

**“TO STUDY THE SCOPE OF AN INDEPENDENT
MEDICAL SOCIAL WORK DEPARTMENT IN
KERALA MEDICAL SETTINGS”**

**Dissertation submitted to
Mahatma Gandhi University, Kottayam in partial fulfillment of the
requirements for the degree of
Master of social work**

**Specializing in
Medical and Psychiatric Social Work**

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CERTIFICATE

This is to certify that this dissertation titled “**To study the Scope of an Independent Social Work Department in Kerala Medical Settings**” is a record of genuine and original work done by **Mr. Basil K Varghese, Reg. No. 200011034669** of IVth semester Masters of Social work course of this college under my guidance and supervision and it is hereby approved for the submission.

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DECLARATION

I, **Basil K Varghese**, hereby declare that this dissertation titled “**To study the Scope of an Independent Medical Social Department in Kerala Medical Settings**” submitted to MG university, Kottayam, is a record of genuine and original work done by me under the guidance of **Mr. Sooraj M V, Assistant professor, Bharata Mata School of Social Work Thrikkakara**, and this research work is submitted in the partial fulfillment of the requirements for the award of the degree of Master of Social Work specializing in **Medical and Psychiatric Social Work**.

I hereby declare that the results embedded in this research have not been submitted to any other University or Institute for the award of any degree or diploma, to the best of my knowledge and belief.

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ABSTRACT

The study on the “Scope of an Independent Social work department in Kerala Medical settings” explored the scope and working conditions of the Social workers working in Kerala Medical setting. A medical social work department mainly focuses on supporting patients and their families in hospitals, community clinics and other health care settings by providing all the medical care with the support of a larger Social workers team. The mission of the medical social work department is working with individuals, families and communities. It provides different services to patients like providing medical aid for the treatment and medication. The medical social work department provides a holistic approach to the poor and needy. The Medical social work department plays a major role in helping them and they do not have to go anywhere for the fund for their operations. In case of the Social workers who are working in an Independent Medical Social work department doesn't need to work under a specific specialized Doctor either they can work under a Social Worker itself and they can work freely and they will not have that much work stress and pressure from the head of the department. The Independent Social work department also provides lots of employment opportunities for the Social workers. Through this study the researcher aims to study about the scope of an Independent Medical social work department in Kerala Medical setting. The research is done through quantitative method with help of self-made questionnaire. The researcher could find out the need an Independent Medical Social work department and also the research understood challenges and working condition of Social workers working in Kerala Medical setting.

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BASIL K VARGHESE

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CHAPTER 1

INTRODUCTION

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1.1 GENERAL INTRODUCTION ABOUT THE TOPIC

The study aims to understand the scope of an Independent Medical Social work department in Kerala medical settings. Medical social work department's primary aim is to work with individuals, groups, families and communities. Also it provides various holistic approaches to the poor and needy patients. The patients who are coming to the hospital can be able to fulfill their needs in case of medical assistance and other kinds of all assistance because of an Independent Medical Social work department in the hospital itself. In Kerala's Medical setting there are no such departments which provide holistic approaches to the people. People are seeking the helps through different social media platforms to meet their needs. Also through this study to identify the challenges faced by the social worker's working in Kerala medical setting.

1.2 Medical Social Work

Institutions employ social work as a tool to support social transformation and social stability. Medical social work is a powerful and essential part of medicine that requires scientific study in order to provide complete and high-quality treatment. Medical social work is the professional application of social work theory and methods. It involves the diagnosis, treatment, and prevention of psychosocial dysfunction, disability, or impairment, including emotional, mental, and behavioural issues.

Providing for the many needs of individuals, families, and communities coping with health and wellbeing challenges is the aim of medical social work. When someone is unwell, they may need aid with possible financial, social, and emotional issues in addition to obtaining physical treatment. They can have a sense of being overloaded and in need of planning support while working with the healthcare system. They

may require counseling help throughout their after-care transition in order to understand the changes in their lives.

Medical social work is a subfield of social work. Medical social workers often work in hospitals, outpatient clinics, community health organizations, skilled nursing facilities, long-term care facilities, or hospices. When clients or their families need psychosocial assistance, they help them. Medical social work is referred to as social work that is carried out in hospitals, clinics, or other healthcare facilities with the goal of enhancing the effectiveness of medical services. It is a part of the comprehensive management of clients' rehabilitation through a multidisciplinary team approach made up of several professional treatments from occupational therapy, physiotherapy, orthotics and prosthetics, psychiatry, social work, and career counseling. Hospitals handle the majority of medical rehabilitation. That is restoring the client's physical capacity to its previous state as precisely as is practical. The approach aims to minimize early power loss while maximizing function restoration. In addition to surgery and manipulation, it involves physiotherapy, psychological counseling, social assistance, and exercise therapy. The promotion of the client's physical and mental health is the aim of orthotics and prosthetics.

1.3 Medical Social Worker

Medical social workers provide assessments and required interventions as part of a multidisciplinary healthcare team. The emotional, mental, and behavioral health of the client, families, couples, and group is their first priority. Patients' treatment plans emphasize a holistic approach to psychotherapy and the client's relationship to his or her surroundings. Medical social workers can get insight into the needs, problems, and expectations of the target customer group through case studies, patient contacts, and counseling.

Medical social workers, a crucial element of the healthcare team, aid patients and families in addressing the consequences of illness on the patient and family members. This is especially important in hospital settings. The severity of the illness or injury usually results in great stress, which frequently leads to the patients' and their families' emotional collapse, which has a substantial detrimental influence on the healing process. Medical social workers are skilled in dealing with the full person and implementing social work principles. That is, focusing on the person while employing methods like case work, group work, etc. to deliver better services and aid in rehabilitation.

Medical social workers directly interact with patients and families who are experiencing financial hardship, interpersonal strife, emotional distress, or mental stress as a result of a loved one's sickness. Due to the range of challenges they encounter and the fast-paced nature of medical facilities, hospital social workers may find this line of work to be challenging and tough. Many medical social workers attribute their entry into and continued employment in the profession to the relationships they develop with patients, families, and the medical staff as well as the knowledge that they are helping people.

Clinics, hospitals, mental health centres, drug rehab facilities, treatment facilities, and community health groups all employ medical social workers. They carry out psychological exams, act as counselors and facilitators, advocate patients' interests, and offer referral services to the client's family. They also assess the client's social, emotional, and financial needs and provide the best help possible.

Patient education is one of the most important tasks performed by medical social workers in healthcare settings. Dealing with a disease, an injury, or any medical issue

may be challenging and incredibly stressful for patients and their loved ones. Medical social workers explain to patients the causes, effects, and progression of their illness. Medical social workers contact with patients and their families to discuss treatment options after learning about these options from the medical staff. In addition, they notify patients and their families on any modifications to their treatment plan. Medical social workers also do crisis interventions as necessary to help patients and their families cope with disaster, pressing matters, and high stress. For patients and families suffering with a terminal illness, medical social workers offer grief counseling, therapy, and referrals to other mental health facilities.

1.4 Medical Setting

Health care setting is also known as the medical setting. The word "healthcare environment" refers to a broad variety of services and places where healthcare is given, including acute care hospitals, urgent care centres, rehabilitation centres, nursing homes and other long-term care institutions, as well as specialized outpatient services.

The World Health Organization defines a health system as all organizations, individuals, and behaviors whose principal goal is to promote, restore, or preserve health. This covers actions that affect the factors that affect health as well as more direct actions that enhance health.

Representatives of the health services or professions provide a wide range of services to people, families, or communities in order to promote, maintain, monitor, and recover health. The aim of the healthcare system is to make each person's health better. That is a strategy for methodically and consistently raising a population's level

of health. To do this, health care services are usually divided into primary, secondary, and tertiary levels, to which the consumer is directed.

Primary health care: At this level, which serves as the first point of contact between an individual, their family, their community, and the national health system, primary healthcare is provided. Most health problems may be managed and resolved in close proximity to the patient. With the aid of multifaceted healthcare experts, it is provided at the village level and through primary health centres, as well as those centres' outposts.

Secondary health care: At this level, more challenging problems are tackled. Care is frequently provided in the district hospital and community centres, which serve as the primary referral level. Therapeutic services are provided at this level.

Tertiary level: At the tertiary level, there are more specialised facilities and highly trained medical personnel accessible. This care is under the jurisdiction of regional or national institutions. For example: medical college hospitals.

1.5 Challenges faced by Medical Social Work

The following difficulties may arise for social workers working in hospitals:

- People sometimes misunderstand the term "social work," confusing it with "volunteerism" or "social service," and they also believe that the work done by hospital social workers covers all bases. Therefore, it is challenging to persuade individuals that social service and volunteer work can be carried out by anyone based only on their passion to serve others. On the other hand, social work services are offered to a large number of clients by qualified professionals with professional degrees, and their function is crucial in the context of health and disease as a whole.

- Numerous government initiatives, such as the Delhi Arogya Kosh, the Health Minister's Discretionary Grant, and the Rashtriya Arogya Nidhi, provide financial assistance to assist the impoverished in completing their medical care. In order to ensure that the benefits of these programmes are obtained by the intended users without wasting or misusing public resources, hospital social workers must carefully analyse the needs of such patients.
- Public health organisations' social workers have to deal with the hospital's limited availability of resources. It could be difficult to explain to patients and their families why certain clients are moved to organisations outside of the hospital because they cannot obtain the services that are needed.
- Hospital social workers collaborate in multidisciplinary teams. Their obligations are entwined with those of the other team members, such as the paramedics, doctors, and nurses. It therefore occasionally results in professional issues.
- Compared to other healthcare professionals employed by hospitals, lower compensation. Less aid and backing from the authorities for the medical social workers. Studies on the efficacy of evidence-based practice or social work interventions in hospitals are few.

CHAPTER 2

REVIEW

OF

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2.1 Introduction

Various articles, journals, and publications have been referred for reviewing the literature for this study. These cover basic concepts of this research work like medical social work, medical social worker and medical setting with specific references.

Medical social work is described by Robert L. Barker as "the social work practice that occurs in hospitals and other health care settings to promote good health, prevent illness, and assist physically ill patients and their families in resolving the social and psychological problems related to illness." He said that medical social work also raises awareness of the social-psychological side of sickness among other medical professionals.

(Barker, 1955) A medical social worker assists sick people and their families in coping. In addition to giving patients information on the resources available to them to deal with the emotional, financial, and social requirements that come with diagnosis, they also assist patients in understanding their sickness or condition. A social worker ensures that patients' social and emotional needs are satisfied as part of their medical care as an advocate for the patient. All of these elements are particularly important for the study.

2.2 Medical Social Work Practice in the Global Context

(Cabot, 1905) Partly as a consequence of an evolutionary process and partially as the profession's response to the shifting conditions and demands of the healthcare system, social work tasks and duties as well as the development of pertinent knowledge and skills have emerged. In England, the need for medical social work practice in the healthcare industry was first recognized in 1885 when patients being released from

mental institutions required follow-up treatment in their homes to prevent the return of their condition. The necessity to follow up on patients who were released from mental and other institutions was generally acknowledged by doctors and nurses. They had prior experience working with patients who had just been discharged from hospitals at the time. As they were returning back to their environs, they were aware that they were going back to the hospitals because they were once more having an impact. With their social and economic issues impeding their recuperation, it became clear that these folks required assistance. They were of the firm opinion that home visits and post-care services were essential for their adequate treatment. In light of this, Dr. Richard C. Cabot established medical social work in 1905 at Boston's Massachusetts General Hospital. Three further locations were added almost simultaneously: Berkeley Infirmary in Boston, John Hopkins Hospital in Baltimore, and Bellevue Hospital in New York.

Similar to this, the English hospital almoners understood they needed to do much more than just determine who was actually in need of financial assistance. They changed their training schedule and curriculum accordingly to meet these demands. In line with this pattern, it has only lately been recognized that the word "Medical Social Worker" would be a preferable alternative to the name "Almoner," which has a tendency to be deceptive in relation to the job. Due to the development of medical social work in England and the United States, the medical social workers organization of America was founded in 1918, establishing the field as a whole. Then, it spreads widely over the entire planet.

2.3 Concept of Medical social work

(Oxford, 2022) Medical social work is a sophisticated kind of contemporary social work that applies social work theories, practices, and tactics to the medical field. A sick person's ability to get assistance relies on a variety of factors, including the type of sickness they are suffering from, their personality, the social environment they are a part of, and the resources that are accessible to them. The demands of the ill are rarely straightforward; more frequently, they are complicated and need for many forms of assistance at once. A subfield of social work called medical social work addresses the patient's social, physical, and psychological needs.

(Barker, 1995) "The social work practice that takes place in hospitals and other healthcare facilities to promote wellness, ward off disease, and assist physically ill patients and their families in resolving the social and psychological issues associated with illness. He said that medical social work also raises awareness of the social-psychological side of sickness among other medical professionals.

(Clarkson, 1974) As a specialist area of social work, medical social work is performed in hospitals, clinics, community health centres, and occasionally general practice. Its approach entails recognizing the sick person as a human being who may be temporarily or permanently disabled by illness, whose routine may be disrupted, who may be absent from home for extended periods of time, who may be jobless and consequently poor, or who may react negatively to illness or disfigurement, and working with doctors, nurses, and others to try to assist them.

(Clarkson, 1974) Medical social work is social work that is carried out with the structure of health and medical care programmes and in a responsible relationship to medicine and public health. Medical science places a greater focus on the illness than

it does on the patient who is ill. However, medical social work focuses on the sick person rather than just the medical side of the illness. It aims to assist the patient in making the best use of the medical resources available to him or her while also figuring out a way of life that is both satisfying to him or her and consistent with his or her physical limitations through the understanding and application of social casework principles and techniques.

