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Medical Practitioner's experiential knowledge of the roles of Medical Social Workers at the Benjamin Mkapa Hospital, Tanzania

*Joseph N. Musuguri[1] & Sharon Pittman[2]

[1]The University of Dodoma, Tanzania
[2]Universities and College Association of Malawi, Malawi

ABSTRACT
Medical social work is focused on improving patient treatment results by analyzing the bio-psycho-social-spiritual components of medicine. However, medical practitioners in Tanzanian hospitals do not acknowledge medical social workers' functions in healthcare environments. This study, which investigates the roles of medical social workers in Tanzanian hospitals, has the potential to significantly impact the development of new task-sharing and health policies. Using mixed methods, 94 practitioners filled out questionnaires and interviewed 11 key informants. The study revealed that nearly three-quarters of the respondents, 66(70%) indicate that the role of hospital social workers is the mental health practitioner. More than half of the respondents that is 64(68%), indicate that hospital social workers provide patient and family counseling, 58(62%) indicate providing emotional support to patients and families, and 54(57%) indicate facilitating decision-making on behalf of patients and families. Five major themes were identified: connecting patients with members of the community, performing patients' financial analysis, maintaining the social welfare of patients and hospital staff, handling cases of abuse and violence, and diagnosing the psychosocial-spiritual problems of patients. These findings will enable groups of healthcare professionals to rationally reorganize medical social workers' roles and improve patients' treatment outcomes in Tanzania hospitals.

Keywords: hospital, medical social work, medical practitioners, roles

Introduction

This study, which aims to investigate medical practitioners' firsthand experience of the roles carried out by medical social workers (Med. SWs) in hospital settings, is of significant importance. In this context, medical social workers support, assist, and interact with patients, families, medical professionals, and the community. However, from the standpoint of medical practitioners, the roles of medical social workers in hospitals have long been important but have not been thoroughly recorded in Tanzanian literature.

**All correspondence to: jmusuguri@gmail.com*

Several studies have demonstrated the importance of medical social workers' contributions to hospitals in enhancing patients' treatment outcomes. (Light, 2022; Lopez & Raske, 2022; Wahhab, 2023). For example, Wahhab (2023) believed that medical social work had a crucial role in the medical field within the more significant social service profession. Other scholars like Light, (2022) and Lopez and Raske, (2022) assert that medical social workers have unique roles, including working with patients, acting as liaisons between them and healthcare providers, and advocating on their behalf. Some of these tasks include collecting information, patient or family education, counseling, emotional support, discharge planning, referrals, connections, and material resource coordination.

Various studies such as Heenan and Birrell (2019), Freeman (2017), Hailu, (2020), Khan, (2021) and Kodom, (2022) claim that medical professionals know very little about the functions and importance of hospital-based social workers, despite their special position at the intersection of health and social care. Scholars like Okoye (2019) indicated that the primary objective of social workers in the health setting is to assist patients in resolving their psychological and social problems to minimize their suffering while receiving therapy. Recent evidence suggests that medical social workers operate in hospitals to assist patients in maintaining or improving their ill-health conditions and enhancing their capacity for adaptation and reintegration into society. Adding that, they also help patients find balance in their personal, familial, and social lives (Ikpeme et al., 2024).

Medical professionals frequently confuse social workers' roles with those of other health professionals and have a poor understanding of social workers' roles in African hospital settings (Chipare et al., 2020; Fraher et al., 2018; Muhandiki, 2016; Ogundipe et al., 2020; USAID, 2010). In a recent literature review, researchers concluded that although medical social workers have distinct functions in hospital settings, many healthcare professionals are unaware of them (Musuguri & Makuu, 2024). This understanding might be due to the fact that, even though there is a long list of laws pertaining to social welfare services in Tanzania, none of them offer a regulatory framework or address issues with registration, administration, quality control, or the practice of social work as a profession in different settings including hospitals (URT., 2018).

Notwithstanding that social work services is essential to providing patients with a holistic care, little is known about their experiences in Tanzania Hospital. So far, very little attention has been paid to the role of medical social workers in the hospital as explored from the perspective of the medical practitioners. Thus, studies such as Light (2022), Lopez and Raske (2022), Heenan and Birrell

(2019), Hailu (2020), Muhandiki (2016), Freeman (2017) and Okoye (2019) have examined medical social work practice in the hospital setting, but it is, however, not within the context of involving medical practitioners (Med. Ps) as key participants. In sum, Davis et al., (2016) observed that social workers are still troubled by other medical practitioners' ignorance of the social work position.

