



Vol. 3 | Social and development concerns in Africa (b)
Vol. 3 Article 15/15 | October 2018
Copyright © 2018 The International Journal of Social and Development Concerns (IJSDC) All Rights Reserved
(An International Publisher for Academic and Scientific Resources)

CHALLENGES FACING MEDICAL SOCIAL WORK PRACTICE IN GOMA PROVINCIAL HOSPITAL, DEMOCRATIC REPUBLIC OF CONGO (DRC)

¹Luzolo Matobo Sandra, ²Urbanus Mwinzi Ndolo, ³Michael Sitawa Mugah

Corresponding Author: sandrinematobo@yahoo.fr

¹²³ The Catholic University of Eastern Africa (CUEA), P.O. Box 62157-00200, Nairobi, Kenya

Chief Editor
Web: www.ijfdc.org
Email:
info@ijfdc.org
Editing Oversight
Impericals
Consultants
International Limited

Abstract: *The study used GOMA hospital as a case study to generate an in-depth framework of indicators to shed light on the practice of medical social work in the Democratic Republic of Congo in general, and in Goma Provincial hospital in particular. The study was justified by the fact that there are little empirical studies done on the challenges facing medical social work practice and the issues affecting the social work profession in the DRC. Besides social work profession is not well developed across the country. In particular, the study focuses on how the type of services delivered affect medical social work practice in the hospital. The hospital had 164 health personnel, 3 professional social workers, 18 management staff, and 170 inpatients at the time of study. Through stratified random sampling a total sample of 85 health personnel, 3 social workers, 6 communication staff, 89 patients, and 9 management staff were selected leading to a total sample size of 191. Data were collected through interviews by use of questionnaires and key informants guides. The study found that more women than men are involved in social work and other helping related work at the hospital. On the other hand, there are more men in management positions at the hospital than women. The social work practice at the Goma Provincial Hospital is limited in scope. This is because very few social workers are available and the types of services they offer are limited to providing counseling services, visiting the sick and providing psychosocial support to the sick. While the number of social workers is limited, the doctors and nurses go beyond their duties to offer psychosocial support to the patients; thus they perform medical social work duties over and above their normal curative tasks. Some of the key challenges affecting social work practice at the Goma provincial hospital are lack of government support at 79%, lack of trained personnel at 63%, lack of management policy on social work practice at 97%, lack of facilities and lack of appreciation of social work practice at 89.8%. However, the study concludes that there is immense need for social work services. Based on these findings the study recommends that government considers enacting a policy that would promote training and proper management of the social work profession in the country. Increased government support in the scholarships and encourage social work to be offered as a course in colleges and universities in the Country. Additionally, hospital management ought to be gender responsive in order to mainstream social work as an essential support service at the hospital, and other health institutions in the country.*

Key words: *Challenges, Medical Social Work, Practice, Hospital*

1.1 Study Background

Social work is an art, a science, a vocational profession that helps people to cope with challenges and solve personal, group and community dysfunctional socioeconomic systems (Theckeray, Farley & Skidmore, 1994). Specifically, social workers assist other people to sort out problems in social functioning (ibid). Social workers are individuals who are concerned with the solution to or prevention of social problems. Some common vulnerable groups that social workers work with include children facing abuse, neglected children, the poor, and the physical or mentally handicapped among many other categories of the members of society. The objective of social work is to assist people solve their serious personal problems, and more importantly, to empower people to deal with their problems more effectively in the future (Dressler, 2013). The overriding aim of social work is to promote people's well-being and to help them realize their capabilities to the fullest, so that they may live reasonably satisfying lives, comfortable within themselves and in society (Dressler, 2013).

The evolution of social work has been context driven. This means that social work grows or takes shape as dictated by the prevailing socioeconomic conditions in a locality. Many factors have shaped the evolution of social work practice across the world. Experiences of slavery, world wars, diseases like plaques and poverty defined the nature of social work practice in Europe and the USA (Pryce & Pryce, 2015). As a response to given needs in this context, social work professionals stood out as true agents of social change in helping alleviate human suffering. In Europe and North America, social work emerged in the late nineteenth and early twentieth centuries; committed in addressing the aftermath of the world wars. As explained by Zakour (2006), since the 19th century individuals have always intervened in a certain profound manner to help others in need.

Medical social work also known as hospital social work is a branch of social work knowledge and practice that involves professional medical staff working with patients or sick people. Medical social workers deliver holistic support packages that promote quality health care access and management. Considering one of the hard hit areas of human life that social workers have had to address is health problems and the psychosocial capacities of the sick, there has been in existence some form of non-professional medical social work since long ago, some penetrating large medical centres like Goma provincial hospital. Due to pandemics and epidemics, there have been many people in distress across the world that required the services of social workers, alongside the medical staff service teams.

