

## Medical social work roles, inter-professional collaborative practice and factors impeding practice in hospital settings: A literature review

Joseph N. Musuguri 

The University of Dodoma, Tanzania

Mariana J. Makuu

The Open University of Tanzania

### Abstract

**Aim:** In this article, we review 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 mobilise 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 and reports 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:** 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

---

**Corresponding Author:** Joseph N. Musuguri; The University of Dodoma, Tanzania;  
[jmusuguri@gmail.com](mailto:jmusuguri@gmail.com)

**Cite as:** Musuguri, J. N. & Makuu, M. J. 2024. A literature review on medical social work roles, inter-professional collaborative practice and factors impeding practice in hospital settings. *Journal of Social Development in Africa*, 39(1), 1-17. <https://dx.doi.org/10.4314/jsda.v39i1.2>

to be explored are the medical practitioners' experiences in medical social work practice 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*

## **Introduction**

The goal of social work is to improve the bio-psychosocial-spiritual conditions of people in society. Medical social work, a form of social work practice in hospital settings, incorporates medical practitioners to enhance patient treatment outcomes (Dev et al., 2022). In light of this, researchers have described medical social work as the use and adoption of social work methods and ideas in the context of health and medical treatment. Muhingi & Machani, 2022; Paul & Raj (2017) recommend teaching patients and their families how to make use of the tools that are available to assess, prevent, and lessen the negative psycho-social-spiritual effects of illnesses (Sverker et al., 2017). The predominant viewpoint in the field is that medical social work practice has evolved over the previous 100 years into an essential component of medical and healthcare settings (Mobolaji, 2022; Muhingi & Machani, 2022). Its beginnings can be found in 1889, when Richard Cabot, a former chief of medicine at Massachusetts General Hospital (MGH), realized the need for a medical social worker to be employed in healthcare settings. As a doctor, Cabot recognized that he and his colleagues were unable to see patients directly and determine how their work, interactions with family, and home life affected their disease (Gehlert & Browne, 2012).

Cabot was confident that the duty of the medical social worker centred on removing obstacles to efficient medical treatment by bridging the gap between the hospital environment and the patient's typical social context (Gehlert & Browne, 2012). There is a growing body of literature that recognises the importance of medical social work in hospital settings. A recent study conducted in Belgium revealed that medical social workers within healthcare facilities build a bridge to medical practitioners (Feryn et al., 2022). Once this bridge is well established, medical practitioners will start to view social workers as a bridge between the hospital and patients'

communities and social environments, which will improve patients' treatment outcomes (Hailu, 2020).

We agree with the argument from Feryn et al. (2022) and Hailu (2020), that medical social workers are bridges and perform different roles in hospital settings to assist patients, families, and healthcare workers in improving treatment outcomes. More particularly, those with chronic and serious medical conditions including cancer, AIDS, trauma, impairments, and depression, as well as their families, need the professional knowledge and interventions of medical social workers (Ahmad & Hassan, 2022). These roles have been documented by various international research, however, Saxe Zerden et al. (2018) claim that there is insufficient literature to support the rising roles of medical social workers on integrated health teams and obstacles impeding their practice in hospitals.

Existing research recognises the noteworthy role played by medical social workers. Some view the wider practice of social service as having a key place for medical social work in the medical realm (Zainab SaWahhab, 2023). For instance, in recent studies, some researchers like Lopez & Raske (2022) contend that social workers play special roles that include advocating for patients, serving as a link between patients and community resources, between patients and their healthcare team, and collaborating with patients. These roles include information gathering, patient/family education, emotional support and counselling, discharge planning, referrals and linkage, and coordinating material resources.