The study makes the case that medical social workers, when working in tandem with medical practitioners, can significantly reduce the severity of patients' illnesses and enhance their overall health over the long run. Thus, the specific objective of this study is to explore the experiences of Med. Ps on the roles of Med. SW at Benjamin Mkapa Hospital (BMH). Data for this study were collected using the mixed methods design, employing a questionnaire and interview guide as tools for data collection. This study provides new insights into the experience of medical practitioners in the role of medical social work in Tanzania. Therefore, the reader should bear in mind that the study is based on only medical practitioners who treat patients and collaborate with medical social workers to offer psychosocial and spiritual therapy.

Materials and Methods

Study Design

Study design is the process of gathering, processing, evaluating, and summarizing data for research investigations (Smajic et al., 2022). The mixed methods design was used in the current study (Jones et al., 2006). Being a subfield of multiple methods research, it is built on philosophical presumptions that govern the data collection, analysis, and mixing of quantitative and qualitative data in a single project that supports one another (Darlington & Scott, 2002; Saunders et al., 2019). This design was chosen because of the timing of the data collection, where the two databases were gathered simultaneously, but the importance was given to the qualitative data, with the quantitative phase receiving most of the attention, that is, QUANT-qual. Additionally, we had to create a mixed-method research design technique that functioned as quantitative and qualitative data analysis because the activities of a medical practitioner inherently required mixed-method approach (Creswell & Creswell, 2018; Saunders et al., 2019).

Study Population

In this study, healthcare professionals who had worked at BMH for more than a year participated. Participants who also work in the medical field, such as nurses and pharmacists, were not included in the study because of their typical functions and features. The decision of the selection criteria was influenced by the inadequacies in the literature evaluation about the study population; hence, employment role and experiences were given priority as key criteria.

Study Setting

The BMH and the Ministry of Health (MoH) in Dodoma City were specifically chosen for the study. BMH was selected because it provides medical social work services and treats patients who also require medicalcare like kidney transplants and dialysis. The MoH was selected as the primary regulator of medical practice across the nation's hospitals.

Sampling

Grounding on the nature of the participants, expert and convenience sampling techniques were sought to be robust in that, they helped to define the target population who were known as experts in the medical field (Kumar, 2011). These sampling techniques were chosen for three reasons: (a) we wanted to stop gathering data as soon as we reached the required number of respondents, which we decided to include in our sample based on their availability; (b) to select a predetermined number of individuals who, in our opinion, are best positioned to provide us with the information we need for our study; and (c) to reach respondents only who are recognized experts in the field of interest to us as medical practitioners (ibid).

Additionally, recruitment measures were implemented to ensure that only medical practitioners were offered the opportunity to participate. Thus, with the help of a Human Resources Officer at the BMH, the administrative database in 2020 was used as the sampling frame. It showed that 122 medical doctors were employed at the BMH. By using Yamane's (1967) formula calculation a total of 94 participants were recruited and involved in the survey from different departments and they completed the self-administered questionnaire.

Every study participant in the survey was a member of the MoH and the BMH. In order to be eligible for participation in the study, individuals had to fulfill two requirements: (a) they had to be working as medical professionals at the BMH and the MoH, and (b) they had to have been there for at least a year at the time of the study. Additional participants were not allowed to continue in the study if they were (a) not medical practitioners, (b) holding an administrative role, or (c) refused to give their agreement to engage in a study. The decision on the selection criteria is informed by the gaps in knowledge in the reviewed literature about the study population; as a result, employment tasks and experiences were prioritised as primary criteria.

Participants in qualitative interviews were selected with the aid of the research coordinators both from the BMH and the MoH. A subsample of (n=14) medical practitioners who indicated interest were consulted for scheduling. Retention challenges were observed with three participants who were occupied with the official schedule from the MoH. Therefore only (n=11) Med. Ps were recruited for the semi-structured interviews, 7 were from the BMH and 4 were from the

MoH. Those who participated in the study met the same inclusion and exclusion criteria as in the questionnaire survey above, which is that the participant must be the head of the respective department. Specifically, participants were asked to indicate their interest in participation in a survey and semi-structured interview following the completion of an anonymous and de-identified hard copy paper given to them before the commencement of the interview session.

