



RESEARCH PAPER

Social Workers' Medical Social Services Units Practices: Challenges and Opportunities to Medical Social Officers in Sargodha Division

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ABSTRACT

This study aims to examine the challenges and opportunities to Medical Social Officers (MSOs) in Sargodha Division. MSOs are considered to be an integral part of healthcare system by providing clinical, social and emotional support to patients. This qualitative research was carried out by using interview guide and participants were selected using purposive sampling to assure relevance to the study goal. Data was collected from 12 MSOs when it reached to saturation. It has identifies key themes of Multiple faces of Challenges in Medical Services Units, Trainings or Capacity Building opportunities and Ethical Dilemmas and Medical Social Services Units Practices. It concludes that confronted challenges move around background education of MSOs, lack of collaboration of hospital administration, resources constraints and their professional growth. It is recommended that MSOs practices can be improved through advance training programs in alliance with current needs of the patients.

KEYWORDS Social Work, Medical Social Officers, Social Services, Challenges, Opportunity

Introduction

Social Work is a profession and at the same time an applied social science. It aims at welfare of individuals, families, groups as well as the entire community in an endeavor to establish fulfillment of their rights in their communities, with a commitment to cultural responsiveness (Chowa, 2025). The general objective of social work aims at enabling people to cope with crisis by facilitating their functional capabilities, self-determination, and personal worth as well as empowering them in communities. Social workers work with individuals and groups who are socially, economically, and politically powerless, oppressed, or disadvantaged in a variety of social work fields of practice. These fields includes disability social work, forensic social work, mental health and addiction, indigenous social work, environmental or green social work, school social workers, geriatric social work, and medical social work (Kirst-Ashman, 2017).

Medical social work is a significant practice area that addresses the issues related to patients' clinical, social and emotional experience which are handled by Medical Social Officers (MSOs). Many of them are trained as counselors and psychotherapists to support patients for their medical and social life issues. Keeping in view the importance of this field, medical social work was introduced in Pakistan with the support of the United Nations (UN) in 1953. Upon the invitation of the government, a Swedish medical social worker, Miss Anna Mo Toll, came and introduced medical social work, which was arranged by the UN by (Rehmatullah, 2002). During the last sixty years, medical social work has grown in leaps and bounds and medical social work units are established across the country. (Riaz, 2015; Ahmad & Hassan 2022). Medical social services units work under the umbrella of Social Welfare and Baitul Maal department in various healthcare settings at tehsil and district level in Pakistan.

Medical social work is a field that makes broad and selective use of social work knowledge and techniques, concentrating on those that are most relevant to helping

individuals deal with health and medical issues. Medical social work thus addresses issues pertaining to the client's physical well-being and psychosomatic surroundings. Medical social work encourages people to use their abilities and skills to solve problems using the resources at hand while also assisting patients in developing and understanding their needs (Ali & Rafi, 2013). Within the discipline of medical social work, social workers' assignments have effectively taken on a life of their own for the patients they serve in hospitals, with the goal of assisting the patients' return to normal social and psychological functioning. The great majority of patients in the modern society are coping with social concerns. Particularly, patients with protracted and serious medical conditions such as cancer, AIDS, trauma, impairments, and depression, as well as their families, need the professional knowledge and assistance of medical social workers (Mehta & Roth, 2015). This led to the assignment of social work professionals to a role in the medical health care system; yet, medical practitioners do not recognize social work professionals' duties and functions because they are unaware of them. (Auerbach, Mason, & Laporte, 2007). In the wake of this scenario, medical social workers, not only has to struggle to show their role in collaborative groups; but also has to cope with certain challenges in this field. In the light of above pictured scenario, MSO face certain challenges in their fields. The main research question of this research will address that what are the challenges faced by Medical Social Officers? There is no qualitative research study in Sargodha division that describes the experiences of Medical Social Workers at Medical Social Services Units in Sargodha Division. To fill this gap, this study aims at describe the challenges and opportunities to Medical Social Officers in Sargodha Division.

