CHALLENGES OF INTEGRATING SOCIAL WORK PROFESSIONALS INTO MEDICAL PRACTICE. A CASE STUDY OF GEITA REGIONAL HOSPITAL

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DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania, a dissertation titled *"Challenges of Integrating Social Work Professionals into Medical Practice",* in partial fulfillment of the requirements for the Degree of Master of Social work (MSW) of The Open University of Tanzania.

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Prof. Sylivester Kajuna

(Supervisor)

………………………………….

Date

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DECLARATION

I, **Wilbard Deogratias Muhandiki,** do hereby declare that this dissertation is the result of my own efforts and that it has not been presented to any other university for a similar or any other degree award.

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Signature

....

Date

DEDICATION

This dissertation is dedicated to the family of Mr. Felician Archard Muhandiki, Mrs Laurencia Muhandiki and Mrs Leoncia Mukarukwatage Muhandiki who specifically brought me up from the primitive life until this stage. Moreover the dissertation is dedicated to my beloved wife madam Leticia Stanslaus Kyebyara for her moral and financial support throughout my studies. My wife, on behalf of the family had tirelessly been giving me words of courage which inspired me to keep on struggling up to the end of my program.

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ABSTRACT

This study investigated the challenges relating to integration of Social work professionals into medical practice. The set objectives of the study were achieved through use of structured questionnaires which were disseminated to respondents who voluntarily accepted to participate in the study after signing a consent form. The study involved different cadres of hospital staff including; clinicians, nurses, radiologists, dental officers and hospital nutritionist. The study findings generally have shown that hospital health care workers have positive attitudes towards social work professionals attached to the hospitals; this was true to both those who were aware of the existence of this cadre within the hospital premises which is 52% and those who were not aware of their existence which is 48%. Moreover, health care workers recommended that the number of social work professionals should be increased so that they can manage patients and clients requiring their care. However, on the other hand, the results indicated that the majority of respondents which is 61.3% were not aware of the roles and functions of hospital social workers. Moreover, 81.3% of respondents were also not aware of cases which require social work interventions. The study concludes that these challenges are the source of under utilization of the hospital social workers, which affects the welfare of patients and clients who would otherwise have benefited from social welfare officers interventions. This is because not all patients who attend Outpatient Department (OPD) or In Patient Departments (IPDs) require medical and surgical treatments.

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LIST OF ABBREVIATIONS

AIDS   Acquired Immunodeficiency Syndrome

DMO   District Medical Officer

DSW   Department of Social work

HIV   Human Immunodeficiency Virus

IPD   In Patient Department

ISW   Institute of Social Work

NASW   National Association of Social Workers

OPD   Outpatient Department

RMO   Regional Medical Officer

SPSS   Statistical Package for the Social Sciences

TASWO   Tanzania Association of Social Workers

CHAPTER ONE

INTRODUCTION

1.1   Background of the Study

This chapter is an introductory part of the research study in which the research problem is introduced and its background laid down. The problem statement is provided which shows the nature of the problem. Furthermore, the chapter states general and specific objectives, which have guided the study. Also explained in the chapter is the significance of the study, which shows the motivation and justifies the need and importance of conducting this research study.

The evolution of Social work and efforts to promote social development can be seen as closely linked to the primordial tendency of humans to help one another in all past human societies. In traditional, including African societies, the concern for social welfare was reflected in activities within the family, the clan and ethnic group. The urge of man to help man in all societies was demonstrated by the great care accorded to, inter alia, children, orphans, widows, widowers and the invalid as well as the elderly. In such "gemeinschaft" (Tonnies, 1887), social work was more or less a task for everyone instead of individuals and specialized agencies. As such, Social work has always been geared towards improving the quality of life of each and everyone.

Social work as it is known today has relatively recent origins. It emerged at a time when feudalism was disintegrating and capitalism taking its place. The control of the family and the church was fast weakening too. According to Fink (1968:27), these fundamental social changes began occurring between 1834 and 1909 and ushered in

the development in Britain of specialized care agencies for certain vulnerable and disadvantaged groups, such as dependent children and people living with physical or mental disabilities. Institutions such as district schools, foster homes, hospitals, infirmaries and special schools were provided for these groups.

At any rate, social work is increasingly becoming globalized, for it is being applied in a variety of settings and numerous agencies and people across the world are benefiting from its services. Among the social work services provided are: "psychiatry, medical, marriage and family counseling; the school; rehabilitation; corrections; public welfare; workplace; drug abuse; and child welfare" (Farley et al, 2006: 13). Social work does not only address needs and problems at the personal or family level but also at the neighborhood, national and international level.

