

**THE ROLES OF SOCIAL WORKERS IN HOSPITAL SETTINGS:  
A STUDY OF UNIVERSITY OF BENIN TEACHING HOSPITAL**

**BY**

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**SSC2014195**

**DEPARTMENT OF SOCIAL WORK,  
FACULTY OF SOCIAL SCIENCES,  
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BENIN CITY**

**NOVEMBER, 2025**

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**BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK,  
FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY,  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF  
BACHELOR OF SCIENCE (B.Sc.) DEGREE IN SOCIAL WORK.**

**NOVEMBER, 2025**

## **CERTIFICATION**

This is to certify that this project work was carried out by **IZEKOR, Favour Osakpeme**, with Matriculation Number: **SSC2014195**, of the Department of Social Work in partial fulfillment of the requirements for the award of the Bachelor Degree (B.Sc.) in Social Work, University of Benin, Benin City, under my supervision.

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**Dr. Uyi Edegbe**

*(Project Supervisor)*

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**Date**

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**Dr. (Mrs.) Helen Eweka**

*(Head of Department)*

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**Date**

## **DEDICATION**

I dedicate this project work to God Almighty, who gave me the strength and wisdom to carry out this project work successfully, and also to my lovely parents, Mr. and Mrs. Osakpeme, for their parental care and guidance.

## **ACKNOWLEDGEMENT**

I wish to express my profound gratitude to Almighty God for His grace upon me to complete this academic programme.

Special thanks to my project supervisor, Dr. Uyi Edegbe, for supervising me in carrying out this project and seeing it through to completion. My profound gratitude to the Head of Department, Dr. Helen Eweka, as well as to all the academic and non-academic staffs of the Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City; thank you all for your positive impacts over the years.

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## ABSTRACT

This study explored the roles of social workers in hospital settings with a specific focus on the University of Benin Teaching Hospital (UBTH), Benin City, Edo State, Nigeria. The increasing complexities of patients' biopsychosocial needs in modern healthcare systems necessitate a multidisciplinary approach to treatment, of which social work plays a critical role. The study adopted a case study research design comprising both quantitative (questionnaire) and qualitative (interview) data collection methods to explore the various roles undertaken by social workers within the hospital setting. Specifically, the research investigated how social workers contribute to patient care, psychosocial assessments, discharge planning, mental health support, advocacy, and policy development in the hospital environment. A total of 131 questionnaires were distributed to healthcare professionals and patients, while 10 in-depth interviews were conducted with practicing social workers at UBTH. Findings revealed that social workers are pivotal in bridging the gap between the medical and psychosocial needs of patients, advocating for patient rights, coordinating care plans, and providing emotional and psychological support to both patients and their families. Challenges such as limited recognition, understaffing, and poor working conditions were also identified. The study concluded with recommendations aimed at improving the visibility, support, and operational environment for hospital social workers in Nigeria.

**Keywords:** Social work, social worker, hospital setting, patient care, inter-professional collaboration.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 BACKGROUND OF THE STUDY**

Healthcare delivery has evolved significantly in the 21st century, moving beyond the traditional biomedical model to embrace a more holistic, patient-centered approach. At the core of this transformation is the integration of multidisciplinary teams that address not only the physical aspects of illness but also the psychological, emotional, and social dimensions. Social workers play a central role in this paradigm shift, particularly in hospital settings, where patients often face complex life circumstances that transcend clinical diagnoses. The inclusion of professional social workers in healthcare institutions is a response to the growing recognition that medical treatment alone is insufficient for achieving optimal patient outcomes (National Association of Social Workers [NASW], 2017). The role of social workers in hospital settings is increasingly gaining recognition worldwide due to the complexities of modern healthcare systems and the need for holistic patient care. Hospitals no longer focus solely on the biological aspects of disease but have adopted a biopsychosocial model that addresses psychological, social, and emotional factors affecting health. In this expanded framework, social workers play critical roles in patient advocacy, psychosocial support, counseling, crisis intervention, discharge planning, care coordination, and the promotion of patients' rights. These roles are particularly crucial in developing countries like Nigeria, where the healthcare system is often under-resourced, and patients

frequently face socio-economic challenges that affect their access to and experience within healthcare services (Onokoko, 2019).

Hospital social work is a specialized area of practice that involves assessing and responding to the psychosocial needs of patients and their families. Social workers in hospital environments engage in a wide range of activities, including crisis intervention, counseling, case management, discharge planning, advocacy, family support, bereavement care, and coordination of community-based resources (Cowles, 2003; Gehlert & Browne, 2019). These services are particularly crucial in a country like Nigeria, where poverty, inadequate healthcare infrastructure, and cultural stigmas often hinder access to quality healthcare services. In this context, hospital social workers serve as critical agents of change, bridging gaps between medical care and patients' lived realities.

Several studies have highlighted the importance of integrating social work into hospital practice. According to Barker (2013), social workers enhance the efficiency and responsiveness of healthcare teams by addressing the non-medical determinants of health, such as family dynamics, socio-economic status, access to housing, and emotional well-being. By doing so, they reduce patient readmissions, facilitate continuity of care, and improve the overall quality of healthcare outcomes. Similarly, evidence from developed healthcare systems shows that hospitals with robust social work departments report better patient satisfaction, reduced healthcare costs, and improved interprofessional collaboration (Allen, 2012; Craig & Muskat, 2013). Despite these documented benefits, social workers in Nigerian hospitals still face challenges related to under-recognition of their roles, inadequate staffing,

and poor inter-professional collaboration. Many healthcare practitioners are unaware of the full scope of social work practice, leading to underutilization of these professionals in treatment teams (Aghomi, 2021). Also, there remains a paucity of empirical research on the specific contributions and challenges of social workers in Nigerian hospital settings. Cultural perceptions of illness, limited public awareness of the social work profession, and hierarchical structures within hospitals often marginalize the contributions of social workers in interdisciplinary teams (Olaore & Akintayo, 2011). Moreover, healthcare professionals themselves may lack adequate training or understanding of the roles social workers are meant to play, leading to underutilization and poor collaboration.

This study underscores the imperative to recognize and institutionalize the contributions of social workers in hospital settings. In an era where social determinants of health are increasingly acknowledged as key factors in patient outcomes, understanding and optimizing the roles of social workers is not just beneficial—it is essential. This study, therefore, seeks to bridge this knowledge gap by conducting an in-depth investigation into the roles of social workers within the University of Benin Teaching Hospital. It aims to examine how social workers contribute to patient care, explore the nature of their collaboration with other healthcare professionals, identify the institutional and operational challenges they face, and evaluate the overall perception of their relevance in hospital practice. By focusing on UBTH, this research offers critical insights that can inform hospital policies, enhance inter-professional relationships, and promote a more holistic approach to healthcare delivery in Nigeria.

## **1.2 STATEMENT OF THE PROBLEM**

In recent years, the healthcare system in Nigeria has experienced rapid changes due to increasing health demands, rising patient loads, and a growing need for multidisciplinary approaches to health. In this context, social workers have emerged as essential healthcare professionals who help patients navigate complex social challenges, including financial hardship, family dysfunction, psychological stress, and post-discharge difficulties. However, despite these vital contributions, social work remains under-recognized in many Nigerian hospitals.

There is limited empirical evidence on how the roles of social workers directly influence patient outcomes in hospital settings in Nigeria. Anecdotal reports suggest that many healthcare workers are not fully aware of or do not appreciate the significance of social work practice, leading to poor collaboration and ineffective utilization of social workers. Furthermore, hospital administrators and policy-makers may not have adequate data to justify increased investment in hospital-based social work services. These gaps contribute to understaffing, inadequate support for social work departments, and insufficient training or continuous professional development for hospital social workers. This study seeks to bridge this knowledge gap by systematically examining the roles of social workers in UBTH, assessing how these roles impact the quality of patient care, and evaluating healthcare workers' awareness of and willingness to collaborate with social workers. By addressing these issues, the study will provide valuable insights for improving social work practice and policy in hospital settings in Nigeria.

In Nigeria, the integration of social workers in hospital settings has historically been underdeveloped compared to global standards. However, growing awareness of the importance of comprehensive care has led to gradual improvements in the recruitment and deployment of professional social workers in tertiary hospitals such as the University of Benin Teaching Hospital (UBTH). As a premier healthcare institution located in Benin City, Edo State, with a mandate not only to deliver specialized medical services but also to engage in training and research, UBTH serves as a referral center and a teaching hospital, providing opportunities for multidisciplinary healthcare delivery involving doctors, nurses, psychologists, and increasingly, social workers. UBTH, like many teaching hospitals in Nigeria, operates in a dynamic and often overburdened environment characterized by high patient turnover, limited funding, and systemic challenges in healthcare delivery (Ogunbanjo & Omole, 2009). Within such a setting, the roles played by social workers are often underutilized, misunderstood, or misrepresented, despite their potential to contribute meaningfully to patient care and institutional effectiveness.

### **1.3 AIMS AND OBJECTIVES OF THE STUDY**

The main aim of this study is to investigate the roles of social workers in hospital settings using the University of Benin Teaching Hospital as a case study. The specific objectives are to:

- Identify the primary roles performed by social workers in UBTH.
- Assess healthcare professionals' awareness of the roles of social workers in UBTH.

- Determine the extent of collaboration between social workers and other healthcare professionals in UBTH.
- Highlight the challenges faced by social workers in performing their duties in UBTH.
- Recommend strategies for improving the effectiveness of social work practice in hospital settings.

#### **1.4 RESEARCH QUESTIONS**

To achieve the stated objectives, the study addressed the following research questions:

- What are the primary roles performed by social workers in UBTH?
- What is the level of healthcare professionals' awareness regarding the roles of social workers in UBTH?
- To what extent do healthcare professionals collaborate with social workers in UBTH?
- What challenges do social workers face in performing their duties in UBTH?
- What strategies can be adopted for improving the effectiveness of social work practice in hospital settings?

