators. Social workers practice in the health care setting from the knowledge they acquired from other professionals, from formal education and from their teaching experiences. They are believed to have the understanding and proficiency to apply learning theories in education program. Social workers engage in an interdisciplinary context teaming up with other members of the medical team to advance client education. Moreover, they jointly work with team members in program designing, implementation and evaluation (NASW, 2005).

He (2013) stated that social workers in health care setting initiate and participate in teaching activities by presenting at workshops, in services, rounds or conferences;

provide training to health care colleagues, students and staff in community agencies; and offer education to patients and families. Moreover, social workers in health care setting provide education for patients and families to improve their knowledge regarding the hospital process as well as their illness and help them acquire a healthy status through a change of lifestyle.

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

2.5 Major Issues and Constraints on Social Work: An African Perspective

Compared to other helping professions like medicine, psychiatry and nursing, social work is a relatively young profession. In Europe and North America, social work emerged in the late nineteenth and early twentieth century. In Africa, social work is even younger, essentially a product of European colonialism. Despite its recent development, social work is a rapidly growing field. The profession's phenomenal growth and development throughout the world is a clear indication of its contribution to the alleviation of social problems. However, social work is still a fledgling and struggling profession, whose theory and practice are shrouded in mystery and controversy. Indeed, many scholars have described social work as a profession of many faces: stimulating, challenging, confusing and even frustrating, the enigma and controversy surrounding social work is partly rooted in its newness and also in the wide array of the concepts, theories, principles, methods and techniques which social workers use. Accordingly, the major issues and problems facing social work today revolve around its structure, functions, identity, resources and education (Midgley, 2007; Macpherson & Midgley, 2008).

Romile and Raditlhokwa (2006) in a journal article said a major problem which social workers must deal with is the vagueness and controversy surrounding the meaning, objectives, functions and methods of their profession. Social work as a field of study and

practice is not well understood, especially in Africa. This is largely because social work is a profession still in its infancy. Below an attempt is made to define and explain the characteristics, origins and functions of social work. Social Workers Standards in Health Care System Samadi, R. (2008); in the Journal of the National Association of Social Work in Health Care expressed standards for social workers considered that some of them are ethics and values health inequalities cultural competence privacy professionals Knowledge assessment, intervention and treatment, leadership in social Work file management crisis intervention and empowerment.

Most of these standards, the role of social work in the health care system has been investigated. Therefore, according to this definition, one dimensional view of the patient and the patient is almost obsolete.

2.6 Challenges and Opportunities of Social Workers in Hospitals

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

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

Based on the NASW (2011) report, hospital social workers report an increase in the severity of client problems, caseload size, paperwork and waiting lists for services (Whitaker, et al, 2006). In recent years, there has been an increase in closures of hospital social work departments, with social work staff being reassigned to other departments, or eliminating these positions altogether and re assigning social work task to other professions. In certain cases, such reorganization has replaced departmental directors with non-social work personnel, raising questions about proper social work supervision. Even though social workers role in the health care setting is admired, they still face different challenges in this setting. One contributing factor for the decrease of the role of social workers in health care setting is a continuing modification in financing and provision of health care and lack of social work effectiveness data. Moreover, supervision of social workers by individuals who does not have social work background as well as

the assigning of social work tasks to other professionals such as nurses, paraprofessional and volunteers for cost reduction, are the challenges of social work in health care setting (NASW 2014).

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

With regards to the opportunities of social workers, hospital social workers view the opportunity to make an immediate, positive impact in the life of an individual or family, as one of the unique benefits of the job. Individuals, who enjoy working in fast-paced environments, and those who are interested in cutting edge medical interventions, often enjoy hospital social work. Hospital social workers enjoy interdisciplinary work settings, and often derive personal satisfaction from being the member of the health care team who offers the "person-in-environment" perspective," which incorporates all the factors that influence a patient's health care experience. Hospital social workers report an increase in the severity of client problems, caseload size, paperwork and waiting lists for services (Whitaker, et al, 2006). In recent years, there has been an increase in closures of hospital social work departments, with social work staff being reassigned to other departments, or eliminating these positions altogether and re-assigning social work task to other

professions. In certain cases, such reorganization has replaced departmental directors with non-social work personnel, raising questions about proper social work supervision. In general, social workers who are working in hospitals have faced both challenges and opportunities. Some of the challenges coupled with the opportunities help them to strengthen the capacity and efficiency of the social workers.

2.7 The Conceptual and Theoretical Frameworks

It was in 1977 that the Bio-Psychosocial Theory was introduced by American Psychiatrist George Engel as a theory in medicine. The bio-psycho-social model described the interrelated bond between biological, psychological, and sociological factors each equally contributing to the wellbeing of a person.

The model showed a striking shift from disease to health identifying that psychosocial factors such as beliefs, relationships and stress have a serious effect on the effort to help patients get recover from their illness and disease (Lakhan, 2006, p. 2). As Engel cited in Lakhan (2006) indicated that to provide a basis for understanding the determinants of disease and arriving at a rational treatments and patterns of health care, a medical model must also consider the patient, the social context in which he lives and the complementary system devised by society to deal with the disruptive effects of illness, that is, the physician role and the health care system. This requires a bio-psycho-social model (Lakhan, 2006).

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

The bio-psycho-social model is incorporated into this research because it is one of the model's social workers apply in health care settings. During intervention, social workers incorporate the biological, psychological, social as well as spiritual aspects to understand

the factors contributing to the person's illness and design better treatment plans along with other professionals in the medical team.

The social work profession in a medical setup in our country is still new and the roles and functions of social workers are not clearly known by employers, heads of departments as well as other health care workers. The partial awareness of social worker roles and functions to both employers, heads of department and other health care workers who are clinicians, nurses and paramedical staff complements the inadequate utilization of social workers in a clinical setting.