(Oxford, 2022) Providing for the many needs of individuals, families, and communities coping with health and wellbeing challenges is the aim of medical social work. When someone is unwell, they may need aid with possible financial, social, and emotional issues in addition to obtaining physical treatment. They could have a sense of overload while engaging with the healthcare system. Additionally, they might need help organizing their after-care transition or support from counseling to help them deal with the changes in their lives. Medical social workers fulfill all of these qualifications in a variety of settings. Therefore, medical social work is a service built on social work knowledge and abilities where the psychosocial causes of illnesses are explored, helping the client to improve their mental state and take the required actions for their recovery and rehabilitation. Preventative care is also given attention.

(Barker, 1955) The practice of social work in the medical and healthcare industries is no longer seen as a specialty area connected to acute hospitals. Instead, it evolves into a strategy that cuts across contexts and fully takes into account both micro and macro services. Social work in health must thus offer board-based social health services to individuals, families, and the general public in a number of contexts, such as schools, workplaces, and community social health organizations, in order to improve social well-being. Social work develops the "Social Health Model," a framework for medical

care, to do this. There are four key elements in this paradigm that social workers need to keep in mind.

First: It's important to recognize the social issues that affect the community as a whole. In order to assist community members and organizations in identifying and analyzing their social health needs, problems, and strengths, social workers work in collaboration with them.

Second: The goal of intervention must be to preserve and enhance social functioning among people, groups, organizations, and communities. In order to enhance the general well-being of the community, additional service programmes must be universal, comprehensive, and integrated, as well as accessible and responsible.

Third: Intervention must be planned to emphasize social action as well as prevention, health promotion, diagnosis, treatment, and rehabilitation.

Fourth: It is crucial to track and assess how social health needs and issues are found and addressed.

Social workers carry out their duties in medical and healthcare settings while taking into account these four Social Health Model components.

(Oford, 2022) The hospital environment is a crucial location for medical social work. By offering individual, group, and family therapy; acting as patient advocates; and collaborating with members of self-help groups, social workers assist patients in integrating with their surroundings. Social work aids patients in medical settings by helping with study, diagnosis, treatment, referral, follow-up, and assessment stages.

2.4 Development of Medical Social Work in India

(Sinha, 1980) Infant mortality, maternal mortality, and the nation's overall death rate were all fairly high at the time of independence. Only 32.4 years for men and 31.7 years for women were considered to be the typical lifespan. Major public health risks included leprosy, undernourishment, malnutrition, and malaria. Infrastructure and staffing in the healthcare industry were significantly inadequate. Urban regions were home to public hospitals. Villagers had little choice but to rely on quacks and alternative medicine practitioners.

The Indian government created the Bhore Committee in 1943 with the goal of reviewing the nation's existing medical organizations and procedures and making recommendations for improvement. "We have little doubt that hiring certified hospital social workers on their staff, as has been the experience recently in Great Britain and America, will have a significant impact on the overall efficiency of all the main hospitals in India." In its 1946 report, which also contained several other suggestions, the committee noted.

(Sinha, 1980) Hospital social workers, in accordance with the Bhore Committee, are responsible for the following duties: looking into environmental factors that may have an impact on a patient's physical condition and alerting the healthcare team to them; educating and advising patients and their families on how to adhere to the recommended treatment plan in a clear and practical way; assisting patients and their families in overcoming obstacles to the best possible treatment outcomes; planning social activities for patients and their families. In response to the Bhore Committee's recommendations, the Tata Institute of Social Sciences in Mumbai started providing courses in medical and psychiatric social work. The Medical and Psychiatric Social

Work was then launched by a limited set of institutions, including NIMHANS, CIP, and RINPAS, among others. As a result, the hospital social work sector in the nation expanded, and hospitals started employing medical and psychiatric social workers.

2.5 Medical Social Worker

(Whitaker, 2006) Medical social workers provide assessments and required interventions as part of a multidisciplinary healthcare team. The emotional, mental, and behavioral health of the client, families, couples, and group is their first priority. Patients' treatment plans emphasize a holistic approach to psychotherapy and the client's relationship to his or her surroundings. Medical social workers can get insight into the needs, problems, and expectations of the target customer group through case studies, patient contacts, and counseling. Medical social workers collaborate closely with doctors, nurses, and other healthcare professionals while working in fast-paced situations and as a member of interdisciplinary teams. The "person-in-environment" viewpoint is something that medical social workers bring to the interdisciplinary team, making them essential. In order to lessen the negative effects of disease and hospitalization, hospital social workers offer direct assistance to patients, their families, and caregivers (including close friends and relatives). Enhancing social and emotional functioning is the responsibility of a hospital social worker. This is done via focused interventions and the mobilization of resources and supports.

(Oxford, 2022) Medical social workers, a crucial element of the healthcare team, aid patients and families in addressing the consequences of illness on the patient and family members. This is especially important in hospital settings. The severity of the illness or injury usually results in great stress, which frequently leads to the patients' and their families' emotional collapse, which has a substantial detrimental influence

on the healing process. Medical social workers are skilled in dealing with the full person and implementing social work principles. That is, focusing on the person while employing methods like case work, group work, etc. to deliver better services and aid in rehabilitation.

(Whitaker, 2006) Medical social workers directly interact with patients and families who are experiencing financial hardship, interpersonal strife, emotional distress, or mental stress as a result of a loved one's sickness. Due to the range of challenges they encounter and the fast-paced nature of medical facilities, hospital social workers may find this line of work to be challenging and tough. Many medical social workers attribute their entry into and continued employment in the profession to the relationships they develop with patients, families, and the medical staff as well as the knowledge that they are helping people.

Clinics, hospitals, mental health centres, drug rehab facilities, treatment facilities, and community health groups all employ medical social workers. They carry out psychological exams, act as counselors and facilitators, advocate patients' interests, and offer referral services to the client's family. They also assess the client's social, emotional, and financial needs and provide the best help possible.

Patient education is one of the most important tasks performed by medical social workers in healthcare settings. Dealing with a disease, an injury, or any medical issue may be challenging and incredibly stressful for patients and their loved ones. Medical social workers explain to patients the causes, effects, and progression of their illness. Medical social workers contact with patients and their families to discuss treatment options after learning about these options from the medical staff. In addition, they notify patients and their families on any modifications to their treatment plan. Medical

social workers also do crisis interventions as necessary to help patients and their families cope with disaster, pressing matters, and high stress. Counseling for grief is provided by medical social workers.

(Oxford, 2022) Hospital social workers engage in a number of tasks that may be generally categorized into the following areas:

Direct Patient Services: First of all, patients are unfamiliar with the hospital's surroundings when they first arrive. They must be familiar with all of the facilities offered by the hospital, including the emergency room, outpatient clinic, diagnostic services, and the procedures and protocols followed throughout treatment. Patients and their families require comprehensive information on the illness, accessible therapies, diagnostic techniques, drugs, planned follow-up appointments, and other subjects. Patients who have life-threatening terminal diseases may feel hopeless and distressed and require psychosocial support. The patient's environment occasionally has an impact on how effectively a therapy works. There is a danger that there won't be enough resources available to meet patients' requests in the hospital, local area, family, and personal spheres. Between the patient and the doctor, there is a reasonable separation. Patients may hesitate to provide doctors important or thorough information about their condition. Doctors are also unable to commit enough time and fully explain all treatment approaches in a way that patients may easily grasp owing to their busy schedules. To help on these social, economic, and psychological fronts and bridge the communication gap between the patient and doctor, hospital social workers participate in a range of activities targeted at helping patients and their families throughout the course of treatment. Daily rounds, admission, a comprehensive social and psychological assessment, guidance, casework, group therapy, crisis intervention, support groups, resource mobilisation, referrals, institutionalisation and rehabilitation

of particular groups like the unidentified, handicapped, children, elderly, and mentally ill, follow-up, patient advocacy, coordination with multidisciplinary teams, health education and awareness generation, etc. are some of the direct patient services that are provided.

Administration: The following actions are carried out by hospital social workers to plan their work and aid the hospital administration in its endeavors. Their main duties include planning, development, implementation, and evaluation of the hospital's programmes and projects. Participation in hospital committees, patient discharge planning or transfer for additional treatment, budget preparation, annual reports, formal correspondence, case record upkeep, grant-seeking, use of social media for community relations, explanation of the hospital's role to community agencies, and involvement in the execution of CSR activities are all examples of activities that fall under this category.

Teaching, training, and supervision: In addition to offering clinical services, modern hospitals also provide a variety of academic programmes through affiliated medical colleges and universities. Social workers regularly participate in teaching students from a range of disciplines, including nursing, occupational therapy, public health, social work, and medicine, as an essential part of the healthcare team. They also provide orientation, training, and supervision to nursing students, interns, NSS volunteers, and social work students doing fieldwork. They collaborate closely with social work departments to develop the curricula in order to make sure that social work education is relevant to people's needs. Hospital social workers also organize and plan continuing education for physicians, nurses, and other healthcare professionals.

Research: Last but not least, trained social workers lead and take part in research-related activities with other social workers and members of the healthcare team on a variety of subjects, including KAP studies, programme evaluation studies, follow-up studies, explorative studies, comparative studies, interventional studies, etc. As a result, social workers do a variety of tasks including counseling, teaching, enabling, advising, brokering, coordinating care, training, conducting research, consulting, and community organizing. They serve as effective patient advocates and a reliable conduit between patients, doctors, and organizations.

2.6 Medical Setting

(Oxford, 2022) Health care setting is another name for the medical setting. The word "healthcare environment" refers to a broad variety of services and places where healthcare is given, including acute care hospitals, urgent care centres, rehabilitation centres, nursing homes and other long-term care institutions, as well as specialized outpatient services.

The World Health Organization defines a health system as all organizations, individuals, and behaviors whose principal goal is to promote, restore, or preserve health. This covers actions that affect the factors that affect health as well as more direct actions that enhance health.

(Webster, 2016) "Health is the condition of being sound in body, mind, or spirit, especially independence from physical sickness or discomfort". So the health has that much importance for an individual.

(Oxford, 2022) Health is defined as "the soundness of body or mind; that condition in which its functions are properly and effectively fulfilled" by the Oxford English

Dictionary. With the development of science, the idea of health has changed throughout time from being a personal issue to a global societal objective. These evolving notions include those related to biology, the environment, society, and psychology, among others. According to biomedical theory, someone is deemed healthy if they are disease-free. According to it, the human body is thought of as a machine, and sickness results from the machine's utter powerlessness. A doctor fixes this device.

(WHO, 1948) "Health is a condition of complete physical, mental, and social well-being and not only a lack of sickness or disability". Here, the physical component relates to the body, the mental component to the mind, and the social component to the whole socio-cultural milieu of the Health Care Sector 51. Therefore, it is clear that elements from each of these realms directly and significantly contribute to forming and defining a person's health.

(Schmidt 2008) Healthcare is defined as services that improve quality of life, promote health, prevent health issues, and detect and treat health issues.

Representatives of the health services or professions provide a wide range of services to people, families, or communities in order to promote, maintain, monitor, and recover health. The aim of the healthcare system is to make each person's health better. That is a strategy for methodically and consistently raising a population's level of health. To do this, health care services are usually divided into primary, secondary, and tertiary levels, to which the consumer is directed.

Primary health care: At this level, which serves as the first point of contact between an individual, their family, their community, and the national health system, primary healthcare is provided. Most health problems may be managed and resolved in close

proximity to the patient. With the aid of multifaceted healthcare experts, it is provided at the village level and through primary health centres, as well as those centres' outposts.

Secondary health care: At this level, more challenging problems are tackled. Care is frequently provided in the district hospital and community centres, which serve as the primary referral level. Therapeutic services are provided at this level.

Tertiary level: At the tertiary level, there are more specialized facilities and highly trained medical personnel accessible. This care is under the jurisdiction of regional or national institutions. For example: medical college hospitals.

2.7 Challenges faced by the Medical Social Workers

(Oxford, 2022) The following difficulties may arise for social workers working in hospitals:

- People sometimes misunderstand the term "social work," confusing it with "volunteerism" or "social service," and they also believe that the work done by hospital social workers covers all bases. Therefore, it is challenging to persuade individuals that social service and volunteer work can be carried out by anyone based only on their passion to serve others. On the other hand, social work services are offered to a large number of clients by qualified professionals with professional degrees, and their function is crucial in the context of health and disease as a whole.
- Numerous government initiatives, such as the Delhi Arogya Kosh, the Health Minister's Discretionary Grant, and the Rashtriya Arogya Nidhi, provide financial assistance to assist the impoverished in completing their medical care. In order to ensure that the benefits of these programmes are obtained by the intended users

without wasting or misusing public resources, hospital social workers must carefully analyze the needs of such patients.

- Public health organizations' social workers have to deal with the hospital's limited availability of resources. It could be difficult to explain to patients and their families why certain clients are moved to organisations outside of the hospital because they cannot obtain the services that are needed.

- Hospital social workers collaborate in multidisciplinary teams. Their obligations are entwined with those of the other team members, such as the paramedics, doctors, and nurses. It therefore occasionally results in professional issues.

- Compared to other healthcare professionals employed by hospitals, lower compensation. Less aid and backing from the authorities for the medical social workers. Studies on the efficacy of evidence-based practice or social work interventions in hospitals are few.

- A social worker may frequently encounter the difficulty of dealing with the extremely limited resources available when working at health centres, especially government health centres. It might be challenging for social workers to justify why they can't aid every client who asks for help due to the limited resources available. Even if he can direct the client to the appropriate organisation for assistance, it can be difficult for him to persuade the client that, in the event that resources are not available, the client might need to contact another group for assistance. This is due to the common expectation among customers that they would receive all assistance under one roof and won't require moving to another location.

As a result, a medical social worker may encounter a variety of difficulties in their line of work. It is a vocation that requires social workers to do several distinct

responsibilities at once. For instance, a medical social worker may be required to serve as a counselor for a patient who is struggling to handle stressful situation. In a same vein, he/she must assume the position of a teacher by explaining the basics of the nature of and attempts to respond to their inquiries. Additionally, medical social workers must act as a conduit between other parties.