1.2 Statement of the problem

The study addresses gaps in literature with regards to medical social work practices and issues affecting such practice in DRC. The history of the Democratic Republic of Congo, as narrated by Weiss (2012) necessitates the development of a vibrant social work practice in medical centres. A well established medical social work practice in the democratic republic of Congo is, almost, non-existent, and where they exist, they are un-recognizable. In the hospitals, there are no social workers to act as intermediaries between health fraternity and the patient and their families. One of the areas where social worker services are required in the DRC is in handling victims of the war, most of whom experience enormous distress in hospital and at the households. In the DRC social workers come under international aid agencies. However, this has not translated into a

vibrant state run and National supported social work service integrated in the civil service category. State interest and investment in social work practice would help towards ownership by government of social services provision especially to the vulnerable groups in Government and private sectors. The country faces a serious challenge of insufficient number of qualified medical social workers especially in Goma Town (Kikuni, 2016). This is due to lack of programs in tertiary Colleges the Universities to train professional social workers. Due to frequent wars as a result of political conflict humanitarian crisis is prevalent in the DRC. Consequently, individuals who are not trained as social workers are offer social work services in hospitals and other social support organizations in community.

1.3 Specific Objectives of the Study

The study sought to:-

- i. determine how the type of services delivered affect medical social work practice in Goma Hospital
- ii. identify the resource constraints affecting medical social work practice in Goma hospital
- iii. assess how the quality of training affects medical social work practice in hospital, and
- iv. establish avenues for improving social work practice at Goma hospital

1.4 Specific Research Questions

The study was guided by the following research questions:-

- i. How does the type of service delivered affect medical social work practice in Goma Hospital?
 - ii. What resource constraints affect medical social work practice in Goma hospital?
 - iii. How does the quality of training affect medical social work practice in Goma hospital?
- What are the avenues for improving social work practice at Goma hospital?

1.5 Review of Theoretical framework and empirical studies

1.5.1 Theoretical Framework: The study was anchored on the systems and the ecological theories. The system theory explains how institutions operate; it likens institutions with organism whose different parts acts more or less in well-coordinated order and unison to ensure there is a state of equilibrium and functionality (Compton & Galaway, 2015). The systems theory helped in explaining the institutional framework and how such a framework either facilitates or hinders social work in Goma Hospital (Payne, 2005). The system theory helped in explaining how the different actors facilitate or hinder social work at the Goma Hospital. The Ecological theory holds that individual behavior is a product of environment or social setting (Maclean and Harrison, 2008). This theory came in hand in showing how the environment influences actions by actors. It not only explains the work environment but also the unique salient factors that should inform social work practice. The two theories complement each other because they explain both systemic factor but also the individual's behaviors.

Ecological Approach: Behaviorist thinkers link individual behavior to stimuli or triggers in the environment (Maclean and Harrison, 2008). They argue that individual behavior is a product of the environment and its numerous natural entities. If an environment is full of stressors, they act as triggers and reinforcement for a certain way of life. Behavior patterns are often mere coping mechanisms i.e. individuals adapt a certain way of doing things that is perceived to enable them live better within their circumstances. In this case medical social workers facilitate their clientele

in hospitals to adapt to their situations and regain their good health (Lindsay, 2009).

1.5.2 Empirical studies

Type of Services Offered by Social Workers

The African continent and specifically the African countries form unique social work contexts. One of the challenges social workers of all cadres have to deal with in this region is to strive to reduce the effects of the extreme levels of poverty like hunger and malnutrition. They serve mostly people who are under privileged and vulnerable to all types of shock not to mention homelessness and disease. They help plan and design interventions on provision of access to quality health care despite absolute lack of finances and facilitation (Dhlembe and Mayanga, 2014).

One such group of concern is street children who are found in virtually every city and town in Africa (Aggleton, 2015). Campbell and Ntsabane (1997) reporting on street children in Botswana established that most street children are under 16 years and they came from very poor families. Charles and Charles (2004) point out that street children and child hawkers in Nairobi streets are drawn from low income slums around the city and their activities are a coping strategy due to levels of poverty in the family. Consequently, they lack sustainable social support safety net system that only social workers are able to provide since they usually work with the most desperate groups in society. Other vulnerable groups are children whose parents are dead and/ or are divorced or separated (Dhlembe and Mayanga, 2014). For such children, often medical social workers are forced to play the role of foster parents in order to fulfil their psychosocial needs. As Maundeni (2012) ascertains, some children from divorced families are more or less like orphans due to neglect of their needs by either one or both of the parents. When such children are sick, medical social workers are not just faced by their biological needs but also the psychosocial burden of care. Another challenging group to deal with is prisoners, especially the case of women prisoners who have young children (Modie, 2013). Medical social workers dealing with prisoners have to deal with complex and rigid processes of care that define incarceration. Where children are involved, then the medical social worker may have to take full responsibility for the health care of the child if the mother is incarcerated (Modie, 2013).