According to the conceptual frame work described above; on the side of local government authority and heads of department; lack of adequate knowledge on the roles and functions of social workers in a medical practice contributes to inadequate allocation of funds to social workers activities leading to inadequate utilization of hospital social workers skills. Most health care workers lack adequate knowledge on the roles and functions of social workers in a medical setup, this contributes to few or no cases being referred to hospital social workers leading to inadequate utilization of skills of social workers working in hospitals, (Bar-On 2004).

CHAPTER THREE

3. RESEARCH DESIGN AND METHODOLOGY

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

3.1 Description of the Study Area

In the city of Addis Ababa, there are 11 public and 35 private hospitals. Among the 11 public hospitals which are found in Addis Ababa, six of them are accountable to city administration of Addis Ababa Health Bureau and the rest five are accountable to the Federal Ministry of Health.

The researcher conducted the study in two of this public hospital which is administered under the city administration of Addis Ababa health Bureau and Federal Ministry of health. The public hospitals where this research was conducted are included Menilik II and Tikur Anbessa and hospitals.

Menilik II Hospital is the first and the oldest hospital of the country. It was established in 1896 based on the request made by Emperor Menilik II to the Russian Red Cross medical team which was treating the wounded citizens at Adowa. Currently, the hospital is a referral hospital which is used by the clients from all over the country, especially in some services; eye treatment and pathology examination on forensic activities. The hospital is working with 200 beds. The combination of the staffs is 15 specialized in different diciplines,20 general practitioners, 200 nurses, 8 x-ray professionals, 15 laboratory professionals, 2 pathologists and other supportive workers (Rahel, 2014).

Tikur Anbessa Hospital is the only specialized referral hospital in the country. It is found in Addis Ababa city, Lideta sub city. It was established in 1972.It is the largest referral and teaching hospital in the country. The Tikur Anbessa Specialized Hospital is now the main teaching hospital for both clinical and preclinical training of most disciplines. It is

also an institution where specialized clinical services that are not available in other public or private institutions are rendered to the whole nation.

The hospital has more than a thousand health professionals who are dedicated to provide health care services including social work services. The various departments, faculties and residents under specialty training in the School of Medicine provide patient care in the hospital. In addition, almost all regional and federal hospitals in Addis Ababa are affiliated to the School of Medicine as clinical services and training sites.

This research focused on assessing the challenges and opportunities of social workers in public hospitals which are found in Addis Ababa. The researcher chose public hospitals purposely in that majority of the mixed (poor and middle class) populations of the city get medical services from public hospitals since services in these hospitals` are less expensive and affordable for the poor section of the population, as compared to private hospitals. Thus, the researcher believed to focus and undertake the study at these hospitals.

3.2 Study Design

There are very few researches have been conducted on the assessment of social work services in hospitals in Addis Ababa. This research was focused on exploratory research approach. In this study, the researcher expected the research participants to provide subjective meaning of their experiences towards the application of general standards into their practice, the role of social workers in hospital settings and the challenges and opportunities of social workers face in the selected public hospitals, qualitative research method, a descriptive research design of data collection was deployed.

3.3 Universe of the Study

Social work profession is a new discipline in Ethiopia. The number of professional social workers is limited. The scope operational of the profession in health care setting is also very exceptional. As a result, there are 8 social workers in both hospitals. The researcher

involved all of them in the study and other 8 key informants from both public hospitals that was constituted the universe of the study that is 16 respondents, these knowledge and skills full professionals.

3.4 Sampling and Sampling Methods

There are 11 government Hospitals in Addis Ababa. Among these hospitals, two government hospitals are selected randomly. A non-probability sampling was used in selecting the informants. They are Tikur Anbessa and Menilik II Hospital. These hospitals were chosen because they have multi-disciplinary professionals and they have professional social workers. The sample from each category was reflected the proportion of the hospitals in the categories. Meanwhile, in the process of selecting key informants, interviewee and the social workers, a purposive sampling is used. All 16 respondents we involved in the study. In relation to the sample size, the study participants for this research are social workers, health professionals (nurses and physicians who work with social workers) and individuals in administration position who have direct relation to the issue raised and are currently working in the selected hospitals.

Due to the desire to learn in detail and in depth about social work services being provided in the selected hospitals, the researcher gathered as much information as possible from the research participants. Within the two target hospitals four social workers, two nurses and one Doctor and one administration staff from each hospital were selected for the study. A total of 16 respondents were involved in the study. The distribution of research participants in the study settings is; four social workers, two nurses and one administration staffs from each hospital.

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

3.4 Tools for Data Collection

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

3.2.1 Interview-in this study; a semi-structured interview and key informants interview were deployed with social workers and the other participants; nurses, physicians and hospital administrators respectively. They were asked to share their understanding about the general social work practice standards in health care settings. Moreover, there was a discussion on their role as a social worker as well as the challenges and the opportunities they face during practice in the hospital they are working in.

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

During the interviews, Amharic language was used as a medium of communication so that there could be a clear understanding between the researcher and the participants. Most of the interviews were carried out in a quiet environment, such as in the office to get all the attention of participants to provide the adequate information. In contrary, some of the interviews were conducted on places where there is too much noise like in cafeterias. Besides, the interviews with social workers took an average of 60-90 minutes. Furthermore, the interviews with the other informants took an average of 40-50 minutes. During data collection for this study, the researcher tried to electronically record

interviews for future references. But very few of the participants were willing to be recorded.

