



Working difficultly hard: Complexities of medical social work within multi-professional settings in Zimbabwe

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Abstract

The study investigates the complexities of practising as a medical social worker in the Zimbabwean health sector. The aim of the study, therefore, was to identify the challenges faced by medical social workers within multi-professional settings. A qualitative research approach was adopted for the study. The study further utilised a phenomenological research design. This is because it offered an in-depth understanding of the lived experiences of professional medical social workers. The study targeted qualified medical social workers and social work students on internships in the hospital. The study, therefore, had 6 primary participants and 3 key informants. The key informants included a doctor, a nurse and an administrator. Data was collected through in-depth interviews and key informant interviews. Thematic analysis was employed to analyse the data. From the findings, the study established that medical social workers face the challenges of power dynamics, high caseloads, lack of resources, misunderstanding of the role of medical social work and professional mistrust among many others. The study made various recommendations to deal with challenges faced by medical social workers. The study recommended the need to recruit more social workers, to have clear guidelines on medical social work,

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and to develop an inter-professional collaboration committee at public hospitals for instruction on the expectations.

Keywords: Challenges, hospital, medical social work, multi-professional, Zimbabwe

Introduction

Despite being central to the needs of patients within the hospital setting, medical social workers often experience complexities and difficulties while working with other professionals. This often has been traditionally due to a general lack of knowledge of medical social work and the scope of their work. This paper, therefore, looks at the various challenges faced by medical social workers which complicates their capacity to fulfill their mandate both to the social work profession and the various clientele groups. Medical social work is there to help patients who are undergoing treatment for both chronic and acute illnesses (Chikwaiwa, 2021; Kurevakwesu, 2021). Medical social workers utilize various social work methods such as casework, group work, community work, administration, and research among others to improve the health outcomes of their clients especially the most vulnerable (Nwadike et al., 2017).

Studies in the global north highlighted that much of the medical social workers' professional time is spent on discharge planning, securing and coordinating support services, and arranging alternative long-term care for the various clientele groups (McAlynn and McLaughlin, 2008). McMichael (2000) further noted that medical social workers in Australia are focused on the psychological assessment of the patient's situation and the post-hospital needs that they have. However, increasing patient complexity, increasing numbers of patients with chronic health problems, and the emergence of risk assessment to minimize poor outcomes for the organization as well as the patient highlights the need for medical social work (Scott, 2010). This has led to social workers spending increasing amounts of time in negotiation and conflict resolution to assist patients and their significant others in negotiating the healthcare system and assisting healthcare organizations. Ruth (2006) argues that an American social worker's role in the hospital setting is capturing and securing information about the patients admitted as well as

understanding the general health issues of a patient, their families, and community welfare agencies and mobilizing resources for meeting the needs of the patients. According to Paul and Raj (2017), the administrative functions of the medical social worker are clerical aspects such as maintaining records and planning day-to-day activities of the department. Social workers in medical settings are involved in planning hospital projects, maintaining case records for patients, and raising funds and grants.

Folkman et al. (2019) stipulate that in Kenya many health professionals are yet to use multi-professional systems in their approach to managing patients. Franklin et al. (2015) state that in Kenya evidence shows a lack of knowledge on the concept of collaboration at the outpatient healthcare level. Therefore, many healthcare providers are still using the old concept of the multi-professional approach resulting in inefficiencies in the use of resources and medical errors. These reduce the efficiency of the health care system and the safety of patients. Consequently, inter-professional collaboration in Kenya within the hospital setting is argued to be poorly understood (Jepkosge et al., 2022). Mason and Auerbach (2009) state that medical social workers carry out comprehensive and culturally appropriate psychosocial assessments that deeply inform other professional and multi-disciplinary health team decision-making.

Medical social work in Zimbabwe was introduced as a response to public health issues of disease prevention and control (Chitereka, 2012). In Zimbabwe medical social work is considered Eurocentric and serves to improve the psychosocial functioning of individuals and families suffering from distress resulting from illness. Chikwaiwa (2021), states that the objectives of medical social work include, but are not limited to helping patients develop problem-solving and coping abilities, facilitating interaction between individuals and others in their environment, helping patients obtain resources, making organizations more responsive to patients, promoting interactions between organizations and institutions as well as influencing social environment policies. Gudyanga et al. (2021) stated that the incorporation of social workers within the medical settings helps patients and their caregivers to manage significant relationships and to make decisions and

plans for the future. It assists in facilitating adaptive coping patterns and making an adjustment to chronic illness or disability as well as assisting with reintegration or adaptation to new environments (Gudyanga et al., 2021).