Literature Review

Medical social workers take on a variety of roles that are crucial to the healthcare system in India. Their day-to-day tasks include managing patient care, offering counseling to patients and their families, developing treatment profiles, and providing much-needed emotional support. They aren't just confined to hospitals; you can see them working in assisted living facilities, rehab centers, and other community health settings. Some of their responsibilities involve doing clerical work, interviewing patients, and making sure that everyone sticks to the medical treatment plans they've set up.

Medical social workers pay special attention to the psycho-social aspects of patients and their families. They help patients deal with the emotional weight of illnesses, make sure they know about community resources, and guide them through the various stages of their medical journeys. Their contributions are genuinely impactful as they help enhance the quality of life for patients and their loved ones (Farhana, & Riaz, 2019).

Social workers play a vital role in helping people get the medical care they need. Medical Social Work as occupational therapy has roots that trace back to the UK in the 1880s. During that time, professional nurses gathered from American nursing homes and the first women's hospital started to shift away from solely caring for the mentally ill. This early movement laid the groundwork for the development of medical social work (MSW), especially by underlining the importance of social factors in health.

Dr. Clifford Manshardt is a name that holds a lot of importance in the world of occupational medicine in India. Back in 1936, he laid the groundwork for this field at the Tata Institute of Social Sciences. It was a significant time, as Dr. Manshardt was part of the first wave of people introducing social therapy to India, thanks to efforts from folks like J.J. Fast forward to 1946, and you would find the first medical staff beginning their work at a hospital in Mumbai. In just ten years, the number of medical personnel grew rapidly. Now, you can find them in all sorts of healthcare settings, including hospitals, hospices, nursing homes, and more (Dev, P, S., Jeryda, J, O, & Eljo, G, 2021).

After Pakistan gained independence, the establishment of MSW really started taking shape. The first structured training program offering a master's degree in social work appeared in Karachi in 1953, with backing from the Pakistani government and the United Nations. Eventually, Ms. Anna Mo Toll was invited to Karachi by the United Nations along with the Pakistani government (Riaz, Abrar, and Malick et al., 2018). When she arrived, she discovered that many people had a limited understanding of what medical social work was all about. There was no clear picture of its importance or how it could help those in need. It was mostly the doctors who had trained overseas who played a big role in helping the field gain recognition.

Initially, the focus was on gathering donations and mobilizing volunteer organizations to address the pressing needs of refugees and displaced people (Riaz, Abrar, and Malick et al., 2018). Over time, as professional education became clearer and more defined, the roles and responsibilities of MSW expanded significantly

Fast forward to 1953, another significant medical professional joined the Tuberculosis Control and Education Centre in Pakistan, further pushing the movement forward. As the demand grew, more educational institutions began offering specialized training in medical services and started their own social service centers. Initially, social care was managed by the Ministry of Health, but now it falls under the state's Ministry of Health. Currently, there are four medical social service units in Khyber Pakhtunkhwa, 90 in Punjab, 29 in Sindh, and one in Baluchistan.

When it comes to the roles of medical social workers in Pakistan, they wear many hats. They work directly with clients by screening and identifying those who are in need, assessing their situations, and evaluating what sort of help is required. They help clients prepare for admission and discharge, provide information and referral services, advocate for clients' rights, and promote health and preventive care. On the indirect side, their responsibilities also include community outreach, lobbying for changes, offering counseling, designing policies and programs, ensuring quality, and sharing knowledge with others.

To have a deeper look of Medical Social Officers (MSOs) challenges and responsibilities, an extensive review of literature was done to understand the research topic. It provided information mostly about the roles and responsibilities of MSOs; however, it did not provide the challenges and opportunities faced by them in Pakistan.

A few number of published researches are found in literature when medical social work research is studied. Ali & Rafi (2013) reveals that medical problems of patients are connected with social and psychological issue of their life. This field of social work is primarily concerned with the social and emotional well-being of the patients and plays a vital role in collaborative work for medical departments. Additionally, research conducted (Hassan, 2016; Ahmad & Hassan, 2022) to study the role and functions of medical social workers also highlights their challenging role in hospitals collaborating atmosphere. This collaborative setting is not hostile for medical service officers. Further, scarcity of resources, economic embezzlement and a lack of training also needed to improve their capacity.

