

A literature review on medical social work roles, inter-professional collaborative practice, and factors impeding its practice in hospital settings

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ABSTRACT

Aim: This article aims to review the literature on medical social work practice in hospital settings. The overall goal of medical social work practice in hospitals is to prevent and reduce negative psychosocial-spiritual consequences as a result of diseases and teach patients and families how to mobilize the available resources. Undeniably, medical social work practice is an integral part of medical and hospital settings, predominantly when working in a team to improve the patient's treatment outcome.

Methods: This article reviewed online research articles on medical social work practice in hospital settings. Keywords used in conducting the literature review were: medical social work practice, hospital, health practitioners, roles of medical social workers, and inter-professional collaborative practice. The Boolean Operator conjunctive 'AND' was used in the mixture of these keywords to enlarge the search process. The databases used for electronic searches of the literature were Google Scholar, ProQuest Central, PubMed Central, and ResearchGate,

Results and Conclusion: We conclude that medical social workers perform different roles in the hospital settings nevertheless they are not understood by health practitioners, no consensus amongst health practitioners as to whether inter-professional collaborative practice contributes to the treatment outcome of patients. Factors impeding medical social work practice in hospital settings are also discussed. We suggest that what remains to be explored are the medical practitioners' experiences in the practice of medical social work in hospital settings. Findings from this reviewed article contribute significantly to the field of medical social work which is in the infancy stage, particularly in Tanzania and comparable countries.

Keywords: Medical social work practice, Hospital, Health practitioners, roles of medical social workers, inter-professional collaborative practice

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Introduction

Medical social work is the application and adoption of methods, skills, values, and principles of social work in hospital settings (Paul, A. & Raj, C. P., 2017; Muhingi, W. N. & Machani, S. O., 2022), to assess, prevent, reduce negative psycho-social-spiritual consequences as a result of diseases, teach patients and families on how to mobilize the available resources (Sverker, A., Östlund, G., Börjeson, M., Hägerström, M. & Gåfväls, C., 2017).

Globally, medical social work practice has become an integral part of medical and healthcare settings for the last 100 years (Muhingi, W. N. & Machani, S. O., 2022). Its history can be traced back to 1889 when Richard Cabot, a former chief of medicine at Massachusetts General Hospital (MGH), saw the necessity of creating the position of the medical social worker in hospital settings. As a medical practitioner, Cabot realized that he and his colleagues were cut off from direct observation of patients and were unable to assess the impact of their home life, their family relationships, and their work as factors in their illness (Gehlert, S. & Browne, T. A., 2012). Some authors assume that the possible bridge linking the hospital and the patient's social environment is the social worker (Hailu, 2020; Okech, 2018).

We contend that medical social workers perform different roles in hospital settings to assist patients, families, and healthcare workers in improving treatment outcomes. As asserted by (Zerden, L. D., Lombardi, B. M. & Richman, E. L., 2019) inadequate literature supports the expanding roles of medical social workers on integrated health teams and challenges hindering the practice of medical social workers in hospitals. Master of Social Work students perceived their role in the hospital setting as discharge planners, counselors, advocates, and educators while the major impediment to end-of-life care is heavy caseloads, time constraints, and lack of interdisciplinary team (Gonzalez, 2013), as experienced in their field practical.

On inter-professional collaboration in hospital settings, a recent study has suggested that collaboration between members of different professions in hospitals is inevitable (Lane, S. R., McClendon, J., Osborne-Leute, V. & Baxter, K., 2020). Other scholars (Heenan, D. & Birrell, D, 2019) specifically suggest that social workers and medical practitioners can work together to improve the health and the well-being of patients holistically. Interestingly, embracing an interdisciplinary framework such as the biopsychosocial-spiritual perspective enables practitioners to focus on the well-being of the whole person physically, mentally, socially, and spiritually (Grossman, 2019). The prevailing point of view from practitioners is that collaboration between social workers and nurses is considered to be positive in hospital settings (Ryan, 2012).

Along similar lines, (Callaghan, 2014) revealed that challenges to the role were identified to be the biomedical model, resource limitations, and role ambiguity. Likewise, (Paul, A. & Raj, C. P., 2017) found that the majority of social workers reported that inadequate salary was major work-related stress and many time dean of the hospital and head of the department failed to recognize their work in India. Furthermore, Abate, (2014) as cited in (Hailu, 2020, p. 4) health professionals had a poor understanding of the medical social work practice within the health facilities, no involvement in social work practices within their day-to-day activities, and no work relationships with the hospital social work departments in Ethiopia. Similarly, (Muhandiki, Challenges of Integrating Social Work Professionals into medical practice: A case study of Geita Regional Hospital, 2016) observed that majority of respondents were not aware of the roles and functions of medical social workers in Geita hospital.

Our study, therefore, explores specifically First, what roles medical social workers play in hospital settings. Secondly, what inter-professional collaborative practice is in place between health practitioners and medical social workers in hospital settings?

