



MEDICAL SOCIAL WORK IN KENYA: SCOPE, RELEVANCE, AND UTILITY

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Abstract: *The emergence and continued growth of the sub-field of medical social work implied that treatment is not only physiological but holistic. Indeed, it is through the combination of the various aspects that clients enter a complete state of healing and recovery. While medical social work in Kenya is mainly practiced in healthcare settings, its scope and relevance are rarely understood and appreciated. Moreover, its utility in psycho-social treatment is remotely seen as important for supplementing physiological management of health and illness. While medical social work may be utilized in understanding the emotional and psychosocial problems associated with health and illness, this is rarely the case in Kenya owing to its relegation compared to physiological treatment. Nonetheless, working in multidisciplinary teams, medical social workers help in devising specific intervention programmes that augment the quality of life of both clients and their caregivers. This paper uses secondary data to demystify the sub-field of medical social work by defining its scope, relevance, and utility with particular emphasis on Kenya. A particular effort is made to identify the specific practice settings and the expected outcomes of its application. Finally, conclusions are drawn about the future of the sub-field followed by recommendations to make it more relevant and responsive to the needs of its clients. Findings from this paper contribute greatly to the wider field of social work and medical social work in Kenya in particular.*

Keywords: *Medical social work, intervention, relevance, scope, utility*

1.1 Introduction

In Kenya, the quantity and variety of professional social workers have greatly increased during the past 20 years (Kiilu & Kiilu, 2015). Medical social work is one of the sub-fields of social work which include but are not limited to medical social work, international social work, correctional social work, green social work, blue social work, occupational social work, finance social work, community social work, school social work, family social work, forensic social work, police social work, political social

work, corporate social work, child protection social work and digital social work (Modak, Kazemi & Cárdenas-Barrón, 2019; Dulmus & Sowers, 2012; Pink, Ferguson & Kelly, 2022). Medical Social Work is the practice of social work in a health care or hospital setting. That is, it is the application of social work knowledge, skills, attitudes, and values to health care (Skidmore et al, 1997). In this paper, we define medical social work as a sub-field within social work that addresses the social context and social consequences of disease and illnesses through case management, care coordination, transitional care and behavioral health interventions. In terms of social work practice, a hospital is typically seen as a secondary site, mostly since the main focus of such settings is the medical professionals' treatment of patients suffering from various conditions (Malinga & Mupedziswa, 2009). The majority of medical professionals are not trained or able to offer guidance about the resources and support that are available to patients and can help them emotionally, financially, and legally. Medical personnel is well prepared to answer patients' questions regarding their medical status and clinical treatment options. Medical social workers have the education and expertise to offer specific advice in these crucial areas. This expert advice may be able to assist patients in retaining some degree of personal control over their financial, legal, and medical decisions, allowing them to concentrate their energies on their treatment and recovery (Miller, et al, 2007). Medical hospital social work typically entails conducting psychosocial assessments, reacting to patients' contextual requirements, and carrying out duties such focusing on service connections, liaison, and interprofessional cooperation (Joubert, Hocking, Ludbrooke, Fang & Simpson, 2022 citing Bauer et al., 2009; Berkman, 2006; Collins et al., 2020; Faller et al., 2019; Heenan, 2021; Joubert & Hocking, 2015).

The emergence and continued growth of the sub-field of medical social work implied that treatment is holistic. Indeed, it is through the combination of the several aspects of health that clients enter a complete state of healing and recovery. This is because social determinants, including poverty, fragmentation of services, and the lack of health insurance for health and mental health care for specific populations play a critical role in access to health and mental health care and implication for health outcomes (Kocher, Emanuel & DeParle, 2010; Miller, Talen & Patel, 2013; Shim et al., 2012). We are living in an era of containment and emphasis on behavioural health care that requires health professionals without excluding social workers, to examine treatment methods and modalities with vigor (Dziegielewski, 2015). However, social workers must constantly balance “quality-of-care” issues versus “cost-containment” measures for the patients they serve (Dziegielewski, 2010a, 2010b). It is disturbing in today's practice environment that many individuals outside the social work discipline continue to remain unsure of what a health care social worker does. Compounding this is the fact that even social workers themselves and the lay community often battle over what constitutes “health care” social work (Dziegielewski & Holliman, 2019).

Guided by specific values and principles that by extension apply in health, social work intervention allows a wider range of physical and social determinants of illness etiology, course, and outcomes (Comer & Rao, 2016; Vourlekis, Ell & Padgett, 2001). As asserted by Gehlert (2011), the role of social work through casework is to support the relationship between disease and social maladjustment. This can be traced back to the work of Harriet Barlett in 1915, who noted that social work intervention supports individuals whose health interfered with their regular plans for life. The cornerstone of the social work profession has been “person-in-situation” or person-in-environment”, therefore, social work is the bridge linking the individual client being served to the environment (Dziegielewski & Jacinto, 2016). In its uniqueness unlike other disciplines, social work's perspective of helping individuals, families, and groups remains key and taking into account the situation and environment.

The field of professional social work generally and particularly medical social work practice has changed in Kenya as the nation transitions through various stages of development and feels the effects of globalization (Mungai, Wairire & Rush, 2014 citing Wairire, 2008). While medical social work in

Kenya is mainly practiced in healthcare settings, its scope and relevance are rarely understood and appreciated, a gap this paper fills.

1.2 Literature review

History of Medical social Work

During her cross-disciplinary work at Massachusetts General Hospital (MGH) and her study at the Simmons School of Social Work, Ida Cannon, the field's originator, created this branch of social work (Rehr & Rosenberg, 2006). She saw a medical social worker as an "interpreter" and helping patients, families, and other medical professionals communicate more effectively. In the past, hospitals employed almoners to deal with patients' social issues that hindered their medical recovery and to stop those who could afford to pay for their care from abusing the medical charity system. Berkman (1996) contends that the early stages of professional social work were uniquely positioned to integrate psychosocial considerations into the interdisciplinary discourse in acute-care treatment. Cannon believed that a social worker must:

“have the technical skill of the social expert, and the ability to adapt that skill to the medical institution ...she should also have the power to insist that the social point of view, as well as the medical, receives its due recognition” (Cannon, 1915, pp. 181–182).

