DOI: https://doi.org/10.52131/pjhss.2022.1004.0277

Pakistan Journal of Humanities and Social Sciences

Volume 10, Number 4, 2022, Pages 1197–1210
Journal Homepage:
https://journals.internationalrasd.org/index.php/pjhss

PAKISTAN JOURNAL OF HUMANITIES AND SOCIAL SCIENCES (PJHSS)
INTERNATIONAL RESEARCH ASSOCIATION FOR SUSTAINABLE DEVELOPMENT

Development of Medical Social Work Practices in Pakistan: Role Perception and Performance

Tanveir Ahmad[1], Syeda Mahnaz Hassan[2]

[1] Ph.D. Scholar, Department of Social Work University of the Punjab, Lahore, Email: tanveirhere@yahoo.com
[2] Professor, Department of Social Work, University of the Punjab, Lahore, Email: drsyedamahnazhassan@gmail.com

ARTICLE INFO

Article History:
Received: August 21, 2022
Revised: October 08, 2022
Accepted: October 09, 2022
Available Online: October 10, 2022

Keywords:
Medical Social Work
Social Case Work
Rehabilitation
Patients
Medical Social Services Units

ABSTRACT

The current study is a quantitative study to understand the connotation of medical social work set up in Pakistan. The analysis is conducted through survey method by considering all medical social services units established in healthcare settings across Pakistan. The structured questionnaire has been devised to apply as a tool for data collection. The study found that the setup of medical social work is mainly established in the province of Punjab in Pakistan, whereas, only a few projects were working in the other regions of Pakistan. However, male medical social workers are more than female medical social workers in this profession. Further majority of medical social workers were of age less than 40 years and the majority of medical social workers were married. The analysis has established that the majority of medical social workers did not have to enrich their background of specialization, research, and training in the field of medical social work. The medical social work setup is mainly established in government hospitals in Pakistan. The job experience of the majority of the medical social workers in the field of medical social work was 5 years or below. Further nature of the appointment of the majority of medical social workers was permanent. The infrastructure like staff, furniture, and contingent is provided by the administrative department in the majority of the cases, however, the office is provided by hospital administration. The hospital administration has not integrated the services of medical social work into the service delivery mechanism of health care settings. However, the majority of the medical social workers were satisfied with respect to their job and have adequate facilities to perform their official duties. The findings of the analysis have asserted that the medical social workers that vigorously adopt the social casework practices had more beneficiaries of their services in comparison to those who did not adopt these practices.

© 2022 The Authors, Published by iRASD. This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License

Corresponding Author's Email: tanveirhere@yahoo.com

1. Introduction

The field of medical social work adopts selective and extensive use of the knowledge and approaches of social work, focusing on those aspects that are particularly pertinent to the process of assisting people who are dealing with health and medical concerns. So medical social work has a concern with those problems related to the physical health and psychosomatic environment of the client. Medical social work helps patients to develop and understand their needs and motivate individuals to use their capacities and skills to solve the problem using their available resources (Ali & Rafi, 2013). In the field of medical social work, the assignment of social workers has essentially become a matter of destiny for the patients whom they are attending in hospitals in order to facilitate the patients' return to normal levels of social and psychological functioning. In today's world, the vast majority of patients are dealing with social issues. More specifically, the patients facing prolonged and severe medical

eISSN: 2415-007X

situations like cancer, AIDS, traumas, disabilities, and depression, these patients and their families require professional expertise and interventions by the medical social workers (Mehta & Roth, 2015). As a consequence of this, professionals who work in social work have been assigned role in medical health care setup, however, because medical professionals are unaware of the roles and functions that social work professionals play, they do not acknowledge them (Auerbach, Mason, & Laporte, 2007).

Since its establishment in 1947, Pakistan has been the subject of significant political, economic, and social transformations. In a similar vein, the development of medical social work in Pakistan has gone through a significant amount of transitions ever since the field was first established therein the beginning, neither the role nor the scope of medical social work had been established, and all of the work in this field was carried out with the assistance of philanthropists, sponsors, donors, and volunteers (Khalid, 2011). However, soon after the creation of Pakistan, the existing medical health care system felt the need for medical social work services in hospitals. In the early days of the newly formed nation, everyone was confused about the meaning and scope of the term "Medical Social Work," as well as concerned about the success of the concept within Pakistan (Malik & Sarfaraz, 2012; Rehmatullah, 2002).

In Pakistan Medical Social Work for the very first time was introduced with the help of the United Nations. In response to the request of the Government of Pakistan, United Nations sent Miss Anna Mo Toll that was a Swedish medical social worker to Pakistan in 1953 to help the government in establishment of medical social work set-up in Pakistan. As a direct result of these efforts, Karachi's Tuberculosis Control and Training Centre have hired their very first medical social worker in an official capacity. Now, sixty years after its inception, the field of medical social work has flourished to the extent that nearly all public sector universities offering courses in the field of Social Work (Riaz, 2015). At present, there are 126[1] Medical Social Work Units in Punjab, 3 in Sindh, 7 in Khyber Pakhtunkhwa, 1 in Baluchistan and 6 in Gilgit Baltistan. Withal, federal government hospitals and number of private hospitals have also established medical social services units like Shoukat Khanum Memorial Hospital Lahore, Sindh Institute of Urology and Transplantation (SIUT) Karachi, Aga Khan University Hospital (AKUH), The Kidney Center and The Layton Rehmatullah Trust for Blind and Pakistan Eye Bank Society.

