

Malik, Abdul; Sarfaraz, Syeda Farhana

Article

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Pakistan Journal of Commerce and Social Sciences (PJCSS)

Provided in Cooperation with:

Johar Education Society, Pakistan (JESPK)

Suggested Citation: Malik, Abdul; Sarfaraz, Syeda Farhana (2012) : Social work practice in health care with special reference to Pakistan, Pakistan Journal of Commerce and Social Sciences (PJCSS), ISSN 2309-8619, Johar Education Society, Pakistan (JESPK), Lahore, Vol. 6, Iss. 1, pp. 210-215

This Version is available at:

<https://hdl.handle.net/10419/188051>

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Social Work Practice in Health Care with Special Reference to Pakistan

Abdul Malik (Corresponding Author)
Associate Professor, Department of Social Work
Federal Urdu University of Arts, Science and Technology, Karachi, Pakistan
E-mail: profdrmuhammadabdulmalik@yahoo.com

Syeda Farhana Sarfaraz
Assistant Professor, Department of Social Work, University of Karachi, Pakistan
E-mail: sfarhanasarfaraz@yahoo.com

Abstract

Traditionally, social work in mental and physical health has been practiced from the perspective of the bio-psycho-social model. Now there is developing scientific evidence that physical health problems cannot produce psychological and social environmental problems for people, but to some extent, may be induced in them. There is also growing recognition that some mental problems have physical manifestation, such as difference in body chemistry, and may be even a genetic component in their etiology. At the same time both emotional and social environmental conditions continue to be seen in playing a vital role in the course and management of severe mental illness and in the etiology of less serious mental health problems.

Social work in health field does not regard cure as the sole objective of the medical care, prevention and rehabilitation are also important. Cure of disease is only one aspect of the process of patient's recovery; he may become a victim of many undesirable situations. However, every patient does not require rehabilitation; it is only necessary for persons whose cure does not fully restore physical or mental capacity.

This study examines the development of social work in health care with special reference to Pakistan.

Keywords: Social Work Practices, Pakistan, Health Care

1. Introduction

According to the National Association of Social Workers USA: "Medical Social Work in the application and adoption of method and philosophy of social work in the field of health and medical care. It makes selected and extended use of those aspects of social works knowledge and methods which are particularly relevant to helping person who have health and medical problems"¹

1-Khalid,M, "Social work Theory and Practice :with special reference to Pakistan,"Karachi: Kifayat Academy,(2001),p.301.

Health and medical problems are not separated from the psychological aspects because the attitude of patient towards his illness and treatment plays an important role. In other words, medical social work deals with those problems of the patient which are related to his physical health and psychological environment. It helps patients in developing an understanding of his needs and to motivate him to use his capacities towards a satisfactory solution of his own problem with in the available resource

2. Historical Background and Development

It was 1905, when a nurse Garmet I. Pelton was appointed by a physician Richard C. Cabot to fill the hospital Social worker position at Massachusetts General Hospital in the internal medicine clinic Two years later, Social work services were placed in the Neurology Clinic of the same hospital, it was the beginning of social work in mental health. An effect of this change, the physician was cut off from observation of patients in the context of their home work, and other life situations thus; the physician was left to focus primarily on physical factors.

According to Richard C. Cabot “a primary function of hospital social work was teaching doctors and nurses about the social and psychological aspects of disease and liaison or bridge between the hospital and the social environment and community resources of the patient”²

In contrast, Ida Cannon M. one of the pioneer in hospital social work expected “the social worker role to include the direct treatment of the patient’s social and psychological problems which were among the causes or effects of their health problems or which acted as barriers to cooperation with the medical treatment plan.”³

However, there are seeds for disagreement that lingers today between physicians and social workers concerning the role of social worker in hospitals. Social work in health care setting is providing social environmental information concerning patients, to nurses and physicians, facilitating patients discharge and post hospital adjustment, and them linking patients and families with needed community resources.

Social work in health care eventually divided into medical and psychiatric social work, a division stimulated by the introduction of Freudian psychoanalytic around 1920.

After World War I and II, thousand of Servicemen returned home to the America with psychological injuries as well as physical ones, and large members of social workers were employed as both medical and psychiatric social workers. Since its inception in 1905, in a general hospital setting, work in the health field has expanded to include practice in a variety of health care settings, such as psychiatric and other specialty hospitals, public health agencies, nursing homes, rehabilitation services centers, community based clinics, private medical practice, home care agencies and hospice programs.

2-Cabot,Richard.C., “Hospital and Dispensary Social Work, ”Chicago : University of Chicago Press(1928),p.12.

3-Cannon.Ida.M, “Social Work in Hospital, ” NewYork : Russell Sage,(1923),p.9.

3. The Person-In-Environment

The root of all current social work practice is based on unifying theoretical perspective that people can be best understood and helped in the context of the conditions and resources of their social environment. Social environment means family and home life, employment income, school situation and educational opportunities, housing and utilities, Social welfare resources in the communities, opportunities for political participation, access to health services, relationships with neighbors and friends, law and order situation and recreational resources.