(Whitaker, 2008) The biggest source of work-related stress that social workers identified was a lack of time to complete their tasks. Social workers claim that they are not given enough time to finish activities connected to their jobs. It is obvious that a major source of stress for social workers is a shortage of time due to increases in the intensity of their clientele's problems and increases in paperwork. Clients may suffer as a result since more time will be devoted to paperwork rather than customer care, which might be detrimental. Social workers frequently have a lot of cases to handle; this is particularly true of those who work in the child protection sector.

(Yamatani, Engel, & Spjedlnes, 2009) Caseloads for social workers are frequently higher than the advised maximum, which places a lot of pressure on them to handle their cases as fast as possible. Clients may suffer as a result of cases being handled quickly because social workers are unable to devote the necessary time and resources to each case.

(Whitaker & Arrington, 2008) Dealing with difficult clients is one of the main difficulties social workers describe that causes stress to rise; this is particularly true for social workers who provide mental health services.

(Acker & Lawrence, 2009) Social workers who assist people with severe and chronic mental diseases frequently felt stress, which evolves the symptoms of burnout. Dealing with challenging clients can also provide ethical challenges.

(Ulrich, 2007) When faced with ethical dilemmas they had no control over, according to two-thirds of social workers, they felt helpless, overburdened, and frustrated. Customers may suffer as a result since it may result in providing them with services that are subpar and immoral.

CHAPTER 3

RESEARCH

METHODOLOGY

CONTENTS

Serial No	Title	Page No
3.1	Introduction	
3.2	Title of the study	
3.3	Statement of the problem	
3.4	Significance of the study	
3.5	Objectives of the study	
3.6	Definitions of Key Concepts	
3.7	Research design	
3.8	Type of Research	
3.9	Universe/ Population of the study	
3.10	Sampling Procedure	
3.11	Research Instruments	
3.12	Method of data collection	
3.13	Source of data collection	
3.14	Geographical area of study	
3.15	Ethical responsibilities	
3.16	Limitations	
3.17	Chapterization	

3.1 INTRODUCTION

Research methodology is the specific procedure or techniques used to identify, select, process and analyze information about a topic. In a research paper, the methodology section allows the reader to critically evaluate a study's overall validity and reliability. The purpose of this chapter is to design the methodology of the research approach through mixed types of research techniques. The research also supports the research on how to come across the research result findings. In this chapter, the general design of the research and the methods used for data collection are explained in detail.

3.2 TITLE OF THE STUDY

To Study the scope of an Independent Medical Social work department in Kerala medical settings

3.3 STATEMENT OF THE PROBLEM

A medical social work department mainly focuses on supporting patients and their families in hospitals, community clinics and other health care settings by providing all the medical care with the support of a larger Social workers team. The mission of the medical social work department is working with individuals, families and communities. It provides different services to patients like providing medical aid for the treatment and medication of chronic diseases, blood testing, CT scans, MRI, Sonography, XRay and also provides ration kits, clothes and food coupons for the needy patients or their family. The medical social work department provides a holistic approach to the poor and needy. If a patient comes to a hospital, if they may not be able to afford the fund for their operation or for other medical purposes

because of their Socio Economic condition then the Medical social work department plays a major role in helping them and they do not have to go to anywhere for the fund for their operations. In case of the Social workers who are working in an Independent Medical Social work department doesn't need to work under a specific specialized Doctor either they can work under a Social Worker itself and they can work freely and they will not have that much work stress and pressure from the head of the department. The Independent Social work department also provides lots of employment opportunities for the Social workers. If there is an independent Medical Social work department in Kerala medical setting it would provide a holistic approach to the poor and needy patients. Also helps to provide various services for the overall wellbeing of the patient. Normally the practice in many of the hospital that if a patient cannot afford the amount for the operation or any other medical purposes the patient's family members will go for a live in any of the social media platforms and through the help of the kind hearted people they would afford the fund for the operation. If the hospital has a proper Independent Medical Social work department they would have connects the cause with any of the donors who are willing to help people and helps to mobilize the fund according the need of the patients. So the patient's needs are fulfilled by the Medical Social Work department itself. The conditions of the social workers working in Kerala Medical Social work setting has a very pathetic condition because they are under a lot of work pressure and they have to work under a specific specialized doctor. The Social workers are not considered as a professional in many of the hospitals and they have to complete almost every works. Only one or two Social workers are appointed in many of the hospital so the employment opportunities are also less. Because of the fewer intakes of the Social workers in medical setting many of the

Social workers are losing their employment opportunities. Also the Social workers are providing with less benefits only from the medical setting in which they are working.

3.4 SIGNIFICANCE OF THE STUDY

Medical social work department's primary aim is to work with individuals, groups, families and communities. Also it provides various holistic approaches to the poor and needy patients. The patients who are coming to the hospital can be able to fulfill their needs in case of medical assistance and other kinds of all assistance because of an Independent Medical Social work department in the hospital itself. In Kerala's Medical setting there are no such departments which provide holistic approaches to the people. People are seeking the helps through different social media platforms to seek the help for their needs. Through this study to identify the scope of an Independent Medical Social work department in Kerala medical setting and how much it would be effective in Kerala Medical setting. To identify the role of the Social worker's working in a medical setting and the different problems currently faced by the Social workers in Kerala medical setting. To understand the challenges faced by the Social worker's in medical setting and also to understand if the Social workers are given with proper recognition as professionals in a medical setting in Kerala.

3.5 OBJECTIVES OF THE STUDY

GENERAL OBJECTIVES

To Study the scope of an Independent Medical Social work department in medical settings in Kerala

SPECIFIC OBJECTIVES

- To study about the nature of support given by authorities for medical social

workers in Kerala medical settings.

- To study about the working conditions and challenges of the Social workers in Kerala medical setting.
- To bring out a solution for the less job opportunities of the Social workers in Kerala medical setting.

3.6 DEFINITION OF KEY CONCEPTS

THEORETICAL DEFINITION

Medical Social Work

The social work practice that occurs in the hospitals and other health care settings to good health, prevent illness, and aid physically ill patients and their families to resolve the social and psychological problems related to illness (Barker, 1995).

Medical Social Workers

The medical social worker seeks to remove those obstacles, either in the patient's surroundings or in their mental attitude, that interfere with successful treatment, thus freeing the patient to aid in his recovery as a whole person (Cannon, 1923).

OPERATIONAL DEFINITIONS

Medical Social Work

The Medical Social work is focused to work with individuals, families, groups and communities for their betterment and focused on the ways to improve the conditions of the hospitals.

Medical Social Workers

The Medical Social Worker is those who help the individuals, groups, families and communities for their overall wellbeing and provide all the supports.

3.7 RESEARCH DESIGN

The researcher has used a descriptive-analytical design. The descriptive research design is a study that is concerned with describing the characteristics of the scope, challenges and problems. It is a fact-finding investigation with adequate interpretation.

3.8 TYPE OF RESEARCH

Quantitative research. Quantitative research is based on the measurement of quantity or amount. It applies to the phenomena that can be expressed in terms of quantity. The quantitative data is collected and analyzed and the relevant data are converted into tables, bar, diagrams, pie charts etc along with detailed description of the same.

3.9 UNIVERSE/POPULATION OF THE STUDY

Medical Social workers of Kerala Medical setting

3.10 SAMPLE OF STUDY

The study was conducted on 50 samples and the data's were collected from different Medical social work in different medical setting in Kerala.

3.10 SAMPLING PROCEDURE

Convenience sampling is used for the study.

3.11 RESEARCH INSTRUMENTS/ TOOLS OF DATA COLLECTION

A self-made questionnaire was used as the research instrument.

3.12 Method of Data Collection

The data were analyzed using Microsoft Excel.

3.13 Source of data collection

Primary data

The primary data was collected from 50 Medical social workers working in different medical setting in Kerala using a self-constructed questionnaire.

Secondary data

The secondary data were collected from internet, articles, journals and books.

3.14 GEOGRAPHICAL AREA OF STUDY

The research was conducted among 50 medical social workers working in Kerala medical setting.

INCLUSION CRITERIA

The research was conducted among 50 medical social workers working in Kerala medical setting.

3.15 ETHICAL RESPONSIBILITIES

The researcher assured from the data collected from the respondents will be kept confidential. The researcher informed the respondents about the purpose of the study and gets their consent. The data will be used for academic purpose only.

3.16 LIMITATIONS

The researcher felt difficulty in collecting samples from the respondents because they were busy with their works.

3.17 CHAPTERIZATION

Chapter 1: Introduction

Chapter 2: Review of Literature

Chapter 3: Research Methodology

Chapter 4: Data Analysis and Interpretation

Chapter 5: Findings, Suggestions, and Conclusions

CHAPTER 4

ANALYSIS AND

INTERPRETATION

4.1 INTRODUCTION

Data analysis is one of the critical aspects of research. In this stage, the data collected is systematically organized and analyzed and a meaningful interpretation is given. Data collected through the survey are presented through tables, charts and figures. This chapter includes an analysis and interpretation about the scope of an independent medical social work department and the challenges faced by the social workers working in Kerala Medical setting.

4.2 SCOPE OF AN INDEPENDENT SOCIAL WORK DEPARTMENT

Figure 4.21 Are you aware of the concept of an Independent Medical Social Work department?

	Frequency	Percent
YES	35	70
NO	15	30
TOTAL	50	100

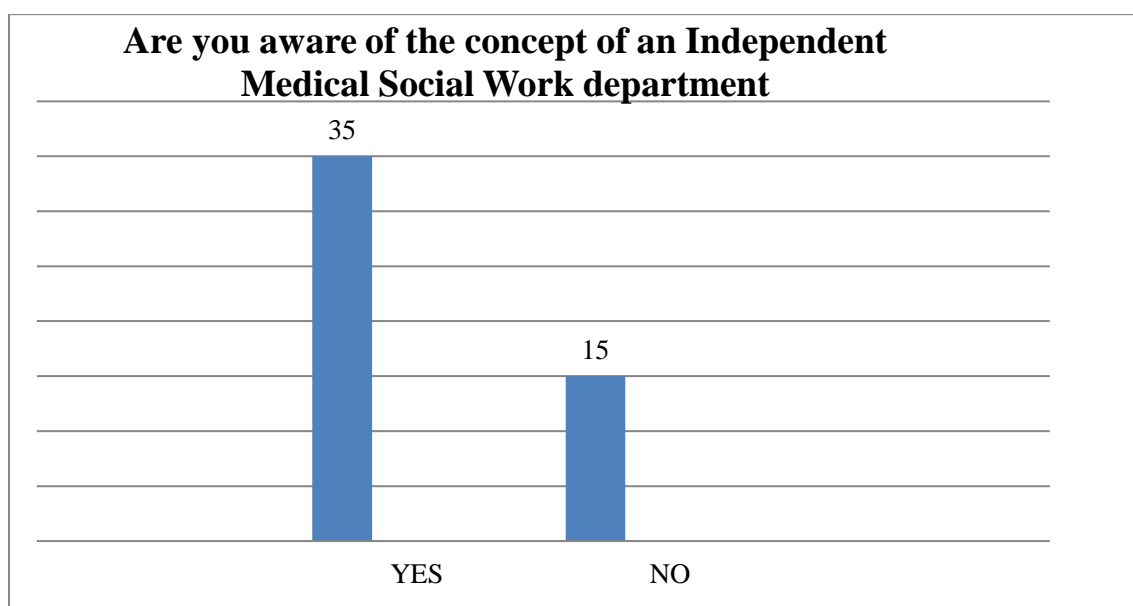


Fig 4.21

Fig 4.21 represents the response of the question of are you aware of an Independent Social work department. Among the total 70% are aware and 30% are not aware about the Independent Social work department.

Figure 4.22 Is it relevant to have an Independent Medical Social work department in a hospital?

	Frequency	Percent
YES	35	70
NO	15	30
TOTAL	50	100

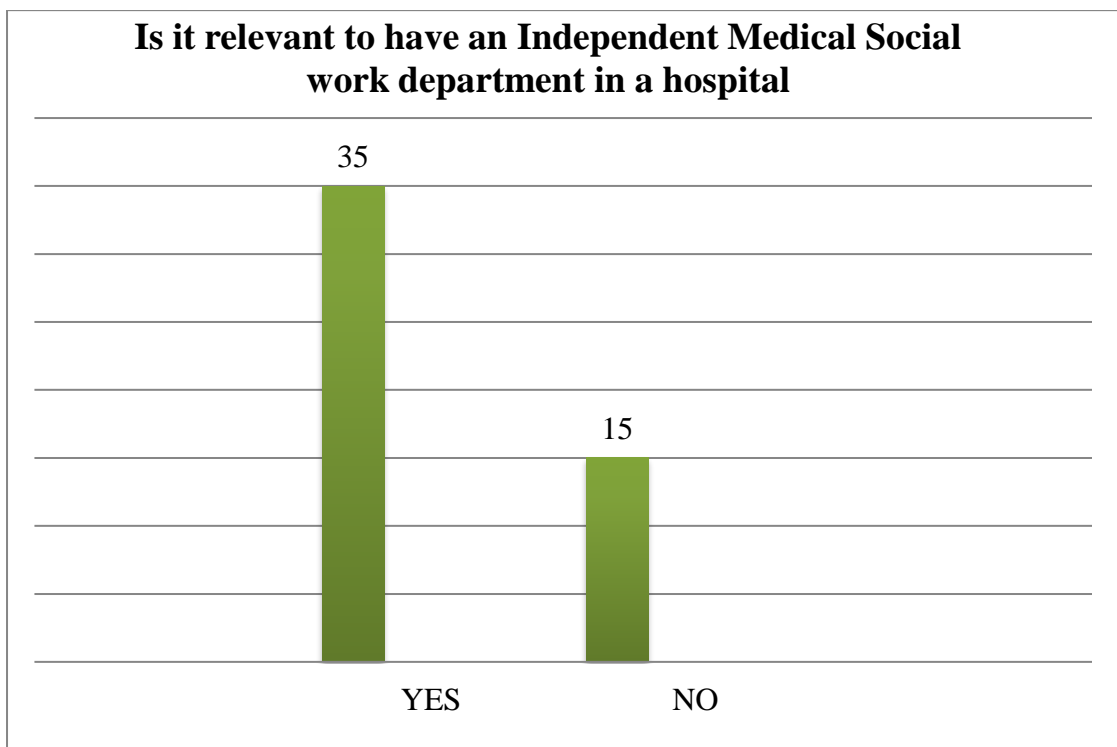


Fig 4.22

Fig 4.22 represents the response of the question of Is it relevant to have an Independent Social work department in a hospital. Among the total 70% told it is relevant to have and 30% told it is not relevant to have an Independent Social work department in a hospital.

