THE ROLE OF THE MEDICAL SOCIAL WORKER IN THE MANAGEMENT OF PSYCHOSOCIAL PROBLEMS OF HOSPITAL PATIENTS

CHUKWUJEKWU D.C.[1], CHUKWUJEKWU J.C.[2]

1.Department OF Mental Health, College of Health Sciences, University of Port Harcourt

2. Department of Educational Management, University of Port Harcourt

CORRESPONDENCE

E-mail: *chidozie.chukwujekwu@uniport.edu.ng*

ABSTRACT

Aim/Objectives

This work aims to address the high level of ignorance about the role of the medical social worker and the challenges that this health professional grapples with in Nigeria.

Discussion

Social work is a profession for those with a strong desire the help improve people's lives. The myriad of problems that plague patients is multidimensional embracing among other things psychological and social variables. The need to establish clinical indicators for the systematic monitoring of the quality and appropriateness of patient care cannot be overemphasized. This is even more imperative when one considers the multiple challenges facing the profession in Nigeria today.

Recommendations

Increased public enlightenment about social work, adequate training of health care professionals, the establishment of adequate structure to regulate the profession in Nigeria as well as proper funding are recommended.

Conclusion

The medical social worker represents the vital missing link in the effective health care delivery chain of any nation.

KEY WORDS: hospital, social worker, psychosocial, patients

INTRODUCTION

Social work is a profession for those with a strong desire to help improve people's lives. Social workers assist by helping them cope with issues in their everyday lives, deal with their relationships and solve personal and family problems. There are different types of social workers who work in specific settings and specialized in serving particular populations.

Who is a medical social worker?

Medical social work is a sub-discipline of social work which is essentially concerned with the assessment of the psychosocial functioning of patients and their family in need of psychosocial help and as well as providing or facilitating the relevant social interventions for the benefit of the patient. Such interventions may include connecting patients and families to necessary resources and supports in the community, providing psychotherapy, supportive counseling or grief counseling or helping patients to expand and strengthen their network of social supports.[1,2]

Social workers provide another important link between hospital and community. In addition to getting background material regarding the patient, the social worker interprets the patient's illness to the family, the employers and school personnel[3].

In the hospital he works on an interdisciplinary team with professionals of other disciplines e.g. medicine, nursing, psychology, occupational therapy, speech and recreational therapy. He/she contributes an invaluable quota towards addressing the interrelationship of physical, emotional and social factors in the diagnosis and treatment of diseases. Similarly, he plays a critical role in the area of discharge planning. It is the medical social worker's responsibility to ensure that the services the patient requires are in place in order to facilitate a timely discharge and prevent unnecessary delays in discharge.[1]

From the foregoing, the actual work of the social worker includes:

1) To collaborate with other professionals to evaluate patients' medical or physical condition and to assess clinical needs
2) They advocate for clients or patients to resolve crisis.
3) They refer patients or family to community resources to assist in recovery from mental or physical illness and to provide access to services such as financial assistance, legal, housing, job placement or education.

4) They investigate child abuses or neglect cases and take authorized protctive action when necessary.
5) They counsel patients in individual and group sessions to help them overcome dependencies, recover from illness and adjust to life.
6) They plan discharge from care facility to home or other care facility.
7) They monitor, evaluate and record patient's progress according to measurable goals described in treatment and care plan.
8) Identify environmental impediment to patient progress through interviews and review of patient records
9) Organise support groups or counsel family members to assist them in understanding, dealing with and supporting the patient.

Though there is paucity of qualified social workers in Nigeria, the lack of proper structure with respect to organization and proper regulation of practice makes it difficult to ascertain the exact number of this cadre of health staff in Nigeria.[4]

PSYCHOSOCIAL PROBLEMS OF PATIENTS

Before we continue in this discourse, we must clearly understand what the term 'problem' means. According to the oxford English dictionary, the word 'problem' stands for 'something difficult to deal with or understand; something to be solved or dealt with[5]. This definition also embraces attitudes or states that have the propensity for causing difficulties or discomfort.