Social workers believe that individuals, including their attitudes, feelings, values, beliefs, behaviors, mental and physical health status, and their functioning in social roles in their families, work place, schools, neighborhoods, can best be understood by taking into account their social environment

4. THE BIO-PSYCHO-SOCIAL MODEL

The bio-psycho-social model is referred to as a “wholistic view” because it seeks to reflect the “whole picture” of a person. Medical model is focused on physical and mental aspects of health problems. In contrast, the bio-psycho-social model is addressed to the social environment causes and effects of health problems social worker believes that a social situation (marital dysfunction, social isolation, loss of one’s job, or death of a loved one) can produce emotional distress that can lead to changes in physical functioning which increases one’s vulnerability to disease. On the other hand, health problem can interfere with the ability to perform customary activities which can affect work, marriage, or other social role and relationship and in turn, head to emotional distress.

5. Social Work Services in Health Care

The basic social worker functions in health setting according to NASW 1987 which, identifies areas of services into two groups direct services and indirect services. Direct services are provided directly to or for the client while indirect services performed on behalf the same population of potential clients.⁴

4-Dubois, Brenda and K.M.Karle, “Social Work : An Empowering professional,” vth ed, Pearson. Allay and Bacon,(2005), pp.51-52.

<ul style="list-style-type: none"> ➤ Case finding and out reach ➤ Assessment of need for Social work Services. ➤ Intervention planning ➤ Intervention (Treatment) ➤ Pre admission planning ➤ Discharge planning ➤ Information and referral ➤ Advocacy for client ➤ Protection of rights of client ➤ Health promotion and maintenance ➤ Preventive, remedial and rehabilitative measures and ➤ Provision of continuity of care including guaranteed access and effective utilization. 	<ul style="list-style-type: none"> ➤ Advocacy for population ➤ Consultation ➤ Liaison with the Community ➤ Policy and program planning and development ➤ Quality assurance ➤ Research ➤ Social work field instruction ➤ Teaching (other than field instruction)
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6. Scenario in Pakistan

In 1953, Miss Anna Mo Toll, a Swedish, medical social worker visited Karachi, in response to the request from the Govt. of Pakistan to UN. At that time everyone was confused about the meaning and scope of “Medical Social Work” and apprehensive of its success in a country where the basic needs took overwhelming priority over individual assistance some health officials even felt that there was no need to train people specially for medical social work. If lady health workers where given some training it would serve that purpose. This was of course, totally unacceptable. A few doctors, who had trained from abroad were familiar with the Medical Social work.

First medical social work was appointed at TB Control and Training Centre in 1953 under the joint auspices of the Govt. of Pakistan and the United Nation. Almost all the universities have department of social work and they provides training “Medical Social work. Initially the services of medical social work was under the welfare, but, now, it is operated through the provincial Directorates of Social welfare. There are about 90 medical social work units in Punjab, 29 in Sindh, 1 in Baluchistan and 4 in Khyber Pakhtoon Khwa. In addition to the major government hospitals, several private hospitals and health related institutions have also employed medical social work like SIUT, children Hospital, KPH, The Kidney Center, The Laybton Rehmatullah Trust for Blind and Pakistan Eye Bank Society.⁵

The needs of patients were basic. They centered around the inability to buy medicines, help for rehabilitation, Solution of family problems, health education and so on. The role of the MSW (Medical Social Work) was to respond to these basic needs.

Zakat is religious tax voluntarily paid by an individual to those found in need it was started in 1980, Zakat is deducted from the bank accounts of individual and a portion of it is reserved for patients in hospitals. This was the beginning of a future public assistance program in Pakistan. Zakat funds have been allocated to each hospital on the basis of beds for the needy and for providing financial assistance to purchase medicines and rehabilitation equipments. This job was assigned to the MSWs in each hospital throughout the country. The funds are operated by a "Patient Welfare Association" of which the hospital administrator is the chairman, and the MSWs is the secretary, with a few non-governmental persons as members.⁶

Later, the system of Bait-ul-Maal was created from 'transfer of receipt from tax, grants, from the federal, provincial, and local authorities, organizations international agencies, voluntary donations including sadqat, and Kahirat (personal charities). It is broad and well-planned infrastructure of an Islamic Public Assistance System Developed which provides much needed support to medical social work at every level.⁷

People in Pakistan are charity oriented be it on a personal or a collectively organized basis as well as personal. This charity attitude had to be channelized and demonstrated as the only means of achieving long-term rehabilitation. Only when the medical professionals, including nurses, witnessed for themselves the usefulness of medical social workers in benefiting their patients that the profession was able to gain acceptance.

The introduction of the Zakat and Baitul-Maal System and distribution of its funds to the sick and the needy through medical Social Worker in hospitals provided strong support to the program and contributed to a great extent to its strength and sustainability.

5-United Nations Technical Assistance Administration ,NewYork: "Medical Social Work in Pakistan", 15 May,(1957),p.7-24.

6-Government of Pakistan, Planning Division, Islamabad, 8th Five Year Plan (1993-98),p.377

7-Ibid p.379

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