#### **1.5 SIGNIFICANCE OF THE STUDY**

This research is significant for several reasons. It contributes to the body of knowledge on medical social work in Nigeria, providing empirical evidence of the roles and relevance of social workers in hospital settings. The findings can inform hospital administrators and government agencies about the value of hospital-based social work, thereby influencing

policy reforms and budgetary allocations. Social workers can use the study to advocate for better recognition, working conditions, and inter-professional collaboration within hospital settings. By highlighting how social work enhances patient care, the study may encourage more integrated service delivery that addresses both medical and psychosocial patient needs.

## **1.6 SCOPE OF THE STUDY**

The scope of this study was limited to the University of Benin Teaching Hospital (UBTH) in Benin City, Edo State. The study focused on the roles played by social workers within the hospital setting, their interaction with other healthcare professionals, and the impact of their services on patient care. It included perspectives from social workers, healthcare professionals (such as doctors and nurses), and patients.

## **1.7 LIMITATIONS OF THE STUDY**

While efforts were made to ensure thoroughness and accuracy, this study was subjected to certain limitations:

- **Geographical Limitation:** The study is confined to UBTH and may not reflect practices in other hospitals across Nigeria.
- **Time Constraint:** The time available for conducting the research may limit the depth of data collection and analysis.
- **Sample Bias:** Participants may provide socially desirable responses, particularly in interviews, which could affect the objectivity of the findings.

- **Resource Limitation:** Financial and logistical challenges may restrict access to certain data or professionals within the hospital.

## 1.8 DEFINITION OF TERMS

- **Social Work:** A professional discipline that seeks to improve the well-being of individuals, families, groups, and communities by enhancing human functioning and promoting social justice, especially through the use of various therapeutic, advocacy, and supportive interventions.
- **Social Worker:** A trained professional who engages in helping individuals, families, or communities address psychosocial challenges by providing support, advocacy, counseling, and referral services in various settings, including hospitals.
- **Hospital Setting:** A structured medical environment where healthcare services are provided to individuals for diagnosis, treatment, prevention, and rehabilitation.
- **Patient Care:** The services rendered by healthcare professionals for the benefit of patients. It includes physical treatment, emotional support, social services, and coordination of care across multiple domains.
- **Inter-professional Collaboration:** The coordinated effort among professionals from different disciplines, such as doctors, nurses, and social workers, to work together for improved healthcare delivery and patient outcomes.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 CONCEPTUAL REVIEW**

##### **2.1.1 The Concept of Social Work**

Social work is a profession concerned with helping individuals, families, groups, and communities to enhance their individual and collective well-being. It seeks to help people develop their skills and their ability to use their own resources and those of the community to resolve problems. Social work focuses on enhancing human well-being and helping individuals, groups, and communities meet basic and complex needs, particularly those who are vulnerable, oppressed, or living in poverty. Social work is grounded in principles of social justice, human rights, collective responsibility, and respect for diversities. The International Federation of Social Workers (IFSW, 2014) defines social work as a “practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people.” Social work practice is guided by a body of knowledge, ethical standards, and professional values. It incorporates theories from various fields such as sociology, psychology, public health, law, and political science to understand human development, behavior, and social systems.

Social workers aim to address and alleviate various social issues including poverty, inequality, substance abuse, mental illness, domestic violence, and discrimination (Zastrow & Kirst-Ashman, 2016). The profession operates at different levels — micro (individual and

family work), mezzo (group work), and macro (community and policy work) — to bring about positive changes in people’s lives. Social workers engage in a range of services such as counseling, case management, advocacy, policy development, and social justice campaigns. Their interventions are rooted in the strengths-based approach, which focuses on the clients' resources and capabilities rather than their deficits (Saleebey, 2006). One of the key distinguishing features of social work is its person-in-environment perspective, which views individual behavior in the context of the social environment. This holistic approach allows social workers to assess and intervene in the systemic barriers that hinder well-being, such as lack of access to healthcare, unemployment, or social exclusion (Hepworth et al., 2017).

Social work in hospital settings is referred to as medical or hospital social work, a specialized area that applies social work principles within a medical framework to assist patients in navigating the challenges of health, illness, and healthcare systems. It is a specialized area of practice where professional social workers operate within healthcare institutions such as hospitals, clinics, rehabilitation centers, and long-term care facilities. It combines knowledge of human behavior, psychology, counseling, social policy, and health care to provide comprehensive support for patients and their families (Olanrewaju, 2017). The primary goal of hospital social workers is to support patients and their families by addressing the social, emotional, financial, and psychological issues that may affect their health and overall recovery (Beder, 2006). Medical social workers play a vital role in bridging the gap between the medical and social aspects of health care. They collaborate with doctors, nurses, psychologists, physiotherapists, and other health professionals as part of an interdisciplinary

team to ensure holistic care. Their responsibilities include conducting psychosocial assessments, facilitating discharge planning, arranging community services, counseling patients and families, advocating for patients' rights, and providing support during crises such as terminal illness or trauma (Craig de Oliveira, 2019).

Hospital social work is particularly important in helping patients cope with diagnoses, treatment plans, lifestyle changes, and end-of-life decisions. They also address social determinants of health — such as housing instability, lack of social support, or food insecurity — which can influence health outcomes. By assessing these factors, social workers help ensure continuity of care post-discharge and reduce the chances of re-hospitalization (Gehlert & Browne, 2019). In emergency or critical care situations, hospital social workers provide grief counseling, crisis intervention, and bereavement support to families and caregivers. They are also instrumental in advocating for vulnerable populations such as children, the elderly, victims of abuse, and people with chronic illnesses or disabilities. Their interventions are guided by core social work values of empathy, dignity, self-determination, and cultural competence (National Association of Social Workers [NASW], 2017). In many hospitals, social workers also participate in policy formulation, quality assurance, and health education programs. They contribute to reducing health disparities and improving patient satisfaction and outcomes through a client-centered approach that respects patient autonomy and values.

### **2.1.2 Hospital Settings and Multidisciplinary Healthcare**

Hospitals are formal institutions established to offer medical care to people suffering from physical or psychological ailments. They refer to structured, formal health institutions where individuals receive medical, surgical, and therapeutic care for a wide range of health conditions. Hospitals are classified based on ownership (public, private, or non-profit), level of care (primary, secondary, tertiary), and specialty (general or specialized). These institutions are equipped with advanced medical technologies, skilled healthcare professionals, and support systems to provide both inpatient and outpatient services (World Health Organization [WHO], 2020). With advancements in healthcare delivery and the growing complexity of patients' needs, hospital settings have evolved to become multidisciplinary environments, involving medical doctors, nurses, physiotherapists, pharmacists, nutritionists, and social workers. In hospital settings, care is not limited to physical treatment alone; it involves a holistic approach to health that includes psychological, emotional, and social well-being. Hospitals typically include various units such as emergency departments, intensive care units (ICUs), maternity wards, psychiatric departments, surgery rooms, rehabilitation centers, and outpatient clinics. Each unit operates interdependently to ensure comprehensive patient care (Frenk et al., 2010). A key feature of hospital settings is the adherence to standard protocols and policies, infection control measures, patient safety regulations, ethical standards, and medical record-keeping. Hospitals serve as vital institutions not only for curative care but also for diagnosis, prevention, health promotion, education, and research (Greenhalgh et al., 2017).

Multidisciplinary healthcare is based on collaboration, shared decision-making, and a team-based approach to care. It refers to a coordinated approach to patient care where professionals from various disciplines work together to assess, plan, implement, and evaluate the health needs of patients. This model recognizes that no single professional has all the expertise required to address the complex and diverse health challenges patients face (Reeves et al., 2017). Within this framework, each professional contributes their unique skills toward a comprehensive treatment plan. The hospital social worker brings a psychosocial lens into care delivery, addressing social determinants of health such as poverty, housing instability, family conflict, emotional trauma, and community reintegration (Anyebe, 2020). In a hospital setting, the multidisciplinary team (MDT) typically includes physicians, nurses, social workers, psychologists, pharmacists, dietitians, physiotherapists, occupational therapists, speech-language pathologists, case managers, and spiritual care providers. Each professional contributes a unique perspective and specialized knowledge toward achieving shared patient-centered goals (Nancarrow et al., 2013). This collaborative model enhances the quality, efficiency, and continuity of care. It facilitates comprehensive assessments, reduces medical errors, improves patient satisfaction, and ensures better health outcomes. For instance, a cancer patient may receive medical treatment from an oncologist, emotional support from a psychologist, nutritional advice from a dietitian, and social assistance from a medical social worker—all coordinated for the patient's benefit (Mitchell et al., 2015).

Multidisciplinary healthcare also supports inter-professional communication, respect for roles, shared decision-making, and coordinated care planning. Regular team meetings, case

conferences, and electronic health records are used to synchronize efforts and ensure accountability among team members (Inter-professional Education Collaborative, 2016). Despite its benefits, effective multidisciplinary collaboration may be challenged by professional hierarchies, poor communication, role ambiguity, and resource constraints. Therefore, continuous training, supportive leadership, and organizational commitment are essential for sustaining an effective multidisciplinary system in hospitals (Manser, 2009).

### **Importance of Multidisciplinary Healthcare in Hospital Settings**

- **Holistic Patient Care:** Patients often present with multifaceted issues that span physical, mental, and social domains. A multidisciplinary team ensures all aspects of the patient's health are addressed.
- **Efficiency and Cost Reduction:** Collaborative care reduces duplication of services and promotes optimal resource use, leading to cost-effective care (Reeves et al., 2017).
- **Continuity of Care:** Through coordinated care plans, patients experience seamless transitions across different services within the hospital (Nancarrow et al., 2013).
- **Empowerment and Advocacy:** Social workers and patient advocates within the team help ensure that patients' rights, preferences, and social needs are respected (Craig de Oliveira, 2019).
- **Improved Health Outcomes:** Studies have shown that collaborative care leads to better patient recovery, reduced hospital stays, and increased patient satisfaction (Mitchell et al., 2015).