Pakistan has paid a great attention to develop the infrastructure of medical social work in hospital settings across all provinces. However, in this respect, Punjab is leading as 126 medical social services units have been established in Punjab. In Sindh medical social work was initiated and till 1990's 30 medical services units were working in Sindh (Riaz, 2015). However, Government of Sindh closed all these centers in 1994[2]. After 18th amendment 4 medical social services units were transferred to government of Sindh and out of these 4 units one unit has been closed now. At present 7 medical social services units are working in Khyber Pakhtunkhwa and 1 in Baluchistan. In hospital settings in Pakistan, medical social workers collaborate with Patient Welfare Societies, Health Welfare Committees, Zakat Committees and Bait-ul-Maal funds for financial assistance and provision of free medicines to the patients. According to an estimate in Punjab, only free medicines were worth Rs. 334 million that were distributed to deserving patients through Medical Social Services Units in financial year 2019-2020. According to a report in 2019-20, the number of beneficiaries of medical social services units was about 1,130,838 in Punjab[3].

Forgoing in view the presence of such a widespread intervention by the government in medical social work would have created an overall social, economic and welfare impact on the society. However, development in this area has been a mixed bag. Progress in this respect in the provinces of Sindh, Khyber Pakhtunkhwa and Baluchistan is not even representing able. The health professionals and policymakers have not acknowledged the importance and need for medical social work in hospital settings (Ahmad & Bano, 2021). On the other hand, in Punjab, medical social workers are hired by the social welfare department and the government

---

[1] Performance Report 2020-21, Social Welfare & Bait-ul-Maal Department, Government of Punjab
[2] Social Welfare Department, Government of Sindh.
[3]Progress Review, Social Welfare &Bait-ul-Mal Department, Government of Punjab.

of Punjab, so the medical social workers in Punjab have to face issues due to double hierarchy. In such circumstances, in many cases, the medical social workers have to face deficient status in the medical team of hospital settings. In many countries, the medical social worker has made a requirement in medical colleges and hospitals. For instance, in India, there must be at least six medical social workers in every Medical College with 100 admissions (Chavan, 2007). However, in Pakistan, medical social work is taken for granted by health policymakers.

On account of the above said administrative issues and non-acceptance to the medical social workers cannot perform their designated role effectively. Medical social workers face a gap in knowledge, learning and theories when they opt to practice it. The patients are only concerned about medicine and financial help, and once they get it, they do not respond to the follow-up services of the medical social services units. Thus, in-hospital the setting, it has become challenging for the medical social workers to restore their role, identity, and importance. For all these practical reasons, it has been decided to undertake the research study to expound on development of medical social work practices in hospital settings in Pakistan in context of role perception and performance.

The current research is focused on identifying the medical social work practices in hospital settings from the perspective of pre-defined objectives and instruments of research as a case study of Pakistan. As per its significance, the study can be divided into two parallel streams. The first stream of the study focused on the theoretical, historical and practical research perspectives of the field of medical social casework practices in Pakistan. This portion of the study may consider a theoretical apprehension of medical social work. The second stream of the study is an empirical investigation of the role and practices of medical social workers in hospital service delivery mechanism. The study is significant in its concurrence that it has covered the medical social work profession all over Pakistan theoretically, empirically, and geographically.

The study penetrate into the organizational perceived and assigned role of the social workers in hospital settings, collect the tangible information about the job delivery, job requirement and job satisfaction of the medical social workers and tried to develop understanding of the current work environment for medical social workers in hospitals. Withal, it has also been tried to analyze the response of the hospital administration to medical social case work practices in medical settings in Pakistan. In this way, in the first place, the study will contribute to the literature by filling the gap in research regarding medical social casework practices. Moreover, the study's findings would help to conceptualize the sources of conflict in service delivery of medical social work practices in the hospital that would benefit not only the practicing medical social workers but also the hospital administration. Last but not least, the findings of the study would help to develop the understanding of professional misalignments that would help identify the target areas of concern and provide opportunities for change and improvement. Medical social casework as a profession focuses on the methods and practices developed to cope with factors contributing to the patient's medical situation, other than the ailment, such as social, mental, economic, and psychological conditions of the patient.

The Objectives of the Study are to know and understand the demographic characteristics, job profile of the Medical Social Workers working in a hospital setting, to explore the overall professional roles, functions and responsibilities of the Medical Social Workers in a hospital setting and influencing social environment policy and organizational and managerial strategies in medical settings by providing the policy recommendations.

