

Medical Social Work Practices in Bangladesh: Problems and Prospects

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Abstract: Most of the rural and urban people, live in under poverty, are deprived from health care services for lack of sufficient Doctors and Nurses as well as their ignorance and unawareness. It is not possible for Doctors and Nurses to diagnose them properly considering all the factors that are responsible for their illness. In this context, Medical social work can make the medical care fruitful and effective. But a lot of problems make hamper the successful use of medical social work in Bangladesh. In this paper the authors have tried to identify those problems and provided some recommendations.

Key words: Health care, Medical social work, Lack of Sufficient doctors

Introduction

Modern social work provides a comprehensive service for human beings. It covers all the aspects of human life, like, economic, social, health care, recreational and emotional settings. The development of social work profession was started from medical setting. With the increased understanding that illness can be caused or exacerbated by a variety of social or psychological factors, social work has gained a more central role in this field. A primary place for social work practice in this field is in hospitals. Social workers play a secondary but pivotal role in combating the diseases. In collaboration with the doctors, nurses and other therapist medical social workers take part in the study diagnosis and treatment planning process for the patient. Considering their forefront role, physicians consider social work an allied medical discipline in some developed countries. Globally medical social work has become an integral part in medical and health care setting but it does not in Bangladesh.

Medical Social Work Practice in The Global Context: The emergence of social work roles and responsibilities and the development of appropriate knowledge and skills have been partly the result of an evolutionary process and partly the profession's reaction to the changing situation and needs of health care system. The necessity of Medical Social Work practice in health sector was first felt in England in the 1885 when discharged patients of mental hospitals needed after care in their homes to avoid recurrence of their illness. Doctors and Nurses widely felt the need to follow up the cases discharged from mental and other hospitals. At that time they were experienced with those patients who recently released from hospitals. They realized that they were coming back to the hospitals as they were affecting again when they were returning back to their environments. The feeling grew that these people needed help with their economic and social problems which came in the way of their recovery (Dastur, 1974). They strongly felt that home visit and after care services is needed for their proper care. Considering this, Dr. Richard C. Cabot introduced the Medical Social Work in 1905 at Massachusetts General Hospital in Boston. At almost the same time, it was introduced another three places at Bellevue Hospital in New York, John Hopkins Hospital in Baltimore and Berkeley Infirmary in Boston.

Similarly the 'Almoners' in the English Hospitals realized that there was need for them to contribute much more than merely deciding who was genuinely in need of economic help. Thus they altered their training period and course to suit these needs. In keeping with this trend, it has been more recently realized that the name 'Almoner' tends to be misleading and a better substitute in consonance with her function would be the term 'Medical Social Worker'. Thus medical social work is developed in England and United States and it is fully established through the formation of medical social workers association of America in 1918 (Friedlander, 1997). Then it was spread all over the world.

Concept of Medical social work: Medical social work is a sophisticated method of modern social work by which social work knowledge methods and strategies are used in medical sector. The help of a sick person depends on a number of things- the nature of illness, the kind of person who is ill, the social setting of which he is a part, and the resources that are available to him. The needs of the sick are rarely simple; more often they are complex and require several kinds of help at the same time.

The Medical social work practice that occurs in hospitals and other health care settings to facilitate good health, prevent illness, and aid physically ill patients and their families to resolve the social and psychological problems related to the illness (Barker, 1995).

Medical social work is social work practiced in a responsible relationship to medicine and public health with the

structure of programs of health and medical care (Kurtz, 1975). Through the understanding and application of social casework principles and techniques, it aims to help the patient utilize to the fullest capacity the medical available to him and work out a pattern of life that is at the same time consistent with his physical limitations and satisfying to himself (Goldstine, 1955).

So medical social work is a service based on social work knowledge and skills where the psychosocial factors behind the diseases are studied and helps the client to improve his mental state and necessary steps are taken for his recovery and rehabilitation. It also gives emphasis on preventive care.