Material and Methods

This study examines the challenges and opportunities to Medical Social Officers (MSO) in Sargodha Division by following qualitative research. An interview guide were used for data collection. The guide consisted of open-ended questions meant to reveal the actual experiences of medical social workers employed in Sargodha Division at Medical Social Services Units (MSSUs). Data was collected from twelve MSOs working in DHQs and THQs at Sargodha Division by using purposive sampling. Interviews were recorded by using audio recordings to guarantee the accuracy and integrity of the obtained data. Interview data were analyzed by thematic analysis in order to generate key themes and sub-themes by following

Seidman (2006). It followed the guidelines by outlining data analysis approach that included conducting interviews, transcribing audio files, assessing text, creating profiles and themes, analyzing thematic linkages, and interpreting the information.

Results and Discussion

Discussion revolving around the roles of medical social workers in Pakistan presents the spinning role elaborating that they wear many hats. They work directly with clients by screening and identifying those who are in need, assessing their situations, and evaluating what sort of help is required. They help clients prepare for admission and discharge, provide information and referral services, advocate for clients' rights, and promote health and preventive care. On the indirect side, their responsibilities also include community outreach, lobbying for changes and also offering counseling. Results and discussion from the collected data has presented the following themes.

Theme- 1. Multiple faces of Challenges in Medical Services Units

During the data collection process, it became clear that MSOs face many challenges, such as dealing with a lot of patients, their complicated and varied needs, inadequate funds and their multiple social issues. MSOs discussed the multiple challenges faced in their daily work affecting their job. One of the respondents discussed that,

The key challenges are insufficient infrastructure and lack of funding. Many patients cannot afford treatment, and the support networks are lacking. Although it is difficult for me, I seek solutions through resource collaboration and modifications to several circumstances.

The great emotional strain is handled by them when challenging situations lead them to experience stress. Interviews revealed that MSW had to discover strategies to manage to cope with stress as a challenge also and said that,

Managing pressure at work gets somewhat challenging when numerous tasks seem to be simultaneously demanding. I manage all significant obligations with stress. Together with stress coping, the process of workload management calls for well-planned organization and appropriate scheduling.

While dealing with the monetary issues, one of them opined that,

The largest obstacle is the monetary constraint. Many deserving people go without treatment due of inadequate funds. This issue aggravates when there is addition of patients' ignorance about their health, lack of follow-up care, and socioeconomic issues including poverty and limited access to insurance.

Many of the respondents replied that need of having support from colleagues and managers to do their duties properly is also one of the key challenges. They discussed how management guidance, frequent registrations, and team conferences may enable individuals to navigate challenging circumstances and provide more patient care. One respondent said that,

Support from colleagues and management truly enables me to perform as a medical social worker. Regular team meetings help to assess patient issues together with professional knowledge exchange and team-solved solutions. Such assistance is particularly useful in situations difficult to control. Regular monitoring lets me voice concerns and be informed of changes in direction, therefore keeping me connected to corporate goals. Help from both colleagues and superiors keeps me inspired and sure in my performance of duties. Many times, group conferences were described as opportunities to cooperate on problem-solving and resource allocation, therefore increasing output and reducing work-related stress.

A few respondent said that organization atmosphere is very important for task completion. It's easier to talk to people and get things done when the culture is helpful and team-based. On the other hand, it's harder to give good care when the culture is strict. One of them opined.

Organizational cultural aspects of my work in medical social work clearly affect it. Organization that value and encourage their employees will keep stronger team cohesiveness, which improves communication and more competent management of patient needs. The balance between company culture and personal principles helps me to perform my job responsibilities more successfully. Maintaining an exclusive or non-cooperative cultural context makes the delivery of the finest available services more difficult. The cultural adaption I do at my company improves the quality of the medical treatments given by resulting better contacts with patients and stakeholders.

Theme- 2. Trainings or Capacity Building Opportunities

To be knowledgeable on best practices and create the skills to handle challenging patient demands, MSOs must participate in training courses, seminars, and additional activities. Focusing on how these opportunities foster collaboration, efficiency, and professional growth, the respondents discussed the need, efficacy, and accessibility of ongoing education and training in the medical social work field.