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

3.3.3 Document Analysis- Secondary data sources were also used for collecting and verifying data in the process of conducting this study. In this study, document analysis was one instrument for data collection. In document analysis, documents are pre-produced texts that have not been generated by the researcher. Rather, the researcher's role is limited to gathering, reviewing, and interrogating relevant documents (O'Leary, 2004,). Accordingly, in order to articulate the related literature and to examine the information on the challenges and Opportunities of social workers in hospital settings, for this particular research documents such as manuals, guidelines, booklets, brochures and websites regarding social work roles in hospitals and other related issues were reviewed to acquire the necessary data to answer the research questions. The secondary sources helped to strengthen and deepen the information obtained through the primary sources and assisted to identify the challenges and opportunities of social workers.

3.4 Data Analysis and Interpretation

A descriptive method of data analysis was deployed in analyzing data collected to conduct this research. The information obtained through various techniques: semi-structured interviews, key informant interview, reviewed documents and observations

were helpful to get reliable information that contains personal and groups view on the same topic. The information obtained through these different data collection methods were recorded and then transcribed from Amharic into English. Next, the information categorization based on their content and framework was done. In addition, the data obtained from the secondary sources were used for authentication purpose. The data obtained through different techniques were analyzed in terms of frequency, percent and descriptive analysis.

In general, a descriptive analysis was used to describe the social worker job satisfaction. Exploratory analysis was also deployed to find out to understand the associations between the various additional organizational working culture, pay scale, performance, and satisfaction and turnover.

3.5 Ethical Considerations

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

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

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

The researcher was liable in protecting the identity of participants. It was made sure that the information participants are providing will not trace back to them. In this way, after building, the researcher obtained the personal experience of the participants. The participants were given pseudo names to keep their anonymity. Moreover, the researcher made sure that the personal information they provide will not be disclosed to a third person.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

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

4.1. Socio-Demographic Characteristics of the Research Participants

A total of eight Social workers taking the social worker positions in the selected two hospitals participated in the semi-structured interviews. For this research, these social workers are given codes that identify them in the data presentation. From the eight social workers, six of them are females and the rest two are males. The age range of these social workers lies between the ages 30-45. Furthermore, the experience of the participants as a health care social worker ranges between 2 to 10 years. Looking at their educational background, social workers have a sociology, social anthropology, and psychology and social work backgrounds. The general background information of those social workers who participated in this study is presented as follows;

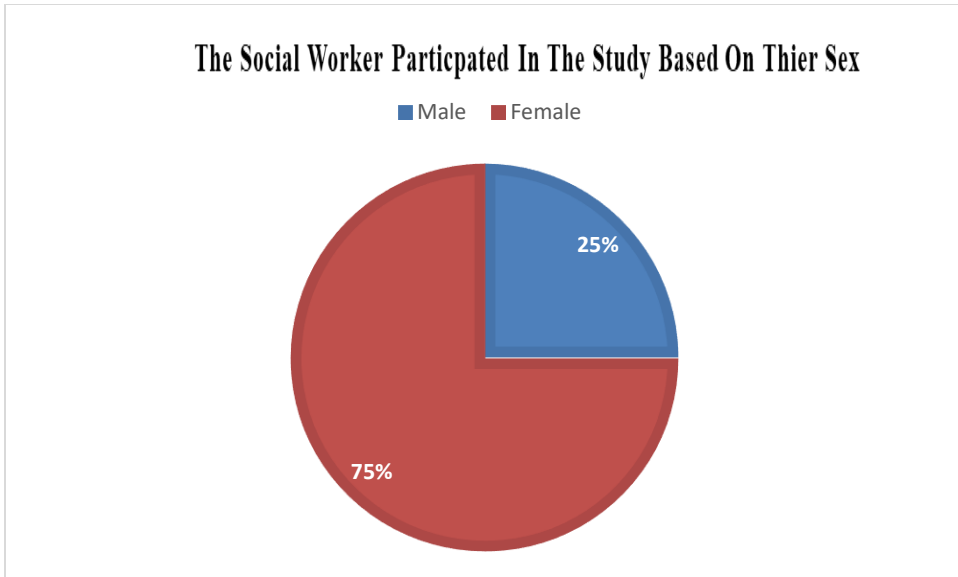


Fig 4.1 sex ration of social workers in the selected hospitals

Source: Own Survey, 2018

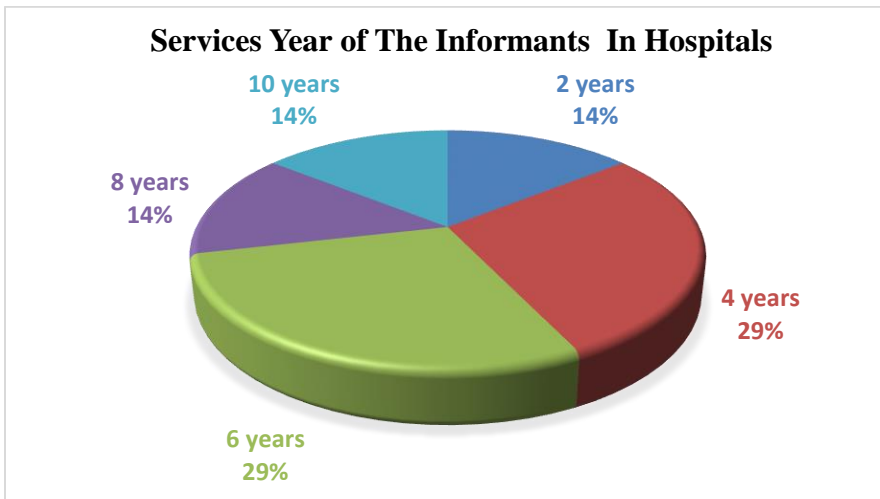
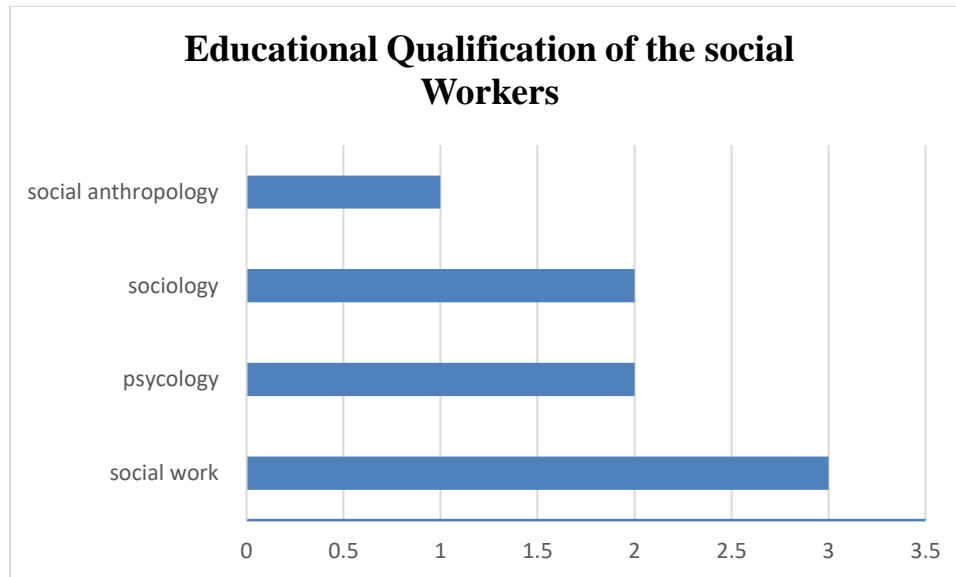