For effective collaboration between medical social workers and other professionals as they work within the hospital setting there is a need for information sharing, having good communication skills, trust, and respect among other such qualities. Quinney (2006) argues that sharing knowledge and skills as well as working closely with people from other professions is important in helping clients. Pullon (2008), states that trust, respect, shared values, and goals were key elements in the relationship. Mutual respect implies that healthcare professionals within a team know one another and are aware of the contributions that each profession has to offer (D'Amour et al., 2008). Due to the idea that social workers work within a setting dominated by medical professionals they operate within the constraints imposed by this hierarchy (Perriam, 2015). According to a survey of Canadian social workers working in family health teams, the main obstacles were problems with the medical model setting, misunderstandings about social work function, and organizational impediments (Ashcraft et al., 2018). As such this study focuses on exploring medical social work within a multi-professional setting in Zimbabwe at a selected hospital.

Literature: Challenges being faced by medical social workers

Medical Social workers within multi-disciplinary settings face a plethora of challenges and complexities. These challenges such as power dynamics must be considered when creating and implementing collaborative models as overt and covert power imbalances can make inter-professional collaboration difficult (Ambrose-Mille and Ashcroft, 2016). According to Findley (2014) the medical settings have a series of interconnected power dynamics with doctors being the dominating professional group. Consequently, social workers who work within a setting dominated by medical professionals, operate within the constraints imposed by this hierarchy (Perriam, 2015). Perriam (2015), maintains that hospitals are seen as medical facilities run by medical specialists. Whitehead (2007) offered the illustration of a

multidisciplinary team where communication to patients revolves around the doctors' schedule, hence enhancing the doctors' centrality. Ambrose-Mille and Ashcroft (2016) highlight that the degree of collaboration depends on the question of power. Subsequently, those who wield more power have extensive capacity to determine the rules of engagement.

The goal of interdisciplinary care is to create a system of collaborating independently by altering the dynamics of interactions between health professionals. The function of the doctor who has historically occupied a privileged position of authority will unavoidably be impacted by the flattening of hierarchies (Perriam, 2015). The voice and contributions of social work are affected by power imbalances. Furthermore, a weak ethical base often affects multi-disciplinary collaboration within multi-professional settings in hospitals. A lack of ethical considerations can harm interdisciplinary teamwork (Rathert and Flaming, 2008). According to a survey of Canadian social workers working in family health teams, the main obstacles to effective collaboration were problems with the medical model setting, misunderstandings about social work function and organizational impediments (Ashcraft et al., 2018). Given that social work is done in a hospital setting where the agency's main focus is on health care, social workers are typically seen as people who should be receiving treatment rather than collaborating. The hospital culture places a hierarchy of lower-status areas under the leadership of doctors, who have a disproportionate amount of power and prestige (Gregorian, 2005).

Lack of understanding of other professionals' areas of expertise is challenging for social workers within multi-professional settings. Medical social workers, collaborate with nurses and other professionals in the hospital setting with varying knowledge levels on what constitutes medical social work. According to Schaffner and Henkelman (2015), ignorance may cause opposition to the involvement of all team members in situations where varying expertise is required. It has been depicted as a challenge to inter-professional education and collaboration. Health and social care professionals struggle to define the medical social work sphere of practice

and role in patient care, which is a major factor in explaining how the professions have developed in 'silos' (Hall, 2005).

Ashcraft et al. (2018) argue that limited resources can affect the ability of medical social workers to provide comprehensive care to their clients. In a multi-professional setting, medical social workers may not have access to the necessary resources, such as medical equipment, medication, or specialized care, to meet the needs of their clients (Elliot, 2018). This can lead to gaps in care and may result in adverse health outcomes for patients. A study conducted by the National Association of Social Workers found that medical social workers identified "lack of resources" as one of the top challenges they face in their work (NASW, 2017). Moreover, limited resources can impact the ability of medical social workers to provide emotional and psychosocial support to patients and their families. They may not have access to the necessary resources for counseling or developing support groups, to help patients cope with their illness or manage their mental health (Ashcraft et al., 2018). This often leads to increased stress and anxiety for patients and their families, which can negatively impact their overall health outcomes.