2. Literature Review

Social work is multi-dimensional profession and one important dimension of this discipline is medical social work. Medical social work applies medical social practices to help patients to cope with stress of non-familiar hospital environment and psycho-social effects of their disease (Chavan, 2007). By creating the supportive coordination and healthy relationship between the individuals and community this field work towards the creation of opportunities and development of capabilities that enable the people to live more effectively and productively (Beddoe, 2013).The medical social workers assist individuals with problems by helping them cope with issues caused by the ailment, deal with their family belongings and suggest solutions to personal and family problems (Ali & Rafi, 2013; Parmar, 2014).

Riaz (2015) tried to study the social casework practice, its historical background, the role of the social caseworker and its challenges in Pakistan. The study's findings reveal that all the respondents stressed the need for medical social services units in public hospitals for the welfare of poor and needy patients. The study results also emphasize the new and up-to-date techniques for better implementation of social casework practices. Farhana and Riaz (2019) examined the role of social work in Pakistan, its historical background, difficulties and challenges faced by social workers. Findings of the study reveal that the medical social work profession has not yet received its due recognition in the general public as they consider it charity base work. The study indicates that lack of budget, no incentive, no appreciation and lack of job training and refresher courses have demotivated the medical social welfare officer and made the job difficult (Christ & Sormanti, 2000; Csikai & Raymer, 2005).

Hassan (2016) examined the roles and responsibilities discharged by medical social workers globally, especially in Pakistan. The study established that political pressure, limited budget, weak follow-up mechanism, and no capacity building training are the challenges they face. The study concluded that in Pakistan, people do give not too much weightage to the doctors and medical social officers' guidance and opinion because of limited knowledge and financial constraints, which is why the result is not as per need. Cleak, Kr, Heaslop, and Tonge (2020) investigated the professional role of the social worker in Indian hospital settings. The study showed that India is delivering the western model of social work despite its structural and large population. Study results show that social workers improve patients' and families' physiological conditions. Other findings reveal that doctors appreciate the social worker's critical role in coordination and community with patients and families (Khalid, 2011; Rehmatullah, 2002; Riaz, 2015).

3. Data and Methodology

The present study aimed to examine medical social work practices in Pakistan. The study has adopted quantitative methods methodology to convert its objectives into concrete results. It explores professional social workers' practice, functions and roles in hospital where Medical social services units have been established. The dimensions of the study have been explained in the ensuing paragraphs.

3.1. Population of the Study

The study population is comprised of hospitals in which medical social services units have been established. There are 126 Medical Social Services Units in Punjab and 7 Medical Social Services Units in Khyber Pakhtunkhwa, including six units of FATA which is now part of KPK after the 18th amendment, 3 Medical Social Services Units in Sindh, activities of 1 project are suspended, 1 Medical Social Services Unit in Baluchistan which is not functional, 3 Medical Social Services Units in Islamabad Capital Territory and 6 Medical Social Services Units in Gilgit Baltistan. Thus, the study population is comprised of 146 medical social services units in hospital settings established across Pakistan.

3.2. Sampling Methodology

As explained earlier in the first step, list of hospitals was prepared wherein medical social services units have been established. In the second step, a list of medical social workers employed in these hospitals was prepared, as at the time of research no ready information was available. Table-1 provides the details of medical social services units and medical social workers in Pakistan.

Table 1: Details of Medical Social Work Setup in Pakistan

Sr. No.	Administrative Unit	Medical Social Services Units	Medical Social Workers	Appointing Authority
1	Islamabad Capital Territory	3	7	Ministry of Human Rights
2	Punjab	126	158	Social Welfare & Bait-ul-Maal Department, Punjab
3	Sindh	3	6	Social Welfare Department, Sindh
4	KPK	7	7	Social Welfare Department, KPK
5	Baluchistan	1	0	Social Welfare Department, Baluchistan

6	Gilgit Baltistan	6	3	Shifted from federal to provinces through 18th amendment
	Total	146	181	

As there is a small set population for the study, it has been decided to cover all the medical social services units in Pakistan and the census method has been applied for the study. Further, where more than one medical social worker was employed in medical social services units, the data was gathered from only one. Out of these 146 medical social services units 25 were dropped from the study. Among these, 1 from Baluchistan and 1 from Sindh have been closed. There were 20 medical social services units where the post of medical social worker is vacant or on the additional charge. And in Punjab there are 3 newly established MSSU. In this way, 121 medical social services units have been selected for the study across Pakistan. Hence, researcher contacted 121 medical social workers through telephone calls, letters, and paying visits to the respective medical social services units to collect data. Overall, 13 medical social workers did not responded. A total of 108 practicing medical social workers were interviewed for data collection.

3.3. Questionnaire

A structured questionnaire was designed to collect information regarding the medical social work practices in hospital settings. It is also pertinent to mention here that while preparing the questionnaire; it took sufficient care to cover all the aspects of medical social work practices in hospital settings about the specified objectives of the study.