Fig 4.2 Service in year of the informants in hospitals

Source: Own Survey, 2018

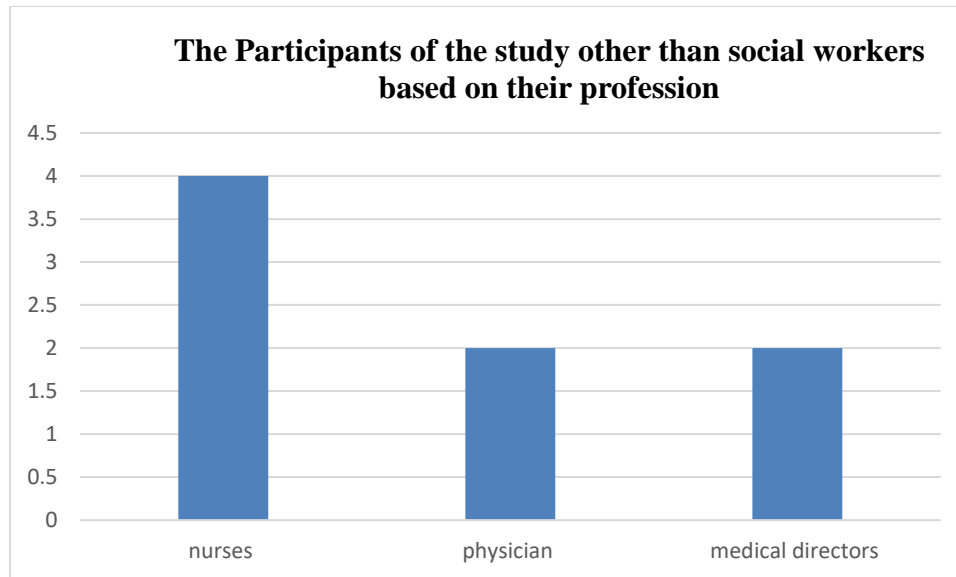


Picture 4.3 Number of Educational back ground of social workers

Source: Own Survey, 2018

Meanwhile, there are also other informants in this study who comprise of physicians, nurses and medical doctors. These professionals were selected to be informants in this research on the premises that they have direct work relation with social workers and can be able to provide information regarding social workers' activities in the hospitals they are working in. Among the eight informants' other than the social workers, 2 physicians, 2 nurses and 2 medical doctors are included.

The physicians and the nurses were selected to be informants by the recommendation of social workers working with them. The Medical doctors are included because social workers in the selected hospitals are accountable to them and are believed to provide more information about social work activities in the hospitals. All these informants have been given pseudonyms. The background information of the other informants is illustrated in the following table;



Picture 4.4 Number of participants other than social workers

Source: Own Survey, 2018

4.2 Service Delivered by Social Worker in the Hospitals

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

In relation to this SW 1 stated that; *As far as the issue of job description is raised, we do not have a job description; but we work based on the description we adopted by looking at the experience of other hospitals and social workers who have long years of experience in providing social work service. Based on this description, we have the responsibility to conduct assessment, help clients with financial problem and keep the confidentiality of patient secrets and support the patients and their*

caregivers to get treatment and in the process of searching for shelter and other financial supports.

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

Conducting Assessment

Conducting assessment is one of the stated roles of social workers who are working in Hospitals. According to the findings of this study, only some of social workers provide this service in the hospital they work in. Other informants were also asked to describe the services social workers provide in the hospitals. Dr. Tessema, the medical director in MenilikII hospital confirmed that social workers in the hospital have the duty to conduct an effective assessment and screening on patients. He said;

The duties of social workers in the hospital are various. They facilitate free medical service and free medicine for patients with poor financial status after conducting an effective assessment and screening on patients, they make a deal with NGOs to facilitate rehabilitation for patients, they provide counseling for patients about the whole medical process, and collect wheelchairs from different volunteer organization for handicapped patients who cannot afford to buy those instruments.