A myriad of problems plague patients. Some of these problems are of **physica**l origin e.g pain, weakness etc. Others are usually of psychological or social dimension or both; hence the phrase **psychosocial problems**. They include issues that bother on stigma, psychotic features, ignorance, abuse of different shades, poverty, beliefs and cultural background of the patient. Others include the various disabilities/handicaps associated with certain diseases, relationship problems, life events, inherited predispositions, aggression, downturns as well as natural disasters affecting the patient's environment.

Some of these factors act singly or in tandem with others to cause the patient in question significant distress which can affect the outcome of his illness and may determine to a very great extent whether the patient will remain well or not.

Psychopathologies

Often times, patients in the hospital present with a wide range of symptoms and signs that are of psychological origin. Psychiatric morbidity among hospital patients in Nigeria is between 20 and 45% [6&7] The study of these abnormal states including effort to understand their aetiology, course, manifestations and treatment is referred to as psychopathology.[8&9] The various manifestations of psychological or mental disorders are catalogued as diagnostic categories in the International Classification of Disease (ICD 10) manual of mental disorders as well as the Diagnostic and Statistical Manual of Mental Disorders (DSM IV)[10]. These diagnostic entities present with a wide variety of behavioural abnormalities which include among others,

a) Delusions : Delusion is a fixed false unshakable belief that is not in keeping with one's social, cultural and educational background but which the person holds tenaciously inspite of evidence to the contrary(eg persecutory, grandiose, jealousy etc)
b) Hallucination: A hallucination is a perception without an adequate stimulus (e.g. auditory, visual, tactile types etc)
c) Other odd behavior e.g laughing or talking to self, irrational and incoherent speech.

d) Anxiety symptoms e g tremors, sweating

e) Changes in mood

f) Abnormalities in memory

g) Movement abnormalities

h) Impaired judgement

Life Events:

Significant life events can act as stressors to evoke psychosocial problems. Life events can be defined as occurrences that happen to most people at some time during their lives but which are nevertheless extraordinary for the individual. They may be positive or negative events. Examples include bereavement, birth of a first child, physical illness, redundancy, marriage and divorce. It is known for example that loss of mother before the age of 11, not working outside the home, lack of a confiding relationship and having 3 or more children under age 15 at home are risk factors for depression.[11]

Stigma:

Stigma is the attribution of prejudicial characteristics to a whole class of people. Stigmatization of the mentally ill people dates back to prehistoric times[12], with the belief that madness was the direct consequences of the wrath of the gods who mete out retributive justice for offences, sins or abominations committed by the sufferer or his ancestry. Stigma is also associated with many other illnesses such as epilepsy, leprosy, HIV/AIDS, etc.

These patients suffer varying degrees of humiliation, isolation from family members, friends and society as well as unemployment; as a result of their health conditions. Stigmatization is based on fear that those who seem different may behave in threatening or unpredictable ways[13]. Often times, the family of such patients have to cope with 'stigma by association'. To reduce stigma, it is necessary to reduce fear and this requires accurate information about the illness in question and better understanding of the patients.

Stigma is the brain child of ignorance which itself is reinforced by myths as well as some unfounded cultural and religious beliefs. Hence there are patients who will refuse blood transfusion even at the expense of their own lives as a result of their extreme and dangerous religious beliefs.

Ignorance and High Expressed Emotion:

Many problems stem from ignorance on the part of the patients, careers of significant others in their lives. For instance, parents or other caretakers or family members may behave with criticism, hostility and over involvement towards a person with schizophrenia or epilepsy. Many studies have shown that in families with high level of expressed emotion, the relapse of the illness in question is high. The assessment of expressed emotion involves analyzing both what is said and the manner in which it is said.

Difficult Relationship:

Many psychosocial problems can be traced to the background of the patient. In polygamous homes, often, the rivalry, intrigues and innate selfishness of the human being are best demonstrated in a family setting. These often lead to tensions which affect the psychosocial well being of patients from such homes. Other issues that bother on human relationships which can constitute potent problems include

marital difficulties, sibling rivalry, parental separation or divorce, infertility and in-law problems, especially in our African context.

Child Abuse or Neglect:

A whole lot of psychosocial problems are related to child abuse or neglect. Child abuse can occur in form of physical, emotional or sexual abuse. Apart from a myriad of injuries that can result from physical abuse, the psychological characteristics of abused children vary but include fearful responses to parents, other evidences of anxiety or unhappiness and social withdrawal. Such children often have low esteem, may avoid adults and children who make friendly approaches and may be aggressive[(14)].