Another significant impact of limited resources is the increased workload and stress on medical social workers (Elliot, 2018). This means that medical social workers have to work longer hours or take on additional responsibilities to compensate for the lack of resources. This can lead to burnout and negatively impact their mental health and well-being. Medical social workers reported high levels of job stress due to heavy caseloads and limited resources (Parker-O'Brien et al., 2015). Furthermore, limited resources can also affect the collaboration between medical social workers and other healthcare professionals. Medical social workers have restricted access to the necessary communication tools or technology to coordinate care effectively. This can lead to duplication of services or confusion regarding patient care plans. Effective collaboration between healthcare professionals is essential for providing high-quality care to patients, and limited resources hinder this collaboration (Perriam, 2015).

According to Ulrich and Soeken (2005) limited training and education can affect the ability of medical social workers to communicate effectively with other healthcare professionals. They may not have the necessary knowledge or skills to understand complex medical terminology or communicate effectively with doctors, nurses, and other healthcare professionals. This can lead to confusion regarding patient care plans and negatively impact the quality of care provided to patients. Moreover, Reese and Sontag (2001) state that limited training and education can impact the ability of medical social workers to work collaboratively with other healthcare professionals. They may not have the necessary knowledge or skills to understand the roles and responsibilities of other healthcare professionals. This can lead to a lack of coordination and collaboration between medical social workers and other healthcare professionals, which can negatively impact patient outcomes. Ulrich and Soeken (2005) further state that another significant impact of limited training and education is the increased workload and stress on medical social workers. They may have to work longer hours or take on additional responsibilities to compensate for their lack of knowledge or skills. This can lead to burnout and may negatively impact their mental health and well-being. A study published in the *Journal of Social Work in Health Care* found that medical social workers reported high levels of job stress due to limited training and education (Parker-O'Brien et al., 2015).

Theoretical framework: collaboration theory

The collaboration theory posits that effective collaboration between professionals is essential for the provision of quality care to patients (Morris and Miller-Stevens, 2015). According to Colbry et al. (2014), the collaboration theory is premised on the understanding that individuals and organizations can achieve more by collaborating than by working independently. Collaboration theory is particularly relevant in the context of complex social and medical problems that require a coordinated effort to solve. The theory suggests that collaboration involves a process of negotiation, where individuals and organizations come together to identify shared goals and objectives. This process requires a high level of

communication and trust between the parties involved, as well as a willingness to compromise and work towards a mutually beneficial outcome.

Collaboration theory also highlights the importance of building relationships between collaborators, as this is premised on creating a sense of shared ownership and commitment to the project (Moriarty and Manthorpe, 2016). This can be achieved through regular meetings, open communication channels, and shared decision-making processes. One of the key benefits of collaboration is that it allows for a pooling of resources and expertise. This can lead to more effective problem-solving and a greater likelihood of success. Collaboration can also help to build capacity within organizations, as partners share knowledge and skills. However, collaboration is not always easy to achieve. It requires a significant investment of time and resources, as well as a willingness to work through conflicts and disagreements. It also requires a commitment to transparency and accountability, as partners need to be able to trust each other and hold each other accountable for their actions.

Morris and Miller-Stevens (2015) maintain that collaboration is particularly important in healthcare settings where patients require a holistic approach to their care, and no single professional can provide all the necessary services. This study on medical social work within multi-professional settings in Zimbabwe adopts the collaboration theory. The collaboration theory provides a useful lens for understanding the complexities of inter-professional collaboration in healthcare settings. According to Gajda (2004) the collaboration theory posits that collaboration is a dynamic process that involves communication, cooperation, and coordination among professionals. The theory also emphasizes the importance of shared decision-making, mutual respect, and trust among professionals.