3.4. Pre-Testing of the Questionnaire and Reliability Analysis

The pre-testing of the questionnaire was done by interviewing the 20 medical social workers that are subject of the research instrument to assess the medical social work practices in hospital settings in Pakistan. In view the observation of pre-testing; the questionnaire was revised and refined further to serve the research purposes. After pre-testing the reliability of the research instrument, questionnaire, is also checked. In this regard most commonly used measure of reliability is Cronbach's alpha coefficient. Statistically, it provides the average correlation between all values on scale. In the reliability analysis of questionnaire, the value of Cronbach's alpha has been found 0.73 that shows that the questionnaire has good internal validity and reliability.

3.5. Data Analysis

After cleaning of the data, the data have been analysed in the light of the objectives of the study. As explained earlier the study is based on quantitative methods, so, in first place through descriptive analysis it has been tried to explore the role, perception, challenges and practice of medical social work services in hospital settings. Moreover, through bivariate descriptive analysis and chi square test it has been tried to measure the association between medical social work practices and number of beneficiaries of the medical social services units.

4. Descriptive Analysis of the Data

The data shows that 92.6 percent medical social services projects are situated in Punjab. In rest of the areas of Pakistan the number of medical social services projects are very minimum, i.e. 3 in Gilgit Baltistan, 1 in Islamabad capital Territory, 2 in Khyber Pakhtunkhwa and 2 in Sindh. The results explain that male medical social workers are more in this profession in comparison to female. The majority of medical social workers were of age 31 to 40 years. The majority of medical social workers were married with respect to marital status. The majority of medical social workers have post graduate degree in sociology instead of Social Work. The majority of medical social workers did not have specialization in medical social work. The majority of medical social workers have not conducted any research in the field of medical social work.

The analysis asserted that medical social services set up in Pakistan are mainly established in government hospitals. During the study it has been observed that in majority of the cases medical social workers have not been hired specifically for the job of medical social work in Pakistan. Specifically in Punjab Social Welfare & Bait –ul- Maal Department recruit the officers with the background of social sciences and assign them different kind of assignments time and again, at various institutions and medical social services units is also one of these assignments. The results show that majority of medical social workers have less than five

years' experience of working as medical social worker. The findings speak that majority of medical social workers have permanent job and have satisfaction of job security.

In majority of the cases, it has been observed during the study, that appointing authority and place of posting of medical social workers lies towards two different administrative departments i.e. health department, social welfare department/ ministry. It is categorically established that in considerable number of hospitals the medical social services units are not part of their service delivery flow chart as they are working in parallel stream instead of collaboration. The analysis statistically, found that role of hospital administration in provision of infrastructure to the medical social services units is not encouraging and it is the administrative department that is, mainly providing infrastructure to the medical social workers, i.e. office furniture, ancillary staff and contingent budget. It is quite surprising that hospital administration have minimum role in defining job description of medical social worker, hospital administration is unable to provide physical infrastructure to medical social work set up and also in work supervision of medical social workers.

5. The Analysis of Medical Social Work Practices in Pakistan with Respect to Role Perception and Performance

The results explain that majority of medical social workers prepare the case histories and counsel the patients and their families regularly. In the research it has been tried to analyze areas of counseling in terms of frequency of practice. It has been observed that majority of medical social workers are quite strong with respect to frequency of practice of areas of counseling, i.e. investigating obstacles of treatment, motivating patients to accept the illness/ disability, motivating for cooperation in the treatment process, motivating the families to accept the patient and enlisting family's cooperation. However, majority of the medical social workers either sometimes or never help the patients through group therapy.

In the same pattern when medical social workers were asked whether they organize the group activities for the patients, majority of them answered they organize group activities like group of patients and group of relatives. The results show that majority of medical social workers form short-term group and second last major group formation was discussion group. During survey the medical social workers were also asked to identify frequency of application of modules of medical social work in their medical social practice, i.e. social case work, social group work, community organization, social action, social work research and social work administration. The findings established that social case work is applied by majority of medical social workers in Pakistan. Rest of the modules of social work either sometimes or never applied by medical social workers, i.e. social group work, community organization, social action, social work research and social work administration. Further, the results explain that majority of medical social workers apply models in social case work.

Respectively, majority of medical social workers use knowledge of community organization in medical social work practice. The study further tried to investigate the frequency of practice of various social case work activities, i.e. identification of community problem, mobilizing the community resources, motivating the family for health and hygiene, identification of community health needs and organizing the community. However, findings elaborate that majority of the medical social worker practice the social case work activities as pattern in their daily office work; however, there are about one fifth medical social workers also which have never practices any of the social case work activities. The majority of medical social workers responded that there exist a follow up mechanism at their medical social services units. Likewise results explain that majority of medical social workers also go for home visits of the patients. In this regard when it has been tried to investigate the frequency of home visits of medical social workers it was observed only 3.7 percent medical social workers regularly go for home visits. Thus, there did not exist such an encouraging tendency among the medical social workers with respect to home visits of the patients.