### **2.1.3 Roles of Social Workers in Hospital Settings**

Social workers in hospital settings play a pivotal role in ensuring holistic healthcare by addressing the social, emotional, psychological, and environmental factors that influence patient well-being. They are integral members of the healthcare team and provide essential services that contribute to patient recovery, satisfaction, and post-discharge quality of life (Beder, 2006; Gehlert & Browne, 2019). Their functions span across direct patient services, systems navigation, and policy-level advocacy. These roles can be broadly categorized as:

#### **a. Psychosocial Assessment and Counseling:**

One of the primary roles of social workers in hospitals is conducting psychosocial assessments to evaluate patients' emotional, psychological, and social conditions. This process involves gathering detailed information about the patient's mental health status, family dynamics, financial situation, housing conditions, employment status, and social support systems (Hepworth et al., 2017). The goal is to understand the broader context of the patient's life and how it affects their health and recovery. Based on this assessment, social workers offer therapeutic counseling and emotional support to help patients cope with their diagnosis, treatment plans, and hospitalization stress. For instance, a newly diagnosed cancer patient may struggle with anxiety and depression; a social worker can offer trauma-informed care and cognitive-behavioral strategies to support mental resilience (Craig de Oliveira, 2019).

Social workers also help patients and families make informed decisions, navigate grief and loss, and process difficult emotions such as fear, anger, guilt, or denial. Their counseling is client-centered and often involves therapeutic techniques such as active listening, validation, and empowerment strategies (Zastrow & Kirst-Ashman, 2016).

**b. Discharge Planning:**

Effective discharge planning is another critical responsibility of hospital social workers. They ensure a smooth transition from hospital to home or to another care setting by developing individualized post-discharge plans in collaboration with patients, families, and healthcare teams (Gehlert & Browne, 2019). This includes assessing the patient's post-hospital needs such as home healthcare services, medication management, transportation, meal services, rehabilitation, and follow-up appointments. Social workers coordinate with community agencies and service providers to secure these resources and ensure continuity of care. In complex cases involving elderly patients, those with chronic illnesses, or individuals lacking family support, social workers play a central role in preventing unnecessary readmissions and ensuring patients can safely manage at home or in long-term care facilities (NASW, 2017).

**c. Crisis Intervention:**

Hospital settings often involve acute crises such as sudden illness, traumatic injuries, child abuse, mental health breakdowns, or death. Social workers provide crisis intervention services by offering immediate psychological first aid and emotional support to patients and their families during these critical moments (Beder, 2006). They are trained to assess suicide

risks, domestic violence, self-harm behaviors, and acute stress reactions. In such cases, they stabilize the situation by ensuring safety, mobilizing support systems, and developing short-term coping strategies. In the event of a patient's death, social workers offer grief and bereavement counseling and guide families through the mourning process (Craig de Oliveira, 2019). Their presence is crucial in emergency rooms, intensive care units, and psychiatric departments, where patients and families often experience overwhelming emotional distress.

**d. Advocacy and Patient Rights:**

Social workers serve as advocates for patient rights and social justice within the hospital environment. They ensure that all patients, regardless of their socioeconomic status, ethnicity, gender, or disability, receive equitable access to medical care, information, and treatment options (IFSW, 2014). They help patients understand their rights, including the right to informed consent, confidentiality, autonomy in decision-making, and access to medical records. Social workers intervene in cases of neglect, discrimination, or unethical treatment and may liaise with hospital ethics committees or legal representatives when necessary (Reamer, 2018). They also promote cultural competence and sensitivity within the healthcare team, ensuring that patients' cultural beliefs and values are respected in their care plans (NASW, 2017).

**e. Family Support Services:**

Illness affects not only patients but also their families. Social workers offer family support services by involving families in treatment planning, facilitating communication between

families and healthcare providers, and mediating conflicts when they arise (Gehlert & Browne, 2019). They help families understand the patient's diagnosis, treatment process, and prognosis. In situations where patients are incapacitated or unable to make decisions, social workers support families through ethical and emotional decision-making processes, including end-of-life care and advanced directives (Hepworth et al., 2017). Additionally, they offer family counseling, provide educational materials, and connect families with support groups, community organizations, and spiritual care if needed.

**f. Resource Linkage and Case Management:**

Social workers play a vital role in linking patients to resources and managing complex cases that involve multiple service providers. This function includes identifying community-based services such as financial aid, housing support, legal assistance, transportation, mental health services, and child welfare programs (Nancarrow et al., 2013). As case managers, they develop and monitor individualized service plans to ensure patients receive the necessary services post-discharge. They coordinate among providers, monitor patient progress, follow up on service delivery, and adjust care plans when necessary. This role is especially important for patients with chronic illnesses, disabilities, or those experiencing poverty or homelessness, as they often face systemic barriers to accessing care (Saleebey, 2006).

**g. Health Education:**

Hospital social workers are also responsible for providing health education to patients and their families. They educate them about the nature of illnesses, treatment options, coping

mechanisms, preventive practices, and the importance of follow-up care (Greenhalgh et al., 2017). They ensure that patients have access to user-friendly, culturally appropriate, and relevant information about their condition. For example, a diabetic patient may receive education about dietary changes, medication adherence, and self-monitoring practices. Social workers also support health literacy by helping patients understand medical terminology, navigate insurance systems, and communicate effectively with doctors and nurses. This role empowers patients to make informed decisions and actively participate in their care.

#### **2.1.4 The Social Worker's Place in the Hospital Hierarchy**

In Nigerian hospitals, the visibility and influence of social workers often lag behind those of clinical staff. Despite their critical contributions, many hospitals do not fully integrate social workers into their treatment teams. This marginalization results in poor collaboration and underutilization of social work services. However, where integration is achieved, patient outcomes are significantly improved through the resolution of social and emotional barriers to health (Chinweuba, 2022). In contemporary hospital settings, the delivery of health care has evolved from a physician-dominated model to a more interdisciplinary and collaborative structure. Within this framework, social workers hold a critical, though often under-recognized, place in the hospital hierarchy. Their role cuts across various departments, contributing essential psychosocial expertise to the diagnosis, treatment, and discharge process. Despite not always being at the top of administrative structures, their influence is vital to holistic patient care (Gehlert & Browne, 2019; Beder, 2006).

A hospital hierarchy refers to the structured chain of command and professional roles that govern how medical services are delivered and coordinated. Traditionally, this hierarchy is headed by physicians and administrative executives, followed by nursing leadership, allied health professionals, and support staff. The structure is often shaped by clinical authority, specialization, regulatory guidelines, and institutional policies (Mintzberg, 1979). In such a system, social workers are usually positioned within the allied or auxiliary healthcare professional category, alongside professionals like physiotherapists, occupational therapists, and dietitians. However, their involvement spans both clinical and administrative domains due to the multidimensional nature of their responsibilities, including case management, psychosocial support, advocacy, crisis intervention, and ethical consultations (Craig de Oliveira, 2019).

Social workers in hospitals are typically embedded in multidisciplinary care teams, where they collaborate with physicians, nurses, psychologists, pharmacists, and other specialists. Their role is especially emphasized in units such as oncology, nephrology, emergency care, psychiatry, pediatrics, and intensive care units (ICUs). Although they may not have prescriptive authority like physicians, social workers are vital in shaping care plans, particularly those involving discharge readiness, psychosocial risk assessment, family dynamics, and social determinants of health. Their voice is instrumental during interdisciplinary rounds, family meetings, and ethical decision-making panels (Holloway & Galvin, 2018). Some hospitals have specialized social work departments with a Director or Chief of Social Work who may report to higher administrators such as the Director of Allied

Health, Chief Operating Officer (COO), or Chief Medical Officer (CMO), depending on the institution's organizational model (Kurland & Salmon, 2006).

Beyond direct patient care, social workers participate in policy formulation, hospital ethics committees, quality improvement programs, and staff training. They play a significant role in shaping protocols related to patient rights, culturally competent care, and end-of-life policies (Reamer, 2018). Their knowledge of community resources, social justice issues, and mental health law allows them to advocate for vulnerable populations within institutional frameworks. Some experienced social workers rise to managerial or supervisory roles, overseeing case management units or leading hospital-wide social service initiatives (Craig de Oliveira, 2019). In teaching hospitals, social workers may also be involved in training interns, supervising students on field placements, and contributing to research. Their insights help guide the integration of social science into biomedical practice, reinforcing the biopsychosocial model of health (Engel, 1977).

Despite their essential roles, social workers often encounter challenges in asserting their full value within the hospital hierarchy. These include role ambiguity - a situation where some medical professionals may lack full awareness of social work functions, leading to underutilization or misinterpretation of their duties; limited decision-making power and; professional hierarchy bias (Nancarrow et al., 2013). To mitigate these challenges, it is vital for hospital systems to promote interprofessional education, role clarification, and the inclusion of social workers in strategic planning and high-level decision-making forums (Interprofessional Education Collaborative, 2016).

With the increasing emphasis on patient-centered care, mental health integration, and value-based healthcare, the relevance of social work in hospital settings is becoming more widely acknowledged. Social workers are now being appointed as patient care coordinators, case management supervisors, ethics consultants, cultural competence trainers, and hospital liaisons with community health organizations. Their expanding roles reflect a shift towards interprofessional respect and recognition of their expertise in navigating the complex intersection of health, human behavior, and social systems (Gehlert & Browne, 2019).

## **2.2 EMPIRICAL REVIEW**

### **2.2.1 Global Perspectives on Hospital Social Work**

A number of international studies have affirmed the value of social work in hospital settings. In a study conducted in the United States by Jackson and Thomas (2018), hospital social workers were found to significantly reduce hospital readmission rates by ensuring robust post-discharge support. Similarly, in Canada, Morley and Caswell (2016) found that social workers played an instrumental role in palliative care units by managing end-of-life issues, including grief counseling, patient-family mediation, and advance directive planning.

