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# PROFESSIONAL SOCIAL WORKER IN MEDICAL SETTINGS IN UTTAR PRADESH : OPPORTUNITIES AND CHALLENGES

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## Introduction

The Medical Council of India in its Report (1999) recommended appointment of atleast 11 Medical Social Workers in the Medical settings having 250 admissions as minimum standards requirement. Despite such a mandatory direction, those responsible for providing medical care- the planners, the Governments at the Centre and in different states, and medical care institutions providing medical care of different varieties, have shown their utter indifference towards utilization of the pivotal role that Professional Social Worker plays in the fuller recovery of the patients of various types. This could be due to a variety of reasons. Although the qualifications, duties and functions of Doctors and Para-medical staff are very well defined by the governments and other stakeholders yet, the role of the Professional Social Workers as well as their precise qualifications have not been professionally defined. In a state like Uttar Pradesh, anyone without proper training and adequate field work exposure in medical social work can be appointed a Professional Social Worker in its medical institutions. As a consequence, what these "Professional Social Workers" have ended up in doing can at best be generally termed as Public Relations work. By any yardstick, it is not what has been defined as Professional Social Work. This requires investigation of the precise need of the inputs of Medical Social Work.

This paper attempts to explore the reasons for such indifference in the use of the services of the Professional Social Worker, and map out the precise contours of the role of the Professional Social Worker.

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The Medical social workers in the country have been facing many problems, which affect the quality of their services to the patients. Some of these problems are:

- (i) The numbers of medical social workers in various medical settings are disproportionately small when compared with large number of beds, in-house and out patients' attendance.
- (ii) Inadequate understanding of their role perception and role performance by the medical and para-medical staff.
- (iii) Lack of field work activities taken during their studies in Social Work.
- (iv) There is disparity in their wages.
- (v) Inadequate training during their employment as medical social workers.

In addition to these, there are several other problems which also affect the quality of their service. The future growth and development of the field of medical social work largely depends upon understanding their pivotal role and change in the attitude of other medical professionals.

The medical social workers are supposed to have knowledge of public relations i.e. establish and maintain mutual understanding between internal and external 'publics' of the organization. According to B.T. Lawani (2009) in his books Medical Social Work, this kind of skill can be acquired by studying in the school of social work, which provides theoretical course and field work exposure. Only those, who have a certain degree of emotional maturity and intellectual ability to grasp various complicated theoretical concepts, could develop the type of skilled work and special knowledge needed to become a true professional. Medical social worker ought to have undergone a three years' bachelor degree followed by post graduation in social work of which the field is an essential component. The Schools of Social Work and departments have been continuously upgrading their field work practicum for better exposure of the theoretical knowledge to the extent of professionalism. Some educators are of the view that one years' special field work training should also be provided by medical settings for social workers.

### **Role of the Medical Social Worker defined by several medical settings are:**

1. The All India Institute of Medical Sciences, New Delhi, defines the role of Medical Social Worker as follows : "The Medical Social Service

the services of all the Professional Social Workers, they have been centralized with effect from 18th March, 2009 and brought under the direct control of Medical Superintendent, JIPMER and supervised by Social Service Officer.

3. The department of Medical Social Work in Muljibhai Patel Urological Hospital, Nadiad district of Gujarat has two segments, one for patient welfare and the other for coordination of transplant. Activities pertaining to welfare of the patients are raising funds for the patients that are less privileged, communication to the benefactor and other significant trust that provide medicinal aid. In this hospital, the patients suffering from End Stage Renal Failure or acute renal disease come in large number, the significant information is flowed to the MSW so that he could plan accordingly and initiate the process of counseling to the patient as well as the family to stand by the aspects of the illness and the corresponding treatment. Several strategies to face the illness are set up taking into consideration the situation of the patient and support of family. The situation where kidney transplant has to be done, it is desired that counseling is done between the donor and the recipient so that both can be ready for the surgery. The coordinator of the transplantation is always ready to mobilize the coordination of transplantation and donation in emergency cases.
4. At Ruby Hall Clinic, Sassoon Road, Pune, the medical social work services are available to patients and families throughout all phases of patient's treatment including preventive, diagnostic, and Rehabilitation.
5. The Professional Social Workers at Holy Spirit Hospital, Mumbai play a critical role plan that will meet the patient's needs during

treatment and after the discharge. When a patient comes to the social work department for concession in his/her treatment it is duty of medical social worker to take the case history and verify the documents (Ration Card or Income Certificate) to know whether the patient is eligible for concession.