More recently, literature has emerged that offers contradictory findings about medical social workers' role in hospital settings. Some claim that social workers' roles in healthcare settings are quite restricted and that they have only ever helped distribute free medications from charitable donations (Sajid et al., 2021). Others in Pakistan and Bangladesh argue that medical practitioners are unfamiliar with the idea of medical social work, they do not recognize medical social workers in healthcare settings (Ahmad & Hassan, 2022; Khan, 2021). This lack of awareness among medical practitioners is a major problem in medical social work practice in hospital settings. However, in a US study on inter-professional collaboration in hospital settings, such collaboration among hospital staff members from many professions is unavoidable (Lane et al., 2020). Other academics in Northern Ireland, such as Heenan & Birrell (2019), expressly contend that social workers and medical practitioners can collaborate to enhance patients'

overall health and well-being. Interestingly, the biomedical approach completely emphasizes the role of medical practitioners in hospital settings, who are viewed as the specialists with the greatest competence and skills to treat sickness (Perriam, 2015).

In contrast, the biopsychosocial-spiritual viewpoint emphasizes the role of medical practitioners and medical social workers in hospital settings, allowing these professionals to concentrate on the health of the whole person—physically, cognitively, socially, and spiritually (Grossman, 2019). In support of this, a US academic named Afana (2022) asserted that patients' biological, psychological, social, and spiritual systems interact with and have an impact on one another. Additionally, each patient has an interaction between these subsystems, and their mental processes, behaviours, diseases, and abilities to improve their health statuses all affect how well they respond to treatment. Similarly to this, Callaghan (2014) indicated that obstacles to the role in Ireland included the medical model, a lack of resources, and role ambiguity. On the other hand, research conducted in India by Paul & Raj (2017) revealed that the majority of social workers there reported that a lack of adequate pay was a major source of work-related stress and that the department head, dean of the hospital, and many other times did not adequately value their contributions. On the contrary, in a recent study, Nicholas et al. (2023) concluded that medical social workers play a significant role in proactive treatment, advocacy, and intra- and inter-disciplinary support during the pandemic in the hospital.

According to a study on COVID-19, many medical practitioners in the African context are unaware of the crucial functions social workers could carry out or play within medical facilities (Kodom, 2022). In Ethiopia, Abate (2014) as cited in Hailu (2020, p.4) discovered that healthcare workers lack a working relationship with hospital social work departments, have a poor understanding of medical social work practice within healthcare facilities, and are not involved in social work practices in their day-to-day operations. In a study conducted in Namibia by Freeman (2017), healthcare professionals there do not fully comprehend the job of social workers, and as a result, they do not provide social workers with the necessary support. Another study by Okoye (2019) discovered that social workers' duties mostly centre on addressing patients' social and psychological issues to lessen their suffering while undergoing treatment. According to the study's findings, Nigeria's lack of a parliamentary act requiring the employment of

social workers in all of the nation's health facilities is the biggest hurdle for the field of medical social work.

The importance of medical social workers is, nevertheless, somewhat acknowledged by several nations in the eastern half of Africa. For instance, medical social workers in Kenya provide patient and group counselling, family financial assessment, and referrals, and they work in private and public facilities from the Sub-County level to the National level (Muhingi & Machani, 2022). This data runs counter to the observation made in Tanzania, where Muhandiki (2016) discovered that most respondents were unaware of the duties and responsibilities of medical social workers at Geita Hospital. Hitherto, one may wonder how medical social work has been successfully practised and understood by medical practitioners in hospitals, although this is still an unanswered question that needs further exploration. First, what roles do medical social workers play in hospitals? Secondly, what institutional inter-professional collaborative practice is in place between medical practitioners and medical social workers in hospitals? Thirdly, which factors hinder the practice of medical social work in hospitals?

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 practised 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 grey literature were reviewed. A traditional style of literature review was employed in writing this article (Okech, 2018). It involved an online search of articles and research reports 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 2012–2023 were found relevant and included in this review. A total of 90 articles and thesis/dissertation reports were reviewed, only 58 items were found to be relevant and included in the study, while 32 items were excluded.