Further, Bronstein (2003) and two other authors, Zimmerman and Dabenko (2007) observed that effective family-centred care of a patient and treatment after diagnosis, should include psychosocial factors such as the patient's and family's perceptions of health and illness, cultural beliefs, environmental and social support factors that may impede compliance with the medical regimen. Satin (2008) frames similarity in interdisciplinary approaches, based on technical skills. Primary competence refers to the special or superior skill relevant to a specific discipline. Secondary skill refers to spheres where one's discipline provides the expertise, training, and licensing to perform functions that overlap with the primary skill area of another discipline. Tertiary competence applies to those areas where one has little to no specialist expertise; the task can be fulfilled by anyone on the team. While each discipline may have its own designated primary, secondary, and tertiary skills, it overlaps professional skills, especially in today's climate of increased training and specializations.

Scope of Medical social work

Medical social work is one of the largest fields of social work practice even though social workers tend to under-articulate their clinical contributions to patients and interdisciplinary teams (Abramson & Mizrahi, 2003; Carrigan, 1978; Globerman, White, Mullings, & Davies, 2003). The field has been in existence for the last 100 years. Medical social workers work in varying settings which include but are not limited to hospitals which are the largest employers of social workers, social work practice in psychopharmacology, oncological social work, nursing homes, palliative care, hospice, assisted care facilities, mental health facilities (psychiatric social work), geriatric social work, comprehensive care centers(CCCs), pediatric cardiological social work and residential centres.

Oncological social work

The World Health Organization (WHO) WHO, 2018) estimates the global cancer burden to have risen to 18.1 million new cases and just in 2018, 9.6 million deaths. The total number of people living within 5 years of a cancer diagnosis (5-year prevalence) is estimated at 43.8 million worldwide. This justifies the need for oncological social work. Oncological social workers work with cancer patients (Grassi, 2020). Starting with the work of pioneers in psychiatry, such as Arthur Sutherland,

David Kissen, Elizabeth Kübler-Ross and Jimmie Holland, who began to explore the unmet psychosocial needs of cancer patients from a biopsychosocial perspective 70 to 50 years ago (Holland, 2002), the disciplines (or sub-specialty) of oncological social work and psycho-oncology has developed and integrated the new knowledge and techniques of psychosocial sciences as they relate to cancer care. Oncological social workers help patients with the adjustment to conditions, financial issues, and carer support (Miller, et al, 2007). The major providers of social work services to people who need cancer care, and consequently to their families and carers, are social workers who specialize in oncology (Joubert, et al, 2022 citing Abbott et al., 2013; Isaksson et al., 2018; Pockett et al., 2016). Oncology social work practitioners provide a variety of assessments particular to the field and provide interventions on a range of particular concerns connected to loss, grief, crisis, adjustment, and care for survivors. Within a multidisciplinary team, practitioners help patients get social and community assistance and refer them to additional services that are linked (Joubert, et al, 2022 citing Abbott et al., 2013; Chan et al., 2019; Isaksson et al., 2017; Lee et al., 2010; Pockett et al., 2016).

Geriatric social work

Geriatric Social work is a practice in the field of the elderly. As the proportion and population worldwide rise, so does the demand for geriatric services. Demographic shifts have been so far-ranging that the new social, cultural, and demographic conditions have shaken the very foundations of current trends as regards the elderly. As a result of changes in age distribution and the resulting political, economic and social transitions, there has been a renewed interest in how people age as gerontologists view the aging process (Mahalakshmi, & Velusamy, 2020). In Kenya social workers work with the elderly and sometime end up addressing health related issues affecting them (Kiilu & Kiilu, 2015)

Psychiatric social work

The goal of improving mental health in Kenya is to remember individuals who were psychiatrized and subjected to harsh treatment by the colonial system. It is also a matter of justice and freedom. Decolonizing mental health is the goal (Ibrahim, 2017). This is an area of concern for medical social workers in the sub-Saharan countries and Kenya, as far as mental and neurological health care is concerned. According to the World Health Organization (WHO) of 2014, depression is ranked as the most common mental illness in the world. Kenya is ranked fourth in the African continent with an estimated 1.9 million people suffering from depression (Mohan, 1970). The organization also reported that substance use, mental and neurological disorders are ranked highly in terms of the causes of disease burden in Kenya. The global burden of disease study that was conducted in 2010 in Kenya, showed a significantly high burden of disease of up to 16%, caused by substance abuse, mental and neurological disorders. Medical social workers herein, play a vital role in ensuring that they provide the necessary mental health services that are required by these patients in the psychiatric centers. Through psychotherapeutic training and interventions such as administering play therapy, relaxation therapy, expressive art therapy, and speech therapy among others, social workers ensure the mentally ill patients can build potential in them, to function optimally in the society (Shekhawat & Chathley, 2018).

In Kenya, the most commonly named problems clients are affected by in the context of mental health were financial constraints, poor health and unemployment (Bemme & Kirmayer, 2020). The duties of medical social workers in the psychiatric centers vary, however, the common ground, remains to put together the patient discharge plan to ensure that all the necessary required resources are mobilized to facilitate patient reintegration to the community. Medical social workers collaborate closely with, social welfare organizations for patient financial sponsorship and support for like school

fees, wheelchair, shelter, medical expenses among other bills to be footed by psychiatric patients. Medical social workers work with counseling psychologists, clinical psychologists and psychiatrists in the process of diagnosing mental illness in patients, for appropriate treatment plans.