Figure 4.23 Do you have any ideas about the benefits of an Independent Medical Social Work department?

	Frequency	Percent
YES	35	70
NO	15	30
TOTAL	50	100

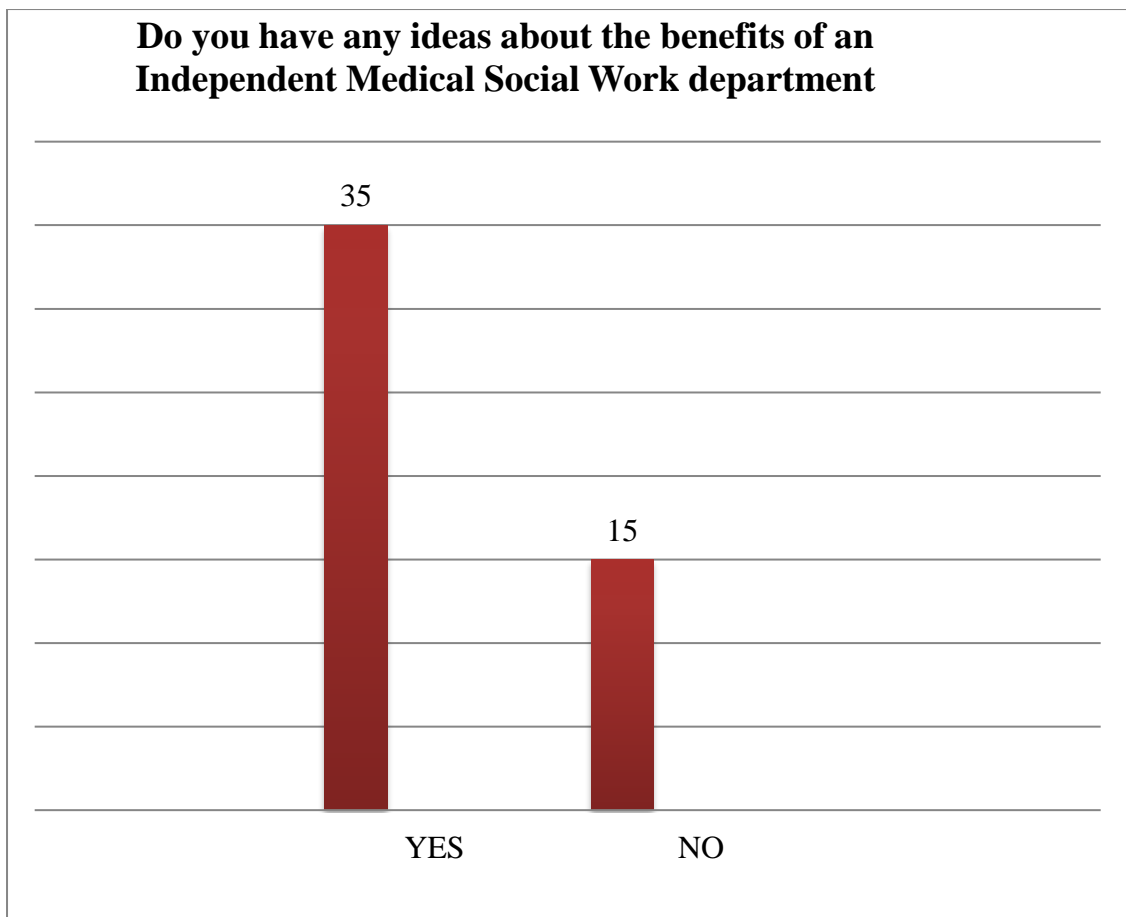


Fig 4.23

Fig 4.23 represents the response of the question of Do you have any ideas about the benefits of an Independent Medical Social Work department. Among the total 70% have the ideas about the Independent Social work department and 30% does not have any idea about an Independent Social work department.

Figure 4.24 Do you have an Independent Medical Social work department in your hospital?

	Frequency	Percent
YES	4	8
NO	46	92
TOTAL	50	100

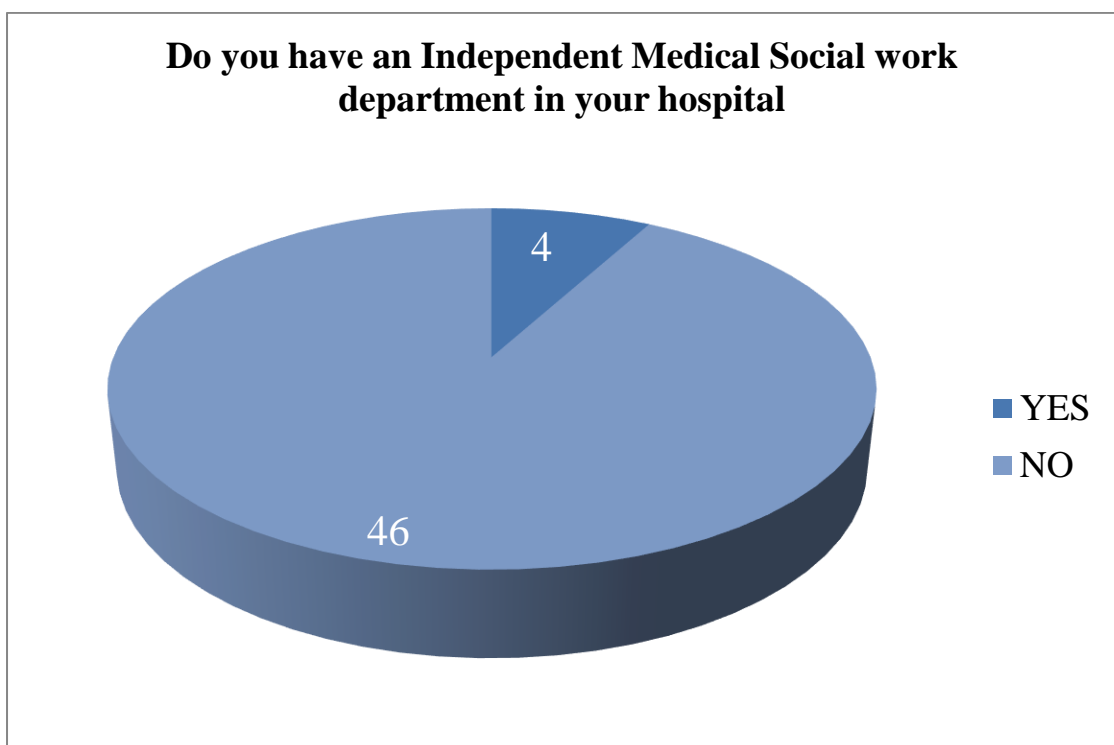


Fig 4.24

Fig 4.24 represents the response of the question of Do you have an Independent Medical Social work department in your hospital. Among the total 8% have an Independent Social work department in their hospital and 92% does not have an Independent Social work department in their hospital.

Figure 4.25 Do you think Hospitals are giving prime importance to Medical Social work department just like other departments?

	Frequency	Percent
YES	4	8
NO	46	92
TOTAL	50	100

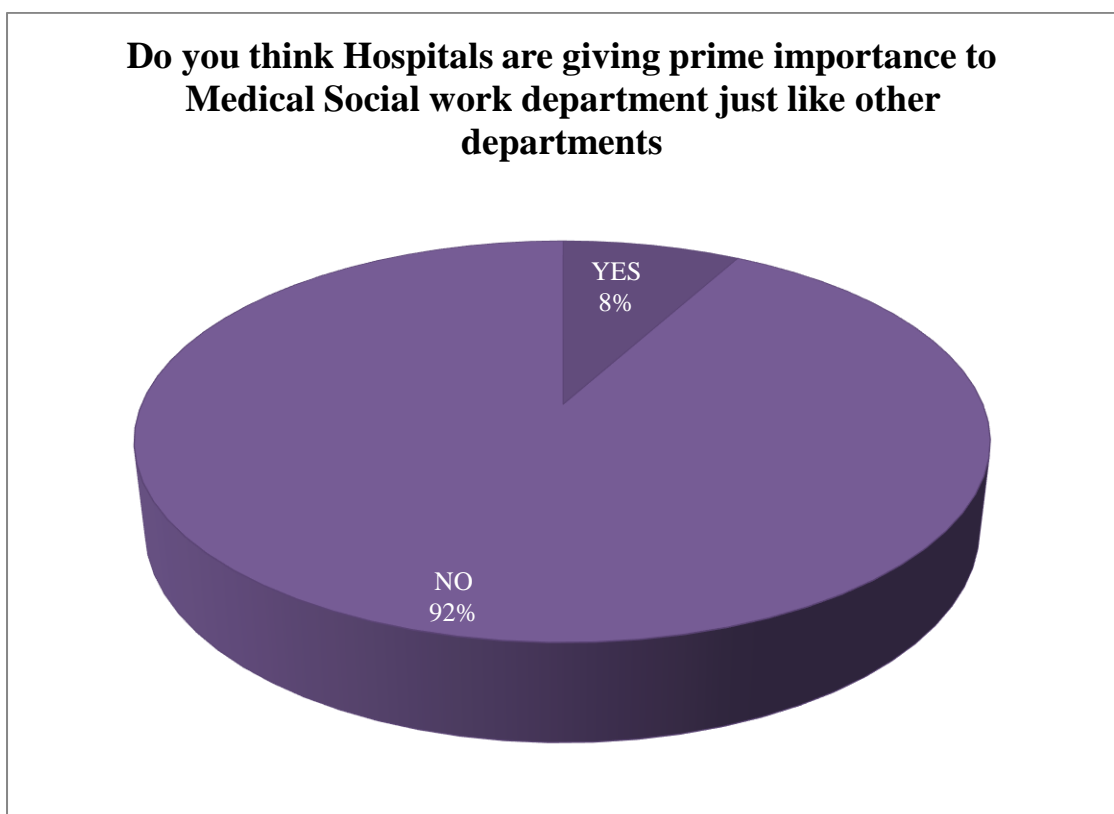


Fig 4.25

Fig 4.25 represents the response of the question of Do you think Hospital are giving prime importance to Medical Social work department just like other departments. Among the total 8% thinks the hospitals are giving prime importance to Medical social work department just like other departments and 92% does not thinks the hospitals are giving prime importance to Medical social work department just like other departments.

Figure 4.26 Do you think still the medical social workers are working under doctors?

	Frequency	Percent
YES	48	96
NO	2	4
TOTAL	50	100

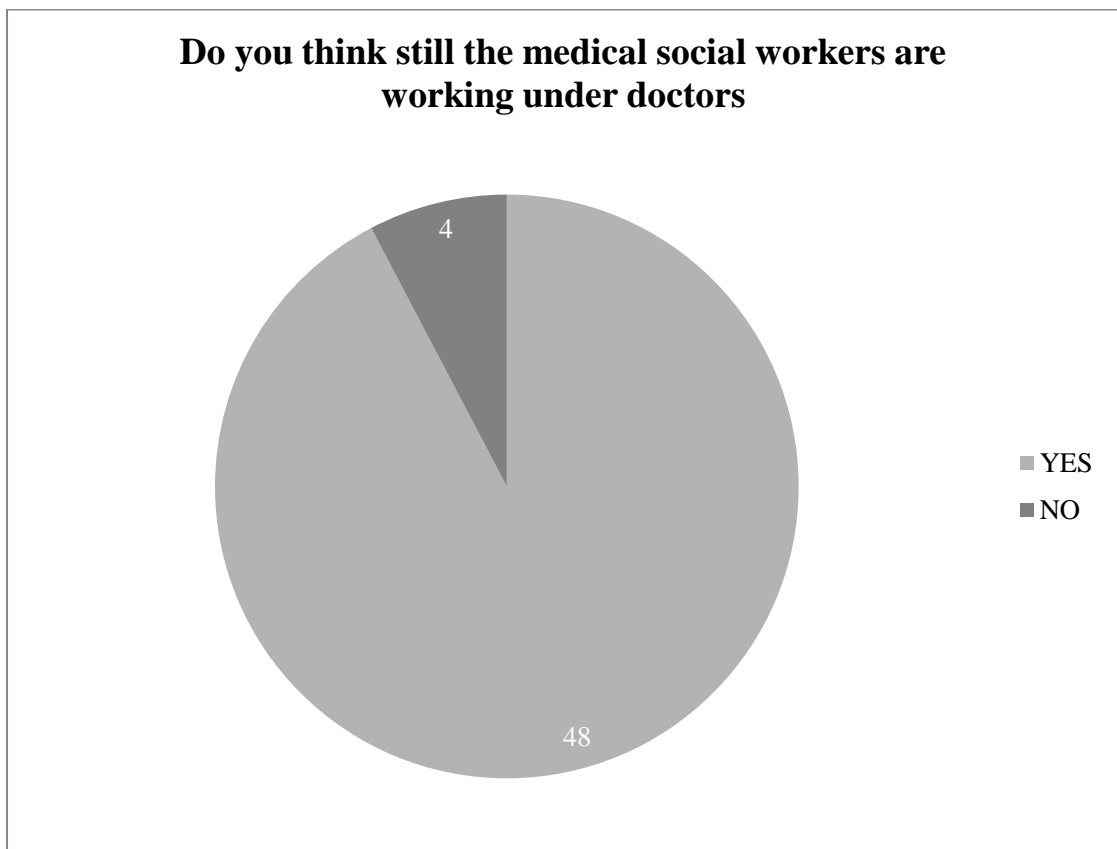


Fig 4.26

Fig 4.26 represents the responses of the question of Do you think still the medical social workers are working under doctors. Among the total 96% thinks the hospitals the medical social workers are working under the doctors and 4% does not thinks the medical social workers are working under the doctors.