Many of the respondents pointed out how important it is to have expert training in areas like crisis management, disability management, and healthcare policy. One of them said that,

Though not often, I have attended many government-organized social work training courses. Professional development for Medical Social Workers should regularly include specialized education in mental health assistance coupled with case management and modern social work techniques. Increased access to professional certificates coupled with chances for higher education would help to increase the quality of medical social services.

Many of them found crisis management and communication workshops really useful for helping families and patients in tough situations and handling sensitive conversation and said that,

The most useful ones have been seminars on crisis management. I have learned how to handle emotional conversations with parents of ill children. Training emphasizing situations of women experiencing abuse coupled with psychological first aid techniques and crisis intervention abilities would be very beneficial.

Trauma-informed care skills along with better approaches for sensitive case management and resource handling powers would maximize my professional work. More effective aid for my patients would come from extended education in advocacy along with training for networking with support organizations and covering of government welfare policy. The development of my knowledge on modern social issues including mental health education others were of the view that,

and rehabilitation programs would enable me to provide better patient treatments.

Theme- 3. Ethical Dilemmas and Medical Social Services Units Practices

This theme investigates the moral dilemmas faced by MSOs and considers how they decide, how they manage moral conflicts, and what kind of support they need to navigate these challenges. Many of the respondents had similar encounters with ethical dilemmas relating to family decisions and patient autonomy. The fact that many respondents

mentioned finding a balance between cultural sensitivity and medical advice reveals a common theme in patient care bridging cultural and religious perspectives. One of them replied,

Three key ethical questions for healthcare workers treating patients from varied origins include the clash of distinct cultural norms versus medical advice, equitable access to treatment, and consent processes for individuals with varying literacy skills. Linguistic obstacles force healthcare professionals to involve translators and apply culturally appropriate communication techniques to prevent misunderstanding of treatment options. Healthcare workers that have to gain trust with patients with past experiences of distrust in medical institutions will need professional ethics combined with extra effort.

Others were of the view that,

Although my healthcare delivery prioritizes patients, my practice takes decisions based on ethical standards of the profession and institutional laws. Listening to patients' specific needs allows me to design solutions that meet their condition with the standards of professional norms, therefore resolving patient concerns. I cooperate with supervisors and colleagues on discussions to determine the suitable path of action when conflicting situations emerge. I teach patients and their families important norms as these guidelines serve to ensure their optimum well-being. Adaptability, ethical decision-making, and open communication assist me to properly handle professional challenges.

Working with different patient groups, some communicator emphasized the value of effective communication and cultural awareness. Regardless of the patient's background, they emphasized the importance of identifying their individual needs. Social workers frequently balance their professional ethics with the desires of their patients, according to some.

Conclusion

The study concludes that dealing with vulnerable patients at Medical Social Services Units Practices brings certain challenges for Medical Social Officers in Sargodha Division while opportunities are limited to certain barriers. These challenges move around background education of MSOs, lack of collaboration of hospital administration, resources constraints and their professional growth. The dearth of information among medical social workers hinders their operations in the field. Medical social workers has been recruited from varied disciplines like sociology, anthropology, rural sociology, gender studies, and women studies, rather than social work only who have specific knowledge of medial social work. In the absence of professional growth, MSOs from other disciplines are not justifying their professional roles. Multi-disciplinary collaborations increase the success of problem solving projects of the institutions. Here MSOs lack cooperation of hospital management who do not include MSSUs support in rehabilitation and psycho-social aid. Rather they keep them engage in managerial tasks like record keeping, drug distribution, and protocol duties. With greater challenges and less opportunities, resources constraints do not create an atmosphere of trust and worthiness between social worker and their clients.

Recommendations

It is recommended that the challenges of MSOs can be addressed by initiating collaborative boards under hospital administration. Additionally, administration can also develop advance mechanisms for resources scarcity based on national and international philanthropists. The growing focus on mental health in the healthcare sector means there's a chance for social work to be integrated more into clinical practice. Building solid partnerships between medical social workers and other healthcare practitioners could go a long way toward improving patient care.

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