Comprehensive care centers/Social work with People Living with HIV/AIDS

According to the Kenya National HIV survey as of 2018, it reported HIV prevalence in Kenya at 4.9%. The Global information and education on HIV/AIDS report of 2018 estimated 1.6 million persons living with HIV (PLWHIV) in Kenya. From this population, 69% of adults and 61% of children were active on antiretroviral therapy. Some of the vulnerable population to HIV new infections was identified to be, Men having sex with men, women, commercial sex workers, and injecting drug users. Medical social workers in comprehensive care centers are involved in ensuring the Orphaned and Vulnerable Children (OVCs) who are HIV positive, have appropriate care and treatment plan formulation. The monitoring and follow up to ensure optimal adherence to Anti-retroviral therapy of these children (Mungiria, 2021).

Medical social workers also provide health education and psychosocial support to adolescents and youths on various aspects of HIV/TB treatment, life skills, and personality development in social casework approach (Deering et al., 2020). This is aimed at yielding optimal potential, by creating resilience in them, leading to a spirited fight against stigma and barriers to comprehensive HIV/TB care. Through Health talks and empowerment to women on the subjects of Prevention of Mother to Child HIV Transmission and Early infant diagnosis, medical social workers ensure achievement of the millennial health development goals, through the attainment of zero maternal deaths and zero mother to child HIV transmission. The medical social workers with background training in HIV Testing and counseling services may also be involved in the collection of Deoxyribonucleic acid Polymerase Chain Reaction (DNA PCR) samples and dispatching them to the laboratory for investigation. This consists of part of the HIV exposed infants' care and treatment as per the Kenya Anti-retroviral Guidelines of 2018 (GoK, 2018 & World Health Organization, 2018).

Medical social work personnel in Kenya through the social group work approach, ensure effective Spearheading of an adolescent package of care through Operation Triple Zero (OTZ) among other approaches (*Operation Triple Zero*). This is an Initiative for the Adolescents and Young people living with HIV (ALHIV) aimed at empowering and building the capacity of the youth and adolescents, on healthy approaches and perception about Antiretroviral therapy. Medical social workers hence attain a collective approach, using group work practice on working with the young people, towards the attainment of best Anti-retroviral medication outcomes (Machani, personal communication).

Medical social workers ensure proper client psychological diagnosis and support through a diverse means of clinical psychology intervention skills for adolescents and youths experiencing mild, moderate and severe anxiety, stress, and depression levels, emanating from their HIV/TB status, treatment, family as well as their environment. Medical social workers trained in HIV Testing and counseling (HTS), provide the services to clients. Through various approaches like targeted testing for the contacts of the index clients identified to be HIV positive, they ensure strategizing and execution of partner notification services (PNS) and hence establishes an appropriate linkage to care channel. Through active and consistent community asset mapping medical social workers create a strong chain connection of HIV/TB treatment and referral systems in a community-based approach (Machani, Personal communication).

Another area of medical social work is Gender-Based Violence screening and appropriate psychological intervention and referral among all the patients on antiretroviral care and treatment. They hence ensure noting down detailed client health records in both electronic and hardcopy storage

provisions, for appropriate reference, monitoring, evaluation, and reporting. The medical social workers in the comprehensive care centers ensure active participation in facility Multi-disciplinary Teams, focused on managing clients with critical treatment cases. These include clients with failing treatment. The social worker facilitates on following up, of the strategic way forwards put forth by the team in intervening treatment failure. Through Coordination and facilitation of Community Healthcare Volunteers training, meetings, and discussions, medical social workers steer towards awareness creation and sensitization on client management, appropriate client referrals for health services. They also aid in issuing presentations on new updates with regards to HIV care and treatment package, in social community work and community organizing approach (Bradbury-Jones, & Isham, 2021; Gray, 2016; Keesbury, Onyango-Ouma, Undie, Maternowska, Mugisha, Kageha & Askew, 2012;).

Palliative and Hospice care social work

One of the fast-rising terminal illnesses in Kenya is Cancer. The National Cancer Institute of Kenya reports that the fact that cancer is curable, about up to 75% of the patients who are diagnosed with the various forms of cancers, are normally in the later stages, thus the growth of medical social work in palliative care and the hospice centers. The primary objective of social work in these centers is to ensure patients' emotional and psychological pain relief, as they continue with their treatment. The hospice centers provide care for those patients who are sick and terminally ill (Coughlin & Ekwueme, 2009; The National Cancer Institute of Kenya, 2018).

Medical social workers through counseling roles use various interventions like group therapy and individual therapy to facilitate psycho-emotional and psychosocial support to the affected and infected patients(Chochinov, 2000). The medical social workers enable the clients and their families to receive psychological support through counseling in dealing with depression, anxiety, bereavement, relationship difficulty caused by terminal illness, life crisis, trauma, addiction, and self-defeating behaviors caused by the terminal illnesses(Flannery, 2002). Social workers arrange for support groups of the patients and their families. Such forums give a platform for sharing experiences and insights meant to build on the knowledge about illness and management. Through the interaction process, patients build confidence and self-esteem in themselves with knowledge from other patients undergoing the same situation as theirs. The sharing process is therapeutic because through talking and sharing patients and their families can relieve pain, worries, and tribulations they are experiencing in the journey of treatment and management of terminal illness(Chochinov, 2000). They make the clients to best understand their situations more clearly, aiding in self-awareness and understanding. They are therefore able to solve their inner problems and conflicts creating optimism and hope for the future.

The relevance of Medical Social Work

A core activity by social workers is discharge planning. However, there is an increased emphasis on undertaking interventions with complex patient groups that require additional social work knowledge and skills. Some of the primary work activities of a medical social worker include Patient intake screening, patient counseling and education, discharge planning, and patient advocacy.