Emotional abuse may be manifested in the form of gross degrees of over protection, verbal abuse or scapegoating. Sexual abuse of children is more frequent among socially deprived families. Children are more likely to report abuse when the offender is a stranger. The child may present with unexplained problems, such as physical symptoms in the urogenital or anal area, pregnancy, behavioural or emotional disturbances as well as inappropriate sexual behaviour. Guilt, anxiety,

fear, depression, low self esteem, difficulty in relationships or sexual inhibitions is some of the consequences of sexual abuse.

Poverty:

Another major factor which cannot be glossed over is poverty. Because of poverty, patients may not be able to keep to their medications or follow-up to the hospital, they may not be able to feed well. Overcrowding and homelessness, which potentiate contact and spread of diseases, are related to poverty. A related factor is unemployment which not only makes the finance needed for adequate treatment unavailable, but creates a negative psychological impact on the individual, the sense of being useless or irritable to society.

Disabilities and Handicaps:

Some illnesses are associated with many disabilities which can further lead to low esteem and subsequently impair the ability of the patient to function optimally, personally, socially and occupationally. This handicap makes the patient unable to neither compete favorable with others nor utilize opportunities at his disposal. The

social worker plays a very critical role in getting the patient to understand how to cope with his challenges and maximize his residual abilities.

Side Effects of Drugs:

Furthermore, the drugs the patients take present a whole gamut of side effects. Some of these induce fear and anxiety in the patient which may threaten the continuation of treatment. The medical social worker should lean to frequently reassure the patient and encourage rapport between the patient and his doctor to sort out unwanted side effects resulting from treatment.

Downturns/Disasters:

Financial downturns of personal, national or global proportions, rapid urbanization as well as natural disasters of any kind can all act to aggravate the psychosocial problems of our patients. For example, the current global financial crisis or the restiveness in the Niger Delta region of Nigeria can induce the persistent bitter feeling of insecurity with other consequences in the patient.

Inherited predispositions:

Some psychosocial problems can result from predispositions or propensities for aggression, violence, crime or abnormal behaviour. Aggression can be verbal towards a person, towards property or towards self (suicide)[15].

When genetics is involved in the etiology of abnormal behaviour, we should note that often times, an enabling environment is necessary for its expression. While we can hardly do anything about the genetic makeup of the patient, we can consciously modify some of the environmental conditions, thus allowing the non expression or reduced expression of unwanted behaviour where the former is not possible.

SKILLS NEEDED FOR CASES OF PATIENTS WITH PSYCHOSOCIAL PROBLEMS

The medical social worker is often confronted with complex cases involving patients with multiple psychosocial issues. It is not uncommon for him/her to assess patients who are homeless or are suffering from rejection by their relatives,

the unemployed or those who have just been released from incarceration or who have multiple chronic medical and psychiatric conditions including substance abuse problems. To be effective, the following skills are essential for these health professionals:-

i. Skill for complete and timely assessment of patient's psychosocial needs.
ii. Ability to work co-operatively with other health care staff.
iii. Good analytical and assessment skills.
iv. Ability to communicate clearly with both patients and staff.]
v. Ability to quickly initiate a therapeutic relationship with the patient.
vi. Ability to process paper work.
vii. Willingness to advocate for the patient, especially in situations where the medical social worker has identified a problem that may compromise the discharge and put the patient at risk in the community.

The personal qualities of empathy, diplomacy and amiable personality with good carriage are indispensable. This is because the social worker functions as a mediator, role model, counselor and educator.

It is obvious from the foregoing that the psychosocial problems of hospital patients, meet the 4Ds which define abnormality, viz: Deviance – a behaviour unacceptable in one's subculture; Distress, Dysfunction and Danger. As an itinerant health worker who moves between the hospital and the patient's home, and considering the broad multidimensional responsibility of the social worker as well as the multiple factors in both hospital and non hospital settings involved in the emergence, maintainance and treatment of various ailments, the function of the social worker in managing hospital patients is pivotal.