## **Results and Discussion**

The research by Heenan & Birrell (2019) contends that despite having a unique position at the nexus of health and social care, little is understood about the function and value of hospital-based social workers. In a similar vein, Lopez & Raske (2022); Dev et al. (2022); O'Donnell et al. (2020); and Light (2022) report that social workers play special roles such as advocating for patients, serving as a link between patients and community resources, between patients and their healthcare team, and working alongside patients. These roles include information gathering, patient/family education, emotional support and counselling, discharge planning, referrals and linkage, and coordinating material resources. The former study participants are not identified, while the latter suggests that the participants involved were social workers.

Another scholar Fusenig (2012) concluded that social workers fulfil 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. Whereas in China, patient psychological counselling, volunteer administration, and operation make up the majority of medical social work roles (Chen et al., 2019). Most of these roles, which were previously seen to be relatively less essential in South Korea until the 1990s are now acknowledged as being the most crucial (Nam et al., 2019). From their perspective, Parast & Allaii (2014) came to conclude that social workers play a crucial role in the field of health because they are the core contributors to the healthcare system. The later study suggests that the participants involved were social workers, though their roles are not identified.

In a recent study by Kimberly (2022) on the expectations of the social work role within healthcare teams, which included doctors, nurses, and social workers as participants, it was discovered that the roles of medical social

workers in specialist settings include providing assessments, counselling to address emotional and social well-being, aiding in the coordination of systems, and managing systemic family issues. The study by Kimberly (2022) conflicts with a study by Truong et al. (2018) which included individuals including nurses, doctors, pharmacists, and medical technicians. This discrepancy could be attributed to the fact that the vast majority of health professionals, including medical practitioners, do not fully comprehend the functions of medical social workers.

According to Truong et al. (2018), the survey revealed that participants knew little about medical social work in the healthcare setting and that some common jobs were not even recognized in China. The research by Truong et al. (2018) further reveals that respondents equated charitable activity and medical social work. The same notion was observed in Pakistan, where Sajid et al. (2021) discovered that medical social workers' involvement in hospital settings is quite restricted and consists primarily of disbursing free medications from charitable donations. These results corroborate the ideas of Ahmad & Hassan (2022), who conclude that in Pakistan, hospital administration did not explicitly ask medical social workers for help with psycho-social-spiritual issues or permit them to participate in hospital healthcare practices. The distribution of Zakat monies and free medicine were also priorities in the medical social work system that was in place.

In Africa, Hailu (2020) discovered that medical practitioners have little knowledge of the medical social work practice carried out in healthcare facilities, no involvement in social work practices in their daily jobs, and no working contacts with hospital social work departments. This study involved other health professionals in their understanding of medical social work roles in hospitals. Another study by Freeman (2017) found that medical practitioners in Namibia provide medical social workers with little support since they are unaware of their responsibilities. Even in regions of Africa where medical practitioners are aware of the need for medical social workers, there are few opportunities for collaboration to fully utilize their abilities to solve patient difficulties (Kodom, 2022), and they also infrequently follow medical social work practices (Khan, 2021).

Similar research by Okoye (2019) revealed that social workers' main goals are to help patients with their social and psychological issues to lessen their suffering while undergoing treatment. On the other hand, Chipare et al. (2020) discovered that other medical practitioners largely misunderstand the

function of social workers in a hospital context. These studies suggest that their focus was on health professionals as key participants in examining their understanding of medical social work roles. According to a study by Ogundipe et al. (2020) conducted at the Ekiti State University Teaching Hospital with the participation of patients and medical social workers, the use of medical social workers in burn care in Nigeria is relatively low, and the information about their functions is either incomplete or inaccurate. In addition, Fraher et al. (2018), medical social workers' activities in healthcare settings frequently overlapped with those of other health professionals. A study by USAID (2010) found that there is a poor understanding by the general public about the role of social workers in different settings, whereas the participants are unknown. In a similar vein, Muhandiki (2016) discovered that most respondents were unaware of the tasks and responsibilities of medical social workers. They obtained information from physicians, nurses, radiologists, dental officers, and hospital nutritionists. This shows that in Tanzania, most healthcare workers and the general public are unaware of the roles and functions of medical social workers.