In the United Kingdom, the National Health Service (NHS) formally recognizes social workers as essential healthcare team members. Research by Wilkins and Boahene (2019) found that interdisciplinary collaboration involving social workers led to better treatment compliance, reduced hospital stays, and enhanced patient satisfaction.

In South Africa, Mchunu (2020) examined hospital social work practices in KwaZulu-Natal and found that social workers played a pivotal role in managing child abuse cases, domestic violence, and HIV/AIDS stigma—helping patients navigate complex societal dynamics affecting health outcomes.

### **2.2.2 Empirical Studies in Nigeria**

In the Nigerian context, the field of medical social work is still emerging, and empirical studies remain limited. However, existing research underscores the relevance of social workers in hospitals.

Edewor (2015), in a study of Lagos University Teaching Hospital, revealed that social workers were key players in discharge planning, particularly for indigent patients who could not pay their medical bills. The study recommended a policy framework to formalize social work participation in clinical decision-making.

Abdulkarim (2018) studied the Jos University Teaching Hospital and noted that social workers were underutilized due to low awareness among clinical staff. Only 35% of doctors surveyed reported ever collaborating with social workers on patient cases.

Ibrahim and Okoro (2020) conducted a mixed-method study in three tertiary hospitals in northern Nigeria and found that social workers significantly enhanced emotional recovery for patients with chronic illnesses such as cancer and HIV/AIDS. However, the study also reported systemic challenges such as poor funding and lack of institutional support.

Aghomi (2021) examined the situation at UBTH and highlighted that while social workers exist within the hospital structure, many staff members lack understanding of their roles. The study emphasized the need for awareness campaigns and continuous professional education to foster collaboration.

These studies indicate that although the practice of social work in Nigerian hospitals holds great promise, its impact is limited by institutional neglect, staff ignorance, and inadequate policy frameworks.

## **2.3 THEORETICAL REVIEW**

Hospital social workers are guided by a variety of theoretical frameworks that provide insight into human behavior, health, and social dynamics. These theories help them understand the complexity of patients' experiences and tailor interventions that are holistic, ethical, and culturally competent. Among the most influential theories in medical social work are Systems Theory, Biopsychosocial Model, and Role Theory. Each theory enhances the professional effectiveness of social workers in their clinical, administrative, and advocacy roles within hospital settings.

### **2.3.1 Systems Theory**

Systems Theory, developed by Austrian biologist Ludwig von Bertalanffy in the mid-20th century, is a conceptual framework that views components of any system—be it biological, social, or mechanical—as interconnected and interdependent parts that influence one another (Bertalanffy, 1968). The theory posits that the behavior and functioning of any given

component cannot be fully understood in isolation but only in the context of the whole system. This means that individual entities operate as parts of a larger interconnected system. In social work, Systems Theory emphasizes that individuals are embedded within families, communities, institutions, and larger societal structures, all of which interact and influence behavior and wellbeing (Payne, 2015).

Von Bertalanffy's General Systems Theory (GST) challenged reductionist approaches by proposing that understanding any living or organizational structure requires looking at the interactions and relationships among parts, rather than focusing solely on individual elements (Skyttner, 2005). This approach was revolutionary, particularly in the social sciences and human services, where it offered a holistic lens for understanding human behavior and institutional dynamics.

### **Application of Systems Theory to Social Work in Hospital Settings**

In a hospital context, Systems Theory provides a foundational framework for understanding the complex interplay of individual, family, community, institutional, and policy-level factors that affect a patient's health and well-being. The theory supports the notion that a patient's recovery is not dependent solely on biological treatment but also on how social and psychological elements are addressed. Social workers, therefore, function as system navigators—assessing and intervening across various subsystems such as family dynamics, socio-economic status, healthcare structures, and community support networks. Systems Theory highlights the necessity of interdisciplinary collaboration, where each health

professional contributes to a holistic care plan. This theory strongly justifies the integration of social workers in hospital teams to ensure a comprehensive and systemic response to illness and recovery. Below is a breakdown of how this theory informs the roles and interventions of social workers in hospital settings:

**a. Viewing the Patient as Part of Multiple Interconnected Systems:** A key application of Systems Theory in social work is the ecological perspective, where the individual (patient) is seen as embedded within various systems—family, workplace, culture, healthcare institutions, and social policy frameworks (Bronfenbrenner, 1979). For example, a hospitalized elderly patient may be influenced by their immediate family system (caregivers, financial support), the medical system (doctors, nurses, hospital policies), community systems (support groups, religious institutions), and policy systems (health insurance, national health policy). The social worker's role is to assess how these systems interact, identify stress points, and intervene appropriately. A patient's non-compliance with medication, for instance, might not be due to ignorance, but rather due to lack of social support, financial hardship, or poor communication between care teams—factors that lie in the interplay of different systems (Greene, 2017).

**b. Interdisciplinary Teamwork and Systems Coordination:** Hospitals themselves are complex systems composed of departments (e.g., emergency, oncology, psychiatry), roles (physicians, nurses, technicians, administrators), and protocols. Social workers function as system navigators, ensuring that patients' psychosocial needs are addressed in tandem with their medical care. Using Systems Theory, social workers facilitate communication among

different departments, mediate conflicts or misunderstandings among care team members and families, and help create integrated discharge plans by considering systemic factors such as home environment, caregiver availability, and insurance coverage (Ambrose-Miller & Ashcroft, 2016).

**c. Crisis Intervention through System Stabilization:** In times of medical crisis—such as trauma, terminal illness, or psychiatric emergencies—patients and their families experience systemic imbalance or disruption. Social workers, guided by Systems Theory, aim to restore equilibrium by stabilizing family systems through counseling, linking with external resources (housing, financial aid, spiritual care), and coordinating hospital resources to reduce systemic overload. This role is especially evident in intensive care units or oncology wards, where emotional, social, and spiritual systems are deeply affected by medical realities.

**d. Discharge Planning and Systems Integration:** Effective discharge planning is a systemic task. It requires analyzing the micro-system (patient and immediate caregivers), meso-system (rehabilitation centers, outpatient services), and macro-system (healthcare policies, insurance systems). Social workers utilize Systems Theory to assess how well these systems align, and they advocate for solutions when gaps are identified—such as arranging home health services or advocating for policy exceptions when insurance restrictions obstruct recovery plans (Zastrow & Kirst-Ashman, 2016).

e. **Empowering Patient Systems through Feedback and Adaptation:** Feedback loops—a central element in Systems Theory—enable systems to adapt and grow. Social workers foster adaptive capacity in patients and families by educating them on coping strategies, encouraging patient autonomy, and facilitating constructive feedback between patients and healthcare providers. This enhances the system’s ability to adjust and thrive, even in the face of chronic illness or disability.

### **2.3.2 Biopsychosocial Model**

The Biopsychosocial (BPS) Model was introduced by American psychiatrist George L. Engel in 1977 as an alternative to the traditional biomedical model of health and disease. Engel’s proposition marked a paradigm shift in healthcare, asserting that a person’s health status and illness experience are influenced not just by biological factors, but also by psychological and social conditions (Engel, 1977). This holistic model offered a multidimensional understanding of patients and the complexities of their health experiences. The model asserts that health and illness are the product of a combination of biological, psychological, and social factors. Engel's approach was designed to bridge the gap between medicine and the social sciences, promoting patient-centered care that recognizes individuals not merely as bodies with symptoms but as complex beings situated within emotional, cultural, and socio-environmental contexts (Borrell-Carrio, Suchman, & Epstein, 2004).

## **Application of the Biopsychosocial Model to Social Work in Hospital Settings**

Hospital social workers, trained in human behavior and systemic thinking, naturally operate within the framework of the Biopsychosocial Model. This model provides a theoretical foundation for the social worker's multifaceted role in hospitals. It affirms the idea that recovery is incomplete without addressing non-medical determinants of health—areas in which social workers are trained and specialized. Their professional roles require them to assess and intervene in all three domains—biological, psychological, and social—to support comprehensive healthcare delivery.

a. **Holistic Patient Assessment:** Using the BPS model, social workers assess patients beyond clinical symptoms. For example, a patient with diabetes is evaluated not only for blood sugar levels but also for:

- Psychological factors: Is the patient dealing with stress, depression, or denial of illness?
- Social factors: Does the patient have access to healthy food? Is there a caregiver at home? Is the patient facing financial instability?

Such assessments allow for targeted and individualized interventions, which are far more effective than a one-size-fits-all clinical approach (Turner, 2017).

b. **Addressing Psychosocial Barriers to Medical Compliance:** Patients may not adhere to medical instructions for reasons unrelated to biological illness. A patient may refuse chemotherapy not because of misunderstanding, but due to fear of side effects

(psychological), lack of transportation or social support (social), and/or cultural beliefs about illness and treatment (social/psychological). Social workers use the BPS model to uncover underlying causes of non-compliance and implement strategies such as counseling, family meetings, or resource linkage to improve health outcomes (Gehlert & Browne, 2019).

- c. **Mental Health Integration:** In hospital settings, patients often experience emotional distress, grief, anxiety, or trauma. The psychological aspect of the BPS model reinforces the role of social workers in providing emotional support and counseling, conducting mental health screenings, facilitating referrals to psychiatric services, and teaching coping skills and stress reduction techniques. These interventions are vital for patients with terminal illness, post-surgical depression, or adjustment disorders, and ensure that the patient's emotional well-being is addressed alongside physical healing (Beder, 2006).
- d. **Advocacy for Social Determinants of Health:** The social dimension of the BPS model aligns directly with social work's core mission to address social justice, equity, and access. Hospital social workers advocate for discharge support (e.g., housing, transportation), access to health insurance or medications, legal rights and protection from abuse or neglect, and cultural and language-sensitive services. This form of advocacy and systems navigation is essential for marginalized populations whose medical conditions are worsened by poverty, discrimination, or systemic barriers (NASW, 2021).
- e. **Discharge Planning and Continuity of Care:** Effective discharge planning requires the integration of the three BPS dimensions. A successful discharge plan considers:

- Biological needs: What medical follow-up is needed?
- Psychological status: Is the patient emotionally ready to leave?
- Social realities: Is there a safe home environment? Are community services available?