Patient intake screening

In a mental health setting, patients with a history of mental illness or who meet other high-risk criteria usually undergo an initial screening with a medical social worker, otherwise known as a psychiatric social worker. They perform a comprehensive assessment of the patient's social, emotional, environmental, and financial needs. Since social workers work in teams, the results are shared with other members of the healthcare team, as they may affect the patient's treatment plan and prognosis.

Patient counselling and Education

Medical social workers help patients and their families cope with the emotional and social responses to illness and treatment. They also educate patients and their families on entitlements, community resources, and health insurance coverage. They may also lead support group discussions or provide individual counseling. These interventions are aided towards establishing a firm foundation through illness-related stigma reduction and promotion of positive living, amidst challenges accompanying illness both to the patient and the family.

Discharge Planning

Before a patient is discharged, the medical social worker handling the case will ensure that the services the patient requires are in place and that the patient will be properly cared for at home. This can mean arranging for resources to pay for medications and/or medical equipment, linking patients with social service providers, and coordinating home care services. At this point, medical social workers collaborate closely with community health care workers. They directly link the patient to their community health worker who is trained caregivers. This ensures that even at-home patients can access professional guidance during the recovery process or even when coping with an ailment.

Patient Advocacy

A medical social worker is first and foremost a patient's advocate. It's the responsibility of the social worker to ensure that a patient's wishes are followed. Social workers can directly advocate on behalf of the patient by facilitating communication with healthcare providers or arranging health insurance coverage, but they may also advocate for patients' rights in general through policymaking and thought leadership. This implies that medical social workers need to actively engage in policy monitoring and evaluation. This is both at the county and national level, where the laid down rules and procedures touch on disease management, control, and prevention. Through active contribution, medical social workers often engage in setting guidelines and standard operating procedures (SOPs) for patient management. They also facilitate largely in creating a platform for the implementation of set parameters. Through Continuing Medical Education (CME), social workers engage in training, aimed at improvement of health care providers' knowledge and skills towards their professional ethics, guidelines and as well, to enhance their interpersonal relationships in patient support systems and structures.

According to Mellor and Lindeman, 1999 citing West, Mellor, & Robinson (1998), the roles of the social worker on an interdisciplinary team include but are not limited to: First, diagnosis/Assessment by identifying barriers to medical compliance and assisting other team members in the management of an acute or chronic illness. The medical social workers' focus may revolve around the Physical aspect of the problem. The social worker may take a brief medical history, functional abilities, appearance, and observed behavior. On the psychological dimension, the assessment would be around the Affect, mood, outlook, attitude, personality characteristics, cognitive functioning, and self-image. Also important is the social aspect which is about vocation, social roles, support networks, education, and financial status. An assessment of the cultural dimension may be of interest to, particularly the values, general rules of behavior, definition of the "sick role," beliefs about the root causes of illness and prescribed treatments, communication patterns that encompass varied language and speech patterns, as well as bilingual issues, are worth assessing too. Another dimension is the environment which includes living conditions and home surroundings with a focus on safety and maintaining functional independence. Lastly, the spiritual dimension, that is, beliefs about people's roles and responsibilities, rules for living, belief system, diet, and acceptable medical treatments.

Second, a social worker in a health care set up engages in case management also known as care management. This involves problem identification (e.g., lack of financial resources, need for help with ADL's or mental health intervention) as well as linkages to and coordination of community resources to facilitate the highest practical level of functioning for the patient and family. The practitioner should be knowledgeable on community resources, entitlements, and skills in matching patient/family with resources, linking resources, and serving as an interpreter and advocate for the patient or family.

Third, they offer individual counselling or psychosocial counselling to treat mental health problems like depression and anxiety. To assist clients and family to adjust to major life stressors and transitions such as illness, disability, institutionalization, and loss and empower the client. They use techniques like family therapy, relaxation, and stress management training for the patient and/or caregiver. The social worker practitioners utilize their listening, problem resolution, and negotiation skills with attention to community and environmental factors.

Forth, adopting Group Work for group development and using the facilitation technique, the social worker offers group psychotherapy and supportive psycho-educational groups to help patients/families and/or caregivers cope with a specific illness like depression, Alzheimer's disease, cancer or diabetes.

Fifth, they are the bridge providing a link. They liaise with the patient and their family and the professional community forming during the intervention. This is because sometimes the family lives out of the area and their input must be obtained via long-distance communication.

Sixth, on advocacy, social workers' training, including a working knowledge of ethics, confidentiality, advance directives, cultural or ethnic factors, and patient or family rights, serves to help teams face the challenge of balancing patient needs with the system demands. Often the most important service provided by a geriatric or gerontological social worker to patients is simply to assist in negotiating an overwhelmingly bureaucratic system, such as Medicaid, Social Security disability, funeral arrangements, or dealing with insurance and hospital paperwork by acting on their behalf and/or teaching them to help themselves.

Seventh, Social workers are community resource experts. They possess Knowledge of community resources and how to access them. This involves a high-level skill in negotiation and bargaining to become a broker for appropriate resource allocation. Working knowledge of financial systems, including federal, state, and county programs, is part of this expertise. They serve as resource referral coordinators and therefore they are negotiators and collaborators. This makes them able to assist patients and families in setting priorities, care goals, and balancing issues (Mellor & Lindeman, 1999). Medical social workers are also involved in discharge planning and expanding responsibility for emerging client problems like patient complexity, legal, and carer issues (Cleak, & Turczynski, 2014).

1.3 Methodology

This was a desktop review which adopted a scoping review to explore the field of Medical Social Work and its utility. Various databases were utilized for the literature. As opposed to producing a thoroughly evaluated and synthesized result or answer to a specific topic, scoping reviews instead try to provide an overview or map of the available information (Munn, et al, 2018). Using specific search engines, we conducted a search in the online databases PsycINFO, CINAHL Plus, SocINDEX & MEDLINE all using the EBSCO platform.

1.4 Results

The relevance of Medical Social Work

Medical social work aims at establishing and enhancing a safer environment for the health sector, through meaningful contributions towards helping the vulnerable and the marginalized persons.