Conditions like the HIV and AIDS pandemic pose unique challenges to medical social workers as the case has been in most medical facilities. On one hand confidentiality is important because of cases of stigmatization and on the other hand, ostracism (Jacques & Stegling, 2004). However, it is also important for the patients to do full disclosure for those in their circles such as wife or husband and family for their own protection and welfare (Jacques & Stegling, 2014). Many countries have laws that guard against involuntary disclosure of HIV and Aids status of an individual. The patient has a right to privacy and confidentiality. At the same time there is need to minimize risk of others, especially close family members being infected due to irresponsibility of the infected individual (Ansah-Koi, 2006). For positive living, an individual has to come out and through behavior change and voluntary disclosure live healthy. The medical social workers have a hard task of delicately balancing the patients' rights and social good realized through full disclosure of such conditions especially to family and close friends (Ansah-Koi, 2006). Additionally, the proportion of people affected by HIV and AIDs that necessitates preference for home based care, often stretches the capacity of trained medical social workers due to numbers and logistical issues involved (Jacques & Stegling, 2004). To an extent as argued by Kiley &

Hovorka (2006), working with civil society organizations (CSOs) helps to harness potential of locals and local association in response thus scaling medical social work efforts. Strauch and Eickhoff, (2004) provide a very good case from Tanzania where social workers use local associations in creating awareness and combating diseases.

Ansah-Koi (2006) demonstrated that HIV and AIDS had led to astronomic growth in the number of children who are orphans not only in Ghana but across Africa South of the Sahara. Due to HIV and AIDS, many old people are left to take care of their grandchildren (Mba, 2004). This opens up a great responsibility for medical social workers because such families require greater involvement of medical social workers to attain quality health standards. Maternal deaths during child birth also explain many cases of orphan hood (Galaa, 2006; Okafor, 2003). According to Galaa (2006), medical social workers have a huge role to play in ensuring safe traditional births. This is because they can engage the midwife in training and helps them to work closely with formal medical practitioners. Due to the scourge of diseases like tuberculosis and HIV and AIDS, medical social workers are actively engaged in disease prevention programs. As discussed by Adu-Oppong (2007) the levels of condom use education was very low in Ghana, a factor that contributed to HIV Infections.

According to Mugambi (2006), many women in rural Kenya are infected and affected by HIV and AIDs due to lack of understanding and awareness. In order to realize results, medical social workers have to be at the forefront in spreading awareness and counseling the infected as well as the affected. Izugbara (2005) basing on a research done in Nigeria points out that education is very important in challenging culturally reinforced notions of sexuality and resultant sexual behavior. Medical social workers do not just serve those accepted in communities; even social unaccepted people like prostitutes or sex workers require medical social workers attention. As reported by Stadler and Delany (2006), targeting places like brothels for sex education and awareness campaigns is an important step in sexually transmitted disease control. In many countries in Africa, mental health is a huge neglected area. Social workers through psychosocial support play a dominant role in promoting mental health in many African countries. In the case of Botswana, Moroka (1998) reported that community mental health programs had proved effective and efficient in dealing with many common place mental disorders.

Resource Constraints and Social Work Practice

Chiteraka (2009) point out that social work practice in Africa is challenged by many constraints but key among them is resource constraints. The burden of care across Africa is very high. This results from high levels of unemployment, disease burdens, high mortality levels and challenges arising due to conditions like HIV and AIDs. Earle (2007) points out that in Africa, there are many issues that were not addressed by social workers in other contexts. Such issue relate to huge numbers of refugees due to internal conflicts in the many African countries. Additionally, the HIV/AIDs scourge had a huge impact on social work practice in Africa (Galaa, 2006). The huge number of OVCs as well as infected people increased demand for help and support. Such support is only deliverable subject to availability of needed resources. The resource constraints that exist are not just monetary but human and material (Earle, 2007). While financial resources are key, in some cases, even where the money may be available there is considerable lack in human resources. Additionally, even where the human resources may be available, they may be lacking in requisite skills and knowledge (Earle, 2007). The people also require materials and

supplies to work with in offering support to clients. In some cases, finances may be available but getting supplies becomes a challenge due to conflicts, ethnic tensions, insecurity, levels of crime and corruption.

1.6 Methodology

The study adopted an exploratory research design. According to Creswell (2009), this is an approach of inquiry that requires collection and in-depth analysis of data on a phenomenon on which there is limited or no literature. This design is thus adopted to facilitate in-depth investigation into the phenomenon of medical social work in Goma Provincial Hospital, where very scanty information exists on the issues under assessment. This study targeted the medical social workers at Goma Provincial Hospital including health personnel at the Hospital who are not trained as professional social work but offer services that would otherwise be better handled by trained and experienced social workers. It also targeted volunteers who are not trained as social workers but help offer psychosocial help to patients at the hospital. It included key informants drawn from various institutions that influence the practice of social work at the hospital environment. Such institutions include government departments, civil society agencies, and the academia, as seen on Table 1 below.