Thirdly, which factors impeding medical social work practice in hospital settings? These questions form the foundation of this review by contributing knowledge to the academic discourse and in the sub-field of medical social work. Although medical social work has been successfully practiced globally in hospital settings, its roles, inter-professional collaborative practice, and factors impeding its practice in hospital settings are not well understood and appreciated by health practitioners, a gap that this review intends to fill.

Materials and Methods

In this article, both academic sources and gray literature were reviewed. A traditional style of the literature review was employed in writing this article (Okech, 2018). It involved an online search of articles on medical social work practice in hospital settings. Keywords used in conducting the online literature review were: medical/hospital/clinical social work, roles of medical social workers, inter-professional collaboration, factors for medical social work practice, and hospital and medical practitioners.

The Boolean Operator conjunctive 'AND' was used in pairing these keywords to expand the field of search. The databases used for electronic searches of the literature were Google Scholar, ProQuest Central, PubMed, and ResearchGate, only articles from 2005–2022 were found relevant and included in this review. A total of 90 articles were reviewed, only 28 items were found to be relevant and included in the study, while 62 were excluded.

Results and Discussion

The roles of the medical social workers in hospital settings

The study by (Heenan, D. & Birrell, D, 2019) suggests that hospital-based social workers occupy a unique place at the interface of health and social care, yet relatively little is known about their role and contribution in hospital settings. On their side (Gonzalez, 2013; Muhingi, W. N. & Machani, S. O., 2022) showed that medical social workers perceived their role as patient intake screening, discharge planners, counselors, advocates, and

educators. Another scholar (Fusenig, 2012) concluded that social workers fulfill multiple roles for the well-being of the patients, though it is not clear, about the multiple roles performed by social workers in these hospitals. Other studies (Parast, S.M. & Allaii, B., 2014) concluded that medical social workers perceive their role in the field of health as very important because they are the fundamental performers in the health care system. Notwithstanding the importance of medical social workers in healthcare settings, these roles are yet to be appreciated by some health workers.

For example, a study by (Truong, Q. X.N., Taneepanichskul, S., Nguyen, P. T. & Nguyen, D. T., 2018) elucidates those nurses, physicians, pharmacists, and medical technicians had poor knowledge regarding medical social work in the health setting. Truong, *et al.*, study further suggests that respondents thought that medical social work and charity activities were the same. Moreover, there was a misunderstanding of the roles of medical social workers in hospitals; and some of the common roles were not acknowledged by healthcare professionals. Abate, (2014) as cited in (Hailu, 2020) agreed with Truong, *et al.*, (2018) that health professionals have a poor understanding of the medical social work practice within the health facilities, and no involvement in social work practices within their day-to-day activities and no work relationships with the hospital social work departments (Hailu, 2020). It came to our understanding that healthcare professionals consider themselves as the sole providers of health-related issues to patients, and this induces them not to acknowledge other allied workers such as medical social workers, hence a lack of support in between, the practice that affect the patient's treatment outcome process.

Another study (Freeman, 2018) discovered that healthcare professionals do not understand the role of the medical social workers and therefore social workers receive inadequate support from them in Namibia. In a similar study, (Okoye, 2019) social

workers' roles focus primarily on the social and psychological problems of patients to alleviate their distress while receiving treatment. On their side (Chipare, M., Mupazvihwo, T., Tapera, R., & January, J., 2020) the role of social workers in a hospital setting is mostly misunderstood by other health professionals. The study (Ogundipe, K. O., Kadiri, I., Etonyeak, A. C. & Aduloju, T., 2020) at Ekiti State University Teaching Hospital involving patients and medical social workers found that the use of medical social workers in burn care in Nigeria is limited, and their roles are poorly or inadequately reported. We recommend that this higher learning institution and the likes have to have curriculum amendments to include medical social work components so that health students or health carders are aware of the roles of medical social workers and ultimately consider them as part of the medical team.

A study by (USAID, n.d) found that there is a poor understanding by the general public of the role of social workers in different settings. Similarly, (Muhandiki, Challenges of Integrating Social Work Professionals into medical practice: A case study of Geita Regional Hospital, 2016) gathered information from clinicians, nurses, radiologists, dental officers, and hospital nutritionists and found that the majority of respondents were not aware of the roles and functions of medical social workers. In our discussion in this sub-section, we have noticed that majority of the healthcare professionals are not aware of the roles of medical social workers in hospital settings. This call for the creation of an awareness campaign to health carders toward the necessity of having medical social workers in the treatment regimen, the main agenda is improving the health outcomes of in-patients and out-patients in hospitals.

Inter-professional collaborative practice between health practitioners and social worker

Literature reveals substantial positive and negative contributions of interprofessional collaborative practice in hospital settings. For example, (Giles, 2016) noted that when multi-disciplinary teams

(MDTs) were well-facilitated non-medical aspects of patient care were addressed: patient care and discharge plans were communicated clearly. On the other hand, when the facilitation of MDTs was poor, social work and patient concerns with wider non-medical issues were devalued. Similarly, (Callaghan, 2014) revealed that clarity of role, purpose, and adoption of educational role within the team was identified by social workers to support the construction of the social work role within palliative care teams. The study findings support inter-professional collaboration in health settings between health professionals.