### **Inter-professional collaborative practice between medical practitioners and social workers**

A study involving social workers discovered that medical social workers build a bridge between medical practitioners within hospitals and between individual and systemic viewpoints (Feryn et al., 2022; Lopez & Raske, 2022). Another study by Giles (2016) in New Zealand found that when multidisciplinary teams (MDTs) were well-facilitated, non-medical patient care issues addressed, such as patient care and discharge plans, and these issues were communicated clearly and understandably. On the other hand, when MDTs were poorly facilitated, social work and patient concerns with larger non-medical issues received less respect.

To make things healthier in clinical practices, Takizawa et al. (2020) emphasized that it has been demonstrated that strong and effective clinical teamwork can, among other things, increase therapeutic outcomes and lower medical errors. Similar to what Callaghan (2014) found, that social workers recognized a clear role, purpose, and acceptance of an instructional role within the collaboration to support the establishment of the social work position within palliative care teams. If health practitioners do not recognize



one other's goals, languages, and roles that they play for the benefit of the patients, then it is unlikely that the bio-psychosocial-spiritual requirements of patients will be addressed when professional collaboration is established (Reed et al., 2022). Firm et al. (2017) claim that effective collaboration will take place after goals, roles, and responsibilities are understood among health practitioners. These elements of the model were reported (Lotfi, 2019), to include, but are not limited to: doctors, nurses, dieticians, psychologists, patient caretakers, religious staff, as well as medical social workers.

Studies agree that inter-professional collaboration among health professionals is paramount, for example, Ryan (2012) believed that working together, social workers and nurses could produce effective therapeutic results. Similarly, Farinde & Gable (2014) found that social workers and pharmacists working together to treat patients with mental health-related difficulties results in better treatment outcomes. In addition to that, the study by Itzhaky & Zanbar (2014) which included medical professionals, revealed increased cooperation between medical practitioners and medical social workers in Israel, and practice, it provides medical social workers with access to healthcare institutions and creates a productive, collaborative work environment (Johansson et al., 2021). Researchers Gabrielová & Veleminsky (2014) concluded that this partnership can only be maintained if healthcare professionals appreciate one another, acknowledge the responsibilities they play, and respect one another's expertise. The overhead studies suggest that participants were medical social workers, nurses, doctors, and pharmacists. However, in some studies, the methodology used in the review process is not articulated. Generally, we concur with the study findings that support inter-professional collaboration in health settings between health professionals.

### **Factors hindering the practice of medical social work in the hospital**

Some studies were interested in factors hindering the practice of medical social work in hospitals. For example, Gonzalez (2013) found that the absence of an ICU inter-professional team, severe caseloads, and time restraints are the main barriers to providing end-of-life care. Ambrose-Miller & Ashcroft (2016) discovered that medical culture, self-identity, role definition, decision-making, communication, and power dynamics were the obstacles to and enablers of collaboration with other medical practitioners. However, the authors of these studies did not name the practitioners.

Another study by Linton et al. (2015) discovered that one of the problems was a lack of communication between doctors and social workers. According to Callaghan (2014); Lopez & Raske (2022) and Bachman et al. (2017), the medical model, a lack of resources, and role ambiguity were the main obstacles to the practice of medical social work in hospital settings. Along with these issues, Matthews (2019) found that medical culture, a lack of understanding, and limited exposure were other issues that made it difficult to do medical social work effectively. In a recent study in Canada, Ross et al. (2023) reported that medical social workers expressed worry that the publicly financed mental health and addiction services had ideological, institutional, and systemic limitations that restricted their ability to practice in hospitals.