The study observed that majority of medical social workers did not have any role in admission and discharge procedures of the patients and surprisingly in majority of the cases it was hospital policy that restricts the medical social workers to play any role in admission and discharge process of the patients. The results described that majority of medical social workers responded that a proper referral system is in practice in hospital settings. Table 2 consists of analysis of relationship between beneficiaries of services of medical social work and practice of

preparation of case histories of patients. The results mention that majority of medical social workers prepared case histories of patients; however, those who did prepare case histories also have less number of patients, comparatively. However, the relationship has not to be found cause and effect as chi square test results are insignificant.

Table 2: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Preparation of Case Histories of Patients

Beneficiaries	Preparation of Case Histories of Patients		Total
	No	Yes	
500 & below	4	35	39
501-1000	2	31	33
1001-1500	1	15	16
1501 & above	1	19	20
Total	8	100	108
Chi-Square Tests	**Value**	**Df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	.749	3	.862
Likelihood Ratio	.731	3	.866
N of Valid Cases	108		

The results in Table 3 described that medical social workers which practice the counseling of patients and their families have more number of beneficiaries, whereas, the medical social workers which never did the counseling of patients and their families have less number of beneficiaries.

Table 3: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Counseling of Patients and their Families

Beneficiaries	Counseling of Patients and their Families					Total
	If required	Never	Often	Regularly	Sometimes	
500 & below	6	3	10	16	4	39
501-1000	4	1	12	14	2	33
1001-1500	2	1	4	8	1	16
1501 & above	4	1	4	11	0	20
Total	16	6	30	49	7	108
Chi-Square Tests	**Value**	**df**	**Asymp. Sig. (2-sided)**			
Pearson Chi-Square	5.609	12	.934			
Likelihood Ratio	6.744	12	.874			
N of Valid Cases	108					

In Table 4, Table 5, Table 6, Table 7, Table 8 and Table 9 comprise of analysis of relationship between number of beneficiaries and areas of counseling such as, investigation obstacles to treatment, motivating patients to accept illness/ disability, motivating for cooperation in the treatment process, motivating the families to accept the patients, enlisting family's cooperation in the treatment and helping patients through group therapy. The results in Table 4 and Table 5 did not find any relationship between beneficiaries and areas of counseling of investigation obstacles to treatment and to accept the illness and disability.

Table 4: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Investigate Obstacles to Treatment

Beneficiaries	Investigate obstacles to treatment				Total
	Always	Never	Often	Sometimes	
500 & below	16	3	12	8	39
501-1000	7	3	18	5	33
1001-1500	7	1	4	4	16
1501 & above	7	2	7	4	20
Total	37	9	41	21	108
Chi-Square Tests	**Value**	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	7.046	9	.632		
Likelihood Ratio	7.097	9	.627		
N of Valid Cases	108				

Table 5: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Motivating Patients to Accept the Illness/Disability

Beneficiaries	Motivating patients to accept the illness/disability				Total
	Always	Never	Often	Sometimes	
500 & below	22	5	8	4	39
501-1000	18	5	5	5	33
1001-1500	8	1	5	2	16
1501 & above	10	1	3	6	20
Total	58	12	21	17	108

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.878	9	.650
Likelihood Ratio	6.493	9	.690
N of Valid Cases	108		

The results in Table 6 and Table 7 explain that even though majority of medical social workers motivate the patients for cooperation in the treatment process and motivate the families to accept the patient but analysis failed to find any cause and effect relationship between these areas of counseling and number of beneficiaries of medical social work.

Table 6: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Motivating Patients for Cooperation in the Treatment

Beneficiaries	Motivating Patients for Cooperation in the Treatment Process				Total
	Always	Never	Often	Sometimes	
500 & below	25	3	9	2	39
501-1000	20	2	8	3	33
1001-1500	10	1	4	1	16
1501 & above	12	2	2	4	20
Total	67	8	23	10	108

Chi-Square Tests	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.209	9	.816
Likelihood Ratio	5.015	9	.833
N of Valid Cases	108		

Table 7: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Motivating the Families to Accept the Patient

Beneficiaries	Motivating the Families to Accept the Patient				Total
	Always	Never	Often	Sometimes	
500 & below	24	3	10	2	39
501-1000	16	3	10	4	33
1001-1500	12	1	3	0	16
1501 & above	13	1	2	4	20
Total	65	8	25	10	108

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.185	9	.420
Likelihood Ratio	10.524	9	.310
N of Valid Cases	108		

Table 8: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Enlisting Family Cooperation in the Treatment

Beneficiaries	Enlisting Family Cooperation in the Treatment				Total
	Always	Never	Often	Sometimes	
500 & below	19	5	8	7	39
501-1000	14	4	4	11	33
1001-1500	6	2	5	3	16
1501 & above	4	1	6	9	20
Total	43	12	23	30	108

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.759	9	.293
Likelihood Ratio	11.282	9	.257

N of Valid Cases	108

The analysis of relationship between number of beneficiaries and areas of counseling: enlisting family cooperation in the treatment and helping patients through group therapy is given in Table 8 and Table 9 respectively. The results shows that there is no significant association between number of beneficiaries and areas of counseling; enlisting family cooperation in the treatment and helping patients through group therapy, however, the medical social workers which had never applied these areas of counseling were more likely to have less number of beneficiaries.