Table 1: Study Population

Population Category	Number	Percentage
Health Personnel	164	69
Professional social workers	3	1.3
Counselors (Communication's staff)	12	5
Patients (Hospitalization without OPD)	170	57
Hospital Management	18	8
Total	237	100

Source: Researchers' formulation, 2018

Sample and Sampling Techniques

Considering that the study population is composed of homogenous subgroups or strata, stratified random sampling was used. Stratified random sampling is used to ensure every stratum is represented by a representative number of elements or respondents in the sample population. To obtain the sample size, the formula cited in Kothari (2004) was used as illustrated below:-

$$n = \frac{N}{1 + N(e)^2}$$

Where:-

n = sample size,

N = population size,

e = the level of precision.

Taking a confidence level of 95%, level of precision 0.05 and total population is 367. When the formula was applied, $n = 367 / 1 + 367(0.05)^2 = 367 / 1.9175 = 191.39$. The sample drawn after rounding off was 191 respondents. The tentative sampling frame is as shown in table 3.1.

Table 2: Sampling Frame

Population Category	Research Population	Sample Population	Percentage
Health Personnel	164	85	45
Social Workers	3	3	1.5
Communication's staff	12	6	3.3
Patients (Hospitalization without OPD)	170	89	46.3
Hospital Management	18	9	4.9
Total	367	191	100

Source: Researchers' formulation, 2018

Methods and Instruments of Data Collection

Data were collected through structured interviews guided by well designed questionnaire for general respondents and an informant's guide for senior hospital administrators and high profile key informants respectively. The questionnaire was administered to all the medical social workers at the Hospital and the patients served by the social workers. Key informant interviews involved lengthy discussions with key informants drawn from government, academia and community representatives. To obtain data from all the cadres of respondents, a semi structure questionnaire was used. The semi-structured questionnaire is an instrument that has both closed set of questions and open ended questions designed to facilitate collection of both quantifiable and qualitative responses. The semi-structured questionnaire was carefully constructed to meet this purpose. To conduct the key informant interviews, a key informant interview guide was developed.

Reliability and Validity of Data Collection Instruments

A reconnaissance survey was done prior to the fieldwork which targeted a small number of respondents at the hospital. Piloting in this study helped to reveal deficiencies in the design of the tools, and to what extent the data could be reliable in responding to the study questions. It helped test whether the instructions and items given in the instruments are clear, simple and comprehensive enough for the respondents or not. The pilot study also helped in identifying the likelihood of given challenges during actual data collection. After the pilot study, the data collection tools were revised appropriately for final data collection exercise. A research introduction letter provided by the University was physically presented to the hospital administrator for authorization to interact with the hospital staff. It was also presented to the key informants. On the strength of the letter from the University, authorization letters were sought from all the relevant authorities in Goma. Appointments with the hospital staff were done and on agreed upon days, the researcher, who is trained nurse visited the hospital and administered the research tools. Key informants interviews entailed first booking an appointment for an interview then, at agreed dates and time, the key informant interviews were conducted and information

recorded by taking notes.

Data Analysis Procedures

The data from both secondary and primary sources were sorted, coded and processed using the Statistical Package for Social Scientists (SPSS) and analysed. The questionnaires were edited and coded while interview guides and data from secondary sources were examined to ensure required information was included. The data was compiled through creating data sets by entering into SPSS software. Information on respondent demographic characteristics was summarized and frequency distributions generated. To address the research objectives, the analyzed data was summarized into summary narratives and frequency distributions, which were used to show the magnitude of the cases under investigation. The analyzed data was presented through narratives, figures and tables. The narratives were organized around given themes based on the objectives of the study.

Ethical Considerations

Since social research involves getting information from and on people, there were certain moral considerations that we had to strictly observe in the field. The research followed all laid down procedures and research conduct rules by the university as expected in an authentic research process. For example to maintain high level of confidentiality, no respondent was expected to reveal their names and any other identity. We sought for respondents consent to interview them prior to the interview. Due to political sensitivity, no photo and or video cameras or voice recorders were used. No undue influence was used to collect information from unwilling individuals. Likewise no bribes or under age persons were involved in the study. We ensured that no personal private issues were discussed under any circumstance.

1.7 Study findings and discussions

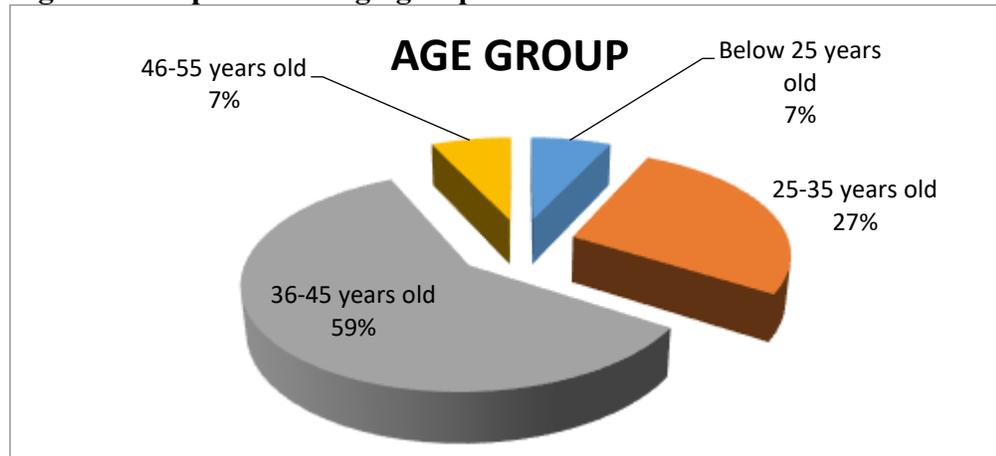
Table 1: Response Rate and Respondents Category Frame