Taking Care of Patients Who Does Not Have Attendants

Taking care of patients who does not have attendants is one of the duties of social workers. Most of social workers reported that they take care for patients who does not

have attendants and provide them with their basic needs such as food and cloths. SW 5 mentioned that;

Some of our responsibilities stated in our job description are; to follow up and help patients who does not have attendants and provide them food and cloths, find volunteers to pay for those who doesn't have many for laboratory investigation and for transport for discharged patients taking patients who does not have anywhere to go to organizations, taking children abandoned by their parents to NGOs after reporting it to the police and so on.

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

Create Linkage to Services

Another service provided by social workers in the hospital is to take those patients who have nowhere to go after discharge to organizations that can provide them with their basic need such as food, clothing and shelter. Majority of social workers who participated in this study reported that they link patients with different organizations, mostly NGOs. As these social workers stated they provide this service mainly to vulnerable groups of the society such as children who are abandoned by their families, mothers and elderly people. One of the other informants, Degitu, A nurse in Menilik hospital confirmed that; *organizations to provide patients their basic needs such as clothes and shelter and helping poor patients get free medical services and medicine from the hospital.*

Facilitating Free Medical Services

According to the findings of this study, facilitating free medical service for patients with financial problems is one of the important services of social workers that are provided in the hospitals. All social workers participated in this study confirmed that they facilitate free medical services as well as free medication and free external medical examinations

(such as CT scan, MRI and different laboratory tests) for patients who are believed to be economically poor. As SW 8 put it;

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

Offering Education and Information

Another duty of social workers is that they are expected to be engaged on the provision of education to patients. Among social workers who participated in this study, very few of them provide this service. They stated that they provide education for patients about the whole medical process and about patients' stay in the hospital. SW 10 reported that;

Being a social worker in hospital, I am required to conduct assessment and screening, help economically poor patients get free medication and medicines, document each social case I handle, create linkage with non-governmental and governmental organizations to help patients, provide education for patients regarding their stay in the hospital, take care of patients who does not have attendants or family, write report about my work and forward problem-solving ideas to help patients.

Advocate for Work Transparency and Provision of Quality Services

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

The responsibilities of social workers in the hospital include; facilitating free medical services and medication for patients

who live on the street and have financial problem, they advocate for work transparency and quality services in the hospital, create linkage with NGOs and providing basic needs (food, cloth and shelter) for patients with financial problem.

Facilitating Patient Discharge

Aurebech (2007:5) indicated that the change of roles that social workers have experienced going from care coordinators to interdisciplinary team members responsible for discharge planning has evoked mixed reactions.

According to the findings of this study, facilitating discharge process for patients is another service provided by social workers in the hospitals. Among social workers participated in this study, only one of them stated that the duty of facilitating patient discharge from the hospital is a major responsibility of the social workers. Moreover, Eyob, a nurse in Tikur Anbessa hospital confirmed that one of the services which social workers provide in the hospitals is to facilitate patient discharge from the hospital. SW 5 reported that;

Being a social worker, I must help patients with social and economic problems get medical service, provide social education for patients, facilitate patient discharge process, linking patients with different NGOs, taking abandoned babies to NGOs, conducting need assessment on why mothers abandon their children and so on.

Facilitating Ambulance Service

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

It is indicated in our job description that we have the responsibility to facilitate free medical service and medicine for patients with financial problem, facilitating free medical investigations that are not found in the hospital such as MRI

and CT scan, providing meal service for patients who does not have attendants or family, sending patients and abandoned children to NGOs and facilitating ambulance service in the hospital.

Counseling

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

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

Co-ordination of Volunteer Activities and Social Events

Another important finding of this study regarding the services provided by social workers in these hospitals is co-ordination of volunteer activities and social events in the hospitals they work in. Almost half of social workers reported that they are involved in volunteer activities such as establishing volunteer club in the hospitals, co-ordinate blood donation form volunteers, collect money from volunteer hospital staffs to help patients with financial problems with their basic needs such as food and clothing as well as transportation, collect clothes and shoes from volunteer hospital staffs and gather wheel chair and other devices for handicapped patients who cannot afford to buy those instruments. Moreover, aside from all the involvement in volunteer activities in the hospital, one of social workers stated that he also organizes different social events in the hospital such as HIV/AIDS day, mothers' day and so on. SW 6 stated;

I provide all services that are stated in my job description. Other than that, there are things I do that are not stated in my job description such as; I am on the verge to establish a volunteer club in the hospital, I am working on HIV mainstreaming, I am also planning to work on quality

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

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

Checking Patients' Medical Records

Another finding of this study shows that one of social workers with a medical background checks and follows up patients' medical records. SW 4 stated that; *Since I have a medical background, I check for the patient cards whether they are given the right medication or not. If I noticed any problem or negligence in the patients', I report it to the doctors.*

Assisting Weak Patients

From social workers participated in this study, only one of them reported that they assist in feeding very weak patients in the hospital aside from what has been stated in their job description. SW 7 stated that; *we carry out all our responsibilities mentioned in our job description. Other than what is stated in the job description, we provide cloths for patients with no attendants and feed very weak patients sleeping in wards.*

The information obtained from the participants of the study, the social worker working in the hospitals performs the following services which are found in their job and out of their job description.

- Support patients to get treatment
- Provide counseling service
- Support those caregivers and patients who are waiting for admission and come from remote area in search of shelter.
- Linking the client with resource

- Assist patients in search of bed room to get inward treatment

4.3 Application of Social Work Standards into the Hospital

According to National Association of Social Workers (NASW, 2016) there are 13 guiding principles of social workers in health care setting. These are ethic and values, qualification, Knowledge, Cultural and Linguistic Competence, Screening and Assessment, Care Planning and Intervention, Advocacy, Interdisciplinary and Inter Organizational Collaboration, Practice Evaluation and Quality improvement, Record Keeping and Confidentiality, Workload Sustainability, Professional Development and Supervision and Leadership.