Some of the reviewed study findings have the consensus and support professional collaboration in hospital settings between health workers. A study (Ryan, 2012) reported that collaboration between social workers and nurses is overall positive. Similarly, (Farinde, A. & Gable, K. N., 2014) revealed that inter-professional collaboration between Social Workers and Pharmacists produces benefits in the treatment outcome of patients with mental health-related issues. These studies suggest that participants were medical social workers, nurses, and pharmacists. However, it appears that the methodology used in the review process is not explicitly articulated.

In adding together, (Muhingi, W. N. & Machani, S. O., 2022) suggests that by working in multidisciplinary teams, medical social workers help in devising specific intervention programs that augment the quality of life of both clients and their caregivers. It should be noted however that, while some healthcare workers seem to be not aware of the roles of medical social workers in hospital settings when it comes to the issue of collaboration, some healthcare workers acknowledge working as a team with the allied workers. It should be understood that in this era of complex and chronic diseases, health workers alone cannot assist patients wholistically in the therapeutic process, instead the only survival strategy is to work as a team of diverse skills and knowledge.

Factors impeding the practice of medical social work in the hospital

Some studies were interested in factors impeding the practice of medical social work in the hospital. One early illustration of this is that the major impediment to end-of-life care is heavy caseloads, time constraints, and a lack of inter-professional team (Gonzalez, 2013). Others contend that culture, self-identity, role clarification, decision-making, communication, and power dynamics were the barriers and facilitators to collaboration with other medical practitioners (Ambrose-Miller, W. & Ashcroft, R., 2016). Nonetheless, we noted that those who claimed to be practitioners in these studies were not identified. The review also noted the existence of poor communication between the two key professions involved directly with patient therapy, that is, bio-medical and psycho-social-spiritual therapies.

According to (Linton, K.F., Ing, M.M., Vento, M.A. & Nakagawa, K., 2015), the challenge that exists between physicians and social workers is a lack of communication. This kind of challenge can be triggered by the fact that these two professions speak different languages when providing therapy to patients to the extent that either side could not understand. For instance, the failure of medical social workers to clearly understand and interpret some medical terminologies used in the medical field as suggested by (Zerden, L. D., Lombardi, B. M. & Richman, E. L., 2019) can affect negatively the social workers' ability to function in the team. We suggest that the panacea to this is that the training curricular of medical social workers include the component about the types and etymology of different diseases as far as their names are concerned.

On the one hand (Callaghan, 2014) suggest that the medical model, resource constraints, and role ambiguity were the key factors hindering the practice of medical social work in hospital settings. We comment on the medical model which holds that if individuals feel sick, the only place for medication is in the hospital where

there are experts trained in helping patients seeking medical attention and not somewhere else. In addition, the medical model was noted to be the stumbling block in the practice of medical social work as it continues to embrace issues like self-identity, role clarity, cultural competence, power differentials among team members, and the difficulty articulating medical social work role to members of the team (Kirschbaum, 2017). Working in multidisciplinary teams in hospital settings and limited resources for medical social workers were noted in the review as among the challenges that hinder the practice of medical social work (Limon, 2018).

On the other hand, (Okoye, 2019) asserts that the major challenge is the lack of professionalization of social work by the act of parliament. In this review, it came to our understanding that in many developing countries, Tanzania in particular, medical social workers lack a legal framework as well as a council that governs the practice of medical social work. The absence of these two bodies delays the effectiveness of and recognition of medical social work practice in some countries. This review, therefore, suggests governments hasten the enactment of the special regulation on the same. Apart from the legal framework, recent literature reviewed was interested in the theoretical framework and stated that lack of understanding of social work theory and practice on the part of health professionals is another challenge in the practice of medical social work in hospital settings (Mannsaker, I. K., Vagan, A., Geirdal, A. Ø. & Stenberg, U., 2021). This study suggests that theories which inform practices in social work are imperative to be understood by health practitioners, as the bio-psycho-social-spiritual theory emphasizes recognizing and acknowledging everyone's roles in practical settings.

Conclusion

We conclude that medical social workers perform different roles in the hospital setting such as patient intake screening, discharge planners, counselors, advocates, and educators, and provide a

psycho-social-spiritual assessment of patients to mention a few, yet to be appreciated and understood by some health practitioners. The findings indicate that no consensus amongst health practitioners as to whether inter-professional collaborative practice contributes to the treatment outcome of patients, in divergence, medical social workers do appreciate such kind of practice to yield a lot to patients' treatment outcomes and health practitioners.

Among the factors impeding the practice of medical social work in the hospital were found to be heavy caseloads, time constraints, culture, self-identity, role clarification, decision making, communication, and power dynamics, lack of communication between health practitioners and social workers, medical terminologies, medical model, resource constraints, role ambiguity, lack of medical social work legal framework and poor understanding of medical social work theories among health practitioners.

Conflict of interests

The authors declare no conflict of interest regarding this reviewed article.

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