According to a systematic review by Kirschbaum (2017), themes included self-identity, role clarity, cultural competence, the value of effective communication with patients and their families, power imbalances among team members, and the challenge of explaining medical social work roles to other team members. Another scholar Limon (2018), looked at nine social workers and discovered that working in multidisciplinary teams, organizational issues, and a lack of resources were the biggest obstacles. Organizational difficulties weren't acknowledged, though. Some scholars, Saxe Zerden et al. (2018) conducted a study with 395 social professionals and discovered that professional language or cultural barriers between medical practitioners and social workers severely affect the social workers' capacity to work as a team. The names of the medical practitioners who participated in this study were not disclosed. On the other hand, Okoye (2019) discovered that the main issue is the Nigerian government's failure to professionalize the social work profession.

According to a recent study by Petersen & Pretorius (2022), the practice of medical social work in hospitals is thought to be hampered in South Africa by the lack of strategic policies addressing the application of the medical social work approach. However, it is unknown who took part in the study. In Ilorin, medical social workers participated in a study that found that structural conflicts posed the biggest problems while working in the hospital (Adewunmi et al., 2020). Divergent professional viewpoints, theoretical disagreements, and poor communication were identified by Gabrielová & Velemínský (2014) as barriers to collaborative practice in healthcare facilities. This finding is consistent with studies by Mannsåker et al. (2021)

and Glaser and Suter (2016) on the perceptions of medical social workers on the inter-professional collaborative practice between health professionals and medical social workers found a lack of supportive opportunities for teamwork between them, and poor comprehension of social work theory. According to these findings, health professionals must comprehend the theories that guide social work methods.

### **Conclusion**

We conclude that medical social workers perform different roles in the hospital setting such as patient intake screening, discharge planners, counsellors, 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.

### **Acknowledgements**

This article is part of the Ph.D. thesis literature review chapter of the first author. We would like to acknowledge the University of Dodoma for the financial support which made this review possible.

### **ORCIDs**

Joseph N. Musuguri: <https://orcid.org/0000-0002-7000-0909>

## References

- Adewunmi, A. C., Abdullahi, A. A., Yusuf, M. S., & Abdulhameed, A. (2020). Perceived challenges of medical social workers in a public health facility in Ilorin. *Journal of Social Work in Developing Societies*, 2(1), 1–12.
- Afana, B. A. (2022). *Complex Trauma & the Wounded Spirit: Incorporating Spirituality into Social Work Practice* (Issue August) [San Francisco State University]. <https://scholarworks.calstate.edu/downloads/4j03d559f>
- Ahmad, T., & Hassan, S. M. (2022). Development of Medical Social Work Practices in Pakistan: Role Perception and Performance. *Pakistan Journal of Humanities and Social Sciences*, 10(4), 1201–1214. <https://doi.org/10.52131/pjhss.2022.1004.0277>
- Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges Faced by Social Workers as Members of Interprofessional Collaborative Health Care Teams. *Health & Social Work*, 41(2), 101–109. <https://doi.org/https://doi.org/10.1093/hsw/hlw006>
- Bachman, S. S., Wachman, M., Manning, L., Cohen, A. M., Seifert, W., Jones, D. K., Fitzgerald, T., Nuzum, R., & Riley, P. (2017). Social Work's Role in Medicaid Reform: A Qualitative Study. *American Journal of Public Health*, 107(3), 250–255. <https://doi.org/10.2105/AJPH.2017.304002>
- Callaghan, S. O. (2014). Social Workers Coming to Voice within Multi-disciplinary Palliative Care Settings: An Exploration of Practitioners' Views and Experiences. *Critical Social Thinking*, 6, 204–224. <http://cst.ucc.ie>
- Chen, Z., Gong, Z., Hao, X., Wang, M., & Fan, X. (2019). Investigation of medical social work in Chinese hospitals. *Journal of Medical Sciences*, 44(7), 818–822. <https://doi.org/10.11817/j.issn.1672-7347.2019.180540>
- Chipare, M. A., Mupazvihwo, T., Tapera, R., & January, J. (2020). The Practice of Clinical Social Work in Namibia: A Review of Literature. *Medical Journal of Zambia*, 47(3), 235–240.
- Dev, P. S., Jeryda, J. O., & Eljo, G. (2022). Medical Social Work in India. *International Journal of Aquatic Science*, 12(02), 705–713.
- Farinde, A., & Gable, K. N. (2014). Interprofessional Practice Approach between Social Work and Pharmacy. *International Journal of Social Work*, 1(1), 70–77. <https://doi.org/10.5296/ijsw.v1i1.5777>
- Feryn, N., Corte, J., & Roose, R. (2022). The bridging role of social work: the quest