Data Collection

The questionnaire as a study tool for data collection was developed by using Research Electronic Data Capture (REDCap) (Harris et al., 2009). In this study, a self-administered questionnaire is one that was used where participants were requested to fill out the forms on their own (Brace, 2008; Rubin & Babbie, 2017). It was selected because it facilitates the gathering of information from participants in the research about the issue under study regarding novel social phenomena, so confirming the degree of generality of the conclusions drawn from specific cases and supported by verifiable facts (Nistor, 2024). More specifically, the technique was chosen due to the nature of the roles of the Med. Ps, who seem to be busy attending to patients. A self-administered questionnaire with both closed- and open-ended questions was employed for the study. Through the consent form, the participants were informed that their participation in this study was voluntary, and therefore, they had to fill in the consent form attached to the questionnaire before starting to fill it. Owing to the nature of the participants' jobs, no set amount of time was set aside for completing the questionnaires.

To strengthen the study's credibility, four structured interviews were conducted with the curative service directorate from the MoH and seven structured interviews with department heads at BMH. The duration of the interviews was between twenty and twenty-five minutes. After obtaining participants' consent, the interview was recorded on audio recording tape to streamline the process. The interviews were transcribed verbatim. Participants were allowed to mix Swahili and English code, which was subsequently written in English.

Data Analysis

In order to safeguard the quantitative data collected and make it easily accessible to all survey participants, the questionnaire was converted into the REDCap database and printed out. The data was entered into the REDCap database and exported into Comma Separated Value (CSV) format using the export module. After the missing values were verified, the dataset was prepared for the final analysis using R software (Everitt & Hothorn, 2010; R Core Team, 2022). The analysis used descriptive data and was predicated on the age, gender, marital status, and educational attainment of each participant. The experiences of Med. Ps on the roles of Med. SWs were explored using frequency and percentages.

The study's qualitative analysis employed Reflexive Theme Analysis (RTA), following Braun & Clarke, (2020) six steps. Using the RTA phases as a guide, the first step was transcribing the digital audio recordings from the interviews. The researchers then double-checked the transcriptions to ensure they were accurate and no identifying parts remained. In the second stage, computer software was not required for data coding because the qualitative data was so little; instead, a hand-drawn matrix table in a remark box was used to manually analyze the data. The data were first sorted and arranged in diagrammatic form according to themes and variables to find links and interconnections. The purpose of indexing the interview transcripts was to examine medical practitioners' experiential knowledge of the social phenomena under investigation. The fourth phase involved reviewing the codes and themes produced by the data. The fifth phase entailed refining and highlighting themes and, the sixth phase was writing the report on the results (Braun & Clarke, 2006, 2020; Byrne, 2022).

Results

Demographic characteristics of respondents

Demographic characteristics are the features of a population that have been classified according to specific standards; they are used to examine the characteristics of a specific group involved in a given study. The overall demographic characteristics of the respondents are shown in Table 1, and the results are then examined.

Table 1: Demographic characteristics of the respondents

Variable	n (94[1])
Gender	
Female	43 (46%)
Male	51 (54%)
Age	
21-30	52 (55.3%)
31-40	29 (30.8%)
41-50	13 (13.9%)
Education level	
Certificate	1 (1.1%)
Diploma	1 (1.1%)
Advanced Diploma	2 (2.2%)
Bachelor	79 (85%)
Masters	9 (9.7%)
Ph.D.	1 (1.1%)
Other	0 (0%)
Unknown	1
Marital Status	
Married	38 (41%)
Single	53 (57%)
Divorced	1 (1.1%)
Separate	0 (0%)
Widow	0 (0%)
Widower	1 (1.1%)
Unknown	1
Working experience	
1-3	52 (55%)
4-6	15 (16%)
7-9	12 (13%)
9-12	8 (8.5%)
13-15	7 (7.5%)

[1]n (%)

Source: Fieldwork, 2022

The sample consists of 43(46%) female and 51(54%) male. More than half of the respondents, or n = 52(55.3%), were in the age range of 21 to 30, then n = 29 (30.8) in the age range of 31 to 40, and the remaining cohort, or n = 13(13.9), was in the age range of 41 to 50. Eight participants in the interview were between the ages of 41 and 50, two between the ages of 21 and 40, and one between the ages of 51 and 60. Among medical practitioners, n=79(85%) held a bachelor's degree, followed by n=9 (9.7%) had a master's degree, n=2 (2.2%)

had an advanced diploma, and the remaining n=3 (3.3%) had a certificate, diploma, or doctorate, respectively and one respondent failed to indicate his or her educational level. Nine master's and two bachelor's degree holders participated in the interview.