Figure 4.27 Do you get all the support from the authorities?

	Frequency	Percent
YES	5	10
NO	45	90
TOTAL	50	100

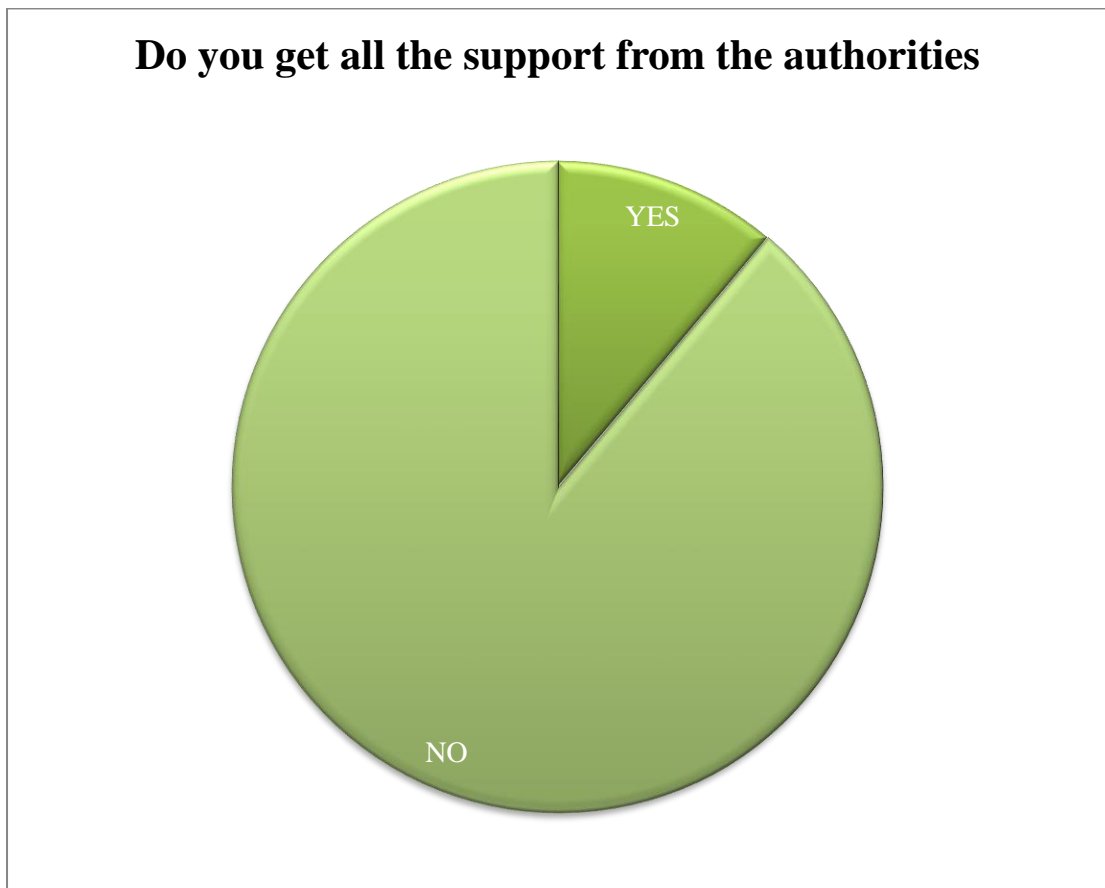


Fig 4.27

Fig 4.27 represents the responses of the question of Do you get all the support from the authorities. Among the total 10% are getting supporting from authorities and 90% are not getting any support from the authorities.

Figure 4.28 Do you think if your hospital had an independent Medical Social Work department it will be able to fulfill the needs of the poor and needy?

	Frequency	Percent
YES	47	94
NO	3	6
TOTAL	50	100

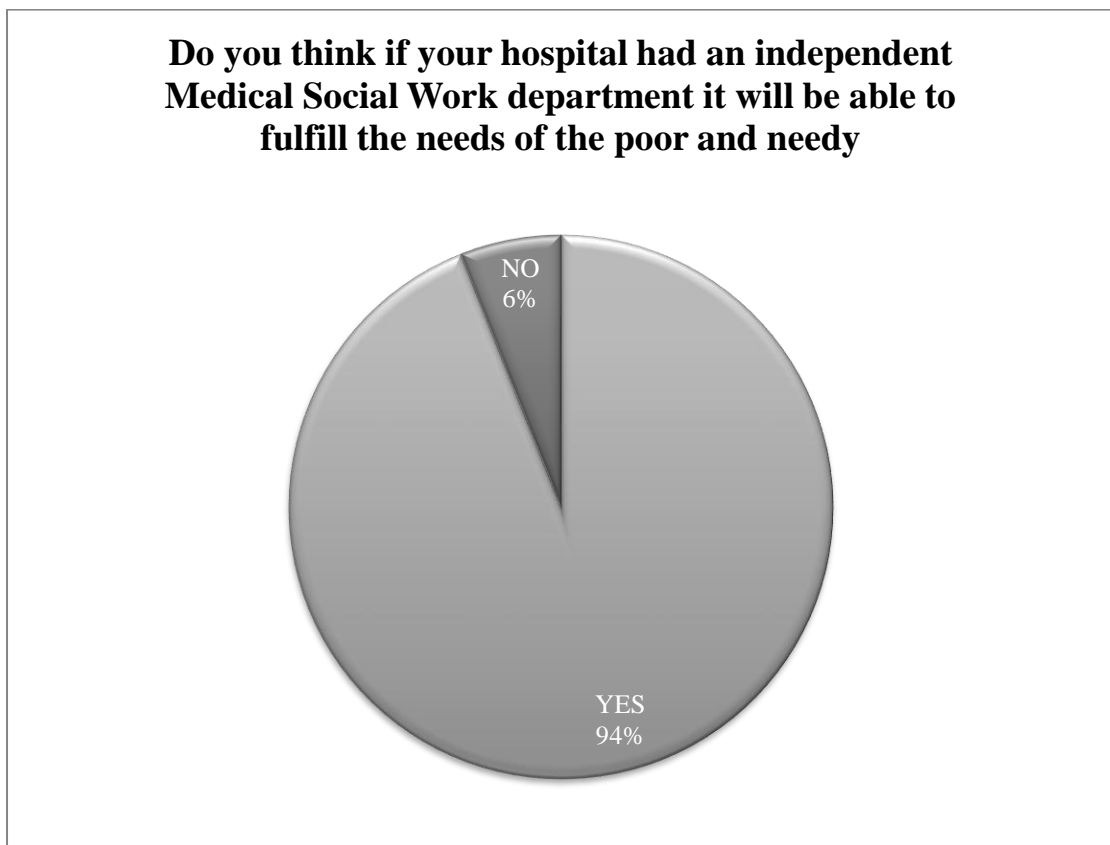


Fig 4.28

Fig 4.28 represents the responses of the question of Do you think if your hospital had an independent Medical Social Work department it will be able to fulfill the needs of the poor and needy. Among the total 94% thinks that the Medical Social work department will be able to fulfill the needs of the poor and needy, and 6% thinks that the Medical Social work department will not be able to fulfill the needs of the poor and needy.

Figure 4.29 Do you think you are able to showcase all your skills in the current working setting?

	Frequency	Percent
YES	11	22
NO	39	78
TOTAL	50	100

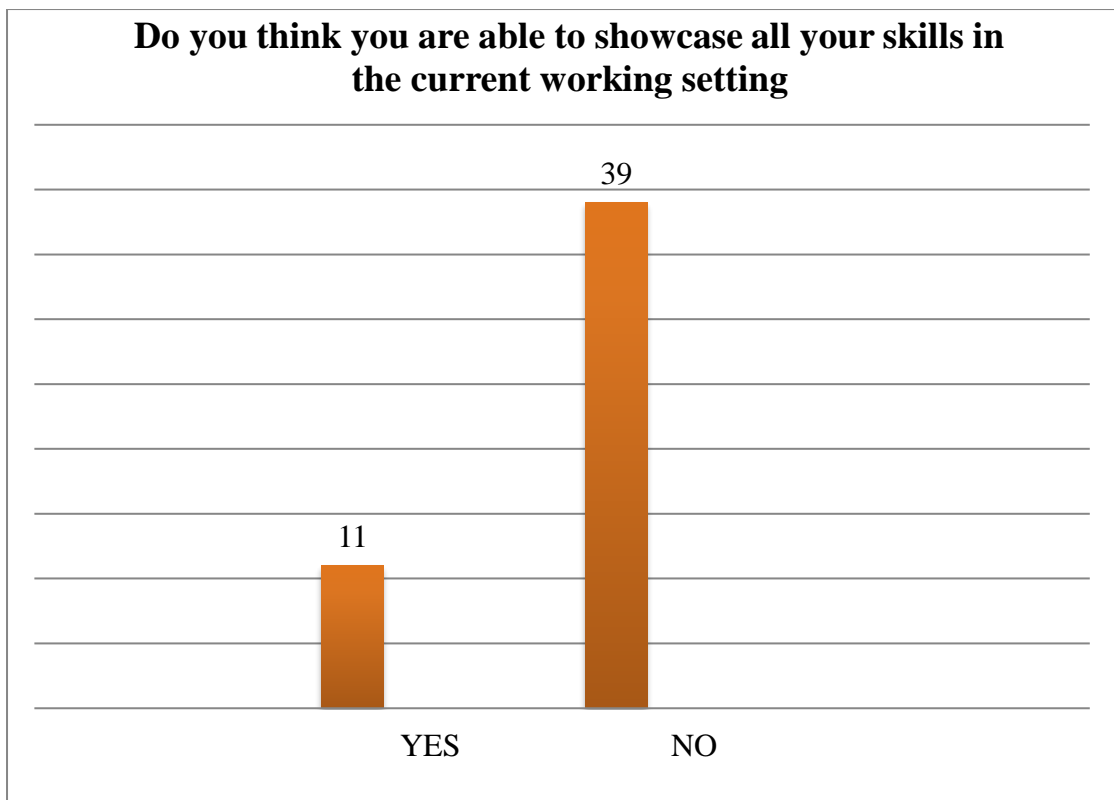


Fig 4.29

Fig 4.29 represents the response of the question of do you think you are able to showcase all your skills in the current working setting. Among the total 22% told that they are able to showcase all their skills in the current working setting and 78% told that they are not able to showcase all their skills in the current working setting.

Figure 4.30 Do you think you are able to meet your career goals by working in this medical setting?

	Frequency	Percent
YES	10	20
NO	40	80
TOTAL	50	100

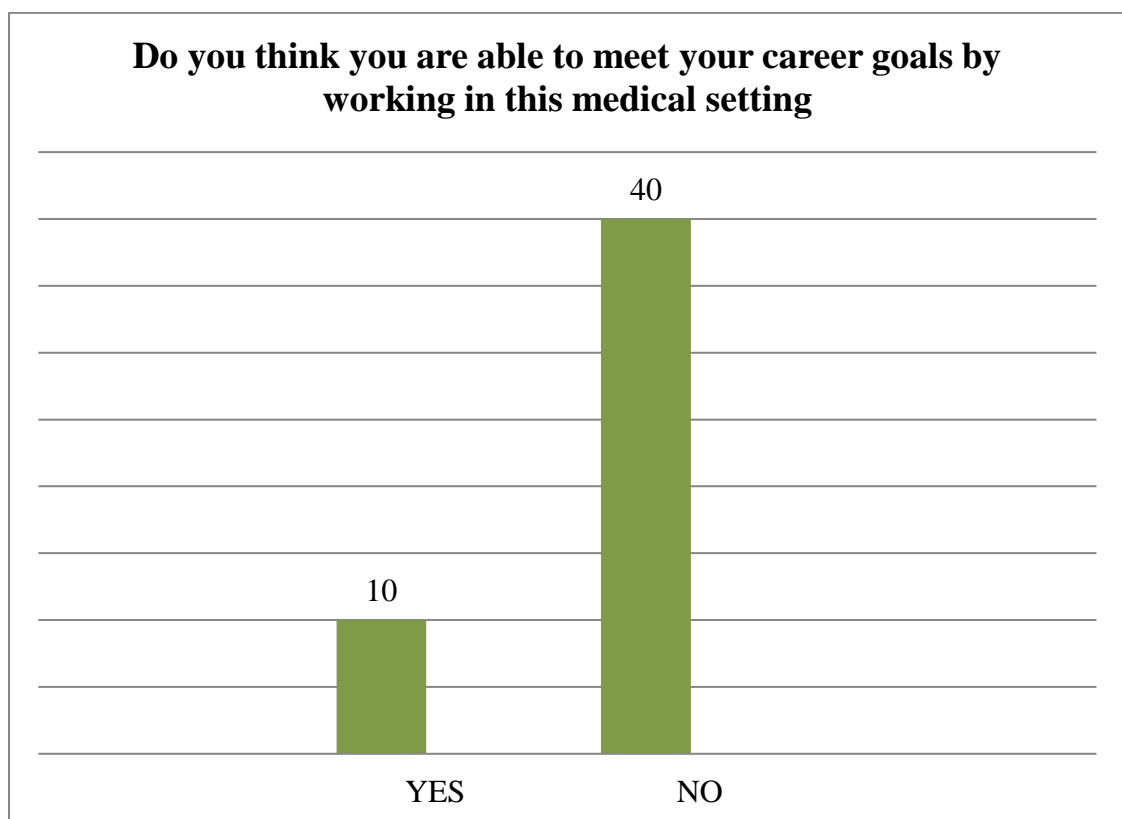


Fig 4.30

Fig 4.30 represents the response of the question of do you think you are able to meet your career goal by working in this medical setting. Among the total 20% told that they are able to meet their career goals by working in this medical setting and 80% told that they are not able to meet their career goals by working in this medical setting.