6. The Bengaluru's hospital of St Johns Medical College, homepage suggests that services such as Day Care, Outpatient Treatment, Records of patients, Operating Department, and pharmacy can provide services to both the community in local and in public. The expectations of less privileged, needy and the poor are taken care by the Members of MSW in the hospital department of Medical Social work.

#### Indifference of the Medical Professionals towards role of Medical Social Worker

In such a big country, only few organizations, as enumerated above, have defined the role of medical social workers and their contributions in the total medical care. However, in most of the hospital settings in India, the qualifications, functions and duties of the doctor, nurse and other auxiliary personnel have been identified, but for the medical social worker, no function identified, and qualification have been recognized or established as yet. Similarly, the range of problems relating to social work have not yet been analyzed and identified. As a result, even after decades of functioning of medical social workers in the hospital setting, the administrators, doctors, nurses, patients or the medical social workers themselves are not able to identify the role of the medical social worker in the team and his/her contribution to the care of the patient.

The low salary and heavy workload also discourage trained social workers from taking up the jobs of medical social work. There appears a large difference in their wages from state to state. The tendency already indicated in hospitals of placing more responsibilities on medical social workers has not taken into consideration i.e. the size of the social work staff, the extent of its capacity for service and the time involved in executing these services. The service of other hospital personnel does not extend beyond hospital requirement. Patients are served one after another until they are on the hospital premises. When a patient leaves,

their responsibilities for him cease. The social worker's job often begins for certain patients just at the point of their discharge but may continue for long period of time afterwards. The time element is an important factor of social worker's service. Keeping in view of the larger number of patients coming to hospital and writing their history is a mammoth work which is to be done within short period of time. Several factors are taken into consideration while writing their history, explaining to the patients and his family of the care needed; understanding of their reactions; helping them to overcome resistance; meeting their objections and swings in their decisions; mobilizing the resources to carry out the recommended plan and strengthening the family situation concurrently to maintain the structure of the plan- all of this is tremendously time-consuming.

This prevents them from being sufficiently clear and aware of their true professional roles and functions. It is mainly due to reason, that the services of medical social workers are not properly utilized and considerably portion of their time is spent in performing activities.

To overcome the agonies of medical social workers there are some points to ponder:

1. The matter of specialization in social work education is still under a debate in the Indian Universities. The new updates in the social work syllabi suggest that the specialization should have full-fledged theoretical as well as field work exposure. The health care institutions should make it mandatory that only MSW students having medical and psychiatric social work as their specialization may be provided employment. It is found that students of MSW having specialization in PMIR/URCD working in the hospitals as medical social workers have not been discharging their duties effectively.
2. The field work training programme for those aspiring to become medical social worker plays a very pivotal role in understanding the theoretical knowledge to the professionalism. The schools/institutions of social work should make a comprehensive field work training schedule that comprises of at least 5 hours duty in the hospital. Dr. Rupesh Kumar, Director- Field Work Practicum, Department of Social Work, University of Lucknow, says that organizing regular interface programme between field work supervisors and

representatives of field work agencies has helped developing syllabus for fetching employability of the MSW students.

3. The practice of medical social work is an accepted fact in the hospitals and health care institutions. It is, therefore suggested that they should include the post of medical social worker in the structure and pattern of hospital staff. Further, they should be given independent professional status. If the posts are in the manpower structure, it would be easy to appoint MSWs on permanent basis, which may bring the job security and may lead to increased efficiency. A definite policy for the appointment of Medical Social worker needs to be established and maintained. It is the task of the government to frame an appropriate policy indicating the specialized qualifications required for the Medical Social worker and delineating the job content.
4. The medical social workers have distinct nature of background and hence they should not be burdened with the administrative work. Further, it is found that medical social workers are assigned with some non-professional job work such as handling the reception counters of the hospital. They should rather be shouldered with the professional responsibilities.
5. A study reveals that the social workers, who have attended the training programme during their services, found that it has helped them rendering their services in a particularly more better way.
6. The salary package of the Medical Social Workers in Hospital is not encouraging. Alike, others posts sanctioned in the Hospital settings, the fixation of their salary structure should also be done by the Government/Institutions.
7. The participation of the Medical Social Workers in teaching programmes of the Institutes should also be encouraged. Also, there is no professional hierarchy such as head medical social worker, senior or junior medical social workers and so on in most of the hospitals. As a result medical social workers fail to project their image as professionals in the team, as the other members of the team have their own intra-disciplinary hierarchy systems. Another problem that arises in this situation is that the medical social workers are not able to get the professional supervision or consultation they would need from time to time

8. Professional organizations are important bodies through which members individually or collectively express their views. The profession of social work is of recent origin. Medical Social workers have not developed strong professional bodies like those of medical and law professions.

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