They take part in the active and consistent empowerment of patients. The person-in-environment view and systems theory, which acknowledge the influence of social and environmental factors on health, are taught to social workers during their training (Petruzzi, Ewald, Covington, Rosenberg, Golden & Jones, 2022 citing Salsberg et al., 2017). This helps the patients and their families, to develop resilience towards dealing with their problems, which emanate from sickness and procedures of treatment (Cockerill, 1942). Medical social work practice is therefore curative, in that it develops a responsive intention of enhancing the effectiveness of treatment, as well as building capacity as far as treatment literacy is concerned. Medical social work plays a critical role in the prevention, identification, care, and treatment of sick patients focusing on the fundamental components of casework in medical social work, which include the environment, the patient, the sickness, and the treatment plan (Crabtree, 2005). Medical social worker supplements other medical professions like the nurses, doctors, clinical officers, medical laboratory technicians, Health and Medical information system officers. This, therefore, means that medical social workers are part of the multidisciplinary teams that are involved in inpatient treatment plan development and management. In order to give patients and their families with humanistic care and services, such as medical adaptation, health education, doctor-patient communication, hospice care, and bereavement consolation, medical social workers have been integrated into the medical teams of major hospitals since 2010 (Matsea, 2017 citing Ji, 2015).

Medical social workers play a critical role in providing psychotherapy to sick patients and their relatives. This is mostly applied to families and patients who are on long term treatment like cancer, Tuberculosis, diabetes, Coronavirus and HIV as well as in hospice facilities as well as in gerontology among others (Goodman, 1955). The psychotherapy sessions could be in the form of counseling therapy either an individual or group counseling which aims at helping the patient clearly understand their situation more clearly this could be the state of their sickness, the support mechanisms available, and the course of action. The medical social worker at this point helps in building a positive attitude and perception of the patient towards his/her condition as well as developing a deeper understanding and ownership towards their treatment.

By providing the correct content of treatment literacy, the medical social worker through psychotherapy sessions engages the patient and the family in creating a platform for the patient to make choices that fit their values, feelings, and needs. This helps when it comes to increasing retention capability of the patient's participation in the treatment process. Medical social workers in palliative care, enable clients to be able to cope with their sickness in the various aspects where the sickness cannot be cured or reversed like accidents leading to immobility, HIV/AIDS. The goals and objectives of psychotherapeutic counseling in medical social work ensure that patients and families can develop positive behavior change, which facilitates the healing process (Herron, 1988). Crisis counseling for patients is also another area where medical social workers are actively engaged in. This is through implementing social work knowledge and skills through direct action-oriented approaches to help the patients and their families to find available resources within themselves to be able to externally deal with a crisis resulting from the ailment.

A thorough assessment of psychosocial functioning of patients and families, medical social workers closely collaborate with counseling psychologists and clinical psychologists to administer assessment tools such as the alcohol screening tool, the Patient Health Questionnaire 9 (PHQ 9), play therapy as well as administering Trauma-focused Cognitive Behavioral Therapy (CBT) through psychoeducation, relaxation training, affect modulation and cognitive restructuring. Among other forms used by medical social workers for client mental health support include anxiety assessment, alcohol and depression scale, hopelessness assessment, and self-esteem assessment tools (Ghesquiere et al., 2018). These interventions aim to help patients and their families to be able to build confidence in

themselves, identifying the potential that lies in their abilities through motivational counseling that eventually will result to optimal adherence towards their treatment plan. This therefore significantly restoring the balance of the patient's personal life, family and social life, by minimizing the negative implications accompanied by stigma and discrimination of the given medical condition they are suffering from. This leads to a consistent strengthening of the patient's ability to adopt and reintegrate into society.

In the field of psychiatry management, medical social workers play a critical in addressing the challenges associated with psychiatric patients. They address patients' problems associated with refusal to take their meals leading to malnutrition, suicidal thoughts, withdrawal symptoms, insomnia, violent and aggressive behavior, and low self-esteem among others. Medical social workers in psychiatric centers ensure the patients have access to drugs that help calm them down, depending on the condition of the individual (Bass et al., 2015; Keyes, Talarico, Hardin, Molter, Lee, Valiuddin & Moore, 2022). They ensure the establishment of a good relationship between the care providers and the patient. They also ensure proper monitoring of the patients to ascertain their liability to having problems or relapse in treatment.

The medical social workers in psychiatry centers will also ensure patient's access to physical care in terms of rest, sleep, food, and good observation as soon as they are discharged from the hospital. The medical social workers ensure addressing probable causes of aggression in patients as part of mental health care provision by critically assessing areas of personality disorders that make the patient experience difficulties in living comfortably with their weaknesses. They also address projection in patients for those that experience challenges in owning their treatment, those facing frustrations and frightening experiences especially when working with pediatrics and adolescents. Medical social workers help their patients with mental illness, to acquire integration skills as well as management of displaced anger of sickness probably aimed to the relatives like children, father, mother or even the husband or the wife. Therefore is specific case management of mentally sick patients, medical social workers ensure critical investigation of reasons leading to aggressiveness, they take specific interventions of calming the aggressive patients down, improving their environment where they live while advocating for treatment of those facing hallucination.

Medical social work in case work also helps in the process of ensuring critical analyzing of patient's case summary and from there summarizing on the key areas of progress while identifying the gaps that needs to be addressed to optimize on the treatment outcomes. In the treatment and management of chronic illnesses like cancer, HIV/AIDS and Tuberculosis, medical social workers establish interventions to ascertain treatment failure related to adherence both at the patient's level, family level, and societal level. They actively engage in technical working groups (TWGs) which are multi-faceted in professionalism. They actively participate in developing and following up on interventions, including conducting Directly Observed Treatment (DOT) and home visits, to be able to ensure conducting pill counts for patients and retain scores that are critical in measuring adherence to these patients from time to time during their treatment journey. This could be in comprehensive care centers or hospice centers. In nursing centers and general hospitals, medical social workers also play a critical role in the arrangement and execution of the discharge plan. Medical social workers are as well actively engaged in adherence preparation, monitoring, and support of patients in the hospital. They, therefore, tailor-make the treatment messages to best suit the level of treatment attained by the patient. In children and adolescents, medical social workers facilitate the process of disclosure of sickness to boost treatment literacy. They build adherence support strategies by creating a well elaborate readiness assessment and management plan tool.

