THE PROFESSIONAL PERCEPTION OF SOCIAL WORKERS WORKING IN HEALTHCARE[1]

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Abstract

Healthcare is one of the areas of social work profession effect on such as childhood, disability, senility, forensic areas etc. The social workers who work on this area are the member of a team that is consist of professionals such as doctors, nurses, psychologists, psychiatrists. The purpose of social workers working in healthcare is to solve the problems that patients face to face and work to ensure the wellbeing of these patients with the professional team. In this area like the others, the profession's ethical codes and practice guidelines are based. The social workers work in healthcare use the Professional approaches such as psychodynamic, psychosocial, cognitive behavioral, reinforcement, system and ecological while trying to protect the fundamental rights of the individuals and human values in their practices. The aim of this research is to determine perceptions of medical social workers concerning medical social work. This research was designed based on gualitative research design. The metaphor of data collection technique which is used widely in qualitative research design was preferred. The "Why?" question which is immediately followed by the question that asks to the participants "If you want to liken the medical social work a name, a city, an object or a superhero, what it would be" is the most important point of these kind of investigations. Thus, the research was carried

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out through the metaphors. The research is limited with five the social workers who work at hospitals connected to Association of Public Hospitals in Konya. Participants chose metaphors such as superman, İstanbul, city, hero about medical social work. Hence, it is recommended that mixed research should be carried out with more participants.

1.Introduction

Being health is undoubtedly important for every human being. Surviving, business life, social relations and productivity can only be contributions of a healthy individual. Health is defined by World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." As it is understood from the definition, nowadays it is known that health has a social dimension. Hence as Turan points out "state of health and state of illness are phenomenon of social system, in the state of illness some roles and functions of a person that he/she could carry out when he/she is healthy are constrained; social relations of him/her decrease" [19]. In such a situation, it is necessary to mention social work implementation in health field, in other words, medical social work.

In Turkey, developing countrywide health policies, implementing them and providing health services are officially duties of the Ministry of Health. In addition to Ministry of Health, other public institutions as well as some non-governmental organizations contribute to perform some social work [17].

Health and illness are multidimensional and multi-disciplined notions. Likewise treatment aspect has the same features. In the healthcare field, "protective, curative, rehabilitative and developer social work" have to be grasped comprehensively; socio-economic and psychological factors have to be handled within this framework [4]. Putting this holistic understanding into practice is important for every segment of society [14].

As it is the case for every field of implementation of social work, it is stated that medical social work implementation is carried out with certain technical approaches such as psychodynamic approach, psychosocial approach, cognitive behavioral approach, reinforcement approach, system approach and ecologic approach etc., and methodology and as well as under ethical

principles of social work discipline [14]. In addition to these approaches, every social worker who works in the field of medical social work joins the team that consist of members of profession such as specialist doctor, psychologist, nurse psychiatrist etc. Social workers exchanges information with team members about the problems that a patient experiences (problems originated from hospital, psychological problems etc.). The aim here is to solve the problems of a patient by having a multifaceted perspective based on every member of profession's occupational identity and knowledge. Regarding solving the problems of a patient, in addition to physical health and treatment, social dimension of health also becomes prominent.

1.1.Medical social work

Friendlander (1963) states medical social work as a field of implementation of social work profession that uses social work with individuals and families and sometimes group study method in order to deal with social and emotional problems that occur during the illness and treatment processes [6]. According to the definition of official gazette [16] medical social work "sum of all the aspects in order to enableevery hospitalized patients to make the most of implemented treatment and these are economic, social, educational and supportive services by social work personnel as well as regulating a patient's relations with his/her family and entourage, solving personal and familial problems after a patient comes out of the hospital". According to 4th National Social Work Conference Health and Social Work Commission's report (1995) medical social work defines as " all the services that aim at enabling person, group, family and society to benefit from health services effectively and those supportive and developer services in terms of economic, social, psychological and educational dimensions carry out by social worker with social work discipline, methodology and philosophy of the profession under the framework of medicine and protective social services". According to Ozturk (1982) medical social work is all of the economic, social, psychological, educational, supportive and developer services as well as regulating a patient's relations with his family and entourage and solving patient's personal and familial problems after come out of hospital that are carried out by social worker so that a patient who is examined and treated (impatient or ambulatory treatment) can benefit from medical treatment effectively [6]. As it is understood from the definitions, a medical social workers keeps performing from diagnosis and the period when a patient stays in hospital

to a patient's discharge from the hospital until complete recovery of a patient is provided. Social worker fulfills his/her professional roles and liabilities, if it is necessary, during this process.