Figure 4.31 Does the authorities had a positive attitude towards the Medical Social workers in the hospital?

	Frequency	Percent
YES	14	28
NO	36	72
TOTAL	50	100

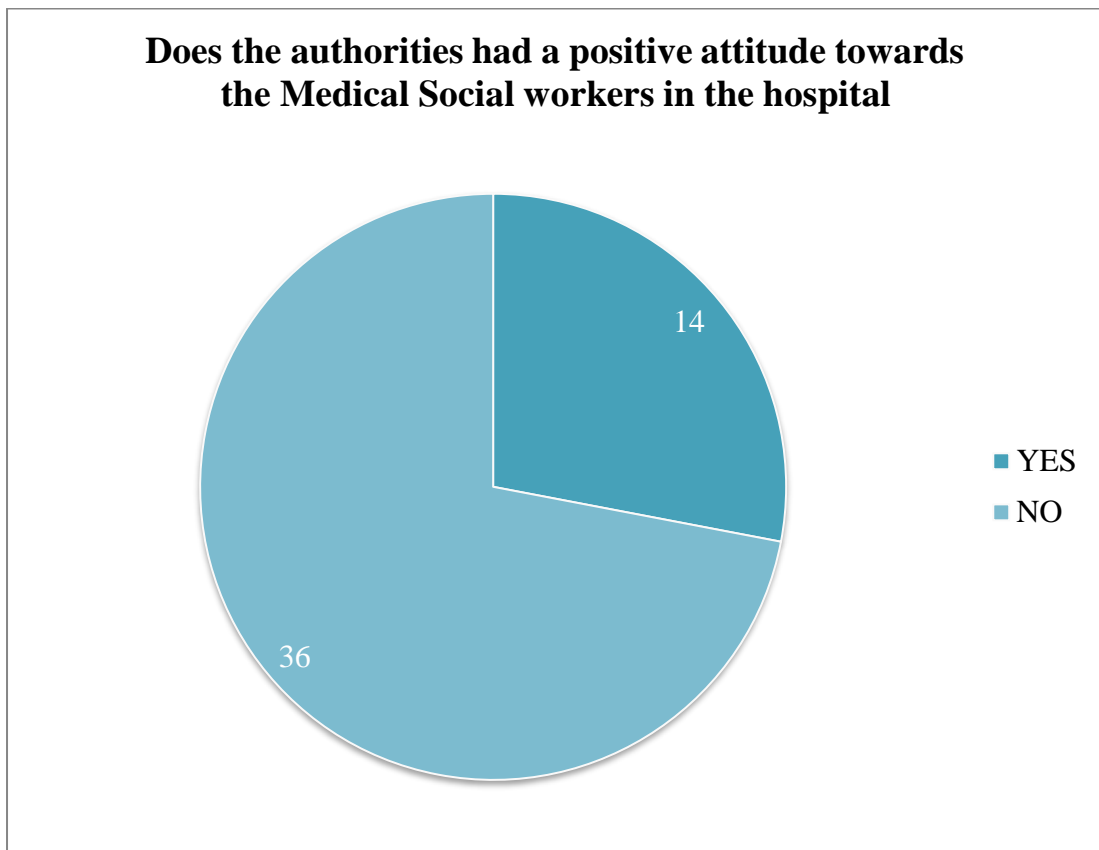


Fig 4.31

Fig 4.31 represents the response of the question of does the authorities had a positive attitude towards the Medical Social workers in the hospital. Among the total 28% told that the authorities had a positive attitude towards the Medical Social workers in the hospital and 72% told that the authorities does not had a positive attitude towards the Medical Social workers in the hospital.

Figure 4.32 While working with the multidisciplinary team did you experience any challenges?

	Frequency	Percent
YES	12	24
NO	38	76
TOTAL	50	100

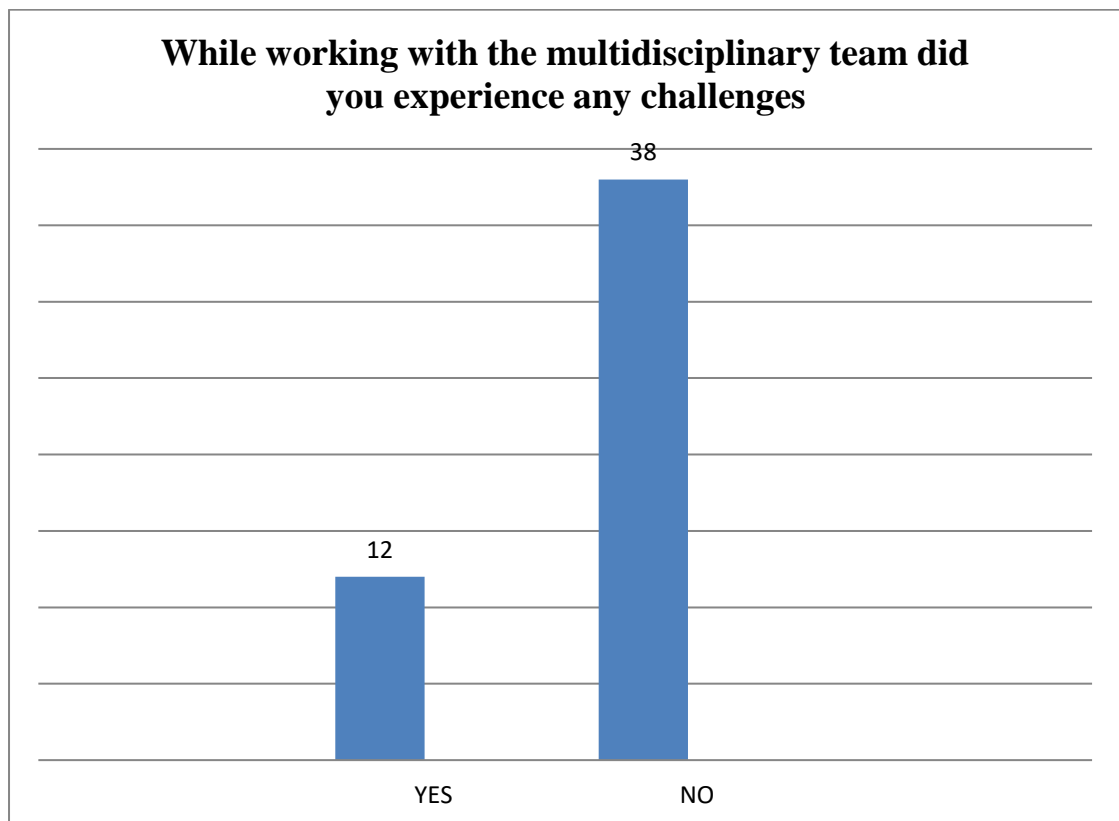


Fig 4.32

Fig 4.32 represents the response of the question of does the authorities had a positive attitude towards the Medical Social workers in the hospital. Among the total 24% told that they had experienced challenges while working with multidisciplinary team and 76% told they hadn't experienced challenges while working with multidisciplinary team.

Figure 4.33 Do you face any challenges associated with the nature of the work?

	Frequency	Percent
YES	47	94
NO	3	6
TOTAL	50	100

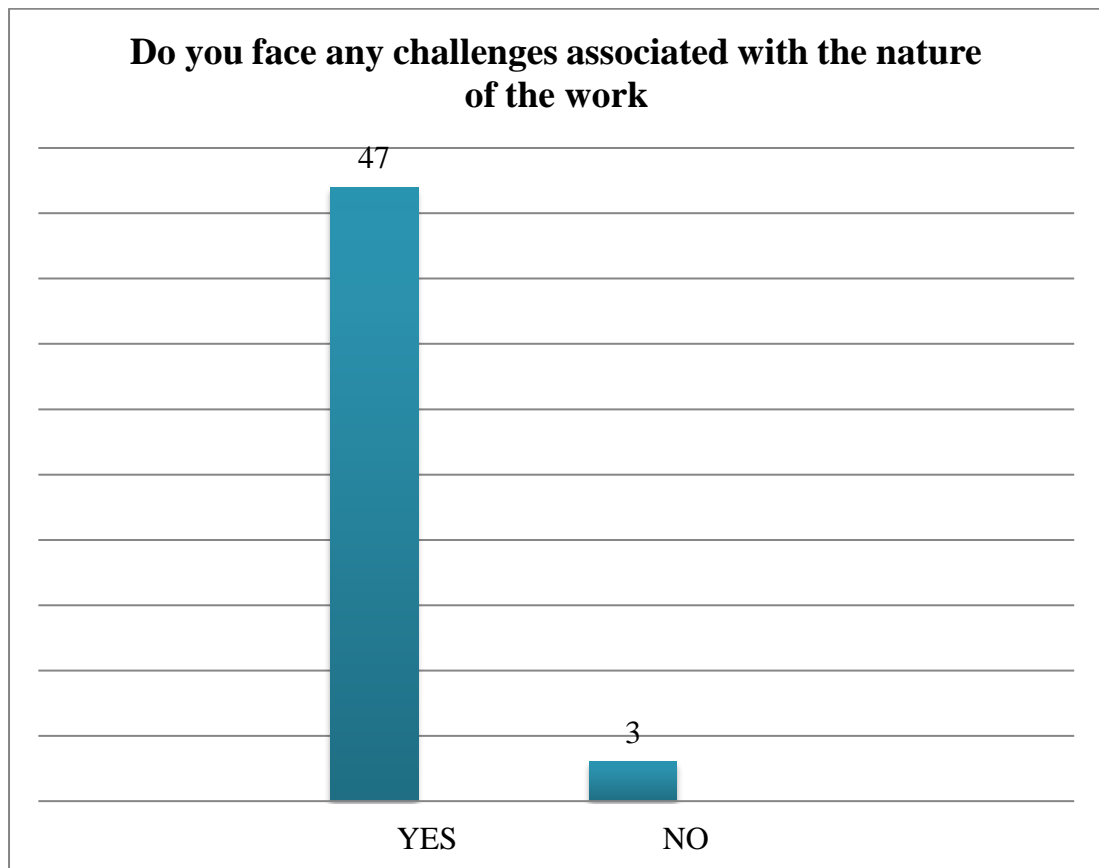


Fig 4.33

Fig 4.33 represents the response of the question of Do you face any challenges associated with the nature of the work. Among the total 94% told that they had faced challenges associated with the nature of the work and 6% told they hadn't any faced challenges associated with the nature of the work.

Figure 4.34 Are you able to identify when you are experiencing stress or burnout associated with the nature of the work?

	Frequency	Percent
YES	42	84
NO	8	16
TOTAL	50	100

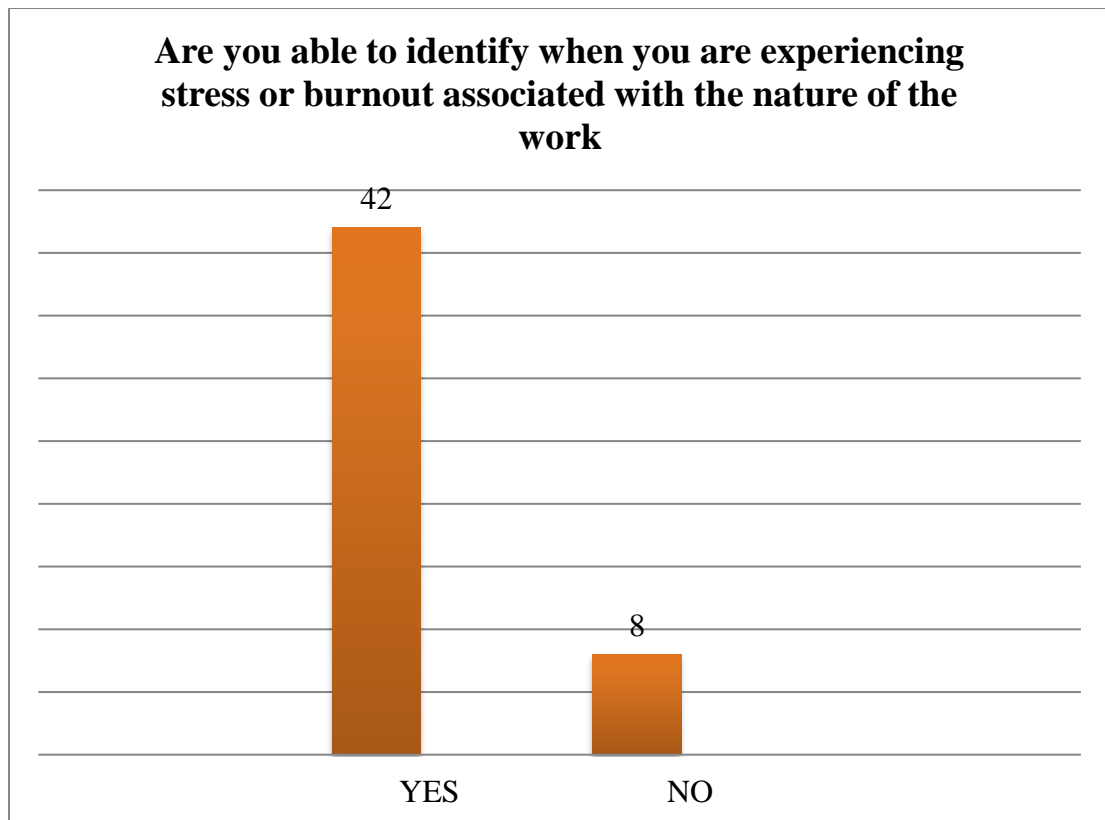


Fig 4.34

Fig 4.34 represents the response of the question of Are you able to identify when you are experiencing stress or burnout associated with the nature of the work. Among the total 84% told that they are experienced stress or burnout associated with the nature of the work and 16% told they hadn't experienced any stress or burnout associated with the nature of the work.