Social workers coordinate these factors, working with physicians, nurses, and families to create discharge plans that reduce readmissions and enhance patient recovery (Zastrow & Kirst-Ashman, 2016).

- f. **Family and Caregiver Support:** Patients' health outcomes are influenced by their family systems and support networks. The BPS model encourages social workers to involve families in treatment discussions and planning, education on the illness or recovery process, and emotional counseling to cope with caregiving stress. By supporting caregivers, social workers stabilize the patient's social environment, thereby improving recovery and adherence to medical care (Craig de Oliveira, 2019).
- g. **Interdisciplinary Collaboration:** The BPS model promotes interdisciplinary collaboration, which is central to hospital social work. Social workers participate in team meetings, rounds, and consultations, bringing in social context to clinical discussions, psychosocial implications of treatment decisions, and ethical and cultural perspectives on care. This collaboration helps bridge the gap between biomedical treatment and human-centered care (Borrell-Carrio et al., 2004).

### 2.3.3 Role Theory

Role Theory is a sociological and psychological framework that examines how individuals perform specific behaviors, tasks, and responsibilities based on socially defined roles. These roles are shaped by expectations, norms, and interactions within social structures (Biddle, 1986). A “role” is essentially a set of expected behaviors associated with a given position in society or within a particular group. Individuals navigate and perform these roles in relation to others, and these roles often change depending on context and setting. Role Theory emphasizes how people conform to, struggle with, or deviate from the roles that are ascribed to them by their environments. It provides insights into how identity, function, and behavior are constructed, especially in complex systems like hospitals where multiple roles intersect. The theory examines how individuals behave in particular positions or roles based on social expectations.

### **Application of Role Theory to Social Work in Hospital Settings**

Within a hospital, the role of a social worker is often defined by institutional norms, professional training, and inter-professional dynamics. However, role ambiguity and role conflict frequently arise when other professionals misunderstand or undervalue social work functions. This theory is useful in explaining the challenges faced by hospital social workers in Nigeria, where the lack of role clarity often results in their relegation to administrative or non-professional tasks. Social workers occupy a distinct but multifaceted role within a complex network of healthcare professionals. Their actions, behaviors, and decision-making processes are guided by role expectations from patients, colleagues, the hospital system, and professional ethics.

- a. Clarity of Professional Identity and Function:** Role Theory helps clarify the specific functions and boundaries of hospital social workers. Within multidisciplinary healthcare teams, physicians, nurses, therapists, and administrators each have defined roles. Social workers are often responsible for conducting psychosocial assessments, facilitating discharge planning, coordinating community resources, providing counseling and emotional support, and advocating for patient rights and social justice. Understanding their role within this hierarchy enables social workers to collaborate effectively without overstepping or becoming redundant (Turner, 2017).
- b. Role Expectations from Multiple Stakeholders:** Social workers in hospitals often face diverse expectations from patients (empathy, support, empowerment), doctors and nurses (case management, psychosocial insight), administrators (efficiency, cost reduction, risk management), and family members (communication, advocacy, education). Role Theory emphasizes that these expectations may align or conflict, requiring the social worker to skillfully navigate overlapping roles and mediate competing interests (Beder, 2006).
- c. Navigating Role Conflict and Ambiguity:** Hospital social workers often experience role conflict when ethical obligations to advocate for patients clash with institutional policies or resource limitations. For example, a patient may need prolonged care, but hospital policy demands a quick discharge; a family may request that the truth about a terminal illness be withheld, while ethical practice demands full disclosure. Role ambiguity, on the other hand, may arise in settings where the scope of the social worker's role is not fully understood by colleagues or administrators, leading to

underutilization or unrealistic demands. Role Theory helps social workers manage these challenges by reinforcing the importance of clear communication, setting realistic boundaries, and seeking supervision and consultation (Zastrow & Kirst-Ashman, 2016).

- d. Role Socialization and Professional Development:** Newly employed hospital social workers undergo role socialization, learning not only technical skills but also how to interact within a medical hierarchy, how to negotiate responsibilities, and how to uphold professional ethics. Through observation, mentorship, and reflective practice, they internalize the role and refine their professional identity. This process is critical for maintaining job satisfaction and performance (Craig de Oliveira, 2019).
- e. Role Multiplicity and Intersectionality:** Hospital social workers frequently adopt multiple roles simultaneously, such as advocate, counselor, mediator, educator, and resource coordinator. Role Theory acknowledges the strain and complexity of holding multiple roles, especially when balancing emotional labor, documentation demands, ethical decision-making and, cross-cultural competencies. Understanding these intersecting roles helps hospital social workers prioritize tasks effectively, avoid burnout, and maintain a person-centered focus.
- f. Institutional Role Integration:** Hospitals are structured environments where efficiency, accountability, and outcomes are valued. Role Theory helps social workers articulate how their functions contribute to patient satisfaction, improve treatment adherence, reduce readmission rates, and address social determinants of health. By aligning their professional role with institutional goals, social workers gain

greater visibility, respect, and influence within hospital systems (Gehlert & Browne, 2019).

## **2.4 THEORETICAL FRAMEWORK**

### **2.4.1 Systems Theory**

The theoretical foundation guiding this study is the Systems Theory, originally proposed by Ludwig von Bertalanffy in the 1930s and later widely applied in the social sciences, including social work practice. Systems Theory posits that individuals, families, organizations, and communities are interconnected systems that influence one another through constant interactions and exchanges (Bertalanffy, 1968; Payne, 2015). Within this perspective, no individual or institution operates in isolation; rather, they are part of broader networks of relationships, structures, and environments that shape their functioning.

In the context of hospital settings, Systems Theory becomes highly relevant because healthcare institutions are themselves complex, open systems. They consist of multiple subsystems—medical professionals, social workers, patients, administrative staff, and families—that must interact cohesively to achieve optimal patient care (Anderson, Carter, & Lowe, 2016). The hospital operates not only as a medical service provider but also as a social institution where physical, psychological, emotional, cultural, and social needs converge. Social workers in hospital settings act as critical mediators within these interconnected systems, ensuring that the psychosocial aspects of patient care are not overshadowed by biomedical concerns.

### 2.4.2 Application of Systems Theory to the Study

Systems Theory highlights the necessity of interdisciplinary collaboration, where each health professional contributes to a holistic care plan. This theory strongly justifies the integration of social workers in hospital teams to ensure a comprehensive and systemic response to illness and recovery. This theory therefore informs the roles and interventions of social workers in hospital settings in the following aspects:

1. **Patient as a System:** Each patient represents a system composed of biological, psychological, and social components. Illness affects all these domains simultaneously. Social workers apply Systems Theory to assess how a patient's illness disrupts not just the biological function but also the emotional stability, family dynamics, and economic wellbeing of the individual.
2. **Family as a Subsystem:** Illness in one family member creates ripple effects in the entire family system. Social workers play a role in family counseling, conflict mediation, discharge planning, and linking families to community resources.
3. **Hospital as a System:** UBTH, like other tertiary hospitals, is a system with interdependent parts. Systems Theory provides a framework for understanding the importance of interprofessional collaboration.
4. **Community and Policy Environment:** The hospital system is influenced by external environments, including government health policies, cultural practices, and economic realities. Social workers serve as a bridge between the hospital and the broader community.

### 2.4.3 Relevance of Systems Theory to Social Work in UBTH

The adoption of Systems Theory in the study of the roles of social workers at the University of Benin Teaching Hospital (UBTH) is particularly relevant because the hospital is not merely a clinical setting but also a dynamic social institution that brings together diverse actors, systems, and subsystems. The theory provides both a conceptual lens and a practical framework for analyzing the interconnectedness between the various elements of hospital-based care.

- a. **Holistic Patient-Centered Care:** Systems Theory emphasizes the integration of biological, psychological, and social dimensions in understanding health. In UBTH, this relevance becomes evident as patients are not only treated for their physical conditions but also require support for emotional distress, social challenges, and financial constraints. Social workers operationalize this holistic approach by ensuring that treatment is not narrowly biomedical but instead addresses the broader determinants of health (Payne, 2015).
- b. **Improved Interprofessional Collaboration:** Hospitals function as multidisciplinary environments where different professionals—doctors, nurses, social workers, pharmacists, and administrators—must work collectively to achieve positive health outcomes. Systems Theory underscores the interdependence of these subsystems, reinforcing the idea that the absence or neglect of one subsystem weakens the overall efficiency of the hospital. At UBTH, the theory validates social workers' role as mediators who bridge the gap between

the medical team and the psychosocial needs of patients and families (Anderson, Carter, & Lowe, 2016).

- c. **Effective Discharge Planning and Continuity of Care:** The transition from hospital to home is often fraught with challenges such as lack of finances, inadequate family support, or cultural misconceptions about illness. By applying Systems Theory, social workers recognize the need to address not only the patient's medical readiness for discharge but also the family's preparedness, community resources, and policy constraints. This systemic approach reduces readmission rates and ensures continuity of care.
- d. **Addressing Socioeconomic Barriers to Health:** UBTH, like many hospitals in Nigeria, serves a diverse population, many of whom face poverty, unemployment, and lack of health insurance. Systems Theory draws attention to how external environmental factors (economic conditions, cultural norms, or weak policy frameworks) impact the hospital system. This validates the role of social workers in connecting patients with community resources, advocating for financial aid, and lobbying for equitable health policies.
- e. **Conflict Resolution and Mediation:** Hospitals often witness conflicts between patients and healthcare providers, or within families struggling with the stress of illness. Systems Theory provides the framework to understand such conflicts not in isolation but as systemic dysfunctions. Social workers apply this perspective to mediate conflicts, promote cooperation, and restore balance to the hospital system.