When the literature of medical social work is examined, it is seen that psychosocial dimension of health and illness is emphasized. Thus, according to Duyan [7] medical social work is social work field that is "carried out in health institutions" and the main aim is "to decrease the degree of disease and to increase medical care's effects" and in order to obtain that goal "interested in social and emotional problems". Medical social work practice is an expertise field that doesn't limit treatment only with doctors and nurses but instead it is a field where "team work" and "cooperation among disciplines" come into prominence [9]. In other words, "implementing social work knowledge and methods in healthcare field is also named as medical social work" [14].

Illness can be thought as gathering of certain psychosocial factors. In this sense, medical social work is interested in removing factors that disorder people's health in order to increase the quality of living [7]. In this context, the main focus of the medical social work to ensure complete recovery of person in question. In addition to this, making the most of implemented treatment is also related with psychosocial factors. Thus, medical social work is a profession that aims at solving psychosocial and economic problems that limit patients' ability to benefit from treatment effectively and also aim to enable an individual to become self supporting person [13].
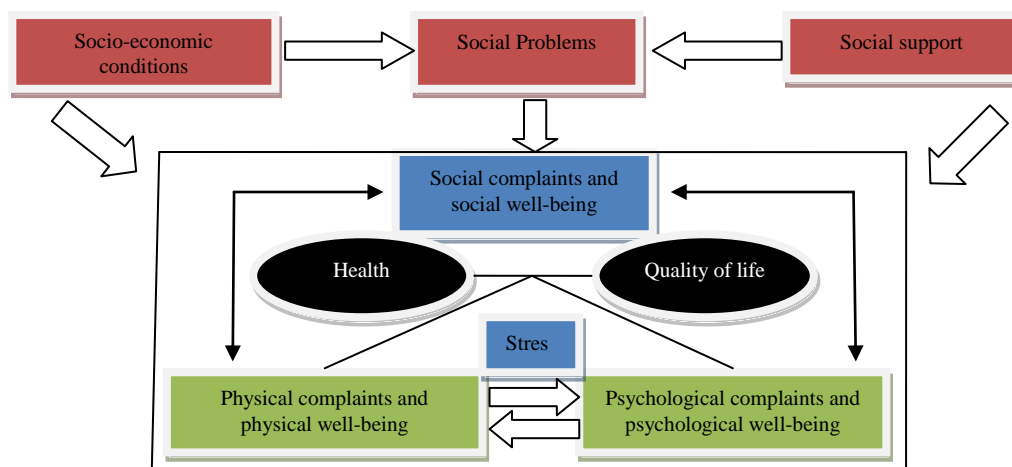

Figure 1: The focus of medical social work [7]

Socioeconomic conditions, social problems and social support are at the center of medical social work practices. As it is understood from the figure: 1, those factors lead social, physical and psychological complaints and inhibit an individual to have complete recovery. Due to impairment of health, quality of life reduces and stress occurs (Duyan et al, 2008).

1.2.Field of application and problems

Social worker have employed in our country since 1965 [14]. Based on the study done by Ozbesler and Icagasioglu Coban in 2009 on where social workers in hospitals work, it is revealed that 48% of those work in social service department of hospital, 16% of those in clinic, 15% in administration related departments and 9% in rights of patients department. In the same study, the first two reasons of application to social service are "unability to pay treatment costs" and "demand for social aid" [14].