In the context of medical social work, collaboration involves working with other healthcare professionals such as doctors, nurses, psychologists, and occupational therapists to provide comprehensive care to patients (Moriarty and Manthorpe, 2016). Medical social workers play a critical role in addressing the psychosocial needs of patients, including emotional support, counselling, and advocacy. The collaboration theory highlights several

factors that promote effective collaboration among healthcare professionals. These include clear communication channels, shared goals and objectives, mutual respect and trust, and a culture of teamwork. Collaboration theory provides a framework as it emphasizes the need to work together with healthcare professionals and other stakeholders to provide comprehensive care to patients. The theory also identifies barriers to collaboration, such as professional hierarchies, power imbalances, and a lack of understanding of each other's roles and responsibilities (Morris and Miller-Stevens, 2015). This study, therefore, informed by the collaboration theory seeks to look at the complexities and challenges faced by the medical social workers within the multi-professional settings.

Methodology

The study utilised a qualitative research approach. This was because qualitative research offers an opportunity to have an in-depth understanding of the lived experiences of the research participants (Creswell, 2013). A phenomenological research design was utilised as it ensured that medical social workers were active research participants articulating the issues that affected them (Creswell and Creswell, 2018). This effectively removed the outsider misconception in medical social work as medical social workers were key participants in the research (Kumar, 2019). The study was conducted at a hospital in the capital Harare. The name of the hospital has been withheld to protect the integrity of its workers and the institutional image. The study targeted qualified medical social workers and their student interns as primary participants. Six qualified medical social workers and their student interns were recruited. Further, the study made use of three key informants that is a doctor, a nurse and an administrator. These key informants were important as they have in-depth knowledge of professional interactions in hospital settings (Renz et al., 2018). The nine participants in the study were purposively sampled and saturation determined the number of participants. This ensured that research information was drawn only from persons with the ability to elicit relevant information (Vaismoradi & Snelgrove, 2019).

Data were collected using in-depth interviews and key informant interviews. The data collection tools utilized were the semi-structured in-depth interview guide and key informant interview guide (Vaismoradi, and Snelgrove, 2019). Ethical clearance to conduct the study was received from the Midlands State University's School of Social Work Departmental Ethics Clearance Committee (SSW27/956/23). The collected data were analyzed using thematic analysis. This involved recording the interviews, transcribing the research data, categorizing the data, and developing major and sub-themes and their subsequent presentation (Renz et al., 2018). Pseudonyms were used for data presentation purposes only and do not reflect in any way the characteristics of the actual participants. Any such insinuation is purely coincidental. The following are the pseudonyms utilized for primary participants that are Emilia, Miller, Rebecca, Karen, Matipa, and Nyembesi. The three key informants are represented as William, Vale, and Tonderai.

Findings

The study found that there are varied and complex challenges faced by social workers within a multi-professional work environment in Zimbabwe. These challenges include among many others power dynamics, high caseloads, lack of resources, misunderstanding of the role of medical social work and professional mistrust.

Resource Constraints

The study findings showed that medical social workers have limited resources to help several patients as they work within a multi-professional setting. This becomes a complex challenge as they deal with clients having multiple vulnerabilities. These vulnerabilities often would need varying resources for the social workers to successfully fulfil their mandate within the medical social work setting.

Emilia from the in-depth interviews noted that:

“We have shortages of resources for example the government doesn’t employ more social workers. However, they are employing other professionals like

doctors and nurses at our institutions. This makes it impractical with limited human resources to deal with diverse client needs”.

Miller from the in-depth interviews noted that:

“The hospital has biases about the medical social work department since it’s not a money generating department unlike with doctors and the nurses which then affects the delivery of service leading to frustration and burnouts”.

Vale a key informant concurred that:

“Resource distribution within a health care system is biased towards the medical role. Therefore, medical social workers often complain that there is not enough to fulfil their duties and overarching mandate”

Power struggles

Because hospitals are secondary settings for social workers, other medical professionals such as doctors have more power than any other professionals in the hospital including medical social workers. These variances in authority often create complex challenges for medical social workers within multi-professional practice.

Rebecca from the in-depth interviews notes that:

“Medical social workers are not given priority because it is our secondary setting. The doctors have more power than us, hence what we say is not as considered important as that of doctors or nurses”

Similarly, Karen from the in-depth interviews notes that:

“The doctors determine the admission and the discharge of patients. Because of that, they impose what is supposed to be done with the patients even if medical social workers consider the patient should not be discharged due to factors militating against successful recovery.”