Patients treated at the various hospitals are diverse in the essence that they come from different cultures, beliefs, religious settings as well as social status. These factors greatly play a significant role

in the ability of the patients receiving their treatment as well as the recovery process. Economic constraints, the stigma attached to medical conditions, and cultural/religious beliefs are some of the barriers to comprehensive care.

Other barriers also addressed by medical social workers include bereavement of families, self-image, loss of earning capacity by patients, life skills among others. Therefore the medical social workers come in to ensure waiving of hospital bills for patients unable to raise hospital bills and are from vulnerable economic status while also promoting disease awareness among the family and community setups in coordination with the Community Extension Health care workers at the grass-root level. Medical social workers are as well actively involved in advocacy and lobbying as Sexual and gender-based violence forensic officers and critically play a role in filling the Post rape care form, which enables them to appear in a court of law as expert witnesses against the perpetrators of sexual and gender-based violence. (Elboj-Saso et al., 2020) With the current advancement in technology and in instances where physical meetings with clients might not be possible medical social workers still implement follow up and service provision to patients and their families through telecare services to optimize on treatment outcomes.

The utility of Medical social work in Kenya

Literature reveals a lack of consensus on the exact nature of the role of social workers in health care, given the profession's wide scope (Golden, 2011). Other studies showed that a range of responsibilities and functions for social workers in health care had emerged (Gehlert, 2011; Larkin, McKay, & Angelos, 2005; O'Donohue, Cummings, & Cummings, 2009; Phillips et al., 2001; Spencer, 2008). In primary care settings, they are hired as behavioural health specialists (Burg & Oyama, 2015; Keefe, Geron, & Enguidanos, 2009), they are part of community-based treatment practices and treatment models in areas of drug abuse rehabilitation. Moreover, they implement short-term evidence-based practices that cost-effectively serve consumers while providing more comprehensive and integrated care (Ell et al., 2011; Phillips et al., 2001; Stanhope et al., 2015). According to Ferrante, Cohen, and Crosson (2010), social workers play critical functions related to patient navigation. They are usually part of the care team and facilitate health care resource coordination (Campbell, McCoy, Hoffman, & Oneil, 2014). To reduce readmissions of patients, they support post-discharge (Altfeld et al., 2013). Although social workers engage in assessment, treatment like psychotherapy and referral of children with mental health disorders, studies suggest that there may be underutilization of social workers yet they may be more widely available to pediatricians (U.S. Bureau of Health Professions, 2003). Further, Golden, 2011 notes that:

“Social workers are ideally educated and positioned to address the challenges of health care reform's shifting focus, enhancing the quality and efficiency of health care delivery systems, particularly for the nation's most vulnerable populations” (p. 2).

In the late 1970s, medical social workers in Kenya were referred to as social welfare officers although majorly offering Medical social work services. It was until the 1980s that medical social workers' role started to be defined within hospital settings around the time of introduction of SAPs that was necessitated by the debt crisis in Kenya (Anangwe, 2008). Health reform was aimed at ensuring Kenyans accessed health care that was affordable and efficient. However, there was a fear that health reforms would marginalise the poor and vulnerable in accessing health care. Therefore, the government introduced a system of waivers and exemptions to cater for categories of patients who were automatically exempted from user fees. This necessitated the need for:

“social workers at the hospitals who were charged with the responsibilities of assessing the financial position of patients and waiving part or all of their bills” (Anangwe, 2008 pg 45).

Literature reveals that there is some vagueness on the use of the term “social welfare” in developing countries. For example, in Kenya, this 'vagueness' has manifested itself in the range of services which 'social welfare' has, at various times, been seen to include: 'community development', 'aid', 'social work' and 'social services (Seeley, 1987). The terms 'Social Welfare' and 'Community Development' were used interchangeably in the 1940s and 1950s, and the Social Welfare Organisation went through a sequence of name changes, 'Community Development' becoming the dominant term in 1950¹.

The Ministry of Health partnered with Kenya Institute of Administration and started the medical social workers training at the institute within the department of social development. In 1982, 15 students recruited from diverse backgrounds with academic qualification of A levels were first trained then another class of 14 students followed in 1983 January and completed in 1984 December. This was occasioned by the need for health professionals in this specialization (Muhingi, Personal communication). By the year 2003 medical social workers in Kenya were approximated to be 27. In 2004, about 80 medical social workers were deployed in the public service 30 having been deployed at Kenyatta National Hospital (Kiima, Njenga, Okonji & Kigamwa, 2004).

Some of the hospitals where Medical social work was practiced were Mathare, Kenyatta National Hospital, and Mbagathi Hospital. There were medical social workers in Kenya practicing at different levels or cadres. From the Sub-county level to the National referrals and also private hospitals, there were medical social workers who earlier on were not trained in the same but had been trained on the job and through short training, seminars, and workshops to be able to address medical social work demands in their working environments. The social workers were appointed and allocated different wards in public hospitals to perform wavering procedures for patients who are unable to pay hospital costs (Mostert, Njuguna, Van de Ven, Olbara, Kemps, Musimbi & Sitaresmi, 2014). Since effective management of terminally ill patients involves a multidisciplinary team, medical social workers work with multidisciplinary teams to serve patients during end life especially those patients under palliative care.