In the application of the social work standards, social workers participated in this study were asked about their awareness regarding social work ethics and values as well as the application of these ethics and values into their social work practices. These participants except for one social worker reported that, even though their awareness level varies they are aware of the ethics and values of social work. SW 6 in Menilik II Hospital mentioned that she has never heard of the ethics and values of social work and does not apply them in her practice. SW 3 gave a brief explanation regarding his awareness and application of the ethics and values of social work in his practice. He stated that;

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

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

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

Few of social workers participated in the study related the ethics and values of social work with that of their previous professional backgrounds. They stated that the ethics and values of social work are similar with other professions such as psychology and medical ethics. SW 7 mentioned that;

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

4.4 Challenges of Social workers

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

4.4.1 Lack of Awareness about Social Work Roles

On one side, social workers are viewed as crucial in assessing patients for needed social services and as procurers of speedy discharge plans (Globerman, White, & McDonald, 2002; Mizrahi & Berger, 2001). On the less positive side, hospital administrators view

social workers as expendable in the hospital environment where cutting costs is a constant concern (Barth, 2003; Globerman et al., 2003). Lack of awareness about social workers role in the hospitals is one of the challenges identified by the social workers. All the study participants reported that there is lack of awareness about social work roles among different professionals as well as the hospital administration. SW 4 clearly stated that;

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

In relation to this, Aurebech (2007:4) Hospital administrators may not be fully aware of the contributions that social workers provide. Another consideration is that social work education and the profession's basic values, which emphasize treating clients within environments, client advocacy, and empowerment, can run counter to a hospital's priority of discharging patients quickly.

Moreover, SW 6 also stated that;

The first challenge is lack of awareness about social work. Most of the hospital staffs think that our job is just "putting a free stamp on patients' cards"; they don't know other activities of social work. Even those who know our role would not consider us as professional. Besides to this, our support to patients are considered our personal revocability but not as part of duties.

That is why we are not given attention by the administration bodies of the hospital.

4.4.2 Office Problem and Lack of Office Facilities

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

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

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

Based on my observation, there in Tikur Anbessa Hospital, a social work practice is not given due attention and a room whose size is 3*2m was provide as an office at the basement of the building. It is served as an office for more than four social workers. It is partitioned from other rooms in a board. Besides, there is no ventilation and the room is dark. All social workers wear a white gown. In the office, there is a suffocating temperature and too much noise. On the table, there are many ledgers holding patients’ files. They talk to patients through the window.

The researcher also tried to observe Menilik II Hospital social worker’s office setting. According to the observation, the office of social workers is found on the OPD (outpatient department) building. The social worker shares an office with four other liaisons. In the office there are two tables, five chairs, two lockers, one computer, one printer and different stationary materials. The social worker has her own stamp. The social worker does not have a gown. She does not have a phone to use at work. The four

liaisons have one phone but she makes a call going to the administration office. The office is found on a building where there is too much and disturbing noise from patients.

4.4.3 Lack of Budget

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

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

In contrary, one of social workers reported that, even though they have their own budget they still face financial problems in practicing social work in the hospitals. SW 9 said. *“Even though we have our own budget there is still financial problem to do our work.”* Meanwhile, having a difficult relationship with the hospital administration is another challenge of the social workers. Some of social workers stated that they have difficulties in communicating and agreeing with the hospital administration regarding some issues. As one of social workers reported one of these issues is referral system. He said that they face challenges in admitting patients from rural areas. As SW 7 put it; *“The other main challenge is that patients who come from rural areas bringing a letter of referral from federal hospitals face a great challenge to be admitted in hospitals under Addis Ababa health bureau.”*

SW 3 stated that, hospital administration put much pressure on them to do different works. She said; *—Moreover, lack of awareness about social work services in the hospital, pressure from administration and lack of enough cloths for the patients are the challenges we face.”* Another issue raised by one of social workers regarding miscommunication between the hospital administration and social workers is the administration's unwillingness to co-operate in social workers relationship with NGOs. SW 6 reported:

The other challenge is when the hospital does not co-operate with us when we try to make a deal with NGOs. These organizations set criteria to take our patients in; they mentioned

that they will take our patients if the hospital provides free medical service to the people under their organization. But the hospital did not make any decision about the issue until now

4.4.4 Absence of guidelines and manuals for the social work service: -it is the common problems of hospitals. SSW3 indicated that there is no guideline and manuals which we are going to use to provide social work service. Because of this, there is a discrepancy in delivering the service among the social workers. Besides, due to the absence of guidelines and manuals, we provide social work service whose quality is not ensured and sustained.

4.4.5. Difficult communication with NGOs: - the other major challenges of the social worker are absence of NGO that provide material and financial support for the patients and their families. According to one of the informants, in black lion hospital most of patients who come to the hospital are at chronic sickness. They come to hospital after they exhaustively spent their money to get treatment. So, when they came to the hospital, they face economic problems even to purchase drugs and syringes. They could not get food. Therefore, they are suffered a lot besides to their sickness. Therefore, there are few NGO that work on development. So, it is difficult to link these patients with the NGO.

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

Similarly, SW 2 reported that; —

The other main challenge we face is the lack of age specific adoption agencies for abandoned children; there are no organizations that are willing to adopt a child above the age 8.” As SW2 stated, —for

instance when a child is abandoned in the hospital it is our responsibility to report it to the police; but it is hard to get effective and well-organized service from the police.

Furthermore, two of social workers stated that there is a difficulty in getting an effective service from the police.

4.5 Mechanisms Social Workers Employ to Overcome Their Challenges in the Hospitals

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

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

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

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

In relation with NGOs and the police, one of them stated that they prepare stakeholders meeting to discuss about the issue. As SW 7 put it, “*moreover, there is a delay in police*

stations when we report an abandoned child to them (to solve this problem we prepare a stakeholder meeting every 3 months).