- towards installing a structural approach within primary health care. *European Journal of Social Work*, 1–13.  
<https://doi.org/https://doi.org/10.1080/13691457.2022.2077319>
- Firn, J., Preston, N., & Walshe, C. (2017). Ward social workers' views of what facilitates or hinders collaboration with specialist palliative care team social workers: A grounded theory. *BMC Palliative Care*, 17(1), 1–7.  
<https://doi.org/https://doi.org/10.1186/s12904-017-0214-z>
- Fraher, E. P., Richman, E. L., Zerden, L. S., & Lombardi, B. (2018). Social Work Student and Practitioner Roles in Integrated Care Settings. *American Journal of Preventive Medicine*, 54(6), 2018.  
<https://doi.org/https://doi.org/10.1016/j.amepre.2018.01.046>
- Freeman, R. J. (2017). *Social workers' perceptions of their role in providing palliative care to patients with life-limiting illnesses: A qualitative study among social workers in primary care settings in Namibia* (Issue July). The University of South Africa.
- Fusenig, E. (2012). *The Role of Emergency Room Social Worker: An Exploratory Study*. St. Catherine University & the University of St. Thomas.
- Gabrielová, J., & Veleminsky, M. (2014). Interdisciplinary collaboration between medical and non-medical professions in health and social care. *Neuro Endocrinology Letters*, 35(1), 59–66.
- Gehlert, S., & Browne, T. (2012). *Handbook of Health Social Work* (2nd ed.). John Wiley & Sons, Inc.
- Giles, R. (2016). Social workers' perceptions of multi-disciplinary teamwork: A case study of health social workers at a major regional hospital in New Zealand. *Aotearoa New Zealand Social Work*, 28(1), 25–33.
- Glaser, B., & Suter, E. (2016). Interprofessional collaboration and integration as experienced by social workers in health care. *Social Work in Health Care*, 55(5), 395–408. <https://doi.org/10.1080/00981389.2015.1116483>
- Gonzalez, A. L. (2013). *How do social workers in the ICU perceive their role in providing end-of-life care? What factors impede or help them in carrying out this role in end-of-life care and is social work education a contributing component?* [University of Pennsylvania].  
[http://repository.upenn.edu/edissertations\\_sp2/46](http://repository.upenn.edu/edissertations_sp2/46)
- Grossman, N. (2019). *Expanding the Mind and Body: Educating Social Work Students on Yoga as a Complementary Practice to Traditional Therapeutic*