Population Category	Questionnaire(s) Distributed	Questionnaires returned	Percentage
Health Personnel	85	44	52
Social Workers	3	3	100
Communication's staff	6	6	100
Patients (Inpatients)	89	50	61
Hospital Management	9	6	67
Total	191	109	57

Source: Study Findings, 2018

Demographic Profile

The study collected the respondents' demographic profile in terms of age groups, respondent's gender, level of education and number of years the respondent had worked at the Goma Provincial hospital. The findings on age group are as provided in table 2 below.

Table 2: Respondents' Age Groups**Figure 1: Respondents' Age-group**

Source: Study Findings, 2018

As shown in figure 2 above, a majority, 64(59%) respondents were between 36 and 45 years. followed by those between age 25 and 35 years 29(27%), then, both those between age 46 and 55 as well as those below 25 years at 8 (7%) for each category. The study also sought to establish the gender of the respondents across the different work group cadres as seen on Table 2 below.

Table 2: Gender of Respondents across Work Groups

Respondents' Cadre	Gender of Respondent		Total
	Male	Female	
Health Personnel	26	18	44
Social Workers	0	3	3
Communication Staff	1	5	6
Patients	23	27	50
Hospital Management	4	2	6
Total	54	55	109

Source: Study Finding, 2018

Out of the 109 respondents that took part in the study, 54(49.5%) were male while 55(50.5%) were female. As shown on table 23 above, the gender distribution across the job cadres shows that 26 out of 44 (59%) of the health workers, 1 out of 6 (17%) of the communication staff, 23 out of 50 (46%) of the in patients and 4 out of 6(67%) of the hospital management at the Goma Provincial hospital were male. All the social workers (3) at the Goma Provincial Hospital were female while 5 out of 6(83%) of the communication staff, 27 out of 50(54.5%) of the inpatients and 18 out of 44(41%) of the health personnel were female. Generally, the data shows that there are more women engaged in helping kind of work than the men; more women are counselors and only women are social workers at the institution. Generally in Africa, more so in DRC, certain professions have for long been considered masculine or feminine.

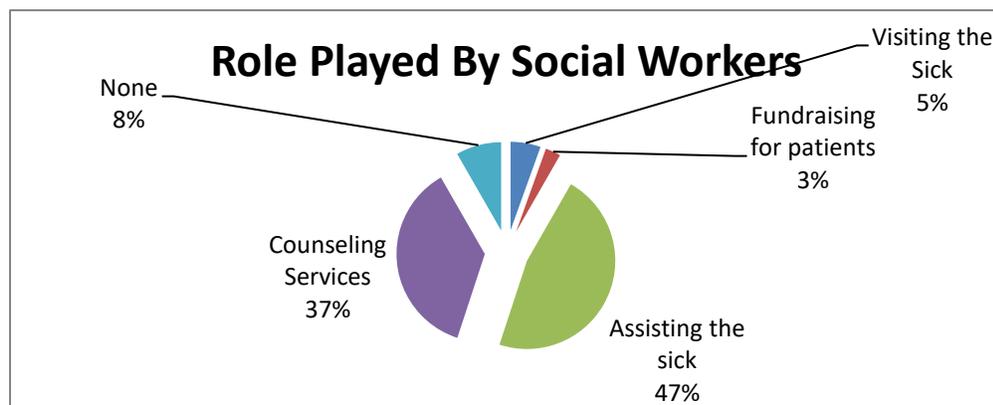
Table 3: Length of Time Respondents Worked At the Goma Provincial Hospital

Type of Respondent	Length of time working at Goma				Total
	Less than 5 years	5-10years	11-15years	16-20years	
Health Personnel	17	21	5	1	44
Social Workers	0	3	0	0	3
Communication Staff	0	4	2	0	6
Patients	16	14	16	4	50
Hospital Management	3	2	0	1	6
Total	36	44	23	6	109

Source: Study Findings, 2018

The study findings further reveal that there are more men in the management than the women. In contrast to the number of men in the helping profession, more men are engaged in policy making or making management decisions regarding and including social work practice at Goma hospital. This is not an isolated case because across other sectors and industries in the DRC, one is more likely to find a man in a managerial role than women. This has to do with traditional gender perspectives that have shaped career progression for women in many African societies. The problem that emerges is that very few men are in helping professions like social work and yet many of the policy makers that have to make decisions regarding social work practice are dominantly male. The study sought to determine the length of time the respondents have been working on at the Goma Provincial Hospital. The distribution of respondents in terms of how long they have been working with at the Goma Provincial Hospital is as given in Table 6 above.