More recently, at the time of writing the paper, medical social workers were estimated more than 800 especially those formally practicing in facilities. In September 2017, the first group of 22 students was admitted to KMTC, KARURI campus for a three year diploma in Medical Social Work course. Medical social work training and education had advanced and The Kenya Medical Training College had graduated 34 Diploma holders and introduced a Higher National Diploma in Medical Social Work. Other institutions were also coming up, Nairobi Women Hospital was also rolling out a Diploma in Medical Social Work. At the University level, University of Nairobi was also training more specialized social worker in Psychiatric Social Work. Medical Social Work was also offered at Jomo Kenyatta University of Agriculture and Technology and Masinde Muliro University of Science and Technology that had graduated 9 Medical Social Workers with BScs (Muhingi, Personal Communication).

¹ 1949, Welfare Organisation; 1950, Community Development Organisation; 1954, Department of Community Development and Rehabilitation; 1956, Ministry of Community Development. There was no department of 'social services' (by this the Community Development Organisation meant specific remedial services) for all races: the Member for Health, Lands and Local Government was concerned with the relief of distress among Europeans and Asians and the Provincial Administration with that amongst Africans (Community Development Organization Annual Report 1952 (Government Printer, Nairobi, 1954), p. 27.

Social workers offer services like referrals, family financial assessment before waivers are given, counselling patients who feel homesick while in facilities to ease their feelings to allow for the healing process to continue (Malloy, Boit, Tarus, Marete, Ferrell & Ali, 2017). According to Okech and Mackinova (2017), social workers are also involved in conducting group or individual counseling with patients or families whose members have been diagnosed with cancer particularly in the case of cancer patients, social workers reconnect or reintegrate patients abandoned in facilities with their families and loved ones, recommending to the hospital administration for bill waivers to those who are not able to pay and connecting patients or their families with agencies that may help them in buying medical equipment required of them to enable healing or support the healing process. Social work legislation that is currently missing would help address the challenge and provide for a framework to guide social work-related interventions in this regard.

1.5 Conclusion and Recommendations

In the areas of family and child care, women's care, hospitals and schools, probation and correctional facilities, mental health services, and many other areas there are enough opportunities to do social work (Das. et al. 2004). Medical social work is also as complex as generic social work. The application of the specialization of medical social work is existent in Nephrological social Work, pharmacological social work, pediatric cardiological social work, oncological social work, nursing homes, palliative care, hospice, assisted care facilities, mental health facilities (psychiatric social work), geriatric social work and residential centres. Medical social work is also practiced in special schools. There is a need to develop and improve medical social work practice in various settings. All medical social work practitioners and stakeholders may help in advancing the profession. All social worker need to take it upon themselves as their ethical responsibility to enhance the scope, relevance and utility of this noble profession of medical social work. It is also recommended that the government hasten the process of legislation of medical social work through Act of parliament to safeguard the clients also known as patients and the medical social work practitioners.

References

- Abri, S., & Zahedi Asl, M. (2020). Medical Social Workers: Current Roles and Tasks. *Journal of Qualitative Research in Health Sciences*, 8(2), 96-106.
- Anangwe, A. (2008). Health sector reforms in Kenya: User fees. Sama, Martyn/Nguyen, Vinh-Kim (Hg.). *Governing health systems in Africa*. Council for the Development of Social Science Research in Africa (COSRIA), Dakar: S, 44-59.
- Bass, D., Brandenburg, D., & Danner, C. (2015). The Pocket Psychiatrist: Tools to enhance psychiatry education in family medicine. *The International Journal of Psychiatry in Medicine*, 50(1), 6–16. <https://doi.org/10.1177/0091217415592350>
- Bemme, D., & Kirmayer, L. J. (2020). Global mental health: interdisciplinary challenges for a field in motion. *Transcultural Psychiatry*, 57(1), 3-18.
- Bradbury-Jones, C., & Isham, L. (Eds.). (2021). *Understanding Gender-Based Violence: An Essential Textbook for Nurses, Healthcare Professionals and Social Workers*. Springer International Publishing.
- Cleak, H. M., & Turczynski, M. (2014). Hospital social work in Australia: Emerging trends or more of the same?. *Social work in health care*, 53(3), 199-213.
- Cockerill, E. E. (1942). Volunteer Service in Medical Social Work. *The Family*, 23(2), 69–70. <https://doi.org/10.1177/104438944202300205>
- Crabtree, S. A. (2005). Medical social work in Malaysia: Issues in practice. *International Social Work*, 48(6), 732–741. <https://doi.org/10.1177/0020872805056991>