More than half of the medical practitioners surveyed in this study n=53(57%) were single. Followed by n=38(41%) were married, and divorced and widower were n=1(1.1%) respectively, while the marital status of one respondent was not established during the process. Conversely, every participant in the interview was a married person. More than half of the respondents surveyed in this study n=52(55%) had working experience of one to three years, n=15(16%) had four to six years, n=12(13%) had seven to nine years, n=8(8.5%) had nine to twelve years and the rest n=7(7.5%) had thirteen to fourteen years. Throughout the interview, eight participants had ten to twenty years of experience, two had three to nine years of experience, and one had thirty years of experience.

The roles of medical social workers in the hospitals

In general, the term "role" refers to a comprehensive, socially acceptable pattern of behavior that aids in defining and placing an individual inside a group or organization (Kendall, 2012). In this section of the questionnaire, respondents were asked to provide information regarding their professional experiences with the function of medical social work in the BMH. The responses are shown in Table 2, and the results are then examined.

Table 2: Roles of medical social workers at the BMH

Roles	Response
Mental health practitioners	66 (70%)
Discharge planners	26 (28%)
Coordinators for sudden death	10 (11%)
Providing end-of-life care in the ICU	8 (8.5%)
Provider of emotional support to patients and families	58 (62%)
Patient and family counseling	64 (68%)
Collaboration and treatment planning	42 (45%)
Psychosocial- Spiritual therapy	32 (34%)
Child abuse assessments	48 (51%)
Grief counseling	45 (48%)
New diagnosis meetings	10 (11%)
Facilitating decision-making on behalf of patients & families	54 (57%)
Interpreting medical information to patients	34 (36%)
Patient intake screening	12 (13%)
Other (please specify) Supporting patients with insufficient funds for their treatments	14 (15%)

Source: Fieldwork, 2022

Table 2 shows that nearly three-quarters of the respondents, 66(70%) indicated that the role of hospital social workers was the mental health practitioner. Again, more than half of the respondents that is 64(68%) indicated that the hospital social workers provide patient and family counseling, 58(62%) indicated that provide emotional support to patients and families, 54(57%) indicated that facilitating decision making on behalf of patients and families and respondents 48(51%) indicated that help in child abuse assessments. Moreover, nearly half of the respondents that are 45(48%) indicated that the hospital social workers provide grief counseling role and 42(45%) indicated that they collaborate in treatment planning.

In addition, less than a third of those who responded, 34(36%), indicated that the role of hospital social workers was to interpret medical information to patients, 32(34%) was to provide psychosocial spiritual assessments, and 26(28%) works as discharged planners. Also, less than one-quarter of the respondents that is 12(13%) they said that the role of hospital social workers was to take patients screening, 10(11%) said that participated in new diagnosis meetings and coordinated sudden deaths respectively, and 8(8.5%) providing end-of-life care in the ICU. Furthermore, 14(15%) indicated that the hospital social workers support patients with insufficient funds to support their treatments.

The quantitative result presents intriguing information regarding the important roles medical social workers at BMH play. These roles include mental health practitioners, patient and family counselors, emotional support providers for patients and families, and decision-making facilitators for patients and families. In addition, the qualitative response gathered from the field supported the quantitative analysis result on the role of Med. SW at BMH. Participants expressed a range of perspectives on the roles and functions of Med. SWs at the BMH emphasized a crucial role in patient-centered care, intervening to diagnose and address psychosocial and spiritual issues, involving in mediation and conflict resolution, and addressing social issues that Med. Ps may not cover comprehensively and provide support where medical practitioners' roles end, such as addressing financial barriers to treatment. One possible reason for these results could be that Med. SWs at BMH regularly perform roles that are different from other occupations that the respondents have before experienced. Commenting on the role of patient care, three interviewees said;

> "I don't know exactly, but am saying for the current scheme we are supposed to be patient-centered, that is to say when we are serving patient each practitioner has to practice his/her areas, these are Med. Ps, Nurse, Pharmacist etc., so medical social workers oftentimes they take where medical practitioners ended", "One of the roles is to link patients with the community who don't need medical practitioners' attention" (Med.P.-M-47yrs – 001).
>
> "Aaaa! basically, you know they always compliment areas where medical practitioners ended when attending patients to improve their health services. For example, you might have the plan to diagnose certain therapy to patients; you find patients' financial status is not good" (Med.P.-M-42yrs – 005).
>
> "Medical social workers always intervene and diagnose the psychosocial-spiritual problems of patients" (Med.P.-F-55yrs- 002).