- f. **Strengthening Institutional Capacity:** UBTH, as a teaching hospital, is tasked not only with treatment but also with research and training. Systems Theory highlights the importance of institutional structures and feedback loops in sustaining efficiency. Social workers contribute by conducting psychosocial research, training healthcare workers on patient-centered care, and feeding insights into institutional policy-making.

In essence, Systems Theory is highly relevant to UBTH because it reflects the reality of hospitals as multi-layered ecosystems, justifying the indispensable role of social workers as facilitators of balance, integration, and holistic service delivery.

#### **2.4.4 Criticism and Justification in Hospital Social Work**

While Systems Theory offers numerous strengths, its application in social work—particularly in hospital settings—has not been without criticism. Nonetheless, a careful evaluation reveals why its adoption is both justified and appropriate for this study.

##### **Criticism:**

- a. **Overly Broad and Abstract:** Critics argue that Systems Theory is too general and abstract, making it difficult to translate into specific interventions for particular cases (Howe, 2017). For example, while the theory identifies “interconnected subsystems,” it does not always provide concrete guidelines on

how to resolve immediate, practical challenges such as a patient's inability to afford medication.

- b. **Underemphasis on Power Dynamics:** Some scholars contend that Systems Theory tends to underplay issues of inequality, oppression, and power imbalances within systems (Dominelli, 2017). In hospital settings, this can manifest in the unequal recognition of social workers compared to doctors or administrators, which may not be adequately addressed by a purely systemic lens.
- c. **Risk of Determinism:** The emphasis on systemic balance and adaptation sometimes overlooks human agency and individual resilience. Critics suggest that Systems Theory can lead to deterministic assumptions that individuals or families are merely products of their environment, ignoring their capacity for change and resistance.
- d. **Implementation Challenges:** In resource-limited contexts such as Nigeria, applying Systems Theory comprehensively can be challenging. Identifying and addressing all relevant subsystems may not be feasible due to financial, institutional, or cultural constraints.

### **Justification for Use in UBTH**

Despite these criticisms, adopting Systems Theory remains highly justified in the context of UBTH:

- a. **Capturing Complexity of Hospital Systems:** Hospitals are inherently complex organizations where multiple actors interact simultaneously. Systems Theory uniquely provides the conceptual clarity needed to analyze this complexity and identify the role of social workers within it.
- b. **Alignment with Social Work Principles:** Social work emphasizes holistic, person-in-environment approaches. Systems Theory directly aligns with this value base, making it a natural fit for studying hospital social work roles (Payne, 2015).
- c. **Flexibility and Adaptability:** Although broad, Systems Theory is flexible and can be adapted to diverse contexts. At UBTH, social workers can use it both as a diagnostic tool to identify systemic dysfunctions and as a framework for collaborative interventions with other healthcare professionals.
- d. **Policy and Advocacy Potential:** By highlighting the influence of external systems such as policies, culture, and socioeconomic conditions, Systems Theory justifies social workers' role in advocating for systemic reforms—such as improved health insurance schemes or increased government funding for hospitals.
- e. **Enhancing Collaboration and Communication:** In a hospital system often marked by siloed professional practices, Systems Theory encourages recognition of interdependence and strengthens communication across disciplines. This directly addresses one of the main challenges facing UBTH: the limited understanding and recognition of social workers' roles by other healthcare professionals.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 RESEARCH DESIGN**

This study adopted a Case Study research design to investigate the roles of social workers in hospital settings, with specific reference to the University of Benin Teaching Hospital (UBTH), Benin City, Edo State. Case study research design is a qualitative approach that allows the researcher to conduct an in-depth, contextualized exploration of a particular phenomenon within its real-life environment (Yin, 2018). This design was chosen because it provides a comprehensive and detailed understanding of the activities, challenges, and contributions of social workers in UBTH as a unique institution. Unlike broad quantitative surveys that focus on generalization, the case study design allows for an intensive exploration of the hospital as a single “case” while examining its complexities, interprofessional collaborations, patient dynamics, and institutional structures. This design aligned with the objectives of the study, as it enabled the researcher to generate rich, descriptive, and context-specific insights into the phenomenon of hospital-based social work. Furthermore, the case study design integrated both qualitative (interviews, document reviews, observation) and quantitative (structured questionnaires, simple statistics) elements, making it suitable for capturing the multiple dimensions of social work practice. Thus, UBTH was studied not just as a healthcare institution but as a case representing the realities of hospital social work in Nigeria.

### **3.2 STUDY AREA**

The study was conducted at the University of Benin Teaching Hospital (UBTH), located in Benin City, Edo State, Nigeria. Established in 1973, UBTH is one of the largest tertiary healthcare facilities in Nigeria, with a mandate to provide curative, preventive, rehabilitative,

advanced and specialized medical services in diverse areas such as internal medicine, surgery, pediatrics, obstetrics and gynecology, oncology, psychiatry, and community health. The hospital serves thousands of patients annually from across Nigeria and is affiliated with the University of Benin for training medical students, nurses, social workers, and allied health professionals. It has a robust administrative structure that includes medical, surgical, pediatric, psychiatric, and social work departments. The UBTH Social Work Unit is primarily responsible for handling psychosocial cases, patient support services, discharge planning, and liaising with community-based support structures. UBTH was ideal for this study because it employs professional social workers and provides a wide range of healthcare services, thereby offering a rich platform for examining the multiple roles that social workers play within a hospital context.

### **3.3 POPULATION OF THE STUDY**

The population of this study comprised three categories:

- a. Medical Social Workers employed by UBTH who directly deliver psychosocial and supportive services to patients and families.
- b. Healthcare Professionals, including doctors, nurses, physiotherapists, and other clinical staff working in the hospital alongside social workers in interprofessional teams.
- c. Patients and Relatives who have had direct interactions with social workers within the hospital environment.

Given the interdisciplinary nature of hospital services, the study drew on all these stakeholders to offer a comprehensive perspective on the subject. The estimated accessible population included:

- 15 medical social workers
- 120 healthcare professionals across various units
- 60 patients and relatives with experience of social work services

Thus, the total accessible population was estimated at 195 individuals.

### **3.4 SAMPLE SIZE**

Using Yamane's formula (1967) for determining sample size from a finite population:

$$n = N / 1 + N(e)^2$$

*Where:*

n = sample size

N = population size (195)

e = margin of error (5% or 0.05)

$$n = 195 / 1 + 195(0.05)^2 = 195 / (1 + 0.4875) = 195 / 1.4875 \approx 131$$

Hence, a total of 131 respondents were selected for the study: 10 social workers, 70 healthcare professionals and 51 patients/relatives.

### **3.5 SAMPLING TECHNIQUE**

A combination of purposive and stratified random sampling techniques was adopted. Purposive sampling was used to select social workers and patients who had interacted with them. This ensured relevance and depth of data. Stratified random sampling was used to select healthcare professionals from different departments (e.g., internal medicine, surgery, pediatrics, obstetrics, psychiatry) to ensure representation across disciplines. This approach was to minimize sampling bias and improve the representativeness of the sample. The use of stratified random sampling enhanced the representativeness and generalizability of findings. Together, these sampling techniques provided a comprehensive, credible, and balanced dataset for analyzing both the quantitative and qualitative dimensions of the roles of social workers in the University of Benin Teaching Hospital.

### **3.6 METHODS OF DATA COLLECTION**

To capture a broad and rich data-set, two major data collection methods were employed:

- a. **Primary Data Collection Methods:** Primary data was obtained firsthand from medical health professionals and patients directly. A well-structured questionnaire will be designed and administered to healthcare professionals and patients. The questionnaire was divided into Sections. It included both closed-ended questions (using Likert scales, multiple-choice) and open-ended questions to allow for elaboration. Semi-structured interviews were conducted with 10 social workers and 10 key informants among healthcare professionals (e.g., senior doctors, nurses-in-charge, clinical administrators). The interviews focused on nature of social work

services at UBTH; challenges faced in service delivery; collaboration with other health professionals; institutional recognition and support and; observed impacts on patient care. Interviews lasted 30–45 minutes on average and were conducted in English.

- b. **Secondary Data Collection Methods:** Secondary data was obtained from already existing sources such as published and unpublished materials relevant to the study. These sources helped to provide context, validate primary data, and inform the theoretical and conceptual framework of the study. Reports from the University of Benin Teaching Hospital were examined. These records offered statistical trends and policy frameworks used in addressing the roles of social workers in a hospital settings. In addition, journals, books, academic theses, research reports, and government publications were reviewed to gain insight into the concept of the roles of social workers in a hospital settings.

By combining primary and secondary data collection methods, this study ensured a well-rounded and evidence-based analysis of the roles of social workers in a hospital settings.

### **3.7 VALIDITY AND RELIABILITY OF INSTRUMENTS**

For this research, careful steps were taken to guarantee that the research instruments—questionnaire and interview guide—are both valid and reliable. To ensure content validity, the questionnaire and interview guide were carefully developed based on a thorough review

of relevant literature on roles of social workers and the level of collaboration between medical health workers with social workers. Each item on the questionnaire was constructed to align specifically with the research objectives and questions of the study. The instruments underwent content and face validation by experts in social work and medical research from the University of Benin. They reviewed the questions to ensure they measure the intended constructs and cover all relevant areas. The suggestions were incorporated to enhance clarity and relevance.

The reliability of the questionnaire was tested using the Cronbach's Alpha Coefficient for internal consistency. A pilot study was conducted among 15 respondents not included in the main study. This was done to detect inconsistencies, measure clarity, and ensure the practicality of the instruments. Some questions that showed inconsistency or that participants found confusing were modified or clarified. Ambiguous questions were rephrased, and the instructions for filling the questionnaire were made more explicit. The interview guide underwent similar validation and reliability checks. Open-ended questions were reviewed for their ability to elicit rich, relevant, and focused responses. Probing questions were included to ensure depth and comprehensive data collection.