- Approaches* [University of Pennsylvania].  
[https://repository.upenn.edu/edissertations\\_sp2](https://repository.upenn.edu/edissertations_sp2)
- Hailu, S. (2020). *Social Work Practice: Roles and Challenges of Social Worker in Mental Health Illness Rehabilitation Center in the Case of Gefersa Mental Health Rehabilitation Center*. St. Mary's University.
- Heenan, D., & Birrell, D. (2019). Hospital-Based Social Work: Challenges at the Interface between Health and Social Care. *The British Journal of Social Work*, 49(7), 1741–1758. <https://doi.org/https://doi.org/10.1093/bjsw/bcy114>
- Itzhaky, H., & Zanbar, L. (2014). In the front line: the impact of specialist training for hospital physicians in children at risk on their collaboration with social workers. *Social Work in Health Care*, 53(7), 617–639. <https://doi.org/10.1080/00981389.2014.921267>
- Johansson, N., Fängström, K., & Warner, G. (2021). Social workers' perspectives on a medical home model for children and adolescents in out-of-home care - an interview study. *BMC Health Services Research*, 21(1). <https://doi.org/https://doi.org/10.1186/s12913-021-06737-1>
- Khan, K. K. (2021). *Healthcare and the Oppression of Sexual and Gender Diverse Communities in Bangladesh*. Massey University.
- Kimberly, E. G. (2022). Expectations of social workers for interprofessional practice in healthcare: qualitative insights from practising physician, nurse, and social work professionals. *Social Work in Health Care*. <https://doi.org/10.1080/00981389.2022.2154887>
- Kirschbaum, S. (2017). *The Social Work Perspective : A Systematic Review of Best Practices for Social Workers in Healthcare Teams* [University of St. Thomas & St. Catherine University]. [https://sophia.stkate.edu/msw\\_papers/858](https://sophia.stkate.edu/msw_papers/858)
- Kodom, R. B. (2022). The role of social work in the healthcare settings during the COVID-19 pandemic in Africa. *International Social Work*. <https://doi.org/https://doi.org/10.1177/00208728211070525>
- Lane, S. R., McClendon, J., Osborne-Leute, V., & Baxter, K. (2020). Inter-professional perspectives on faculty-to-faculty incivility from nursing and social work. *Journal of Inter-Professional Care*. <https://doi.org/10.1080/13561820.2020.1787359>
- Light, M. A. (2022). *Exploring the role of medical social work: Findings from a pilot project in a national health centre in Cambodia*. The University of Washington.

- Limon, E. (2018). *Challenges Medical Social Workers face that led to burnout* [California State University]. <http://scholarworks.lib.csusb.edu/etd/687>
- Linton, K. F., Ing, M. M., Vento, M. A., & Nakagawa, K. (2015). From Discharge Planner to “Concierge”: Recommendations for Hospital Social Work by Clients with Intracerebral Hemorrhage. *Social Work in Public Health, 30*(6), 486–495. <https://doi.org/10.1080/19371918.2015.1058730>
- Lopez, R., & Raske, M. (2022). *Action Research: Documenting Medical Social Work Case Managers’ Contributions to Health Care*. Capella University.
- Lotfi, S. (2019). A Review of Approaches and Social Work Roles in Mental Health. *International Journal of Multidisciplinary Thought, 8*(1), 107–112.
- Mannsåker, I. K.-R., Vågan, A., Geirdal, A. Ø., & Stenberg, U. (2021). Hospital Social Workers’ Boundary Work in Paediatric Acute Wards-Competitive or Collaborative? *British Journal of Social Work, 00*, 1–18. <https://doi.org/10.1093/bjsw/bcab209>
- Matthews, K. M. (2019). *Advancing Social Work Education for Practice in Healthcare: Transforming Education and Bridging the Classroom to Practice Gap* [St. Catherine University]. <https://sophia.stkate.edu/dsw/50>
- Mobolaji, I. (2022). Medical Social Work Service Delivery as a Tool for Post-COVID-19 Crisis and Disaster Management in South-West Nigeria. *Journal of Social Work in Developing Societies, 4*(2), 53–67.
- Muhandiki, W. D. (2016). *Challenges of Integrating Social Work Professionals into Medical Practice: A Case Study of Geita Regional Hospital*. The Open University of Tanzania.
- Muhingi, W. N., & Machani, S. O. (2022). Medical Social Work in Kenya: Scope, Relevance, and Utility. *International Journal of Social and Development Concerns, 16*(2), 17–31. [www.ijcdc.or](http://www.ijcdc.or)
- Nam, S. I., Choi, K., & Kim, J. (2019). Role changes of hospital social workers in South Korea. *Social Work in Health Care, 58*(7), 1625845. <https://doi.org/10.1080/00981389.2019.1625845>
- Nicholas, D. B., Samson, P., Hilsen, L., & Mcfarlane, J. (2023). Examining the COVID-19 pandemic and its impact on social work in health care. *Journal of Social Work, 1*–16. <https://doi.org/10.1177/14680173221142767>
- Ogundipe, O., Kadiri, I., Etanyeaku, A. C., & Aduloju, T. (2020). The medical social worker: A neglected ally in the management of patients with burn injuries Kolawole. *Annals of African Surgery, 17*(3), 126–129.