Social Work Practice in Medical and Health care Setting: Social work practice in health care can no longer be viewed as specialized practice within an acute hospital. Rather it becomes an approach that fully integrates micro and macro services and that transcends settings. Social work in health, therefore, requires the delivery of broad based social health services to individuals, families and population within a range of settings, such as schools, work places and community social health agencies to promote social well being. For this purpose social work develops a model in health care that is termed as 'Social Health Model' (Lowe, 1997). This Model comprises with four basic elements that the social worker should keep in mind.

First: Community social problems and their relationship must be identified. Social workers make a partnership with the community residents and organizations to help them identify and analyze their social health needs and concerns as well as their strengths.

Second: Intervention must be designed to improve and maintain the social functioning of individuals, groups, organizations and communities. Further service programs must be universal, comprehensive and integrated, accessible and accountable in order to support the over all well being of the community and its constituencies.

Third: Intervention must be designed to focus on prevention health promotion, diagnosis, treatment and rehabilitations as well as on social action.

Forth: Monitoring and evaluating the process of identifying and resolving social health needs and problems is essential. With considering these four basic aspects of Social Health Model, social workers perform their role in medical and health care settings.

A primary place for medical social work is in hospital setting. Social workers help patient to link with their environments by providing individual, group and family counseling; serving as patient advocates and working with self-help groups of patients. In medical setting social work follows some steps to help the patients as study, diagnosis, treatment, referral, follow up and evaluation.

Medical social workers make a professional contact with patient and family to investigate social and personal condition of the patient and to supply the factual back ground to the physician to help him or her in diagnosis and treatment. Social workers help the doctors by providing information related to the patient's illness. Social workers establish a professional relationship with the patients and make contact with his family members, relatives and with other near one's and collect necessary information on the social and emotional components of the illness and how may affect treatment and recovery. When patients come to a hospital, their family members become anxious and sometimes feel helpless. By making professional relationship with the patient and his family members, social workers acquire more information as well as he can make them patience and ensure their active participation in problem solving. They also communicate with the employer agency so that the patients don't fire from their job. Finally when the patients are ready to return to the community, social workers would become the very professional people helping them to make arrangements for returning to school or work, securing appropriate living, connecting with supportive social service agencies and developing and maintaining needed relationships (Morales and sheafor, 1992).

In addition social workers are involved in other health and medical care facilities besides hospitals. They work in public health clinics and private physicians offices providing counseling and referral services to people who have sought medical treatment related to family planning, prenatal care, child growth and development, venereal diseases, mentally disturbed and retarded and physical disability for example. They also have an active role in health maintenance and diseases prevention programs in local community (Morales and Sheafor, 1992). Reaching "Health for All" is now an important issue in developing countries as well as in Bangladesh. Along with the world, HIV has become a great threat to the people of Bangladesh. Immune system is the only effective measure in controlling the HIV or Other STD diseases where community participation is essential. Community Involvement in Health (CIH) development has emerged as an imaginative new approach, which seeks to bring together the formal, professional health structure and local people with their knowledge and resources (Oakley, 1989). Here Social workers organize

and motivate the community people, make them aware and ensure their full participation to combat against the social evil through social action oriented activities. Social workers perform a coordinating role among the welfare agency and help the patient to avail their services through referral. They conduct with rehabilitation centres and other referral institutions for providing better services and to rehabilitate destitute and unknown patients. In Bangladesh Many NGOs, BRAC at the fore point, operating the health care programs emphasis on curative services to increased focus on preventive measures with Primary Health Care (PHC) with the help of many international donor agencies which included UNICEF, WHO, UNDP, the World Bank. It may a greater field for professional medical social worker.

Medical Social Work Practice in Bangladesh: Medical Social Work practice in developed and underdeveloped country is quite different due to the variation in socio-economic condition. In developed society, patients need the psychosocial support, whereas financial support in developing countries. The concept of Medical social work was introduced in the western countries of the world in the nineteenth century. In Bangladesh, modern medical social work was developed in 1958. At first, it was started at Dhaka Medical College Hospital with the initiative of Red Cross in 1955. National council of social welfare started to supervise medical social work in 1958. Then in 1961, it was taken as a government programme and other four projects were started at Chittagong, Rajshahi, Mitford and T.B hospital. In 1984, it was renamed as 'Hospital Social Work' in place of 'Medical Social Work'. Now the programme is going on in 84 hospitals through out the country (Husna Ara, 1994).

