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HOSPITAL SOCIAL WORK IN INDIA: AN OVERVIEW

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Abstract

The emergence of professional social work in Indian hospitals is attributed to Bhore Committee who recommended training and placement of hospital social workers. Further, Indian Public Health Standards, Minimum Standards for Medical Colleges and Operational Guidelines of various national health programmes also suggested recruiting social workers in hospitals and medical colleges. As a result of this, social work institutes started giving training in medical and psychiatric social work and trained social workers have been employed in various healthcare set-ups. The article presents an overview of the development, functions and challenges of hospital social work in the country.

Key words: Hospital, Healthcare, Social Work, Medical Social Work

Introduction

Hospitals are composite of many inter-related health structures and procedures and their functions include intake, diagnosis, admission, therapeutic interventions and discharging patients. Mathew (1979) has classified the functions of hospitals into two categories: therapeutic functions and administrative functions. Therapeutic functions are those functions which involve interaction with the patients. These functions are performed by professionals, technicians and non-professionals. Administrative functions cover executive functions, organisation and maintenance oriented functions and training and research. These functions are performed by the director, superintendent, business manager, accountant, building maintenance staff, laundry staff and librarian etc.

Modern hospitals have many departments and facilities. To run these departments and facilities, hospitals employ different personnel such as physicians, surgeons, administrators, nurses, pharmacist, physiotherapists, radiotherapist, social workers, occupational therapists, dieticians, speech therapists etc. Psycho-social aspects of illness are the core area of practice for hospital social workers.

Development of Hospital Social Work in India

Bhore Committee: At the time of independence the infant mortality, maternal mortality and total death rates were quite high in the country. The average life span was only 32.4 years for males and 31.7 years for females. Malaria, tuberculosis, leprosy, under nutrition and malnutrition were major public health hazards. Health care infrastructure and manpower were far below the requirements. Public hospitals were located in urban areas. People living in villages had no choice but to rely on private medical practitioners and quacks. (Sinha, 1980: 77).

The government of India appointed Bhore committee in 1943 to examine the existing health conditions and organisations in the country and to make recommendations for future development. In 1946, the committee along with many other recommendations in its report, recommended appointment of trained hospital social workers in the following words: "we have little doubt the general efficiency of all the large hospitals in India will be greatly influenced by appointing trained hospital social workers on their staff as has been the experience recently in Great Britain and America". Functions of hospital social workers as enumerated by Bhore Committee are: inquiry into the environmental factors which may impact physical condition of patient and making healthcare team aware of it; educate and guide patient and family to follow the treatment regimen in a simple and tangible manner; help patient and family to overcome obstacles in the optimum treatment outcome; organise supplemental care of patients; awareness and education of patient regarding environment/condition causing the illness and also undertake health promotion and disease prevention activities; assessment of patient's resources to meet the treatment and checking the abuse of hospitals.

Following the recommendations of Bhore Committee, Tata Institute of Social Sciences, Mumbai started imparting training in Medical and Psychiatric Social Work. Thereafter, few institutions like NIMHANS, CIP, and RINPAS etc. made the efforts to start the Medical and Psychiatric Social Work. This led to the development of hospital social work in the country and hospitals started appointing medical and psychiatric social workers.

M.C.I Guidelines: Medical Council of India (now repealed) was set up in 1934 with the purpose to conserve consistency in the standards of medical education, acknowledge medical qualifications of medical

colleges, registrations of doctors and mutual acceptance of medical qualifications with foreign institutions. In 1999, the council laid down minimum requirements to start medical colleges for 50-250 MBBS admissions per year which has been amended from time to time. As per the latest guidelines, the abovementioned medical colleges shall appoint certain numbers of medical and psychiatric social workers in the departments of community medicine, rural training health center, urban training health center, obstetrics & gynecology, pediatrics, psychiatry and physical medicine & rehabilitation.

National Mental Health Programme: There is an enormous burden of mental disorders and scarcity of qualified professionals in the field of mental health. In order to meet the needs of mental healthcare services Government of India launched National Mental Health Programme in 1982. In 1996, District Mental Health Program was introduced which was re-strategized in 2003 and two components: modernization of state mental hospitals and up-gradation of psychiatric wings of medical colleges/general hospitals became part of the programme. Again, in 2009, Scheme-A & B for manpower development were included in the programme. Under NMHP, the government has been providing financial assistance to hospitals/medical colleges to appoint psychiatric social workers and run academic courses in psychiatric social work.