Considering the fact that hospital environment are open to every kind of physical and psychosocial problems, it becomes difficult to draw the lines of the tasks of social worker and define its area of implementation or practice. However, basically in the process of patients care and rehabilitation social worker is an intermediary between educator, consultant, and services; and on the top of these experts have the role of advocating the rights of patients. Advocating the rights of patients are significantly important for medicine. Social workers' advocacy of the rights of patients is very important especially for the patients with chronic illnesses so that they can benefit from their rights affectively [2]. It is seen that approaches, roles, methods of profession and sources that social workers use for social service practice are shaped mostly based on applicants' necessities and problems [14].

In our country, it is indicated that social workers in the field of healthcare work in adaptation processes of chronic diseases like cancer [20], [1], [10], [18], with donor and recipient during the process of transplantation [10], in some clinic practices [12] and in rights of patients [5].

2.Methodology

2.1.The aim of the study

The aim of the study is to state perceptions of social workers working in the field of healthcare on medical social work. Therefore, basically the question of "Why?" is asked and in relation to "why" question they are asked to metaphorize medical social work and explain the relation between the metaphor and medical social work. In accordance with this purpose some sub-aims are determined so that participants could explain the situations of hospitals' practices. Those sub-aims are:

      1-) What are the problems encountered in hospital practices?

      2-) What are the reasons of the problems encountered in hospitals?

      3-) What are your suggestions to solve the problems encountered in hospitals?

2.2.Research design

The study is designed based on qualitative research design. Qualitative research is defined as the research design in which "qualitative data collection methods such as observation, interview, document analysis etc. are used; and a qualitative process is pursued that intends to aim that perceptions and events in their natural setting and holistically handled [21]. In quantitative researches, numbers of objects and measurements and dispersion and distribution of the under-researched topic are predicated whereas in qualitative research, meanings, notions, definitions, characteristics, metaphors, symbols and descriptions of the objects are dwelt on [3]. In qualitative research, aim is to develop an insight into one of the aspects of human experience [11]. Given the fact that there are several complex, changeable, and contested methods and research applications in the area of qualitative research method, the term is not seen as a single entity but instead used as an umbrella term that encompass variety of differences [15]. The most interested topics of qualitative researchers are how people regulate themselves and their environments and how those who live in these environments interpret their surroundings with symbols, rituals and social structures. Researchers that use qualitative research techniques, examine how people make sense of themselves and others and how they learn [3]. Therefore, if the research question focuses on participants' perceptions on joining one of those groups, their impressions or experiences; qualitative methods have to be used [11]. For this study, since

perceptions of social workers working in healthcare field matter, qualitative research design is preferred.

Qualitative research has some methods such as case study, ethnography, grounded theory and phenomenology [21], [11]. Since our study focuses on the experiences, phenomenology is seen appropriate. Phenomenology focuses on people's subjective experiences and how they interpret the world. The aim of the researcher is to describe the world from the perspective of examined people [11].

2.3.Population and sample

Given the aim of qualitative researcher is to have a comprehensive understanding, sampling preferences are done to have rich information about interested topic. Therefore, purposeful sampling, the one participants are intentionally chosen, is preferred sampling method. The key aspect of purposeful sampling is that it coincides with the aim of the researcher [11]. It should not be forgotten that generally in qualitative research, "purposeful sampling" type is chosen [15]. When creating purposeful sampling, researchers use their privately owned knowledge and experiences about certain groups when selecting the participants that represent population [3]. The aim of qualitative study is a substantial understanding rather than generalizability so in accordance with the aim, sample size is smaller and purposeful sampling strategy is used [11]. Thus, in accordance with the aim of the study, it is aimed to reach social workers working in healthcare field in Konya who seems to be rich source of information. 5 people who want to partake in the study are included in sample.

2.4.Data collection

Four main types of data collection methods are mentioned in qualitative social work research. Those are individual interview, focus group discussion, observation and review of already existed records [11]. In our study data is collected through individual interviews. In this context, semi-structured interview form prepared by researchers is used. In addition, technique of data collection through metaphors is also used in this study. It is because metaphors can offer "very

firm and rich picture and visual image about studied topic, phenomenon, event and situation" [21]. Since qualitative methods come from interpretivist and narrative tradition and aim to comprehend people's experiences' deep expressions, it is argued that the best ways to capture such expressions are words and images [11]. In this way the connection between data collection through metaphors and qualitative methods comes to light.