In Bangladesh, the department of social service operates hospital social service programs. Hospital Social Service involves in socio-economic assessment of patients and induces their active participation in treatment by making them pay their contribution, as evaluated by the worker, towards their treatment. The medical social worker considers the patient as an inseparable part of his surroundings, as a member of a family unit and of a wider community group. He often extends his activities to include the family and others with whom he is associated. It often becomes necessary for the social worker to draw the family in to participation in the decisions to be made and the plans to be worked out. The hospital social service programs directed by the department of social service is carrying out the following activities:

to help the new patients to introduce and acclimatize with the hospital environment; b) to analyze social, economic and mental causes behind the diseases of the patients and to supply necessary information and advice accordingly; to discuss with doctors and nurses to ensure improved medical services for the patients; d) to supply medicine, food, and other medical supports to the poor patients; e) to make a regular correspondence and consultation with the patients and their families in order to eradicate their mental anxiety; f) to give mental support in order to turn out their internal problems; g) to rehabilitate the destitute and unknown patients and h) to make aware the patients and their relatives of nutrition, child health care, family planning, balanced diet, education and cleanliness etc.

Necessity of Medical Social Work Practice in Bangladesh: Poverty can be considered the parent of many problems. It affects its victims in numerous ways and has a special affinity with illness. Research studies point to a causative link between poverty and ill health (McMahon, 1993). It forces the poor to live in environments that create conditions and encourage lifestyles inimical to their death. Most of the diseases in developing countries are the direct result of poverty. Being a poor country, most of the people of Bangladesh live below the poverty level. Generally the people of Bangladesh, especially in urban areas, live in most unhygienic condition that is characterized by poor sanitation facilities, lake of safe drinking water, polluted air etc. Their poor nutritional status and detrimental lifestyles lead them in poor health with multiple diseases condition. Most of them are not aware about their health and health care systems. They frequently attack by various diseases but they do not have access to modern medical facilities. Still rural people in developing countries usually approach traditional medical practitioners first, and only if the diseases become chronic may they think of approaching modern types doctors. It is observed that up to 70 percent of the populations of the third world nations do not have access to modern medicine on health care. In some developing countries, this rises to above 80 percent (Philips, 1994). For various diseases, they loss their physical strength and constitute poor health. For this reason, the status of human resource development in Bangladesh are very poor (Table 1).

The medical care services in Bangladesh are not enough, as we need. The health care services in Bangladesh are characterized with the shortage of doctors and nurses, medical institutes, medicines and other medical equipments (Table 2).

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Table 1: Health Indexes in ninety decade

Index	Area	1990/91	1993/94	1996/97	1999/00
Crude Birth Rate	National	31.6	27.8	21.0	17.9
	Urban	23.9	20.2	16.2	11.1
	Rural	32.9	29.1	24.5	16.3
Crude Death Rate	National	11.2	9.0	5.5	3.7
	Urban	7.8	7.1	4.2	3.6
	Rural	11.4	9.3	6.5	3.8
Population per Doctor		5380	4725	4915	4218
Life Expectancy (Years)	National	56.1	58.1	60.3	61.8
	Urban	60.2	60.0	62.3	62.9
	Rural	11.4	9.3	6.5	3.8
Death Rate	Child ¹	92	77	60	51
	Urban	69	57	49	28
	Rural	94	79	69	60
	Child ²	14	12.3	8.2	3.7
	Maternity Death ³	4.7	4.5	3.5	2.3
	Urban	4.3	3.99	3.1	2.5
	Rural	5	4.7	3.8	2.6

Source: Bangladesh Economic review, 2002.

¹ Child birth on per thousand.

² Child birth aged on 1-4 years per thousand.