Indian Public Health Standards for District Hospitals: In our country, public health services are imparted at three levels i.e. primary, secondary and tertiary healthcare. Secondary level health services are dispensed through district hospitals to the people of the district. While delivering health care services at this level, district hospitals are required to ensure participation of the geographical population and cooperation of various agencies with similar health concerns so that the health services being provided are effective and affordable for both urban as well as rural populations in the district.

There are 734 district hospitals in our country. Over the years, the functioning of district hospitals has not been up to the mark as far as its availability, accessibility and quality issues are concerned. In order to provide comprehensive secondary health care services which are based on standards of quality health care, responsiveness and sensitivity to the needs of the population of the district, a set of norms have been recommended for the district hospitals by the government which is called as Indian Public Health Standards. These standards provide benchmark to assess the functional state of hospitals. Henceforth, the district hospitals are expected to provide certain essential services

such as clinical services, diagnostic services, ancillary services and administrative services.

Further, the IPHS have been categorised in accordance with the bed strength of the hospitals i.e. norms for 100 to 500 bedded district hospitals. Medical Social Work has been incorporated as an "essential ancillary and support service" under IPHS and district hospitals shall appoint 2 to 6 number of social workers for hospitals having 100 to 500 bed strength.

NACO Guidelines for HIV/AIDS Control: In 1992, Indian Government launched National AIDS Control Programme. Under this programme, an autonomous organization named National AIDS Control Organization (NACO) was set up to implement an exhaustive programme to combat HIV/AIDS in the country. A wide range of activities of NACP are carried out via Integrated Counselling and Testing Centers, PPTCT Programmes, Anti-Retroviral Treatment Centers, STD/RTI Clinics, and Blood Banks which are mainly located in public hospitals. NACO has framed operational guidelines for the abovementioned centers which make it mandatory to appoint counsellors with a degree preferably in social work. As a result, numbers of professional social workers are employed in the field of HIV/AIDS.

Manpower Norms for Blood Banks: Blood Bank is an essential patient care service of the hospital and to provide adequate and safe blood/ blood products to patients is responsibility of the concerned hospital. According to NACO, voluntary blood donation and availability of safe blood has increased over the years, yet, there are gaps and challenges in ensuring availability and accessibility of safe blood to all those who need it.

The government of India constituted an Expert Working Group to review and recommend revised norms for Blood Banks in the country. The experts working group submitted its report in 2017 and recommended having one to four number of medical social workers/counsellors for blood banks with annual blood collection ranging from 5000 to >50,000 units. The working group also recommended for two medical social workers/counsellors as an additional minimum staff required to collect 50-120 blood donors for outdoor blood donation camp.

Professional Associations: Two national level professional bodies ISPSW and IAMSWP have been making concentrated efforts to promote medical and psychiatric social work in India. Indian Society of Psychiatric Social Work was set up in 1970 in the Department of

Psychiatric Social Work, Central Institute of Psychiatry, Ranchi. Later on, the nomenclature of the society was changed to Indian Society of Professional Social Work in 1988. The aim of ISPSW is to bring social work professionals together to deliberate and develop conceptual frameworks and indigenous social work practices. ISPSW conducts annual conference and publishes National Journal of Social Work.

In 2009, All India Association of Medical Social Work Professionals was set up to promote standards and status of social work professionals and safeguard the interests of professional social workers in health care in the country. The association conducts annual seminar/conference, publishes Indian Journal of Health Social Work and further aims to establish practice guidelines, organize regular workshop/training programme and develop a network of medical and psychiatric social work departments.

Role and Functions of Hospital Social Work

Social workers in hospital settings perform variety of activities which are broadly divided into the following categories:

Direct Patient Services: First, when the patients enter into the hospital they are not much aware of the hospital environment. They need to be acquainted with the facilities available in the hospital like emergency, OPD, diagnostics including the procedures and protocols involved in the treatment process. They (patients and families) require clear and precise information about the disease, its treatment options, investigations, medicines, regular follow-ups etc. Patients suffering from life threatening terminal disease might fall into depression/ distress and require psycho-social support. Patients' environment, at times, might hamper the treatment outcome. There is possibility of dearth of personal, familial, hospital and community resources which are necessary to meet the needs of patients. Practically, there exists a gap between the patient and the doctor. Many times, patients hesitate to give complete or important information about their disease to doctor. Doctors also are too much occupied with their busy schedules and unable to give adequate time and sufficiently explain all treatment protocols in the manner which patients can easily grasp.