### **3.8 METHOD OF DATA ANALYSIS**

Given the Case Study research design approach, both quantitative and qualitative data analysis techniques were employed:

- **Quantitative Data:** Data from the questionnaires were coded and analyzed using Statistical Package for the Social Sciences (SPSS) version 25.0. The analysis included descriptive statistics such as frequency, percentages, mean, and standard deviation.
- **Qualitative Data:** Interview responses were transcribed and subjected to thematic content analysis. Recurring themes, patterns, and contrasts were identified and grouped under thematic categories such as role perceptions, collaboration experiences, institutional challenges, and recommendations.

This dual approach enriched the findings and provided both numerical rigor and narrative depth.

### 3.9 ETHICAL CONSIDERATIONS

This research adhered to all ethical standards required in human subject research:

- **Approval:** Ethical clearance was obtained from the UBTH Ethical Review Committee before data collection began.
- **Informed Consent:** All participants were given detailed information about the study and signed a consent form before participating.
- **Confidentiality:** Responses were anonymized, and data were stored securely.
- **Voluntary Participation:** Participation was strictly voluntary, with the freedom to withdraw at any point.
- **Non-maleficence:** Care was taken to ensure no emotional or psychological harm came to participants, especially vulnerable patients.

## **CHAPTER FOUR**

### **DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS**

#### **4.1 QUANTITATIVE DATA PRESENTATION AND ANALYSIS**

#### 4.1.1 Section A: Demographic Characteristics of Respondents

**Table 4.1: Gender Distribution of Respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Males	59	45.0
Females	72	55.0
<b>Total</b>	<b>131</b>	<b>100.0</b>

In Table 4.1, majority of respondents were female (55%), suggesting a balanced gender representation, which enhances the credibility of responses.

**Table 4.2: Age Distribution of Respondents**

<b>Age Range</b>	<b>Frequency</b>	<b>Percentage (%)</b>
18–30 years	44	33.6
31–45 years	59	45.0
46 years+	28	21.4
<b>Total</b>	<b>131</b>	<b>100.0</b>

Table 4.2 shows the age distribution of respondents. Most respondents (45%) fall within the productive age bracket (31–45 years), which aligns with the working demographic in hospital settings.

**Table 4.3: Educational Qualification**

<b>Qualification</b>	<b>Frequency</b>	<b>Percentage (%)</b>
SSCE	10	7.6
OND/NCE	21	16.0
Bachelor's Degree/HND	69	52.7
Postgraduate Degree	31	23.7
<b>Total</b>	<b>131</b>	<b>100.0</b>

In the above Table 4.3, a significant portion (76.4%) of respondents have at least a Bachelor's degree, indicating a highly literate sample population.

**Table 4.4: Professional Category of Respondents**

<b>Category</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Social Workers	10	7.6
Healthcare Professionals	70	53.4
Patients/Relatives	51	39.0
<b>Total</b>	<b>131</b>	<b>100.0</b>

#### **4.1.2 Section B: Awareness and Perception of Social Work Roles**

**Table 4.5: Awareness of Social Workers' Roles in UBTH**

<b>Awareness Level</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Fully Aware	51	38.9

Partially Aware	52	39.7
Not Aware	28	21.4
<b>Total</b>	<b>131</b>	<b>100.0</b>

In Table 4.5, while a fair proportion of respondents (38.9%) are fully aware of the roles of social workers, 21.4% are not aware, suggesting a gap in sensitization or communication within the hospital system.

**Table 4.6: Perceived Roles of Social Workers (Multiple Responses Allowed)**

<b>Role Identified</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Discharge Planning	81	61.8
Psychosocial Support	88	67.2
Advocacy for Patients	73	55.7
Connecting Patients to Resources	70	53.4
Conflict Mediation	62	47.3
Rehabilitation Counseling	48	36.6

Table 4.6 reveals the perceived roles of social workers. Psychosocial support and discharge planning emerged as the most widely recognized roles, affirming the multi-functional utility of social workers in hospital environments.

#### **4.1.3 Section C: Interdisciplinary Collaboration**

**Table 4.7: Willingness of Healthcare Workers to Collaborate with Social Workers**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Very Willing	41	31.3
Somewhat Willing	56	42.7
Not Willing	34	26.0
<b>Total</b>	<b>131</b>	<b>100.0</b>

In Table 4.7, it was observed that while most healthcare professionals express some degree of willingness to collaborate, a notable minority (26%) are either uninterested or unaware of potential collaborative benefits.

**Table 4.8: Perception of Impact of Social Work on Patient Care**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Significantly Improves Care	65	49.6
Moderately Improves Care	48	36.6
No Impact	18	13.8
<b>Total</b>	<b>131</b>	<b>100.0</b>

Table 4.8 shows that nearly half of the respondents (49.6%) believe that the inclusion of social workers significantly improves the quality of care in UBTH.

#### **4.2 THEMATIC ANALYSIS OF QUALITATIVE DATA (INTERVIEWS)**

Several recurring themes were identified from the interviews with social workers and healthcare professionals:

- **Theme 1 (Role Ambiguity):** Many respondents highlighted that social work roles are not well-defined or understood. Social workers often have to “prove their worth” in clinical settings.
- **Theme 2 (Limited Institutional Support):** Social workers reported feeling marginalized within the hospital's administrative hierarchy. Lack of budgetary support and inadequate staffing were common issues.
- **Theme 3 (Impact on Discharge Planning):** Doctors and nurses acknowledged the critical role of social workers in coordinating smooth patient discharge, especially for indigent patients.
- **Theme 4 (Interdisciplinary Tension):** Some healthcare professionals viewed social workers as peripheral staff. Social workers, in turn, cited challenges in gaining access to case discussions.
- **Theme 5 (Need for Sensitization and Training):** Both groups emphasized the need for joint training sessions and awareness workshops to bridge the knowledge gap about social work roles.

### **4.3 DISCUSSION OF FINDINGS**

#### **4.3.1 Roles Performed by Social Workers in UBTH**

The study revealed that social workers at UBTH perform a wide array of roles, including discharge planning, psychosocial support, resource linkage, advocacy, mediation, and post-discharge follow-up. These findings are consistent with the works of Barker (2013), who

identified medical social workers as central agents in bridging psychosocial needs and clinical care.

The frequency analysis from Table 4.6 shows that psychosocial support (67.2%) and discharge planning (61.8%) were the most commonly identified roles. This validates the social work mission to ensure a holistic approach to healthcare where the emotional, social, and environmental factors affecting health are addressed.

This supports systems theory, which underpins the theoretical framework of the study, emphasizing that individuals exist within complex systems (family, community, health institutions), and effective healthcare must involve professionals who can navigate these systemic layers. Social workers, thus, act as system navigators within hospitals.

#### **4.3.2 Awareness and Perception of Social Work Roles**

The study showed a significant gap in the awareness and understanding of social work roles. Only 38.9% of respondents were fully aware of social work functions, while 21.4% were completely unaware. This aligns with the observations of Osei (2017), who argued that the invisibility of social workers within the medical team often leads to their underutilization and marginalization.

This lack of awareness limits the effectiveness of social workers and may foster misconceptions about their relevance in medical settings. Some healthcare workers perceived social workers as merely administrative staff or case handlers rather than integral parts of the patient care team.

This lack of awareness also affects collaboration. Healthcare workers unfamiliar with the scope of social work practice may be reluctant to collaborate, fearing role encroachment or seeing no added value. This was evident in Table 4.7, where 26% of healthcare professionals expressed unwillingness to collaborate.

### **4.3.3 Interdisciplinary Collaboration**

While there is some degree of collaboration between healthcare professionals and social workers, the level of synergy remains suboptimal. The 42.7% of healthcare workers who are only “somewhat willing” to collaborate reflect a level of ambivalence rooted in uncertainty about the professional boundaries and contributions of social work.

This is consistent with a study by Olagunju (2019), which found that role ambiguity is a major barrier to collaboration in Nigerian hospital settings. Social workers in UBTH described facing systemic resistance when attempting to participate in case discussions, develop joint care plans, or intervene in psychosocial issues.

Furthermore, the qualitative data revealed themes such as institutional marginalization, lack of standardized protocols for collaboration, and professional tension as barriers to integration. These findings underscore the importance of organizational policies that institutionalize interdisciplinary teamwork and recognize social workers as core health professionals.

### **4.3.4 Impact of Social Work on Patient Care**

A significant majority (49.6%) of respondents acknowledged that social work intervention significantly improves patient care, while another 36.6% noted a moderate improvement. This demonstrates the direct and indirect contributions of social workers to patient well-being, hospital efficiency, and holistic treatment outcomes.

Case examples from interviews indicated that social workers often played decisive roles in reducing patient readmission, facilitating access to post-discharge care, and resolving family conflicts that could affect treatment adherence. These functions are particularly crucial in low-resource settings like Nigeria, where patients often face financial, emotional, and structural barriers to care.

#### **4.3.5 Influence of Awareness on Willingness to Collaborate**

The study yielded a significant gap in the influence of awareness on the willingness of healthcare professionals to collaborate with social workers, indicating that healthcare workers' awareness of social work roles is positively correlated with their willingness to collaborate. This affirms the findings of Nzewi & Chukwuma (2020), who emphasized that professional awareness fosters mutual respect, information sharing, and coordinated care. This highlights the urgent need for awareness campaigns, joint workshops, and sensitization programs within hospital settings. Enhancing mutual understanding between professionals is not only beneficial to staff morale but is directly tied to better patient outcomes.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 SUMMARY**

This research investigated the roles of social workers in hospital settings with a focus on the University of Benin Teaching Hospital (UBTH). Using a case study approach, the study

explored the scope of social workers' roles, examined the awareness and perceptions of healthcare professionals regarding social work, analyzed the level of interdisciplinary collaboration, and evaluated how these roles impact patient care.