Figure 2: Roles Played by Social Workers at the Goma Provincial Hospital



Source: Study Findings, 2018

Table 4: Relationship between type of respondent and Understanding of role played by social Workers**Chi-Square Tests**

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	16.253 ^a	16	.435
Likelihood Ratio	14.778	16	.541
N of Valid Cases	109		

a. 21 cells (84.0%) have expected count less than 5. The minimum expected count is .08.

Source: Study Findings, 2018

The researcher sought to determine whether the responses were respondent type dependent or not. A chi square test between respondent type and role played by social workers at Goma Provincial Hospital was done and the results are as presented in table 4. The results presented in the table 4 show that the significance of the relationship between type of respondent and understanding of role played by social workers is 0.378. This means there is no statistically significant relationship both at a 0.05 and 0.1 significance levels. This implies that the responses were not specific to a respondent type but rather individual respondents had their view irrespective of the respondent group they belonged to. It basically means that the understanding or views on the role of social work among patients is more or less similar to the view of the health personnel at the hospital.

The respondents were asked to comment on the type of services that are offered by social workers at the Goma Provincial Hospital. Most respondents explained that social workers provide psychological support to patients in certain sections of the hospital. Areas where social workers play a significant role are in the voluntary counseling and testing center, in the maternal health section and in the emergency sections where they handle relatives of patients. As discussed by Jacques & Stegling (2014) the HIV and AIDS scourge ravaged the African continent harshly thus those affected and the infected form a bulk of people in need of the services of social workers. The work of social workers in relation to HIV and AIDS is twofold; counseling the infecting and helping the affected cope (Jacques & Stegling, 2004). Due to low numbers of social workers at the Goma provincial hospital, their work is restricted to counseling the infected and counseling those visiting the hospital for tests.

To ascertain whether there was a link between benefiting from social work practice and the understanding of social work, a chi square test was done on respondents response regarding roles of social workers at the hospital and the response on whether they have benefited or not. The results are as provided in table 4 above.

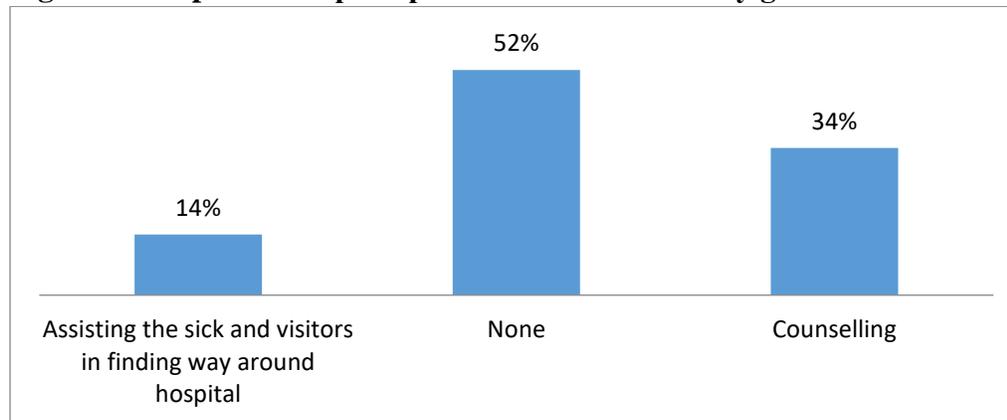
One of the doctors at the hospital explained it thus as translated from French:-
I am an obstetrician who works with many women and small children. While my roles are strictly to manage the health of patients, I am often drawn into cases characterized by neediness and other such like challenges. For

instance, I had a woman who checked into the hospital with a pregnancy complication. The woman had another child she still was breastfeeding. The pregnancy complication required close monitoring of the woman at the hospital for some time. Unfortunately the woman could not afford hospital bills and did not have someone to look after the breast feeding child. I really sympathized with the case. Apart from counseling and advising the young lady, I had to offer financial support towards her bill. The nurses were also very sympathetic with the case and helped a lot in ensuring the breastfeeding child was well taken care of even as the mother underwent treatment.

Source: Interviewee

Respondents argued hospital management ought to be sensitized on the import of existing policies and the need to mainstream psychosocial support as a major component of the disease management process. The social workers would engage families and communities in identifying cases for early disease detection and thus early treatment. During treatment, the social workers would provide psychosocial support that ensures proper dosage, emotional stability and awareness that allows for proper disease eradication or management. The other factors mentioned by the respondents as hindering delivery of social work services are lack of facilities (11%) and lack of appreciation of social work services (6%). As one key informant elucidated, lack of facilities leads to congested wards. When wards are very full or congested, there is no room for social workers to have private engagements with patients.

Figure 3: Respondents' perception on the benefits they get Social Workers



Source: Study Findings, 2018

As a doctors claimed;

“The government ought to engage all stakeholders in a process that ensures hospitals focus is re-engineered away from curative only to disease prevention and disease management. Some aspects like dosage management and general health seeking behavior management among outpatients require having a robust social work practice”.