In order to provide support on these social, economic, psychological fronts and bridge the gap between the patient and doctor, hospital social workers undertake numerous activities directed towards helping the patients and their families in the course of treatment. These direct patient services include: daily rounds; admission; comprehensive

social and psychological assessment; counseling; case work; group therapy; crisis intervention; support groups; resource mobilization; referrals; institutionalization & rehabilitation of special groups such as unknown, handicapped, children, elderly and mentally ill; follow-up; patients advocacy; coordination with multidisciplinary teams; health education & awareness generation etc.

Administration: Hospital social workers undertake following activities to organize their work and provide support to the hospital administration in its endeavors:

- Planning, formulation, implementation and evaluation of programmes/projects of the hospital/department
- Participation in hospital committees
- Discharge planning or transfer of patient for further treatment
- Preparing budget, annual reports, official correspondences
- Maintaining case records
- Raising funds/grants
- Employ social media resources for public relation with community
- Interpretation of the role of hospital to community agencies
- Participation in the implementation of CSR activities

Teaching, Training and Supervision: Modern hospitals not only offer clinical services but also run several academic programmes via affiliated medical colleges and universities. Social workers being integral part of healthcare team are actively involved in teaching students of different disciplines like medicine, social work, public health, health education, nursing, occupational therapy etc. They also provide orientation, training and supervisory service to social work students in field work, nursing students, interns and NSS volunteers. They closely liaison with social work departments in curriculum development by giving valuable inputs from the field so that social work education becomes relevant to the needs of people. Apart from this, hospital social workers are engaged in developing and organizing regular in service training and continuing medical education of doctors, nurses, para-medical and administrative staff on various departmental/patient care activities and also participate and organize conferences, seminars, symposiums for knowledge exchange and skill enhancement.

Research: Lastly, trained social workers initiate, direct and participate in research related activities with other social workers and healthcare team members on various topics such as social, economic and psychological aspects of illness/health, KAP studies, programme evaluation studies, follow-up studies, explorative studies, comparative studies, interventional studies etc.

Thus, social workers play multiple roles such as counselor, educator, enabler, advisor, facilitator, broker, care-coordinator, trainer, researcher, consultant and community organizer. They are powerful patients' advocates and a strong link between the patient, the doctor and organisations.

Challenges of Hospital Social Work

Social worker in hospital settings may encounter following challenges in their practice:

- People often misunderstand the term "social work" and intermingle it with "volunteerism" or "social service" and also believe that the work which hospital social worker perform holds everything. Hence, it is a tough task to convince others that social service and volunteer work can be undertaken by any person only by virtue of one's conviction to help others whereas social work services are provided to number of clients by trained personnel who are having a professional degree and the role they play is very significant in the wider perspective of health and illness.
- There are many government schemes like Rashtriya Arogya Nidhi, Health Minister's Discretionary Grant and Delhi Arogya Kosh to provide financial assistance to enable needy patients complete their treatment. It is also a challenge for hospital social workers that the needs of such patients are meticulously analysed and to ensure that benefits of these schemes reach to the actual beneficiaries without any wastage or misuse of the public funds.
- Social workers working in public health facilities face the problem of limited resources available at the disposal of the hospital. On occasions, it becomes very difficult to explain the patients and their families why the required resources cannot be made available to all the clients and why they are referred to organizations situated outside of the hospital.
- Hospital Social Workers function in multidisciplinary teams. Their roles and activities are interwoven with the roles and activities of

other team members such as doctors, nurses, para-medical staff etc. Hence, at times, it creates professional conflicts.

- Lower salary as compared to many other healthcare professionals working in the hospital.
- Lack of support and indifferent attitude from administration and fellow professionals.
- Minimal researches on the efficacy of social work interventions in hospitals or evidence based practice.

Conclusion

Hospital social workers are important functionaries in Indian healthcare system. Their role and activities are multifaceted which not only help patients and their families to achieve optimum disease outcome but also assist hospitals in planning and implementing various healthcare programmes. However, the progress in hospital social work has not been very satisfactory and professional social workers are struggling with several issues and challenges in performing their role in medical settings.

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