2.5. Analysis of data

There is no single methodological framework or formula for qualitative data analysis [15]. However, certain basic steps regarding qualitative data analysis are provided [11]: (1) organizing data as concepts, (2) creating a narrative, and (3) increasing the accuracy by validating the results. By following these steps, data is descriptively analyzed. Descriptive analysis is "known as primary level analysis that is fed and supported by direct quotations and [it aims to] depicture, describe and explain a topic directly" [22]. Therefore, direct quotations from participants are frequently referredas part of the study.

3. Findings And Discussion

Tablo 1: Socio-Demographic Information of participation

Socio-Demographic Information	P1	P2	P3	P4	P5
Age	49	30	32	47	31
Gender	Male	Female	Male	Male	Male
Graduation	Hacettepe, 1991	Hacettepe, 2009	Hacettepe, 2013	Hacettepe, 1992	Hacettepe, 2009
Institutions that he/she worked	Minister of Health, Social Services and Child Protection Agency	Minister of Health	Minister of Health	Minister of Health	Minister of Health

3.1.Reasons of why participants work in healthcare field

Two of the participants (P1, P4) indicated "opportunity to get employed" when they graduated as the reason of working in the field of healthcare. In relation to that P1 used the statement "when I graduated, ministry of health announced positions and I have continued until today." Two of the participants (P2, P3) indicated their reason on working in healthcare field as their "interest" in healthcare field. P3 among the participants emphasized that he/she chose to work in the field of healthcare by saying that "medical and hospital social work excite my interest; because it is prone to clinical studies, I prefer to study in this field." P5 among the participants states his/her reason of working in the field as "easiness of working environment".

3.2.Metaphors related with medical social work

At this point, participants are asked the question, " If you were to liken medical social work to a name, a city, an animal, a lifeless object, and a super-hero what would that be? And why?" so as to understand their perceptions and experiences related with medical social work with various metaphors.Participants of the study were formed their metaphors in two aspects. When they were using metaphors, a group of participants' focus was applicant whereas other group's focus was social workers. For example one of the participants (P5) with focus on applicant likened medical social work to "İstanbul" city. According to P5, "social work contained within itself every group that needs social work intervention. Groups likethe ones experiencing economic related problems, ones with problematic family relations, oneswith the hope of a better life and ones who have to run away from social pressure migrated to this city. İstanbul can offer individual or group oriented opportunities so that applicants solve their problems by themselves and can enable applicants to create their unique life forms." Similarly, one of the applicant-focused participants P3 identified medical social work with the metaphor of "city" since it contains everyone. Participants who focused on social worker when they were using metaphors states that given social workers don't know with what and when they are going to encounter, they may experience several emotions simultaneously and in addition to these emotions, sometimes they may feel desperate and alone and sometimes they may see themselves as super-heroes with unlimited power. In relation to this, participant P2 uses the statement, "my mood state is not stabile, it changes based on the case that I am working on; sometimes you feel lonely and

desperate at the bottom of the ocean and sometimes you feel like a super-hero with super powers. I link this situation to inability of social work profession in Turkey to evoke."

As emphasized by participants, medical social work is both multi-dimensional and specific field of practice because patients may come with more than one questions or unprecedented stories. Therefore, "social worker has to use his/her creativity for those patients. Social worker who comes across patients with very particular problems has to produce creative solutions by using specific solutions to person in question's problem, alternative treatment plans and social resources and volunteers" [5]. Also, in the literature it is underlined that medical social work has to be interested in psychological dimension as well. Hence, " social workers in hospitals may also be and have to be interested in psychological studies as well in addition to socio-economic studies. An expert with knowledge and initiative can find unprecedented and new working fields in hospital environment." [9].