William from the key informant interview noted that:

“Due to the idea that social work within a hospital is a secondary setting, they face challenges of power dynamics as the doctors are the ones that wield authority. This becomes detrimental to social workers and respect for professional boundaries may not be accorded”.

Ignorance of the role of medical social work

Other professionals fail to understand the role of medical social workers and their significant areas of expertise as they find nurses doing some of the roles and responsibilities. This then shows that the other professionals lack understanding of the roles of the medical social workers at the hospital. The verbatim below highlights that other professions might be failing to understand medical social work within the hospital setting:

Rebecca says that:

“In most cases, nurses offer psychosocial support to the patient which is part of the roles of medical social workers within the hospital setting. Sometimes they offer to accompany a patient back home upon discharge out of ignorance that there is a department that caters for all that.”

Matipa from the in-depth interviews is of a similar view:

“At times we fail to understand each other because of the jargon and terminology. Also, people think that social work is just about welfare only in the hospital setting”

William a key informant concurred that:

“The medical social workers’ role within the hospital setting is the most obscure and unclear here in Zimbabwe. This is not because there are no stipulated job descriptions but because other professionals are ignorant of those. Often this results in other professionals giving social workers a cold shoulder as they do not understand what they are doing.

Lack of trust

The study findings showed that medical social workers within a multi-professional setting often reported a lack of professional trust.

Karen from the in-depth interviews noted that:

“There is a general lack of trust for medical social workers from other professionals. This is because medical social workers are considered as people who advocate for non-payment of fees”

William a key informant concurred that:

“Other professionals often mistrust the role of medical social workers as they are perceived advocates for non-economically viable options in favour of their patients”.

Matipa from the in-depth interviews added that:

“Generally medical social workers often are perceived as suspicious individuals whose role is insignificant. This is because they are considered advocates for safeguarding the psychosocial welfare of patients which is considered beyond the medical scope of a hospital”

High caseloads

The study findings showed that social workers often have higher caseloads. The high caseloads for social workers often emanate from the failure of administrative officials to fully understand the expected roles of social workers.

Nyembesi from the In-depth interviews noted that:

“Often here we have high caseloads because the administration perceives our work to be simplistic, hence no need for increased human resources. This is based on the wrong premise that does not understand the tools utilised and responsibilities of medical social workers”.

Tonderai from the key informant Interviews noted that:

“The medical social workers here often have very high caseloads due to the macro-economic challenges that our people face. This often has made it difficult for them to collaborate effectively with other professionals as they increasingly project themselves as individuals asking for favours on behalf of their clients due to the constraining environmental factors”.

Discussion

The study findings showed that one of the challenges for medical social workers in Zimbabwe is the lack of resources. These resources are both financial and human resources which makes it even more difficult for them to fulfil their mandate. These study findings concurred with Sorrento (2018) who noted that limited resources can affect the ability of medical social workers to provide comprehensive care to their clients. Similarly, Elliot (2018) argued that in a multi-professional setting, medical social workers may not have access to the necessary resources, such as medical equipment, medications, or specialized care, to meet the needs of their clients. This often leads to gaps in care for patients, with adverse health outcomes. Considering that the vast clients of the medical social workers at a hospital where the study was conducted in Zimbabwe are generally vulnerable, lack of resources increases their vulnerability. A study conducted by the National Association of Social Workers found that medical social workers identified "lack of resources" as one of the top challenges they face in their work (NASW, 2017). The constraints on the medical social worker imposed by the limited resources often result in increased stress and anxiety for patients and their families, which can negatively impact their overall health outcomes.

The study findings further revealed that high caseloads are a significant challenge for medical social workers in Zimbabwe. The high caseloads are a function of two major issues. The first one is the strained recruitment of social workers as the administrators consider the role of medical social work to be peripheral and simplistic. This is despite a lack of understanding of the sophisticated tools and interventions that social workers would be implementing. Secondly, the general macroeconomic challenges in Zimbabwe increase vulnerabilities for the patients. This means that more

patients find themselves at the door of the social worker. Consequently, medical social workers have to work longer hours or take on additional responsibilities to compensate for the lack of resources. These study findings are in line with Parker-O'Brien et al. (2015) who note that medical social workers reported high levels of job stress due to heavy caseloads and limited resources. This generally affects job satisfaction for medical social workers as they find themselves working difficultly hard due to an unsatisfactory union of resource constraints and high caseloads. More so, due to the vulnerable client groups serviced by the social workers in hospitals, there is mistrust from other professionals. This emanates from the perception that social workers advocate for non-payment of hospital fees by patients. However, for social work, this will be a mere fulfilment of duty for the attainment of universal health coverage, even for the most vulnerable groups.