³ maternity death per thousand delivery

Table 2: List if Health Education and Training Institutes

Type	Number
Medical University	01
Post Graduate Institute:	06
-Institute of post Graduate Medicine and Research	
-Institute of Cardio vascular Diseases	
-Rehabilitation Institute and Hospital for Disabled	
-National institute of Ophthalmology	
-Institute of Disease and Chest Hospital	
-National institute of Preventive and Social Medicine Institute:	04
-Institute of Public Health	
-Institute of Public Health and Nutrition	
-Institute of Epidemiology Diseases Control and research	
-Cancer institute	
Medical College	13
Dental College	01
Medical Assistant Training School	08
Para Medical Institute	02
College of Nursing	125 seats
Nursing Training Centre	1190 seats.

Source: UMIS, 2001, GOB, p-31.

People from the well-off family get the services from many private hospitals and clinics. The poor people have no alternative when they get sick. They rush away to the government hospitals. The services rendered by the Government through the government hospital are far away from the rural poor people. They cannot avail the services from the hospital for the corruption of health sectors. Most of the medicine and other services are goes to the hand of a specific group by the help of the doctors and nurses and staff of the hospital. Even the poor patient cannot afford the beds in the hospitals for their corruption. In addition to this, patients don't get proper advice and services from the doctors. Doctors are more sincere in their private practice. They prescribe the poor patient a high cost medicine produced by

a specific company and advice unnecessary test from selected centres. Sometimes they provoke them to get admission in private hospitals or clinics by giving assurance proper care since they take compliments from them. It produces the annual excessive cost in family. From a report it is found that the families who take the services from the Government hospitals, they spend 1250 core taka more than the usual cost in each year (TIB, 2002). Due to the shortages of hospital beds and other equipments, patients are discharged from the hospital earlier their full recovery. Since they do not continue their treatment after discharge from the hospital, they again attack by their previous diseases.

Table 3: Health Services Structure- Hospitals and Beds

Health Services Institutions	Number	Beds
District general Hospital	59	4800
Hospital Institute	19	9046
Post Graduate	06	2050
Medical college	13	6996
Other Hospital	03	675
Specialized Hospital	23	1650
about Hospital	03	150
Thana Health Complex	397	12516
Rural Health Centre	14	140
Health Centre	1465	
Population division	96	745
Other Ministry	49	2297
Railway Hospital	09	476
Jail Hospital	19	1003
Police Hospital	20	768
Drug Addict Hospital	01	50
Voluntary Hospitals and Clinics	626	11371

Source: UMIS, 2001, GOB, p-46

All the pictures discussed in the above present a terrible situation in health care in Bangladesh. Because of the lack of resources, they cannot obtain proper health care adequate for their needs. The people would need community and home based services to reach 'Health for All'. Medical social work can help the poor people by making the health services available to them.

A study conducted on hospitals to assess the effectiveness of the existing medical social service programs reveals some information that express the immense need of medical social work practices in Bangladesh. According to findings of this study, majority of the patients (86.36% respondents) wants the financial help, but social workers supply the help to the 16.36% patients. 74.55% patients mention the need of medicines, but only 37.36% get that services from the workers. 40.91% patients mention the need of mental consolation. In this case, 56.36% patients get mental consolation. 38.18% patients mention the need of good foods but only 10.91% get food provided by social workers. 31.82% patients think that they are not looked after in the hospital environment. 50% patients admit that social workers help them to get admission in to hospital. 13.64% patients are helped to communicate with the doctors by the social workers and 17.27% patients opine that social workers provide material help including cloths, spectacles, crutch, blood etc. to them (Rabbani, 1997).