THE CHALLENGES OF THE PROFESSION IN NIGERIA:

A number of factors currently militate against competent medical social work services in Nigeria. These include:-

i. Inadequacy of manpower both in number and quality (i.e. paucity of properly trained social workers). There are no firm standards which regulate training, practice and development of the profession.

ii. Poor understanding of the responsibilities and the demands of the profession on the part of some available social workers. This manifests in half commitment and shoddy service delivery in many cases.

iii. Lack of clear understanding in the mind of most hospital staff, patients as well as the general public about what the job entails and hence of their expectation of social workers; in other words, unclear delineation of responsibilities of the social worker.[16&17]

iv. Ignorance on the part of health policy makers of the importance of social work in the health care delivery system in Nigeria, hence, the lack of will to enact polices that will adequately empower service delivery financially.

v. Constraints in financing the frequent trips and visits of the social worker aimed at strengthening patient's social work.

vi. Some of the psychosocial issues raised earlier such as cultural beliefs and family/societal prejudices regarding the patient's illness[(18)]. These aim at frustrating the genuine effort of the social worker. Some see social work as a futile exercise because of their belief in the cause and preferred management of their patient's condition.

vii. Lack of job satisfaction of the social worker stemming from poor remuneration, difficult working conditions and unsatisfactory infrastructure.

viii. Lack of specific measures of service delivery to monitor quality and to position the profession strategically as the mental health care evolves. For this particular challenge, I wish to offer the following recommendations.

RECOMMENDATIONS TOWARDS A COMPETENT PRACTICE

1) As is the case in developed nations, there should be a body that accredits institutions for the training of medical social workers; and the code of ethics for the profession should be clearly spelt out. The training of social workers should be structured and standardized. Many more universities should have social work courses incorporated in their course content.
2) There should be a board to license social work practitioners. This will help to protect the public from those who abuse their position.

3) Regular enlightenment programmes should be carried out to educate the public on what the profession is all about.
4) Social workers should intensify advocacy for their patients and society in general, challenging discriminatory attitudes and empowering and protecting the vulnerable in our society.
5) Policy makers should incooporate social work in our health care delivery system, increasing funding in this regard. This will cure perennial paucity of funds for the daily work of the social worker as well as enhance their remuneration and ultimately lead to improved commitment and better services.
6) Established clinical indicators should be used in the systematic monitoring of the quality and appropriateness of patient care. These indicators may not directly measure quality of clinical performance but rather act as flag that can predetermine threshold may signal the need for problem analysis or peer review. The following clinical indicators are modification of the USA's National Association of Social Workers (NASW) Commission on health and mental accepted clinical indicators[19].

A. QUALITY OF CARE INDICATORS (PROCESS)

1. **Indicator 1:** Timely psychosocial screening. Patients with high risk psychosocial circumstances are identified quickly.

   Operational Definition: The percentage of patients screened within 3 days of admission or before the end of any clinic day for out-patients.

2. **Indicator 2:** Timely psychosocial assessment.

   Operational Definition: percent of reviewed psychosocial assessment dated within three days of first visit to hospital.

3. **Indicator 3:** comprehensive psychosocial assessment. For the assessment to be comprehensive it should address problems and strengths in social functioning of the patient; identify environmental issues including financial and other basic needs, consider problems and strengths in the family and other support systems, and cultural factors, spell out the planning and specify the social work plan of interventions.

Operational Definition: percentage of assessments that is comprehensive.

4. **Indicator 4:** Timely contact with family and significant others.

   Operational Definition: The percentage of families or significant others who are seen on admission or are contacted within three days of patient's coming to hospital.

5. **Indicator 5:** Teamwork. (Patient care is informed by multidisciplinary expertise).

   Operational Definition: The percentage of multidisciplinary planning conferences/clinics/ward rounds attended by the social worker.

B. QUALITY OF CARE INDICATORS (OUTCOME)

1. **Indicator 1:** psychosocial problem resolution.

   Operational Definition: Percentage of planned results achieved specific to each problems.

2. **Indicator 2:** Continuity of care.

   Operational Definition: The percentage of patients, who two weeks after discharge have gained access to, for example, planned living arrangements and planned treatments follow-ups.