Qualitative results further uncovered several recurring motifs, notably highlighting the ways in which Med. SWs provide support and assistance to patients beyond just medical treatment. They simplify service provision, assist patients with financial difficulties, conduct family visits to address issues like malnutrition and help patients with social issues and planning for their care, including financial support and planning for discharge. The comment below illustrates the role of support and assistance for Patients as put forward by four interviewees. According to them:

> "The role of medical social workers is simplifying service provision between the hospital and the patients" (Med.P.-M-42yrs – 006).

> "The role of medical social workers is to assist patients with financial difficulties before proceeding with treatment" (Med.P.-F-39yrs – 007).

> "The role of medical social workers is to assist patients who need social issues, such as shortage of treatment costs, and planning for taking them back home" (Med.P.-M-41yrs – 009).
> "To deal with children with Malnutrition by paying family visits" (Med.P.-F-27yrs-008).

Finally, a prevalent narrative among participants from the interview specifically mentions the role of Med. SWs in mediating between patients and their relatives, particularly in sensitive situations such as after a patient's death when there may be disputes over the disposition of the body. Additionally, a different respondent underscores the importance of Med. SWs are used to deal with the financial barriers patients face, which can sometimes lead to conflicts or disputes that require mediation. Talking about this issue two interviewees said;

> "They involve mediation between patients and relatives, especially when the patient dies and relatives are fighting for the deceased body", (Med.P.-M-43yrs – 010).

> "To provide education to community members about health services provided by the BMH, they deal with financial barriers facing patients" (Med.P.-M-47yrs – 011).

Discussion

This article explores Medical Practitioner's experiential knowledge of the roles of Med. SWs at the Benjamin Mkapa Hospital in Dodoma City. The findings revealed that the role of hospital social workers as understood by the doctors include; mental health practitioner, providing patient and family counseling, providing emotional support to patients and families, and facilitating decision-making on behalf of patients and families.

The findings are in agreement with a previous thematic analysis study, which has shown that social work palliative services provide patients with educational materials, spiritual counseling, and psychological support in a medical context (Uche et al., 2024). This result implies that Med. SWs engage in both educational provision and psychosocial-spiritual support as their main roles in the hospital setting . These results, therefore, need to be interpreted with caution that not all Med. SWs do the above tasks directly; they could occasionally send patients in need to other specialists like pastors, priests, etc. For example, literature reveals that MSWs often direct patients seeking spiritual therapy to religious leaders because they lack confidence or competence in this area of practice (Garcia-irons, 2018), and ultimately lessening Med. SWs' stress and fatigue (Lusung, 2018).

The research findings also show that many participants expressed their experience with the role of Med. SWs at the BMH to be intervening to diagnose and address psychosocial and spiritual issues. Some said Med. SW's role is to help patients with financial difficulties. These findings are supported by the previous work that has demonstrated the role of Med. SWs in hospital settings include providing assessments, counseling to address emotional and social well-being, aiding in the coordination of systems, and managing systemic family issues (Kimberly, 2022). These results also corroborate with the recent study in Nigeria by Ikpeme et al., (2024), who found that Med. SW counseling was the most effective method of preparing patients for eye operation and subsequent treatment.

In addition, researchers at Vietnamese hospitals discovered that patients with cancer require the assistance of Med. SWs for psycho-social care (Truong et al., 2024). This outcome is contrary to that of Ahmad & Ahmad & Hassan, (2022), who found that hospital administration, did not ask Med. SWs for help with psychosocial-spiritual issues or permit them to participate in hospital healthcare practices in Pakistan. Surprisingly, there were some critical remarks on the roles of Med. SWs. One MoH member downplayed the significance of Med. SWs at BMH. He had the following to say:

> "Laughing! Medical social workers address social issues; however, they are not as much as we medical practitioners do to patients" (Med. P.-M-42yrs-004).

This response may have emerged because many medical professionals are governed by a biomedical worldview that sees doctors as the only experts in healthcare. One of the theoretical presumptions put forward by theorist Giddens, (2009) supports the idea of the above interviewee arguing that Med. Ps are knowledgeable and provide the sole effective therapy for illness; hospitals with well-established advanced technologies are ideal locations for these treatments. This largely ignores that a patient's health includes emotional, physical, social, and spiritual well-being. All things considered, Truong et al., (2018) argued that this disparity might be explained by the fact that the great majority of health professionals, including physicians, are unaware of the specific roles of Med. SWs in hospital environments. Several types of healthcare experts should occupy these roles at the hospital to provide the best potential results for the patient. Theorists propose that for social workers to understand their patients' illnesses better and help develop individualized treatment plans, they must consider biological, psychological, social, and spiritual aspects in addition to those of other medical team members (Hailu, 2020).