Similarly, SW 8 stated that, *“the only solution for this case is to go to the station in person than communicate through telephone.”*

4.6 Opportunities of Social workers

Even though the hospitals are area where various problems are occurred, social workers working in hospitals would tend to face challenges instead of opportunities. All social workers agreed that there is no opportunity in working as social worker in hospitals. But this does not mean that there is no opportunity in hospitals for social workers.

4.6.1 Professional Development: - Social workers, as part of the health care team, provide assessment and appropriate interventions to aid the patient in achieving optimum recovery/rehabilitation and quality of life. Social workers must engage in ongoing professional development to maintain competence within their fields of practice. Social workers play a critical role in hospital settings by helping patients and families address the impact of illness and treatment, working in hospitals will help the social worker to develop the professional development with other medical staffs. This in one way or another creates to acquire knowledge on medicine. So, in the delivery of social work service, social workers might acquire lessons from the practices of social work.

In relation to this, SSW3 described that since we are working with medical staffs, we are familiar with medical terms and names of drugs. Even though we neither can nor order drugs, we know the different drugs.

In accordance with this standard, the finding of the study shows that few of social workers participated in this study are involved in professional development activities. As the standard indicated, Professional development activities relevant to social work practice in health care settings may include developments in clinical care, research or technology; health care policy and legislation; community resource and services; ethics; and leadership and administration, among other topics.

In general, social workers who are working in hospital have faced various challenges as compared to other social workers. These challenges are generated due to the low perception of medical staffs and administration bodies to the social work service. These are manifested in the lack of facility that is required to deliver the quality social work service. The challenges of social workers in hospital in one way or another is an opportunity for social workers helps to develop their social work skills and to draw lessons from their experiences.

4.7 Discussion and implication

The study was conducted to explore the challenges and opportunities of Social workers in selected public hospitals in Addis Ababa. It had the objectives of assessing the application of general standards on social work practice in the selected hospitals, identify the services social workers provide in the selected hospitals and explore the challenges and opportunities of social workers face during practice in the selected hospitals. The study used qualitative approach using key Informants Interview and Semi-structured interview guide to interview social workers and other informants and observation check list as data collection tool.

The study was based on the experience of social workers who practice in the selected public hospitals; Tikur Anbessa Specialized Referral Hospital and Menilik II Hospital. Other health professionals and Medical doctors of the hospitals were also interviewed as informants for the study.

According to the findings of the study, social workers in the selected hospitals do not practice social work based on most of the standards stated in the NASW standard for social work practice in health care setting. Social workers working in these hospitals even do not know the standard. Rather they are working on their personal experience. Due to the absence of standard of social work practices, there exists a discrepancy in the provision of the services that social workers provided. They have no any guideline of manuals which they use to provide the service.

The study founded that most of social workers do not qualify to practice in health care settings according to what has been stated in the NASW standard for social work practice

in health care setting. Since these social workers do not have social work educational background they do not have the qualification and knowledge required to practice social work in health care institutions.

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

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

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

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

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

Social Work Implication

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

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

facilitating stakeholders meeting to discuss on their challenges and on the ways to overcome them.

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Policy Implication

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

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

Practice Implication

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

social work in the hospitals. Rather, they should advocate themselves and make their own voice heard by showing how important social work intervention is.

Education Implication

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

Research Implication

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

CHAPTER FIVE

5. CONCLUSION AND RECOMMENDATION

5.1 Conclusions

This study was conducted to explore the challenges and opportunities of social workers. Thus, various social workers and physicians and others were contacted. The roles of social workers are ranging from providing patients get treatment to counseling.

Although there are defined duties and responsibilities for social workers, currently most of the services which social workers providing in hospitals are beyond these job descriptions. Since hospitals are areas where different patients seek varied supports, social workers are not confined to deliver these varied services which they are expected to do. Therefore, in hospitals social workers are engaged with provision of counseling services, assisting patients in search of financial supports and shelters, facilitating conditions for patients in getting early treatment and involving in the search of NGOs that provide economical support for patients.

Although social workers have delivered various services, they have faced different interwoven challenges to deliver quality services. The major challenges which social workers faced in hospitals are divided into two-internal and external.

The findings of this study suggest that social workers are important providers of patient assessment and discharge services. The study findings also suggest that social workers in these acute care hospitals often are referred the most complex cases.

The current socioeconomic context and health policy is not always compatible with social work values and social workers working in hospitals talk about feeling threatened, despite evidence of numerical growth comparable to other professions.

Besides, it is found in this study that the hospital settings influenced these social workers' perceptions and their works. It is to mean that currently hospital environments are not supportive of social works, but believed they made a positive contribution both to the outcomes for individual patients and for the hospitals as organizations. They all drew

strongly on their social work values to confirm their identity so there was a strong common understanding of what being a social worker meant.

Hospitals are traditionally seen to be institutions run by doctors under a medical model. The medical model focuses on illness and the interventions provided by doctors, who are the professionals with the most expertise and skills to treat illnesses. The medical model reinforces the status and power of the medical profession (Sargent, Nilan & Winter, 1997). The medical model has cast a long shadow on the profession of social work in health setting which has generally hindered its power bases, stymied its potentials for role development, caused identity anxiety about social work roles and generally compromised its professional autonomy.

One of the findings of this study is that social workers are builders of bridges, and this study is an opportunity for social workers in hospitals to talk about themselves, forming a bridge between the literature and the lived experiences of these hospitals social workers.

5.2 Recommendations

Based on the findings of the study, the following points are recommended to enhance the social work services delivered in the hospital settings.