Table 9: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Helping Patients through Group Therapy

Beneficiaries	Helping Patients Through Group Therapy				Total
	Always	Never	Often	Sometimes	
500 & below	9	14	7	9	39
501-1000	3	8	9	13	33
1001-1500	2	5	4	5	16
1501 & above	0	5	3	12	20
Total	14	32	23	39	108
Chi-Square Tests	**Value**	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	13.486	9	.142		
Likelihood Ratio	15.283	9	.083		
N of Valid Cases	108				

The analysis of relationship between beneficiaries and organizing group activity is given in Table 10. The, results categorically established that medical social worker, that organize group activities had more number of beneficiaries in comparison to those medical social workers that did not organize group activities.

Table 10: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Organize Group Activities

Beneficiaries	Organize Group Activities		Total
	No	Yes	
500 & below	20	19	39
501-1000	15	18	33
1001-1500	6	10	16
1501 & above	9	11	20
Total	50	58	108
Chi-Square Tests	**Value**	**df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	5.468	6	.485
Likelihood Ratio	4.442	6	.617
N of Valid Cases	108		

Similarly, in Table 11 the analysis found close association between number of beneficiaries and type of group activity. The chi square test results also found statistically significant.

Table 11: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and If Yes, Type of the Group Activity

Beneficiaries	If Yes, Type of The Group Activity				Total
	0	Both	Group of Patients	Group of Relatives	
500 & below	20	13	6	0	39
501-1000	14	7	12	0	33
1001-1500	6	5	3	2	16
1501 & above	9	8	2	1	20
Total	49	33	23	3	108
Chi-Square Tests	**Value**	**Df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	19.077	12	.087		
Likelihood Ratio	18.716	12	.096		
N of Valid Cases	108				

Over and above all the medical social workers has been asked which module of social work they apply during medical social work practice, i.e. social case work, social group work, community organization, social action, social work research and social work administration. The results in Table 12 explain that even though there is no direct association between number of beneficiaries and application of social case work, however, the medical social workers which had never applied social case work also have diminishing tendency in terms of beneficiaries.

Table 12: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Modules of Social Work (Social Case Work)

Beneficiaries	Social Case Work				Total
	Always	Never	Often	Sometimes	
500 & below	17	3	13	6	39
501-1000	12	2	11	8	33
1001-1500	8	0	6	2	16
1501 & above	11	1	5	3	20
Total	48	6	35	19	108
Chi-Square Tests	**Value**	**Df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	4.075	9	.906		
Likelihood Ratio	4.892	9	.844		
N of Valid Cases	108				

The same situation has been observed in analysis of relationship between beneficiaries and social group work, community organization, social action, social work research and social work administration. The results in Table 13 found positive relationship between beneficiaries and application of any module in case work by medical social workers. The medical social workers which did not apply any models in case work has regressively less number of beneficiaries in comparison to those which apply models in case work. However, results of chi square test are insignificant in this regard.

Table 13: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Application of Any Models in Case Work

Beneficiaries	In case work do you follow any models?		Total
	No	Yes	
500 & below	18	21	39
501-1000	16	17	33
1001-1500	9	7	16
1501 & above	8	12	20
Total	51	57	108
Chi-Square Tests	**Value**	**df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	.981	3	.806
Likelihood Ratio	.984	3	.805
N of Valid Cases	108		

Table 14: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and of Knowledge of Community Organization in Medical Social work Practice

Beneficiaries	Do MSW use knowledge of community organization in medical social work practice?		Total
	No	Yes	
500 & below	6	33	39
501-1000	9	24	33
1001-1500	3	13	16
1501 & above	5	15	20
Total	23	85	108
Chi-Square Tests	**Value**	**df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	1.742	3	.628
Likelihood Ratio	1.761	3	.623
N of Valid Cases	108		

The results in Table 14 explain that majority of medical social workers use knowledge of community organization in medical social work. Even though there is no statistical association between beneficiaries and use of knowledge of community organization in medical social work as reported by chi square test results, however, the medical social workers that apply knowledge of community organizations in medical social work have progressively more number of beneficiaries of their services. The analysis of relationship between beneficiaries of the services of medical social work and identification of community problems is given in Table 15. The results explain that majority of medical social workers always did the activity of identification of community problems. There were only 19 medical workers which had never identify the community problems and majority of them had less number of beneficiaries.