3.3. Theories and approaches in hospital practices

When participants of the study were asked about theories and approaches they use for hospital practices the field of healthcare, participants stated that they chose the theory and approach based on the needs of applicants and some of the participants specified some prominent and frequently used theories and approaches. For example participant P1 and P5 pointed out that since they generally implement"individual-oriented" practices, by emphasizing the importance of evaluating individual's psycho-social state, they use interfering the crises and problem solving approaches more. Participant P3 indicated prominent approaches in his/her field by stating, "Interfering the crises, supporting, (reinforcement) psychoanalytic and group studies are the theories I use frequently. I believe I meet the demands of targeted applicants best." Participant P2 and P4 focused on eclectic knowledge base, P2 stated that he/she used generalist social work and system theory. When it was asked if there are any reasons for not being able to use theories and approaches in hospital application, related to this question participant P3 stated that sometimes necessary theory and approaches could not be put into practice if applicant doesn't show up again that makes follow up of the patients impossible and also due to shortage of time.

3.4. Problems encountering on hospital practices

When participants of the study was asked questions about the problems they encounter in hospital environment related with practices, participant P2 and P3 stated that profession of social work and domain of social workers are still unknown and that creates a significant problem. In that regard participant P2 underlined the lack of resources and stated, "problems change depending on department of work. The biggest problem is lack of resource in social services department. The quotas of foundations (rest home, nursing home) of Family and Social Policies Ministry are full and procedure to place a patient to these foundations takes a long time. Hospital administers have not work with social worker before and doctors do not know about definition of the profession of social worker." P3 and P1 among participants stated that members of profession are numerically less and P1 and P4 stated that teamwork couldn't put into practice adequately. When participants were asked questions about the reasons of the problems they encounter when they practice, participants P1, P3, P4, P5 pointed out that members of profession couldn't participate in policy making process and in relation to this point, P4 stated that influential people are chosen based on political and ideological references instead of knowledge of profession and experiences. P2 emphasized that procedures take a long time and profession of social work is still unknown, P3 answered the same question by saying "In our country, regulations and directives are just on paper and checking mechanism is not working properly. Existence of lazy members of profession who do not even leave their rooms, and do not want to involve in any case also discredits the value and status of the profession." By saying that, he/she drew attention to active role of social workers on their ability to implement regulations and directives. When participants were asked about solution suggestion to problems they encounter, P1, P2, P4 and P5 emphasized the necessity of enhancing and popularizing teamwork; P1, P2, P3, and P4 emphasized the necessity of education for both members of profession and administrators; P1, P3, P4, and P5 emphasized the importance of taking social workers' opinions into consideration during the processes of developing and implementing policies; P1 and P5 emphasized the necessity of improvement of physical conditions of hospitals. Also participant P2 underlined the importance of understanding the definition of profession, P3 stated the necessity of having earned professional ethics and morals in undergraduate study. Participant P4 evaluated the question in a broader-scope and came up with some articles, "1. merit system, 2. having an established teamwork, 3. Taking opinions of people work in the field for regulation works, 4. not having vague statements in definitions, 5. ending of the administration's arbitrary treatment, 6.

routinisation of in-service training, 7. ending the controversies about professional name of social worker, and 8. enabling specialization".

4. Conclusion and Recommendations

Medical social work, that constitutes the significant part of area of practice of social work, stands out with its position to have an impact on social dimension and thereby other dimensions of health. Since the practices of social workers in this field directly affect applicants (patients), how they see this field, reasons of working, problems they experience in the field through their eyes and their solution suggestions to those problems have importance. At this point, characterizations that social workers chose when they metaphorized medical social work revealed the fact that field of medical social work is multi-dimensional field of practice. Regarding the problems that experience in the field, non-inclusion of social workers, the practitioners, in decision making processes, no wide-spread use of teamwork, and inadequate level of knowledge about profession of social work and social workers in hospital environments were some of the prominent answers. Not including members of profession to policy making process, selecting influential people and administrator not based on their craft knowledge and competence but according to political and ideological references, and also hospital personnels' unfamiliarity with profession of social work and social workers were the reasons of the problems. Teamwork, education, consulting members of profession and improvement of the conditions hospitals were the suggestions to experienced problems. Given this research is limited with social workers who work in Public Hospitals' Union within the boundaries of the Konya city, in terms of not only metaphors but also other issues (problems, reasons and suggestions of solution) further combined researches that will contain qualitative and quantitative studies with more participants are suggested.

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