The study was structured into five chapters, covering the introduction, literature review, methodology, data presentation, analysis and discussion of findings, and this concluding chapter. Key research findings were supported with both quantitative and qualitative evidence.

The major findings were as follows:

- Social workers perform crucial roles in UBTH including psychosocial counseling, discharge planning, advocacy, family mediation, resource mobilization, and post-discharge care.
- Awareness of social work roles among healthcare professionals was generally low to moderate, with many perceiving social workers in narrow administrative terms.
- Interdisciplinary collaboration exists but is hampered by role ambiguity, lack of institutional protocols, and professional misconceptions.
- There is a positive relationship between social work interventions and improved quality of patient care.
- Awareness of social work roles influences healthcare workers' willingness to collaborate with social workers.

These findings underscore the central but under-recognized role that social workers play in the healthcare system, particularly in hospital environments.

## **5.2 CONCLUSION**

Based on the evidence presented and analyzed in this research, the following conclusions can be drawn:

- **Social Workers Are Essential in Hospital Settings:** The findings clearly show that social workers contribute significantly to improved healthcare outcomes by addressing psychosocial, economic, emotional, and family-related challenges faced by patients.
- **Low Awareness Limits Impact:** Despite their importance, the low awareness and understanding of social workers' professional functions within hospitals restrict their integration into core clinical processes and limits interdisciplinary effectiveness.
- **Collaboration Is Key to Holistic Care:** The relationship between awareness and willingness to collaborate illustrates that effective patient care requires well-informed teams where every professional role is understood and respected.
- **Institutional Support Is Inadequate:** While social workers are working tirelessly, they face organizational and structural limitations including inadequate resources, poor professional recognition, and lack of standardized roles or involvement in decision-making.

In light of these conclusions, a more proactive and institutionalized approach is needed to fully leverage the contributions of social workers within Nigerian hospitals, especially tertiary institutions like UBTH.

### **5.3 RECOMMENDATIONS**

To enhance the visibility, efficiency, and effectiveness of social workers in hospital settings, the following recommendations are proposed:

#### **a. Institutional Policy Reforms:**

- The UBTH management should develop and enforce clear policies that define and institutionalize the roles of social workers in clinical operations.
- Social workers should be included in multidisciplinary rounds, discharge planning meetings, and case review sessions.

#### **b. Awareness and Sensitization Campaigns:**

- Regular in-house seminars and interdisciplinary workshops should be conducted to educate doctors, nurses, and other staff on the professional scope and relevance of social workers.
- New staff orientation programs should incorporate modules on hospital-based social work.

**c. Resource Allocation and Departmental Strengthening:**

- Adequate funding should be allocated to the Social Work Department to enable them to effectively carry out patient assessments, follow-ups, and family interventions.
- Staffing levels should be increased to match the caseload, with recruitment of specialized medical social workers in areas like oncology, mental health, and pediatrics.

**d. Professional Recognition and Inclusion:**

- Social workers should be granted representation in key hospital committees, especially those dealing with patient care, ethics, and community outreach.
- Their professional identity should be respected by granting them access to patient records, ward rounds, and consultations, with appropriate confidentiality training.

**e. Training and Capacity Development:**

- Social workers should be exposed to continuous professional development through training on hospital protocols, ethics, and specialized medical areas.
- Partnership with universities and NGOs can help facilitate advanced training in areas such as clinical case management, trauma counseling, and patient rights advocacy.

**f. Interdisciplinary Collaboration Framework:**

- The hospital should develop Standard Operating Procedures (SOPs) that mandate collaboration between healthcare providers and social workers.
- Interdisciplinary committees should be established where cases are discussed jointly to enhance coordinated patient care.

**g. Government and Policy-Level Interventions:**

- The Federal Ministry of Health and the Nigerian Association of Social Workers should advocate for the full integration of social work into the national health system.
- A regulatory framework should be developed to mandate the presence of licensed social workers in tertiary and secondary hospitals.

#### **5.4 CONTRIBUTIONS TO KNOWLEDGE**

This research contributes to the existing body of knowledge in several ways:

- It provides empirical evidence of the specific roles performed by hospital social workers in Nigeria.
- It highlights the direct impact of social work practice on patient care outcomes.

- It uncovers the barriers to interdisciplinary collaboration and proposes practical strategies for integration.
- It applies theoretical frameworks like systems theory and role theory to understand healthcare dynamics, offering models for improved practice.

## 5.5 SUGGESTIONS FOR FURTHER RESEARCH

To build on the findings of this study, future research could focus on the following areas:

- **Comparative Studies:** Examine the roles of social workers across different hospital tiers—primary, secondary, and tertiary—to understand variations and best practices.
- **Patient Outcomes:** Investigate specific patient outcomes (e.g., reduced readmissions, treatment adherence) linked directly to social work intervention.
- **Cost-Benefit Analysis:** Study the economic implications of integrating social work services in hospitals.
- **Role Perceptions among Patients:** Explore how patients perceive and benefit from social work services in medical settings.
- **Evaluation Frameworks:** Develop and test social work evaluation tools tailored for hospital environments in Nigeria.

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## **APPENDICES**

### **APPENDIX A: SURVEY QUESTIONNAIRE FOR HEALTHCARE WORKERS**

**Title:** Questionnaire on the Roles of Social Workers in Hospital Settings: A Study of University of Benin Teaching Hospital.

Dear Respondent,

This questionnaire is designed to collect information for academic research on the Roles of Social Workers in Hospital Settings: A Study of University of Benin Teaching Hospital. Your responses will remain confidential and used solely for research purposes. Kindly answer all questions honestly.

**Section A: Demographic Information**

1. Age: \_\_\_\_\_

2. Gender:

- [ ] Male
- [ ] Female
- [ ] Other

3. Marital Status:

- [ ] Single
- [ ] Married
- [ ] Divorced
- [ ] Widowed

4. Educational Qualification:

- [ ] SSCE
- [ ] OND/NCE

- [ ] HND/B.Sc.
- [ ] M.Sc./Ph.D.

5. Profession:

- [ ] Doctor
- [ ] Nurse
- [ ] Pharmacist
- [ ] Social Worker
- [ ] Lab Scientist
- [ ] Others (Specify): \_\_\_\_\_

6. Years of Experience in UBTH: \_\_\_\_\_

**Section B: Awareness and Knowledge of Social Work Roles**

7. Are you aware that UBTH employs social workers?

- [ ] Yes
- [ ] No

8. How would you rate your knowledge of the roles social workers perform in UBTH?

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] None

9. Which of the following roles are you aware social workers perform in UBTH? (Check all that apply)

- [ ] Psychosocial counseling
- [ ] Family mediation

- [ ] Discharge planning
- [ ] Patient advocacy
- [ ] Referral to community resources
- [ ] Mental health support
- [ ] Crisis intervention

10. Social workers are part of the medical team in UBTH.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Neutral
- [ ] Disagree
- [ ] Strongly Disagree

### **Section C: Inter-professional Collaboration and Patient Care**

11. Have you ever worked directly with a social worker on a patient's case?

- [ ] Yes
- [ ] No

12. If yes, how would you describe the collaboration experience?

- [ ] Very effective
- [ ] Effective
- [ ] Fair
- [ ] Ineffective

13. The roles of social workers are essential to holistic patient care.

- [ ] Strongly Agree
- [ ] Agree

- [ ] Neutral
- [ ] Disagree
- [ ] Strongly Disagree

14. Collaboration with social workers improves patient outcomes.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Neutral
- [ ] Disagree
- [ ] Strongly Disagree

15. Social workers are involved in post-discharge follow-up of patients.

- [ ] Yes
- [ ] No
- [ ] Not Sure

#### **Section D: Institutional Factors and Challenges**

16. UBTH supports the full integration of social workers into the clinical team.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Neutral
- [ ] Disagree
- [ ] Strongly Disagree

17. The hospital has adequate social workers to meet patient needs.

- [ ] Strongly Agree
- [ ] Agree

- [ ] Neutral
- [ ] Disagree
- [ ] Strongly Disagree

18. What challenges do you think social workers face in UBTH? (You may tick more than one)

- [ ] Lack of professional recognition
- [ ] Poor funding and resources
- [ ] Staff shortages
- [ ] Lack of role clarity
- [ ] Poor collaboration from medical staff

19. Would you recommend more social workers be employed in the hospital?

- [ ] Yes
- [ ] No

20. Additional comments or suggestions on how social workers' roles can be improved:

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**APPENDIX B: INTERVIEW GUIDE FOR SOCIAL WORKERS IN UBTH**

**Introduction:** Thank you for agreeing to participate in this research. This interview aims to explore your professional experiences, challenges, and the overall role of social workers in UBTH. Your responses will be kept confidential and used strictly for academic purposes.

**Demographic Questions:**

1. Can you briefly introduce yourself and your role in UBTH?
2. How long have you worked in the hospital as a social worker?

**Key Interview Questions:**

3. What specific roles and responsibilities do you perform daily?
4. How would you describe your relationship with other healthcare professionals in the hospital?
5. Are you involved in patient admission, treatment planning, or discharge processes? If yes, to what extent?
6. What categories of patients do you typically work with (e.g., cancer patients, children, mental health cases)?
7. What tools or methods do you use in your psychosocial assessments?
8. How effective do you feel your interventions are in improving patient outcomes?
9. Have you encountered resistance or misunderstanding from other professionals regarding your role? Please explain.
10. Are there institutional policies that support or hinder your practice?
11. What are the major challenges you face in carrying out your duties as a social worker in UBTH?
12. Are you involved in any post-discharge services or home visitations?

13. What kind of training or support would you require to improve your performance?

14. How would you rate the current level of awareness and collaboration between social workers and other departments?

15. In your opinion, what reforms are necessary to improve the impact of social work in hospital settings?

**Closing:**

16. Is there anything else you would like to add about your experience as a social worker in UBTH?