Table 15: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Identification of Community Problems

Beneficiaries	Identification of Community Problems				Total
	Always	Never	Often	Sometimes	
500 & below	17	6	12	4	39
501-1000	9	8	8	8	33
1001-1500	6	2	6	2	16
1501 & above	6	3	4	7	20
Total	38	19	30	21	108
Chi-Square Tests	**Value**	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	9.021	9	.435		
Likelihood Ratio	8.869	9	.449		
N of Valid Cases	108				

The same situation has been observed in the analysis of relationship between beneficiaries and activity of mobilizing the community resources and motivating the families of patients for health and hygiene. The results given in Table 16 explain that there exist close relationship between number of beneficiaries and identification of community health needs. It is clear from the results that medical social workers who had never identify the community health needs had less number of beneficiaries. The chi square test results are also significant.

Table 16: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Identification of Community Health Needs

Beneficiaries	Identification of Community Health Needs				Total
	Always	Never	Often	Sometimes	
500 & below	16	6	13	4	39
501-1000	7	11	9	6	33
1001-1500	4	1	6	5	16
1501 & above	5	2	4	9	20
Total	32	20	32	24	108
Chi-Square Tests	**Value**	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	18.175	9	.033		
Likelihood Ratio	17.515	9	.041		
N of Valid Cases	108				

Table 17: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Organizing the Community

Beneficiaries	Organizing the Community				Total
	Always	Never	Often	Sometimes	
500 & below	18	5	9	7	39
501-1000	6	14	7	6	33
1001-1500	4	3	3	6	16
1501 & above	2	4	2	12	20
Total	30	26	21	31	108
Chi-Square Tests	**Value**	**df**	**Asymp. Sig. (2-sided)**		
Pearson Chi-Square	26.488	9	.002		
Likelihood Ratio	25.118	9	.003		
N of Valid Cases	108				

On the same pattern the results given in Table 17 has also established that there exist direct relationship between beneficiaries of medical social work and activity of organizing the community. The results of chi square test are also significant and found close association between numbers of beneficiaries' activity of organizing the community. The analysis is evident that if there is no follow up mechanism for patients there is diminishing trend in terms of number of beneficiaries in data.

Table 18: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Follow up Mechanism for Patients

Beneficiaries	Is there any follow up mechanism for patients in practice?		Total
	No	Yes	
500 & below	10	29	39
501-1000	8	25	33
1001-1500	6	10	16
1501 & above	7	13	20
Total	31	77	108

Chi-Square Tests	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.492	3	.684
Likelihood Ratio	1.462	3	.691
N of Valid Cases	108		

Similarly the results in Table 18 show that there is direct relationship between number of beneficiaries of medical social work and practice of home visits by medical social workers. The medical social workers that did not go for home visits of patients had less number of beneficiaries in comparison to those medical social workers which visits the patients at their homes. The chi square test results are significant at 10 percent confidence interval that proves there exists association between beneficiaries and practice of home visits.

Table 19: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Practice of Home Visits

Beneficiaries	Do MSW go for home visits?		Total
	No	Yes	
500 & below	14	25	39
501-1000	21	12	33
1001-1500	7	9	16
1501 & above	8	12	20
Total	50	58	108

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.048	3	.103
Likelihood Ratio	6.094	3	.102
N of Valid Cases	108		

Table 20: Analysis of Relationship between Beneficiaries of the Services of Medical Social Work and Referral System in Practice in Hospital

Beneficiaries	Referral System in Practice in Hospital		Total
	No	Yes	
500 & below	3	36	39
501-1000	5	28	33
1001-1500	2	14	16
1501 & above	3	17	20
Total	13	95	108

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.167	3	.761
Likelihood Ratio	1.226	3	.747
N of Valid Cases	108		

Respectively, the result in Table 19 & 20 has shown no association between number of beneficiaries of medical social work and role of medical social workers in admission and discharge of patients. The reason is that majority of medical social workers told that hospital

policy did not allow their any role in admission and discharge of patients. The medical social workers were asked whether there is any referral system is in practice in hospital. The results in Table 20 found that in majority of units under study, 88 percent of data, the referral system was in practice. However, the analysis failed to find any association between number of beneficiaries and referral system in practice in hospital.

6. Conclusion and Policy Implications

Medical social work set up in Pakistan is mainly established in only province of Punjab in the other regions these services are minimum. Further medical social services projects are mainly established in government hospitals. These are provincial social welfare departments that establish medical social services projects, appoint medical social workers, provide them training, define their job description and provide them physical infrastructure. That is the reason medical social work projects are working as separate entities within the premises of hospitals. That is the reason health care settings have not integrated the services of medical social work with the service delivery mechanism of hospitals.

The majority of medical social workers did not have specialization in the field of medical social work and no research qualification in social work. The medical social workers are not social work cadre officers they are appointed through transfer general cadre who have qualification of sociology, anthropology, social work, rural sociology, gender studies and women studies etc. thus lack of knowledge of medical social workers in the field of medical social work hampers the practices of medical social work. The attitude of hospital management towards medical social work services is not much encouraging, they did not follow the referral mechanism, did not resolve the job related grievance of medical social workers, withal, suppress them to do the non-professional tasks such as maintaining the record, distribution of drugs and protocol duties.