Problems in Practicing Medical Social Work in Bangladesh: Medical social work can play a forefront role in uplifting the health situation of the rural poor people. Most social work units in hospital are responsible for at least the following functions: (a) high-risk screening, (b) psychosocial assessments and intervention, (c) interdisciplinary collaboration for coordinated patient care, (d) discharge planning, and (e) post discharge follow-up. Despite the important relevance of these functions to the quality and effectiveness of medical care, social work has not become a core health care profession. Social workers have experienced only limited success in asserting their professional autonomy and assimilating in to the medical world as occupiers of their own legitimate turf. The unpleasant reality is that, in the current turmoil of change in the health care scene, social work seems to be losing ground in the hospital sector. Ross (1993) has painted a picture of what is happening in medical sector. According to his view, Social work department personnel budgets have been devastated by severe cuts, social workers are being replaced by nonprofessional staff, specialization is decreasing, and the other disciplines are appropriating key social work functions. A luxury most cannot afford, clinical supervision is minimal or nonexistent; indeed, the clinical contribution of social work in hospital

seems devaluated (p-243). This scenario has also been seen in Bangladesh. Professional social workers those who have social work knowledge and skills, are needed. Unlikely we rarely found them in hospital settings. Most of them have no basic degree in social work. For lack of social work knowledge, they are more interested in providing material assistance that is less encouraged in social work practice rather than mental support. Social workers assist the doctors by providing socio-cultural information but they hold a negative attitude and don't feel the need of assistance from the social workers being unaware about this profession. Patients in our country are mostly poor. They cannot meet their basic needs with their little income and most of the needs become unfulfilled. Near about three hundred patients come to the hospital service department in each hospital daily and seek their help. They sought financial help from the social workers to buy their medicine, food, cloth, crutch, blood etc. Social workers face a great financial crisis to meet their needs with little government funding. Some times, they involve themselves in fund collecting activities. More over most of the hospitals face the scarce need of hospital social worker. In most of the hospitals, there also have been seen an absence of coordination between the administration of hospital and hospital social service department. These two institutions are directed by two different ministries as Ministry of Health and Ministry of Social Welfare respectively. The hospital social service departments have also a space problem. In most of the hospitals, this institution is operating their services in one room office. It hampers their counseling programs. More over medical social worker in Bangladesh are not committed to their own profession. We have seen a very little initiative from the social worker to expand their profession. Meyer says that our professional problem is not that we are lacking in experience, knowledge and skills, but rather that we have for so long concentrated our efforts on the doing of our work, we have not articulated it, we have not evaluated it, and worst of all, we have not thought about it. We are still an emerging profession because we have used our feet and not our heads. In this regard, it would be well to follow the medical model; physician write up what they do, and often because they claim expertise, they are perceived as having it. Social workers are too modest to claim the domain they have been working in for a hundred years (Meyer,1984)

Recommendation: It is true that a lot of problems are existing in practicing medical social work in the field of medical and health care sectors, but we have a hope that the existing problems are not insoluble. We can easily over come it by our proper planning and by taking effective measures. Some are as follows:

We should recruit more professional social workers so that they can use the principles and values of social work in helping the clients.

Social work is an emerging profession and new concept in our country. Still it could not attain the professional recognition in Bangladesh. Mass people in our country are not aware about the role and importance of medical social work in medical and health care sectors. For this reason much propagation should be needed. Seminar, symposium, workshop based on research work concerning medical social work may be effective in this regard.

Medical social worker should contact with the doctors and nurses and should make discussion meeting so that they can realize about the importance of this profession. It would be more fruitful in changing the attitude of the doctors if the government can introduce a course related to social work, as like, social work in health care for medical students. Social worker should contact with the benevolent people, government and voluntary organization to increase the fund and to rehabilitate the destitute poor patients.

Proper action should be taken from the government to make coordination among the Ministry of Health and Social Welfare. Coordination among the Non-government and voluntary organization would also need.

Training and orientation programs should be provided to the staff of social service department.

Medical facilities and service standard should be increased.

Conclusion

The Bangladeshi people are still reluctant in their health and health care due to their unawareness and extreme poverty. They feel fear to go to the doctor thinking of high cost. At first they search for a village quack and if their diseases take an epidemic form, they rush away to the health centres or medical personnel. These practices lead them in to poor health and consequently country deprived from skilled and efficient human resources. For building a prosperous nation, health care services should reach in the hand of the poor people. It can be ensured only by providing community and home based services with the help of the professional social worker. Social worker can improve the health condition of the poor people through community awareness programs and by taking other preventive measures that is called community medicine. Medical social work would be a new hope for the poor people in developing countries in the 21st century.

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