1.8 Conclusion

The findings reveal that there are more women engaged in helping kind of work than the men; more women are counselors and only women are social workers in Goma hospital unlike the practice elsewhere. Additionally, there are more men in the management than there are women. In contrast to the number of men in the helping profession, more men are engaged in policy making or making management decisions regarding and including social work practice at Goma hospital. On social work practice at Goma Provincial Hospital, the findings indicated a very limited existence of social workers and social work practices at the Goma Provincial Hospital. The services are not very pronounced and are limited in terms of scope or services offered.

Training and competence of Social Workers

All the respondents who indicated having interacted with social workers at the hospital felt the social workers were competent because they did their work well. The social workers were described as kind and committed to alleviating suffering and helping patients dealing with life challenges. However they were quite few in number and unable to cope with the number of patients.

Constraints affecting Social Work Practice

Some of the constraints affecting social work practice include lack of specialized training in medical social work just as there are no social workers specialized in social work. Often, it is individuals trained as counselors who are employed in hospitals and they end up doubling as social workers. Doctors and nurses at Goma Provincial Hospital carry out their normal duties diligently. However, over and above their duties they go out of their way to provide psychological support, to sometimes raise funds for needy patients, to make follow ups on issues of dosage and recovery process of the patients. These roles are those that would otherwise be performed by social workers but considering the government does not employ medical social workers to work in the hospitals save for counselors, the doctors and nurses end up offering such services purely based on their own good will.

Strategies of Improving Social Work Practice

Respondents agreed that the need for medical social workers at Goma Provincial Hospital is immense, and urgent. There is enormous work at the hospital for social workers other than counseling the few who are there currently engage in. There are few trained medical social workers available for engagement in hospitals in DRC, besides Goma hospital. This is attributed to lack of training programs in social work at universities and colleges in the DRC. NGO especially the Faith Based Organizations play an important role in the provision of medical social work services. However, it is the role of the government to ensure psychosocial support is part and parcel of the medical offering in public hospitals. Therefore, while some advocated for greater engagement of NGOs in the provision of social work services is advisable but government that should put in place structures for effective and efficient services delivery. Government recognition of medical social work practice is required. A collaborative stakeholder engagement is required to improve social work practice in Goma provincial hospital. In essence, all categories of social workers are inadequate in the DRC, although the practice by the few that are available was exceptionally of high standard.

1.9 Recommendations

The study recommends that social work curriculum be introduced in tertiary colleges and Universities to train professional social workers for different sectors in the DRC. Establish a policy framework on the role and practice of medical social workers in hospitals and other service delivery sectors in Goma hospital and the DRC in general. It recommends more women to be included in management level of hospitals to uplift the gender verity in medical institutions. It further recommends that the hospital management makes deliberate action to make social work practice more robust; to include other services away from the predominantly counseling role. There is need to enhance the scope of social work service at the hospital. It is recommended that to alleviate care burden at the hospitals, NGOs should become more involved in providing psychosocial and trauma care support to patients. Considering the low support by government to social work practice, the NGOs can help through engaging in advocacy that leads to government recognition of medical social work practice and its poignancy. Through advocacy, NGOs can help foster a collaborative stakeholder engagement to improve social work practice in Goma provincial hospital and other hospitals in DRC. It is thus recommended that further study is done on social worker training institutions and opportunities in the DRC. This will help in highlighting social worker training challenges but also opportunities that can be harnessed. Finally, the study revealed that other actors like NGOs and FBOs play an important role in delivery of social work services. It would be helpful if these were further explored to determine the role of such actors in promoting social work practice in the DRC.

References

- Adu-Oppong, A. (2007). Social and behavioral determinants of consistent condom use among female commercial sex workers in Ghana. *AIDS Education and Prevention*, 19 (2): 160 - 172.
- Ansah-Koi, A. A. (2006). Care of orphans: fostering interventions for children whose parents die of AIDS in Ghana. *Families in Society*, 87(4): 555-564
- Campbell, E. K. & Ntsabane, T. (1997). Street children in Botswana: A case study Gaborone. *Social Development Issues*, 19(2-3): 39-53.
- Charles, J. O., Charles, A. O. (2004). Family and Child Labor: A Study of Child Hawkers in Calabar. *Journal of Social Development in Africa*, 19(2): 113 - 133.
- Chase, E., Wood, K., & Aggleton, P. (2006). Is This 'Coping'? Survival Strategies of Orphans, Vulnerable Children and Young People in Zimbabwe. *Journal of Social Development in Africa*, 21(1): 85-105.
- Chitereka, C. (2009). Social Work Practice in a Developing Continent: The Case of Africa. *Advances in Social Work*, 10(2), 144-156
- Compton, B., Galaway, B., & Cournoyer, B. (2005). *Social work processes*. 7th ed. Pacific Grove, CA: Brooks
- Crotty, M. (1998). *The Foundations of Social Research*. London: Sage Publications
- Dhlembeu, N., & Mayanga, N. (2006). Responding to Orphans and Other Vulnerable Children's Crisis: Development of Zimbabwe's National Plan of Action. *Journal of Social Development in Africa*, 21(1): 35 - 49.
- Earle, N. (2007). *Social workers in social change: The profession and education of social Workers in South Africa*. Cape Town: HSRC Press.
- Friedman A. L. & Miles S. (2006). *Stakeholders: Theory and Practice: Theory and Practice*. Oxford: Oxford Press