Hospital administration did not offer any training to the medical social workers, did not let them to involve in hospital health care procedures and not formally seek assistance from them in rehabilitation and psycho-social aid. The existing set up of medical social work focused on distribution of Zakat funds and free medicine. The social welfare & Bait-ul-Maal department Government of Punjab has lead role in establishment and successful running of medical social services units in Pakistan up to the extent of Punjab even in the presence of all aforesaid issues the medical social workers are providing up to the mark services. In this respect there is strong role of academia, specially, the university of Punjab. Majority of medical social workers are graduated from the University of Punjab. The department of social work university of Punjab has created a good repute and liaison with Social Welfare & Bait-ul-Maal Department, Government of Punjab. The students of Department of social work are accommodated in Social Welfare Department on priority basis for internship, research projects and field work training. That is the reason that 28 medical social services units are providing up to the mark services in the Lahore city only.

There is need to integrate the services of medical social work with service delivery mechanism of health care settings in Pakistan. The academia and practicing medical social workers shall organize workshops, trainings and awareness seminars for the medical and para medical staff to made them aware of social needs of the patients and role of medical social work in this respect. There is need to devise a targeted monitoring mechanism that would ensure the application of medical social work practices as per international standards. At present the monitoring by the administrative department is monitoring of attendance of medical social workers and progress in terms of beneficiaries. Further monitoring authority of the services of medical social work project should be hospital administration that should monitor those services in perspective of demand siders (from the medical, para medical staff and patients) and supply siders (service providers of medical social work practices). The services of medical social workers should be at disposal of hospital administration and administrative department should ensure that hospital did not involve medical social workers into nonprofessional tasks. The medical social workers are appointed as general cadre officers with background of various fields other than social work. The medical social workers should be appointed as cadre officers who have specialization in the field of social work.

References

Ahmad, S., & Bano, A. (2021). Professionals unprepared: A critical appraisal of social work practice at the Drugs Abuse Rehabilitation Centres in Khyber Pakhtunkhwa, Pakistan. *Journal of Humanities, Social and Management Sciences (JHSMS), 2*(1), 108-120. doi:10.47264/idea.jhsms/2.1.10

Ali, M., & Rafi, S. (2013). Medical social work in Pakistan: a multi-model approach to collaborative practice in health care settings. *Academic Research International, 4*(4), 355.

Auerbach, C., Mason, S. E., & Laporte, H. H. (2007). Evidence that supports the value of social work in hospitals. *Social Work in Health Care, 44*(4), 17-32. doi:10.1300/J010v44n04_02

Beddoe, L. (2013). Health social work: Professional identity and knowledge. *Qualitative social work, 12*(1), 24-40. doi:10.1177/1473325011415455

Chavan, B. (2007). Medical social work practices in hospital setting in Western Maharashtra.

Christ, G. H., & Sormanti, M. (2000). Advancing social work practice in end-of-life care. *Social Work in Health Care, 30*(2), 81-99. doi:10.1300/J010v30n02_05

Cleak, H., Kr, A., Heaslop, G., & Tonge, A. (2020). Challenges to the development of a health care practice model for hospital social work in India. *Social Work in Health Care, 59*(2), 122-137. doi:10.1080/00981389.2020.1719566

Csikai, E. L., & Raymer, M. (2005). Social workers' educational needs in end-of-life care. *Social Work in Health Care, 41*(1), 53-72. doi:10.1300/J010v41n01_04

Farhana, S., & Riaz, S. (2019). An Overview of Social Work Practice in Health Care Setting with Special Reference to Pakistan. *Journal of Economics and Sustainable Development, 10*(14). doi:10.7176/JESD

Hassan, S. M. (2016). Medical Social Work: Connotation, Challenges and Prospects. *Pakistan Journal of Social Sciences (PJSS), 36*(1), 495-504.

Khalid, M. (2011). Social Work Theory and Practice. *Karachi, Pakistan: Kifayat Academy*.

Malik, A., & Sarfaraz, S. F. (2012). Social work practice in health care with special reference to Pakistan. *Pakistan Journal of Commerce and Social Sciences (PJCSS), 6*(1), 210-215.

Mehta, R. D., & Roth, A. J. (2015). Psychiatric considerations in the oncology setting. *CA: a cancer journal for clinicians, 65*(4), 299-314. doi:10.3322/caac.21285

Parmar, A. (2014). Methods of social work and its role in understanding team climate and team effectiveness for organizational development. *Journal of Sociology and Social Work, 2*(1), 303-318.

Rehmatullah, S. (2002). *Social welfare in Pakistan*: Oxford University Press, USA.

Riaz, S. (2015). Need And Importance Of Medical Social Work Practice: Evidence, Challenges And Prospects With Special Reference To Karachi City. *Pakistan Journal of Applied Social Sciences, 2*(1), 55-71. doi:10.46568/pjass.v2i1.284