We are optimistic that patient healing starts from the brain as the primary central nervous system of a human being, that is to say, the body and the mind should

be in harmony all the time. Thus, true healing is linked to a full-systems biological, psychological, social, and spiritual treatment paradigm. For this reason, pastors, priests, and sheiks have been visiting patients in hospitals and praying for them at a variety of intercession sessions that have been taking place recently. And because it's a positive thing, the hospital's management permits it to occur. In addition, some people have complicated and chronic illnesses that are incurable, as a result, everyone chooses, in accordance with their beliefs, to seek spiritual intercession, and afterward, they attest to having cured themselves of illnesses that had been plaguing them for a while. If this is the optimal approach, Tanzanian hospital administrators must acknowledge the importance of Med. SWs' partnerships with other professions to broaden the range of services available to patients in need.

Furthermore, the research findings revealed that the role of Med. SWs is mediation and conflict resolution between Med. Ps and patients' relatives. These findings are consistent with recent studies by Petrauskiene (2024) and Sagir and Surajo, (2024) who stated that Med. SWs serve as mediators, fostering communication between disparate institutions and service providers from diverse sectors. By doing this, Colmenares-Roa et al., (2024) argued that it would help to lessen the disparities in the population's health and social injustices. Again, Petrauskiene, (2024) warns that it can occasionally be challenging to carry out this professional job in a hospital because of bureaucracy and a lack of inter-professional cooperation.

The results will have a significant impact on the development of new task-sharing and health policies that will streamline duties, enable groups of healthcare professionals to rationally reorganize roles, broaden their areas of expertise, and improve treatment outcomes in the provision of healthcare at all levels (URT., 2012, 2016). When considered collectively, these findings suggest that Med. SWs can help hospitals around the country improve patient outcomes. Grounded on the originality of the social phenomena investigated using a comprehensive mixed method design, the present study appears to be the first to investigate medical practitioners' experiences with the roles of Med. SWs in Tanzania hospitals, including BMH. Therefore, this study's findings contribute to the current practice-based literature in Tanzania.

Despite the critical evidence presented in the current study, it had several limitations. First, the study did not include other healthcare providers at the BMH. The scope was limited to Med. Ps. because their roles are the same as those of medical social workers. Second, the study involved only one hospital out of five zonal hospitals in Tanzania, which underrepresents the area hospitals. Third, the current study did not cover the Med. SWs' experiential knowledge in their BMH roles. Given these deficiencies, future studies must be conducted in other Zonal hospitals.

Despite its limitations, the study certainly adds to our understanding of the contribution of the roles of Med. SWs in hospitals in the East African context complement where medical practice leaves off. Their service fills an invaluable place in the health and social functioning of the patients. Future studies must investigate experiential knowledge of the Med further. SWs in their roles at the BMH or other Zonal hospitals. In ensuring comprehensive care systems in hospitals, holistic service delivery, and enhanced patient support, the deployment of Med. SWs in Tanzania hospitals are invaluable and should be a priority for all levels of hospitals country-wide and beyond. These findings will have a significant impact on the development of new task-sharing practices and policy improvements. These changes will enable healthcare professionals, in general, to recognize the vital role of Med. SWs. Most importantly, this can facilitate improved patient treatment outcomes in Tanzania hospitals. These policy improvements should also guarantee that Med. SWs have the resources and assistance they need to provide quality care

Conclusion

The present study was designed to investigate the medical practitioners' experiential knowledge of the roles of Med. SWs at the MBH hospital. The results of this investigation show that Med. SWs at BMH play key roles in the following areas: as mental health practitioners, counselors, emotional supporters, and facilitators in decision-making on behalf of patients and families. In addition, three themes emerged which show the role of Med. SWs at the BMH play a crucial role in patient-centered care, intervening to diagnose and address psychosocial and spiritual issues, involved in mediation and conflict resolution. The current data highlight the importance of Med. SWs at the BMH in improving patient treatment outcomes. Overall, this study promotes the view that Med. P. values the roles played by Med. SWs in the medical field, specifically at the BMH. Furthermore, these results add to the rapidly expanding field of Med. SW in Tanzanian hospitals in new and vital areas.

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