Figure 4.35 Did you get time to focus on yourself associated with nature of the work?

	Frequency	Percent
YES	32	64
NO	18	36
TOTAL	50	100

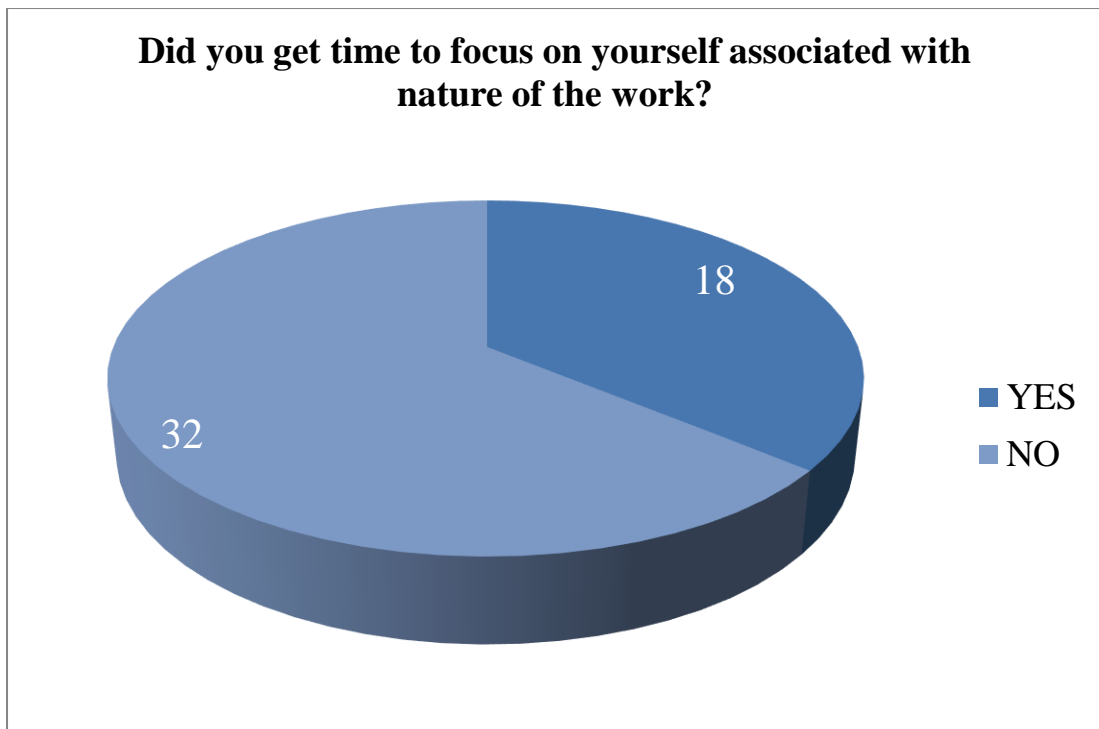


Fig 4.35

Fig 4.35 represents the response of the question of Did you get time to focus on yourself associated with nature of the work. Among the total 64% told that they got time to focus on themselves and 36% told that they doesn't have any time to focus on themselves.

Figure 4.36 Are you able to cope with your stress or burnout associated with the nature of the work?

	Frequency	Percent
YES	8	16
NO	42	84
TOTAL	50	100

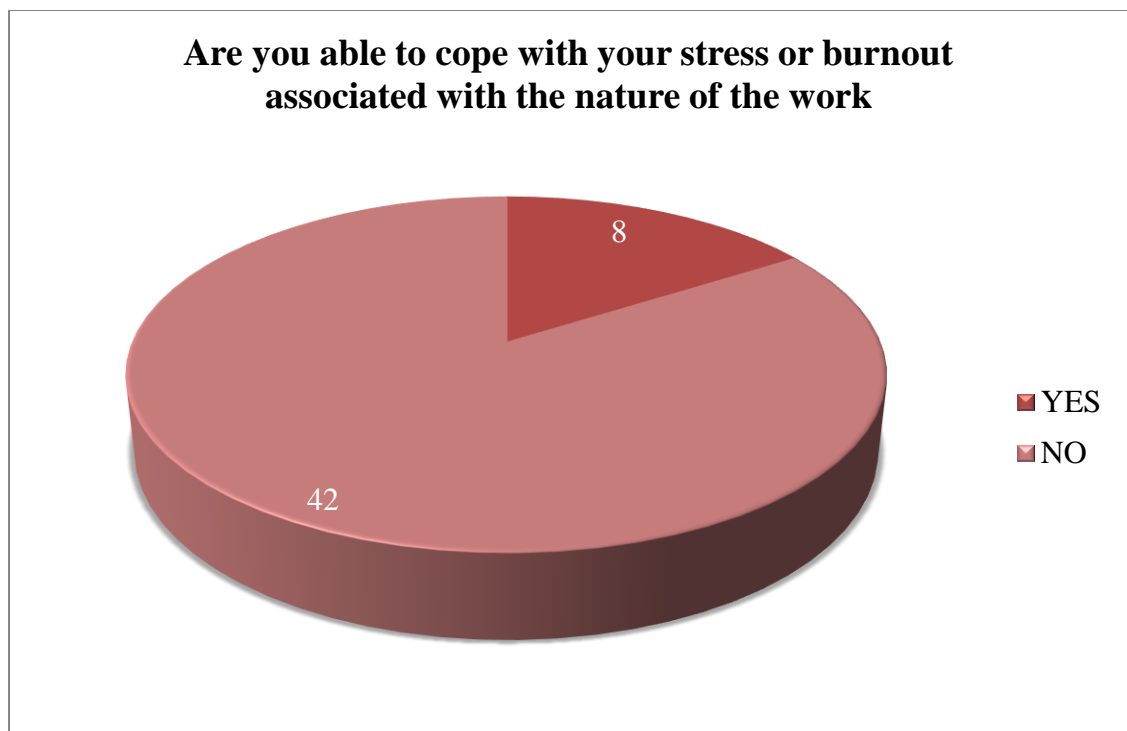


Fig 4.36

Fig 4.36 represents the response of the question of Are you able to cope with your stress or burnout associated with the nature of the work. Among the total 16% told that they are able to cope with your stress or burnout associated with the nature of the work and 84% told that they are not able to cope with your stress or burnout associated with the nature of the work.

Figure 4.37 Do you find any help to manage your stress or burnout?

	Frequency	Percent
YES	21	42
NO	29	58
TOTAL	50	100

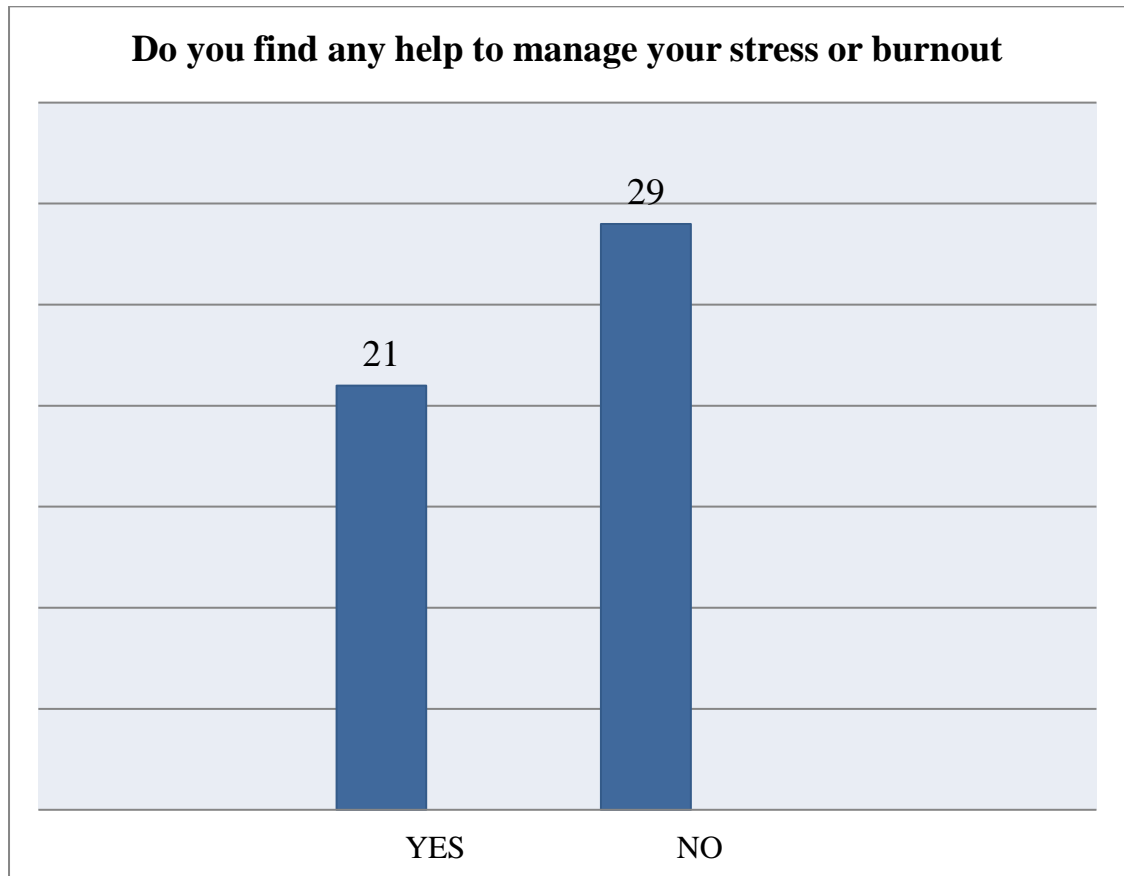


Fig 4.37

Fig 4.37 represents the response of the question of Do you find any help to manage your stress or burnout. Among the total 42% told that they find help to manage their stress and burnout and 58% told that they does not find any help to manage their stress and burnout.

Figure 4.38 Did you face any work pressure situation?

	Frequency	Percent
YES	45	90
NO	5	10
TOTAL	50	100

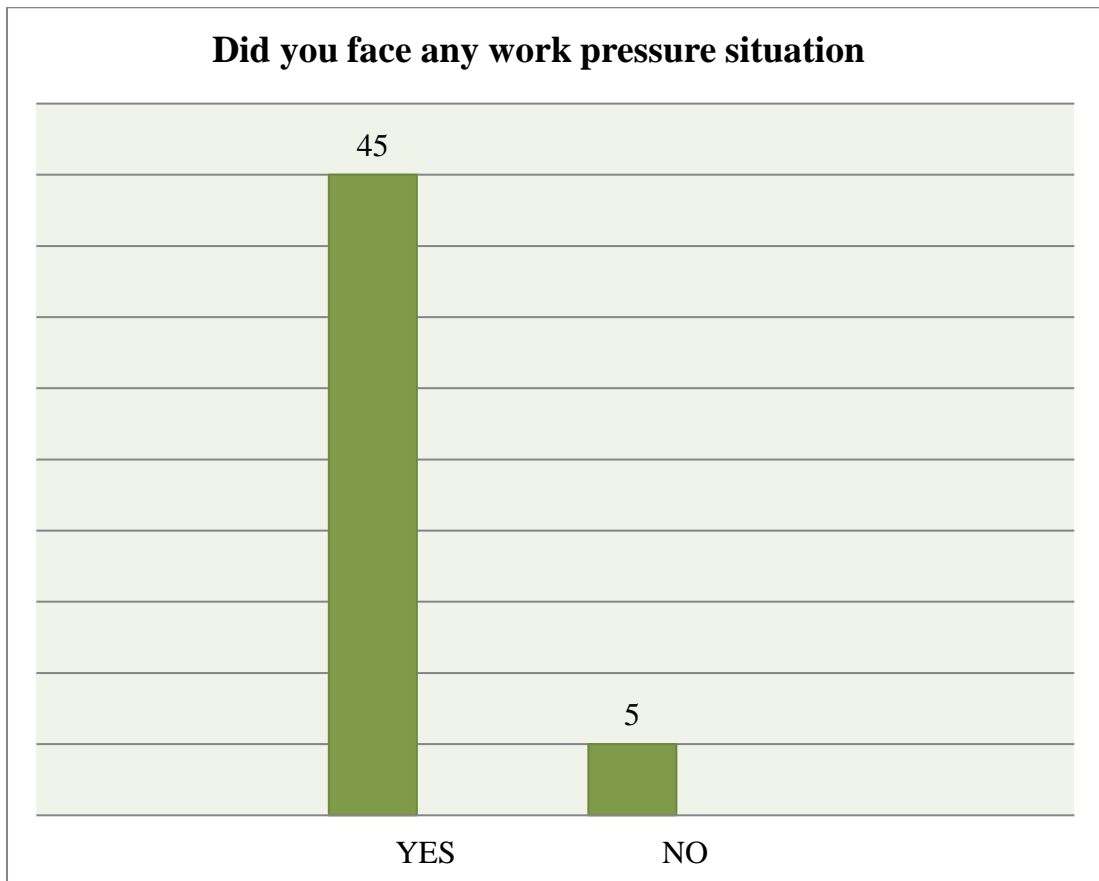


Fig 4.38

Fig 4.38 represents the response of the question of did you face any work pressure situation. Among the total 90% told that they had faced work pressure situation and 10% told that they hadn't faced any work pressure situation.

Figure 4.39 If the hospital has an Independent Medical Social work department, do you think it will be able to provide more job opportunities for the Social workers?