- Standards, guidelines and manuals should be developed to enhance the quality and the consistency of the services in hospital settings.
- The ministry of health should also give due attention to the social work services which are delivered in the hospitals.
- There should be a department in the ministry of health that is responsible to mainstream and to give focus for the social work services in the hospitals.
- The hospitals are recommended to revise their human resources manual on the recruitment of social workers.
- The hospital should arrange short-term trainings for social workers who are working and it is also advised to organize experience sharing events with similar organizations.
- The hospital should avail rooms; other necessary materials and office equipment for social workers that help them deliver quality services.

ANNEXES

Annex1: Interview Questions for Social Workers

These Interview questionnaires prepared to conduct a research entitled Challenges and Opportunities of Social Workers in Hospital of Addis Ababa in partial fulfillment for graduate studies in social work. All the information you provide are important and used for the research purpose only. The confidentiality of the information is going to be kept.

Position -----Sex ----- Age-----

Educational Status-----

Work Experience total ----- service year as social worker -----

1. What social work services are you currently delivering in the hospital? Do you think that the service is accessible and available for the patients?
2. How do you offer the social work service in the hospital? How do you work collaborate with other medical staffs?
3. Are your social work services assisted by guidelines, manuals and standards? if so what standards, guidelines and manuals are used?
4. Do you familiar with the international general standards of social work? If not why for
5. Who are your target beneficiaries? Are they satisfied by your service? How do the clients express their satisfaction?

6. Do you think that the service you provided is sufficient enough and the facilities to provide social work are fulfilled in the hospital? if not why?
7. How do you compare the social work service offered in other places and in hospital setting?
8. Is there any motivation and other capacity building work that the hospital did for the social workers? If no why for?
9. What challenges have you faced personally (cultural difference and language barriers and others), institutionally (facilities, materials and others) while you are delivering social work service in the hospital? What measures did you take to alleviate these challenges? What opportunities/ benefits do you get while you working in the hospital?
10. What do you recommend to enhance the quality of the social work services in the hospital?

Annex2 :-Interview Questions for Administration (Medical Director and Human Resources Head)

This Interview questionnaire is prepared to conduct a research entitled *Challenges and Opportunities of Social Workers in Hospital of Addis Ababa* in partial fulfillment for graduate studies in social work. All the information you provide are important and used for the research purpose only. The confidentiality of the information is going to be kept.

Position -----

Sex -----

Age-----

Educational Status-----

Work Experience total -----

1. How many social workers are working in your hospital (based on sex, educational background and level of education)? When did the social worker service start to provide services in your hospital? Is the service accessible available for beneficiaries?
2. Do social workers deliver the service as per the activities mentioned in their job description? if not why for?
3. Do all social workers meet the minimum requirement to provide the service? if not what do you do increase the capacity of the social workers?
4. What social work services are you currently delivering in the hospital? Do you think that the numbers of social workers working in your hospital are good enough to provide the service?
5. Is your service assisted by guidelines, manuals and standards? if so what standards, guidelines and manuals are used in the provision of social work service?
6. Is there any administrative structure on the management of social workers?
7. Do you think that the service you provided is sufficient enough and the facilities to provide social work are fulfilled in the hospital? if not why

8. Is there any motivation mechanism to promote the social workers? If so how do you encourage them? Do you create a conducive for social workers to learn?
9. How do you manage and supervise the social worker service in your hospital?
10. How do social workers collaborate with other medical staffs?
11. What major challenges that the social work service have you faced? What did you do to alleviate this challenge? What opportunities do social workers get while they working in the hospital?
12. What your next plan is with regards to improve the social work service in your hospital?
13. What do you recommend to enhance the quality of the social work services?

Annex 3: - Interview Questions for Medical Staffs (Nurses and Physicians)

This Interview questionnaire is prepared to conduct a research entitled *Challenges and Opportunities of Social Workers in Hospital of Addis Ababa* in partial fulfillment for graduate studies in social work. All the information you provide are important and used for the research purpose only. The confidentiality of the information is going to be kept.

Position -----Sex -----Age-----
Educational Status-----Work Experience total -----

1. What services are social workers services currently delivering in the hospital?
2. How do you collaborate with the social workers? What is your partnership to work with social work? is there any referral linkage system
3. Do the social worker services assist you in the treatment of patients? When does the social worker support you (before, during or after the treatment of patient?)
4. Do you think that the service you provided is sufficient enough, more accessible and the facilities to provide social work are fulfilled in the hospital? if not why
5. What challenges have you faced while you are working with social workers? What did you do to alleviate this challenge? What opportunities did you get while you are working with social workers in the hospital?
6. What do you recommend to enhance the quality of the social work services?

Table 1. Name list and position of participants

s.n	Psyedo Name	Position	
1.	Tessema Getu	Nurse	Minilik II Hospital
2.	BetlehemGashu	Nurse	Minilik II Hospital
3.	DegituWorkeneh	Nurse	Minilik II Hospital
4.	Eyob Aber	Nurse	Minilik II Hospital
5.	Amare Alemu	Administration staff	Minilik II hospital
6.	NebretGashaw	Social worker	Minilik II Hospital
7.	Ahmed Ali	Social worker	Minilik II Hospital
8.	Getahun Desalegn	Social Worker	Minilik II Hospital
9.	YabekibraDemtse	Social worker	Black lion Hospital
10	DansureDebre	Social Worker	Black lion Hospital
11	Fatuma Mohamed	Social Worker	Black lion Hospital
12	Almaz Addis	Social worker	Black lion Hospital
13	Sr Sara Kahsay	Mathron	Black lion Hospital
14	Dr Amsalu Alehegn	Medical Doctor	Black lion Hospital
15	FIrehiwotNigussie	Nurse	Black lion Hospital
16	FirehiwotAlebachew	Nurse	Black lion Hospital

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