- Dziegielewski, S., & Holliman, D. C. (2019). *The changing face of health care social work: Opportunities and challenges for professional practice*. Springer Publishing Company.
- Elboj-Saso, C., Iñiguez-Berrozpe, T., & Valero-Errazu, D. (2020). Relations With the Educational Community and Transformative Beliefs Against Gender-Based Violence as Preventive Factors of Sexual Violence in Secondary Education. *Journal of Interpersonal Violence*, 0886260520913642. <https://doi.org/10.1177/0886260520913642>
- Ghesquiere, A., Gardner, D. S., McAfee, C., Kenien, C., Capezuti, E., Kozlov, E., Sirey, J. A., & Reid, M. C. (2018). Development of a Community-Based Palliative Care Screening Tool for Underserved Older Adults With Chronic Illnesses. *American Journal of Hospice and Palliative Medicine*, 35(7), 929–937. <https://doi.org/10.1177/1049909117749467>
- Goodman, A. (1955). Medical Social Work with the Aged in a Public Institution. *Social Casework*, 36(9), 417–422. <https://doi.org/10.1177/104438945503600905>
- Gray, M. (Ed.). (2016). *The handbook of social work and social development in Africa*. Taylor & Francis.
- Hawk, M., Ricci, E., Huber, G., & Myers, M. (2015). Opportunities for social workers in the patient centered medical home. *Social work in public health*, 30(2), 175-184.
- Herron, W. G. (1988). The Value of Personal Psychotherapy for Psychotherapists. *Psychological Reports*, 62(1), 175–184. <https://doi.org/10.2466/pr0.1988.62.1.175>
- Ibrahim, M. (2017). Mental health in Kenya: not yet Uhuru.
- Joubert, L., Hocking, A., Ludbrooke, C., Fang, J., & Simpson, G. (2022). Social work in the oncology setting compared to social work in general medical settings: An analysis of findings from a multisite Australian Social Work practice audit. *Australian Social Work*, 75(2), 152-164.
- Keesbury, J., Onyango-Ouma, W., Undie, C. C., Maternowska, C., Mugisha, F., Kageha, E., & Askew, I. (2012). A review and evaluation of multi-sectoral response services ('one-stop centers') for gender-based violence in Kenya and Zambia.
- Keyes, D., Talarico, P., Hardin, B., Molter, A., Lee, H., Valiuddin, H., & Moore, B. (2022). Suicidal ideation and sobriety: Should acute alcohol intoxication be taken into account for psychiatric evaluation?. *Alcoholism: clinical and experimental research*.
- Khisa, A. M., & K. Nyamongo, I. (2011). What factors contribute to obstetric fistulae formation in rural Kenya?. *African Journal of Midwifery and Women's Health*, 5(2), 95-100.
- Kiilu, P. W., & Kiilu, V. B. (2015). Information access by Urban Social Workers in Kenya: A Case of Nakuru City. *International Journal of Library Science*, 4(2), 35-42.
- Kiima, D. M., Njenga, F. G., Okonji, M. M., & Kigamwa, P. A. (2004). Kenya mental health country profile. *International review of psychiatry*, 16(1-2), 48-53.
- Lynch, S. (2014). Social workers in pediatric primary care: Communication, gender, and scope of practice. *Social work in health care*, 53(2), 115-134.
- Malloy, P., Boit, J., Tarus, A., Marete, J., Ferrell, B., & Ali, Z. (2017). Providing palliative care to patients with cancer: Addressing the needs in Kenya. *Asia-Pacific journal of oncology nursing*, 4(1), 45.
- Maramaldi, P., Sobran, A., Scheck, L., Cusato, N., Lee, I., White, E., & Cadet, T. J. (2014). Interdisciplinary medical social work: A working taxonomy. *Social Work in Health Care*, 53(6), 532-551.
- Mellor, M. J., & Lindeman, D. (1999). The role of the social worker in interdisciplinary geriatric teams. *Journal of Gerontological Social Work*, 30(3-4), 3-7.
- Miller, J. J., Frost, M. H., Rummans, T. A., Huschka, M., Atherton, P., Brown, P., ... & Clark, M. M. (2007). Role of a medical social worker in improving quality of life for patients with advanced

- cancer with a structured multidisciplinary intervention. *Journal of Psychosocial oncology*, 25(4), 105-119.
- Modak, N. M., Kazemi, N., & Cárdenas-Barrón, L. E. (2019). Investigating structure of a two-echelon closed-loop supply chain using social work donation as a Corporate Social Responsibility practice. *International Journal of Production Economics*, 207, 19-33.
- Mostert, S., Njuguna, F., Van de Ven, P. M., Olbara, G., Kemps, L. J. P. A., Musimbi, J., ... & Sitaresmi, M. N. (2014). Influence of health-insurance access and hospital retention policies on childhood cancer treatment in Kenya. *Pediatric blood & cancer*, 61(5), 913-918.
- Mungai, N. W., Wairire, G. G., & Rush, E. (2014). The challenges of maintaining social work ethics in Kenya. *Ethics and Social Welfare*, 8(2), 170-186.
- Mungiria, A. M. (2021). Prevalence and factors associated with herbal medicine use among people living with HIV on Highly Active Antiretroviral Therapy in selected hospitals in Nairobi City County, Kenya (Doctoral dissertation, JKUAT-COHES).
- Munn, Z., Peters, M. D., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC medical research methodology*, 18(1), 1-7.
- Okech, V. O., & Mackinova, M. (2017). A Comparative Literature Review on Contributions of Social workers in Kenya and Slovakia to Palliative Care Multidisciplinary Team. *Clinical Social Work*, 75.
- Petruzzi, L., Ewald, B., Covington, E., Rosenberg, W., Golden, R., & Jones, B. (2022). Exploring the Efficacy of Social Work Interventions in Hospital Settings: A Scoping Review. *Social Work in Public Health*, 1-14.
- Pink, S., Ferguson, H., & Kelly, L. (2022). Digital social work: Conceptualising a hybrid anticipatory practice. *Qualitative Social Work*, 21(2), 413-430.
- Rishel, C. W., Hartnett, H. P., & Davis, B. L. (2016). Preparing MSW students to provide integrated behavioral health services in rural communities: The importance of relationships in knowledge-building and practice. *Advances in Social Work*, 17(2), 151-165.
- Seeley, J. (1987). Social welfare in a Kenyan town: Policy and practice, 1902-1985. *African Affairs*, 86(345), 541-566.
- Thabisa Coleen Matsea (2017) Strategies to destigmatize mental illness in South Africa: Social work perspective, *Social Work in Health Care*, 56:5, 367-380, DOI: 10.1080/00981389.2017.1284704
- World Health Organization. (2018). *Updated recommendations on first-line and second-line antiretroviral regimens and post-exposure prophylaxis and recommendations on early infant diagnosis of HIV: interim guidelines: supplement to the 2016 consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection* (No. WHO/CDS/HIV/18.51). World Health Organization.
- Yamada, A. M., Wenzel, S. L., DeBonis, J. A., Fenwick, K. M., & Holguin, M. (2019). Experiences of Collaborative Behavioral Health-Care Professionals: Implications for Social Work Education and Training. *Journal of Social Work Education*, 55(3), 519-536.