	Frequency	Percent
YES	48	96
NO	2	4
TOTAL	50	100

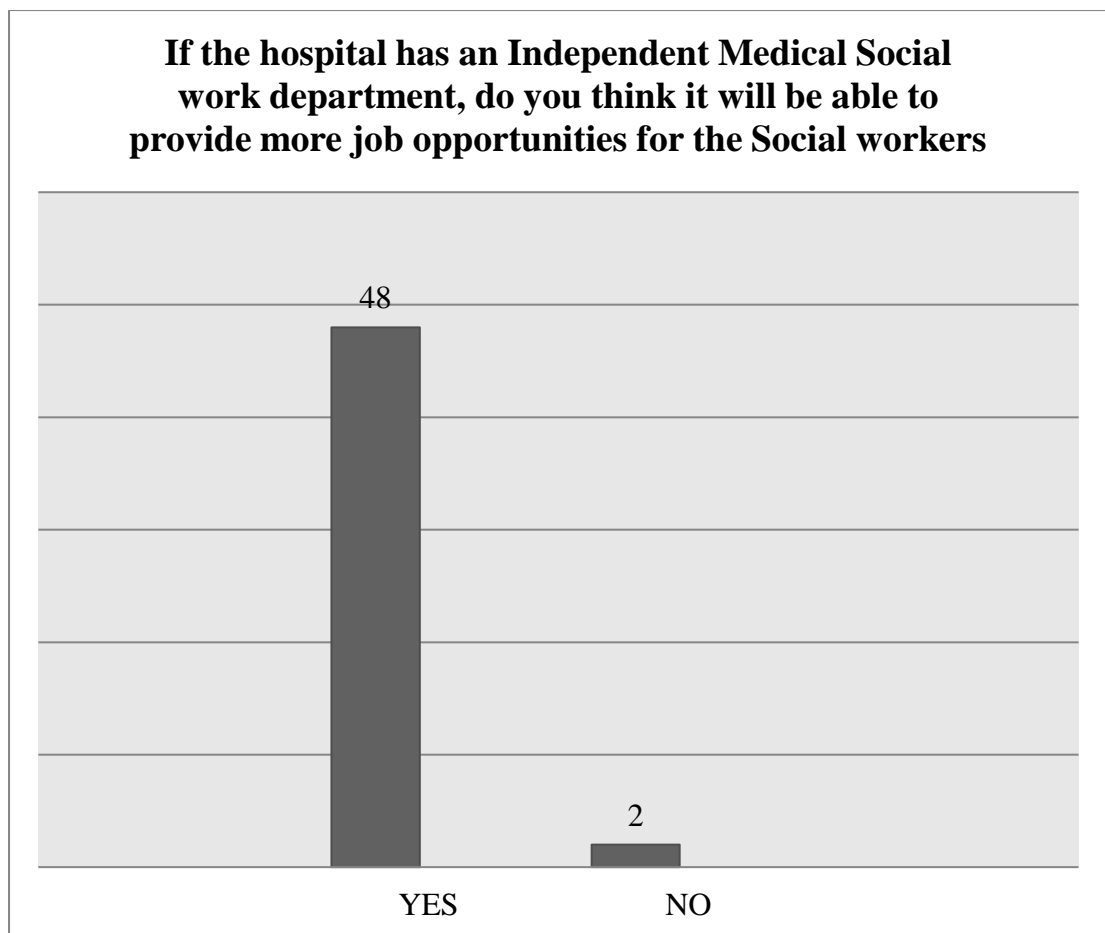


Fig 4.39

Fig 4.39 represents the response of the question of if the hospital has an Independent Medical Social work department, do you think it will be able to provide more job opportunities for the Social workers. Among the total 96% think that if the hospital has an Independent Medical Social work department it will be able to provide more job opportunities for the Social workers and 10% think that if the hospital has an

Independent Medical Social work department it will not be able to provide more job opportunities for the Social workers.

Figure 4.40 Do you think your job has a job security in the setting in which you work?

	Frequency	Percent
YES	34	68
NO	16	32
TOTAL	50	100

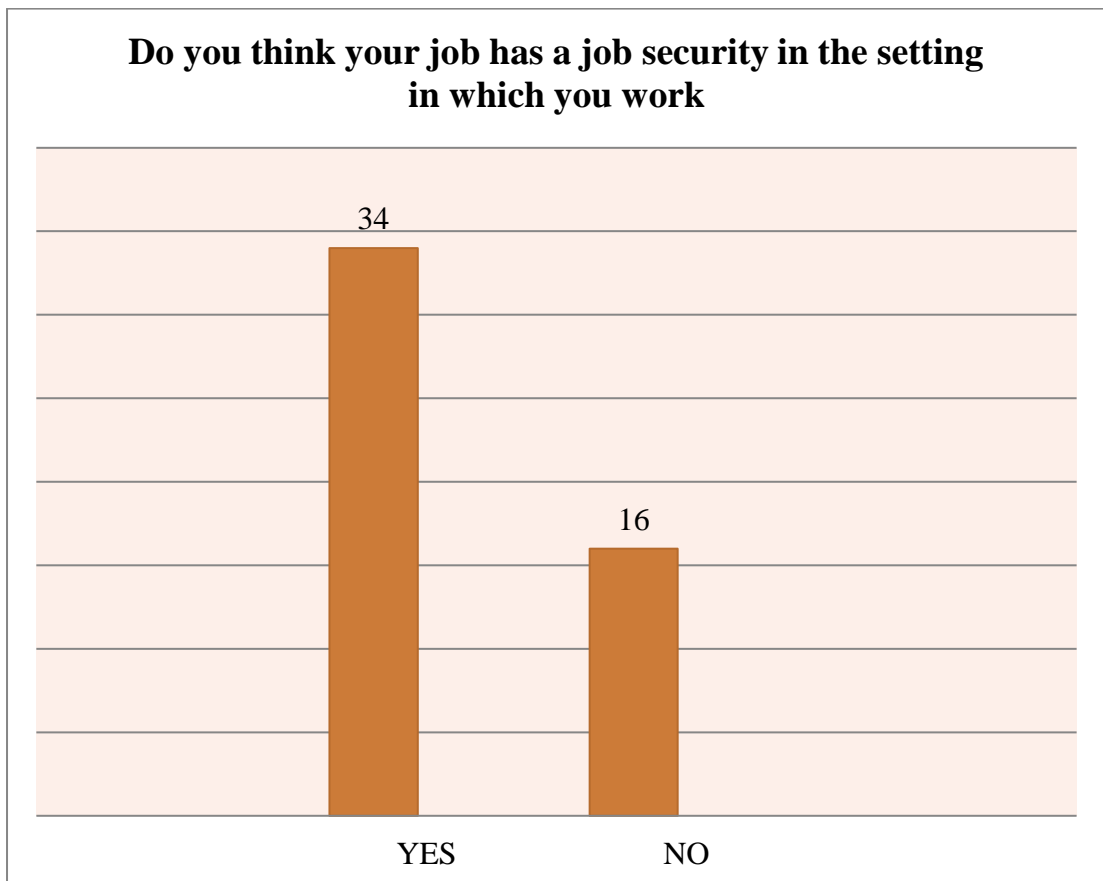


Fig 4.40

Fig 4.40 represents the response of the question of Do you think your job has a job security in the setting in which you work. Among the total 68% think that their job have job security and 16% think that their job doesn't have any kind of job security.

CHAPTER 5
FINDINGS,
SUGGESTIONS,
AND CONCLUSION

Serial No	Title	Page No
5.1	Introduction	
5.2	Major Findings	
5.3	Suggestions	
5.5	Social Work Implications	
5.6	Conclusion	

5.1 INTRODUCTION

Findings are the important outcomes of research. The findings are drawn based on a crucial analysis and interpretation of the obtained data. Suggestions are made from the findings which put forward something which needs to be improved. The research paper should end with a conclusion.

5.2 MAJOR FINDINGS

- 1.** About 70% of the respondents are aware of the concept of an Independent Medical Social Work department and the rest of 30% of the respondents are not aware of the concept of an Independent Medical Social work department because they are fresher's and they does not get that much field exposure to understand the functioning of an Independent Medical Social work department during their academic year.
- 2.** Almost 92% of the hospitals do not have an Independent Medical Social Work department in Kerala. Only few hospitals have an Independent Medical Social department but that department also not providing all the functions.
- 3.** About 92% of the respondents complain that the hospitals are not giving prime importance to Medical Social work department compared to other departments so they have allocate the resources for them. And the social workers have to work under doctors due to that they are not able to showcase their skills and they are not able to work freely.
- 4.** About 90% of the respondents say that they are not getting any support from the authorities. Even though they bought new ideas the authorities are not ready to proceed with their ideas.
- 5.** About 94% of the respondents supports an Independent Social work department

that if their hospitals had an Independent Medical Social work department it will be able to fulfill the needs of the poor and needy.

6. About 80% of the respondents are not able to meet their career goals by working in this medical setting. Because they are not getting a suitable space to work with their interest due that many of the medical social workers are having stress and burnout. Even though they have studied counseling and all but they are not able to manage the situations everything is going worse due to the less support of the authorities.

5.3 SUGGESTIONS

- There is a need of an Independent Social work department in each hospital in Kerala because the department itself can provide lots of the services for the poor and needy, and also it benefits the social workers.
- The social workers are not getting any proper recognition and value as that of other professionals. And the setting in which they work are also not providing proper support and assistance due to that work pressure, burnout and stress are faced by many of the social workers. So the authorities' attitude towards the social workers must change.
- If there is an Independent Medical social work department, if the hospital appoint more than one social worker that will help the social workers to reduce their stress or burnout. The Independent Medical Social department would have a head of the department it will be a social worker and other CDO's. So it will provide more job opportunities for the social workers and they could work freely without any pressure.

5.4 SOCIAL WORK IMPLICATION

Medical social work is defined as a specialized branch of social work practice in hospitals, clinics, community health centres, and sometimes general practice. Its method consists of understanding the sick person as a human being, temporarily or permanently incapacitated by illness, someone whose living habit may be disrupted, who may be away from home for long periods on end, who may be unemployed and consequently penniless, or who may react badly to illness or disfigurement, and working with doctors, nurses and others in trying to help them.

Social worker can find out the importance of this research methodology through this various research and also Social worker can use this research methodology to bring about the change in Medical Social work department. Through social action the Medical social workers could get proper recognition of their profession.

Through case work the social workers could identify the problems faced by other social workers working in this setting. The group work will Medical social workers to share their problems and to find a proper solution to the problem associated with their work.

Through social administration proper administrative structure can be bring out to the independent social work department. So that the social worker itself will be the head of the department and they could make relevant decisions without the approval of the hospital authorities.

Medical social worker as members of a multidisciplinary healthcare team, social workers offer assessments and necessary interventions. Their main concern is the client's, families, couple's, and group's emotional, mental, and behavioral well-being.

The treatment programme for patients is focused on the client's relationship to his or her environment and a holistic approach to psychotherapy. Through case studies, patient interactions, and counseling, medical social workers can get insight into the demands, issues, and expectations of the clientele group. So the medical social worker is using case work and group work meets the needs of the individuals. Also they are organizing different community programs for allocating the resources for the poor and needy.

5.5 CONCLUSION

A Study the scope of an Independent Medical Social work department in Kerala medical settings was done. A total of 50 respondents were taken for the study. The study was done with the Medical Social workers working in Kerala Medical setting. As we all know, there is a need of Independent Medical Social work department. The Self-made questionnaire was used for the study. The major findings include most of the respondent's need for an Independent Social work departments were they could work freely without any work pressure and they will get proper recognition as a social worker.

An Independent medical social work department provides a holistic approach to the poor and needy. If a patient comes to a hospital, if they may not be able to afford the fund for their operation or for other medical purposes because of their Socio Economic condition then the Medical social work department plays a major role in helping them and they do not have to go to anywhere for the fund for their operations. In case of the Social workers who are working in an Independent Medical Social work department doesn't need to work under a specific specialized Doctor either they can work under a Social Worker itself and they can work freely and they will not have that much work stress and pressure from the head of the department. The Independent Social work department also provides lots of employment opportunities for the Social workers. If there is an independent Medical Social work department in Kerala medical setting it would provide a holistic approach to the poor and needy patients. Also helps to provide various services for the overall wellbeing of the patient. Normally the practice in many of the hospital that if a patient cannot afford the amount for the operation or any other medical purposes the patient's family members will go for a live in any of the social

media platforms and through the help of the kind hearted people they would afford the fund for the operation. If the hospital has a proper Independent Medical Social work department they would have connects the cause with any of the donors who are willing to help people and helps to mobilize the fund according the need of the patients. So the patient's needs are fulfilled by the Medical Social Work department itself. The conditions of the social workers working in Kerala Medical Social work setting has a very pathetic condition because they are under a lot of work pressure and they have to work under a specific specialized doctor. The Social workers are not considered as a professional in many of the hospitals and they have to complete almost every works. Only one or two Social workers are appointed in many of the hospital so the employment opportunities are also less. Because of the fewer intakes of the Social workers in medical setting many of the Social workers are losing their employment opportunities. Also the Social workers are providing with less benefits only from the medical setting in which they are working.

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APPENDIX

1. SELF MADE QUESTIONARE

1. Are you aware of the concept of an Independent Medical Social Work department?
2. Is it relevant to have an Independent Medical Social work department in a hospital?
3. Do you have any ideas about the benefits of an Independent Medical Social Work department?
4. Do you have an Independent Medical Social work department in your hospital?
5. Do you think Hospitals are giving prime importance to Medical Social work department just like other departments?
6. Do you think still the medical social workers are working under doctors?
7. Do you get all the support from the authorities?
8. Do you think if your hospital had an independent Medical Social Work department it will be able to fulfill the needs of the poor and needy?
9. Do you think you are able to showcase all your skills in the current working setting?
10. Do you think you are able to meet your career goals by working in this medical setting?
11. Does the authority have a positive attitude towards the Medical Social workers in the hospital?
12. While working with the multidisciplinary team did you experience any challenges?
13. Do you face any challenges associated with the nature of the work?
14. Are you able to identify when you are experiencing stress or burnout associated

with the nature of the work?

15. Did you get time to focus on yourself associated with nature of the work?
16. Are you able to cope with your stress or burnout associated with the nature of the work?
17. Do you find any help to manage your stress or burnout?
18. Did you face any work pressure situation?
19. If the hospital has an Independent Medical Social work department, do you think it will be able to provide more job opportunities for the Social workers?
20. Do you think your job has a job security in the setting in which you work?