The study findings further, revealed that medical social workers face a subtle power dynamics challenge. This mainly emanates from the basic idea that they operate in a secondary setting dominated by medical professionals. Consequently, these dominant professionals impose what they consider should be done without taking into consideration the psychosocial well-being of the clients at the time of discharge. This leaves the social worker without the capacity to fulfil their mandate and act in the best interest of the patients. The study findings concurred with Ambrose-Mille and Ashcroft (2016) who noted that power dynamics must be considered when creating and implementing collaborative models since overt and covert power imbalances can make inter-professional collaboration difficult. Similarly, Thompson (2013) noted that medical settings have a series of interconnected power dynamics with doctors being the dominating professional group. According to Perriam (2015), hospitals are seen as medical facilities run by medical specialists. Social workers, therefore, are faced with issues of power and dilemmas around the distribution of power and status between different professions.

Furthermore, Whitehead (2007) offered the illustration of a multidisciplinary team where patient communication revolves around the doctors' schedule, hence enhancing the doctors' centrality. The findings of this study therefore

showed that power dynamics is a challenge that creates ethical dilemmas for medical social workers between working in the best interest of the patients and not appearing disrespectful to the medical professionals who are primary agents at a hospital. Additionally, the research found that social work is done in a hospital setting where the agency's main focus is health care hence, social workers are typically seen as people who should be assisting in treatment rather than performing social work. The host culture places a hierarchy of lower-status areas under the leadership of doctors, who have a disproportionate amount of power and prestige (Gregorian, 2005). This has made social workers within the hospital setting in Zimbabwe work difficulty hard.

The findings of the study highlight that medical social workers may have a limited understanding of medical terminology and procedures, which can make it difficult for them to communicate effectively with medical professionals. This can lead to misunderstandings and misinterpretations of patient needs, resulting in suboptimal care. The study findings further showed that there is a misconstrued understanding of the roles of medical social work. This has often resulted in conflicts where other health professionals encroach into the functions of social work. Furthermore, despite each professional having and knowing their job description, there is a lack of shared knowledge among professionals. This has often caused social workers to be belittled as other professionals do not even understand their roles. The lack of understanding of social work roles often results in conflicts with other professions. This concurred with Reese and Sontag (2001), who noted that conflict develops when social work interventions are included for patients as other medical professionals perceive social work function as one of providing tangible services and not interfering with supposed health outcomes for patients. On the other hand, medical professionals may not fully understand the role of medical social workers or the services they provide. They may not recognize the importance of addressing social determinants of health, such as poverty, housing insecurity, and lack of access to healthcare, which can significantly impact a patient's health outcomes. This lack of understanding of the roles of medical social workers in a hospital setting often leads to

failure to refer patients to medical social workers or involve them in care planning. This is in tandem with Schaffner and Henkelman (2015), who noted that ignorance of medical social workers' roles may cause opposition to the involvement of all team members in situations.

Recommendations

1. There is a need for prioritizing of psychosocial wellbeing of patients at hospitals to enhance the attainment of health outcomes.
2. There is a need to share amongst different professionals' job descriptions. This can be achieved through the administration conducting exchange programs for various hospital staff to provide opportunities to acquaint one profession with another.
3. With the growing vulnerabilities of various patients in Zimbabwe, there is a need to increase the number of medical social workers at public hospitals. Overreliance on graduate interns compromises service delivery and affects continuity of service.
4. The Council of Social Workers in Zimbabwe and the National Association of Social Workers can orient hospital staff on the roles and functions of medical social workers to breach the current information gaps.

Conclusion

In conclusion, this research looked at the challenges faced by social workers practicing in medical settings. Central to these challenges has often been the fact that hospitals for social workers are secondary settings. This becomes grounds for misunderstanding and misrepresentation of the role that medical social workers should be taking in enhancing the attainment of health outcomes for social workers. Key challenges discussed in this paper included power dynamics, limited resources, lack of trust, high caseloads and ignorance of the role of social work.

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