Whereas the threshold for effectiveness of the process indicators may be planned at 95%, that of the outcome indicators needs empirical determination.

CONCLUSION

Social work practice would come naturally to anyone capable of generosity, humility, empathy, reflective listening and respect. While the task is broad,

multifaceted, and daunting, it is also an invaluable, noble avenue through which one can contribute positively to the health of mankind. Social work represents a vital missing link in the effective health care delivery chain of any nation.

The above listed indicators can be adopted by social workers in different medical departments and adapted to suit their peculiar needs.

It must be stated that it is by no means a perfect method of monitoring quality and appropriateness of patient care. However, it is a credible attempt to set social work discipline in our hospital on the road towards competent practice.

REFERENCES

1. Beaulaurier RL. Health services social workers' activities with people with disabilities: Predictors of community practice. *Jour Soc & Soc Welfare 2015*; 29(4): 83-98.
2. Rucker S, Stanton D, Abrams J, Piazza P, Dangerfield A, Chaisson R. Resolution of Psychosocial Problems of HIV Positive Adults, six months after assessment/intervention by out-patient clinic based social workers. *Int. conf. AIDS. 1992* ;8; 19-24.

3. Asuni T, Shoenberg F, Swift C. (1994). Treatment: In Mental Health and Disease in Africa. *Published by Churchill Livingstone.1994*; 242.
4. Anucha U. Exploring a new direction for social work education and training in Nigeria. *Soc Work Edu 1998*; 27(3): 229-242
5. Oxford English Dictionary 5th edition, Edited by Coventry L. and Nixon M., *published by Oxford University Press 1999*; 406.
6. Saheeb BD, Otakpor AN. Co-morbid psychiatric disorders in Nigerian patients suffering temporomandibular joint pain and dysfunction. *Nig Jour Clin Prac 2005*; 8(1) : 23-28
7. Yussuf AD, Balogun OR, Kuranga SA. Prevalence an risk factors of psychiatric morbidity among tertiary hospital consultants in Nigeria.*SAJP 2006*; 12(2): 26-36
8. Ormel J, Lacenlie OM, Jeronimus BF. Why personality and psychopathology are correlated: A developmental perspective is a first step but more is needed. *Eur Jour Pers 2014*; 28(4) 396- 398.
9. Robert F, Kristian EM. Understanding psychopathology: Moulding behaviour, genetics, personality and quantitative psychology to develop empirically based model. *Curr Div Psychol Sci 2006*;15(3): 113-117
10. American Psychiatric Association. *Diagnostic and Statistical Manual of mental disorders – IV. Washington DC 2000*. Text revision.

11. Dohrenurend B. Social Cultural and Social Psychological Factors in the Genesis of Mental Disorders. *Jour Health Soc Beh 1975*;16:365-92.
12. Dain N. Reflection on anti-psychiatry and stigma in the history of American psychiatry. *Hosp Com Psych 1994*; 10:1010-1014.
13. Gelder M, Harrison P, Cowen P. Stigma:In Shorter Oxford Textbook of Psychiatry. 5th edition. India: *Published by Oxford University Press, 2006*; 24.
14. Gelder M, Harrison P, Cowen P. Child Abuse: In Shorter Oxford Textbook of Psychiatry. 5th edition. India:*Published by Oxford University Press, 2006*; 69.
15. Chukwujekwu DC, Stanley PC. (2008). The Modified Overt Aggression Scale: How valid in this environment? *Nig Jour Med 2008*:17 (2): 153-155.
16. Okoye AO. Awareness of social work profession in Nigeria; a challenge to social workers. Paper presented at the second international social work day celebration on the theme, "Social work: Making a world of difference, Abuja, Nigeria, 2008.
17. Okoye UO, Ijiebor EE. The Nigerian social worker and the challenge of practicing in a multicultural society; paper presented at the 2nd national conference of the Nigerian association of social work educators, 2013.

18. Ojanuga D. Social work practice with childbirth injured women in Nigeria. *Health Soc Work 1994*;19.
19. NASW Clinical Indicators for Social Work and Psychosocial Services in the Acute Psychiatric Hospital. Prepared and approved by the NASW Commission on Health and Mental Health. June 1990.