<https://doi.org/10.4314/aas.v17i3.8>

- Okech, V. O. (2018). A literature review on methods of social work and their possible use in the field of work with patients and communities with nutrition disorders. *Kontakt*, 29(3), 311–316. <https://doi.org/10.1016/j.kontakt.2018.07.001>
- Okoye, U. O. (2019). Health Care Social Work in Nigeria. In R. Winnett, R. Furman, D. Epps, & G. Lamphear (Eds.), *Health Care Social Work: A Global Perspective* (Issue September, pp. 149–161). Oxford University Press. <https://www.researchgate.net/publication/335871166>
- Parast, S. M., & Allaii, B. (2014). The Role of Social Work in Health Care System. *Journal of Social Science for Policy Implications*, 2(2), 59–68.
- Paul, A., & Raj, C. P. (2017). Scope of Social Work Profession in Medical Setting. *Research on Humanities and Social Sciences*, 7(17), 57–60. [www.iiste.org](http://www.iiste.org)
- Perriam, C. (2015). *Social work is what social workers do: A study of hospital social workers' understanding of their work and their professional identity* [Edith Cowan University]. <http://ro.ecu.edu.au/theses/1674>
- Petersen, L., & Pretorius, E. (2022). The Social Development Approach to Social Work in Health Care. *Social Work/Maatskaplike Werk*, 58(2), 2022.
- Reed, S. C., Berrett-Abebe, J., Moro, T., Jones, B. L., Golden, R., & Cadet, T. J. (2022). Reenvisioning Social Work Education to Prepare Leaders in Integrated Health and Social Care. *Health & Social Work*. <https://doi.org/10.1093/hsw/hlac028>
- Ross, N., Brown, C., & Johnstone, M. (2023). Beyond medicalized approaches to violence and trauma: Empowering social work practice. *Journal of Social Work*, 1–19. <https://doi.org/10.1177/14680173221144557>
- Ryan, B. (2012). *A Qualitative Study of Medical Social Workers' and Nurses' Perceptions on Effective Interprofessional Collaboration*. St. Catherine University & the University of St. Thomas.
- Sajid, I., Ashiq, U., & Sajid, R. I. (2021). Paradigm Shifting From Bio-Medical to Bio-Psycho-Social and Role of Medical Social Work. *Pakistan Journal of Medical and Health Sciences*, 15(5), 1047–1050. <https://doi.org/10.53350/pjmhs211551047>
- Saxe Zerden, L. S., Lombardi, B. M., & Jones, A. (2018). Social workers in integrated health care: Improving care throughout the life course. *Social Work in Health Care*, 1–8. <https://doi.org/10.1080/00981389.2019.1553934>



- Sverker, A., Börjeson, M., Hägerström, M., & Gåfvels, C. (2017). The Importance of Social Work in Healthcare for Individuals with Rheumatoid Arthritis. *Quality in Primary Care*, 25(3), 138–147.
- Takizawa, P. A., Honan, L., Brissette, D., Wu, B. J., & Wilkins, K. M. (2020). Teamwork in the Time of COVID-19 Peter. *FASEB BioAdvances*, 3(3), 175–181. <https://doi.org/10.1096/fba.2020-00093>
- USAID. (2010). *Social Welfare Workforce: Strengthening for OVC*.
- Zainab SaWahhab, Z. S. (2023). The Role of Medical Social Work in Disease Prevention. *Lark Journal*, 48(1), 496–515. <https://doi.org/https://doi.org/10.31185/>