- Galaa, S. Z. (2006). Constraints in Using Traditional Birth Attendants in Modern Family Planning: Lessons from Northern Ghana. *Journal of Community Development in Africa*, 21(2): 119-134.
- Izugbara, C. O. (2005). The Socio-Cultural Context of Adolescents' Notion of Sex and Sexuality in Rural South-Eastern Nigeria. *Sexualities*, 8(5): 600 – 617.
- Jacques, G. & Stegling, C. (2004). HIV/AIDS and home based care in Botswana: panacea or perfidy? *Social Work in Mental Health*, 2(2/3): 175-193.
- Kangela, K. (2014). The challenges of being the only social work in eastern Congo, London: Guardian.
- Kikuni K. L. (2016). Social Work in Democratic Republic Of Congo. Retrieved 15/06/2016 from http://zalaczniki.ops.pl/social_work_in_democratic-republic_of_congo.pdf
- Kiley, E. E. & Hovorka, A. J. (2006). Civil society organizations and the national HIV/AIDS response in Botswana. *African Journal of AIDS Research*, 5(2): 167-178.
- Kothari, C. R. 2004. *Research Methodology: Methods and Techniques*. 2nd Ed. New Delhi: New Age International Publishers
- Lindsay, T (ed). (2009). *Social Work Intervention*. Learning Matters Ltd, Exeter.
- Maclean, S and Harrison, R. (2008). *Social Work Theory*. Kirwan Maclean Associates, Rugeley.
- Malai, R. (2012). *Social workers face new challenges*. Washington: National association of
- Maundeni, T. (2002). Seen but not heard? Focusing on the needs of children of divorced parents in Gaborone and surrounding areas, Botswana. *Childhood*, 9 (3):277-302.
- Mba, C. J. (2004). Population Ageing and Survival Challenges in Rural Ghana. *Journal of Social Development in Africa*, 19(2): 90-112.
- Modie, T. (1997). Should babies be kept in prison with their incarcerated mothers? A social work response. *Scandinavian Journal of Development Alternatives and Area Studies*, 16 (3-4): 37-55.
- Moroka, T. (1998). Community-based (mental health) care: A justification for social work involvement in Botswana. *Social Work*, 34 (4): 344-360.
- Mugambi, J. (2006). The impact of HIV/AIDS on Kenyan rural women and the role of counseling. *International Social Work*, 49(1): 87-95.
- Mugenda and Mugenda (1998). *Research Methodology; Quantitative and Qualitative Approaches*. Nairobi: ACTs
- Okafor, C. B. (2003). Maternal and child health project in Nigeria. *Journal of National Black Nurses Association*, 14(2): 51 – 58.
- Outwater, A., Abrahams, N., & Campbell, J. C. (2005). Women in South Africa: intentional violence and HIV/AIDS: intersections and prevention. *Journal of Black Studies*, 35(4): 135 - 154.
- Payne, M. (2005). *Modern Social Work Theory*. 3rd ed. Palgrave Macmillan, Basingstoke & New York.
- Pryce, J. K., and Pryce, D. H. (2000). "Healing Psychological Wounds of War Veterans: Vet Centers and the Social Contract." *Tulane Studies in Social Welfare* 21/22: 267-283
- Rwomire A. and Raditlhokwa, L. (1996). "Social work in Africa; Issues and challenges". *Journal of development in Africa*
- Rwomire, A. & Raditlhokw, A. L. (1996) *Social Work in Africa: Issues and Challenges*, Michigan, *Journal of Social Development in Africa*, 2, 5-19.
- Sherraden, M, (2013) Introduction and context for grand challenges in social work, Washington: American Academy of social work and Social welfare.
- Stadler, J., Delany, S. (2006). The 'healthy brothel': The context of clinical services for sex workers in Hillbrow, South Africa. *Culture, Health & Sexuality*, 8(5): 451 - 464.
- Strauch, I. & Eickhoff, A. B. (2004). KIWAKKUKI - women fight against HIV/AIDS, an

encouraging example for social work in Tanzania. *Social Work & Society*, 2(2): 237-244.
Weiss, (2012). War and peace in the Democratic Republic of Congo. American Diplomacy
Publishers Chapel Hill NC. Accessed 20/10/2015 at www.americandiplomacy.org
Weiss, H.F. and Nzongola-Ntalaja, G. (2010) *Decentralization and the DRC-An overview*. SSRC,
conflict resolution and peace Forum Workers.