The Social work Club of Tanzania (2013) outlined the historical background in Tanzania before independence and after independence. The club said the history of social work in Tanzania can be traced back to pre-colonial times where communities lived in communities and assisted each other in times of need. The children were regarded as children of the society and the community was obligated to raise a child as your own. This need extended to the elderly and the disabled in the society.

Moreover the social club explained; with the coming of colonialists in search of raw materials, labour and markets as well as areas for investment there was a need to establish schools, hospitals and basic infrastructural lines so as to ease work in plantations and mines. Laws such as the children and the young person's ordinance of 1949, probation of offenders' ordinance of 1947, and Foster Care and Adoption

Ordinance of 1955 laid the basic foundation for social work in the pre-independence era.

On the other hand the social club said; the era of ujamaa was the basis for development of modern social work in Tanzania, at the time services were provided free particularly social protection to vulnerable groups was handled by government, education and health were compulsory regardless of income and status of individuals that marked the establishment of social welfare department.

Furthermore, the social club added that a social welfare department was established after independence in 1961with the provision of services to elderly, persons with disability and children started after Arusha Declaration that reiterated on the need of the disadvantaged to live on the "sweat" of able bodied persons.

The social club finally elucidated that the establishment of the current Institute of Social Work in 1973 formerly known as the National social Welfare Training Institute gave rise to a professional group of social workers particularly in the government structure.

The Institute of Social work had been growing and expanding. Currently Tanzania Association of Social Worker (TASWO), Department of Social work (DSW) and Institute of Social work(ISW) working on establishment of social work council in Tanzania, a bill is on the process for establishing a council of social work for regulating social work practice and education which will spearhead social work profession to a great extent.

Samadi, R. (2008); highlighted history of social work in health care system that social workers from the twentieth century have been involved in health care system such as providing services for poor people, worked with the elderly and patients with tuberculosis. In 1977, the World Association of Social Work published standards for the provision of health care services in hospitals and in 1980, the standards for social workers in health centers developed and it replaced hospital standards. Between 1981 and 1982, the National Association of Social Work Board's new developed standards approved and added to the previous standard of care. These standards include the activities of social workers in the field of kidney patient, disability, treatment and health care and followed by social workers into the health care system and the public and private sectors were engaged. More activities of social workers concentrate on transferring the patient or refer him or her to home and in some cases solve the financial problems. In the capital of Iran, Tehran, in 1960 at Roozbeh Hospital, social work began to work, after a decade in office the of Health and Welfare and then in the Ministry of Health, Social Work Department was established.

1.2   Statement of the Problem

Social workers have recently been posted to work in hospitals but their knowledge and skills are underutilized not intentionally but due to lack of in depth awareness on the roles and functions of social work professionals in medical service. The placement of social work professionals in medical service is good luck to patients being attended in hospitals from the fact that not all patients require tablets and injections since the majority of patients suffer from social problems. Even those with debilitating medical conditions such as advanced HIV/AIDS, patients with

cancer, severe heart conditions and many other cases are in need of social work professionals, (William, M. 2014).

The National Social Workers' Association states the primary mission of social work profession that is to enhance human well-being and help meet the basic needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed and living in poverty. Social work in medical service is a new idea in many African countries including Tanzania (William, M. 2014).

Social work in Tanzania is still at the infancy stage of its development. In recent years social work department has been attached with the Ministry of Health hence being called the Ministry of Health, community development, elders and children. Some stake holders think that social work is not directly related to health services. This is due to fact that they are not fully aware of the roles and functions of social workers in solving patients' social problems in hospitals. The same applies to medical professionals, most of them are not aware of social workers' roles and functions in medical services. (William, M. 2014).

The social work professionals have been integrated into medical practice but their roles and functions are not known by health care workers. At the same time health care staff is not aware of cases which require social work professionals' interventions. The social work professionals are very much needed in patients care so that to play their roles but if their roles are not clear to health care workers this cadre will not be effectively utilized.

1.3   Research Objectives

1.3.1   General Objective

The general objective of this study was to investigate challenges of integrating social work professionals into medical practice.

1.3.2   Specific Objectives

This study specifically aimed to:

(i)   Identify staff awareness on the presence of social work professionals in the hospital

(ii)   Examine the staff knowledge on the roles of social works professionals in medical field.

(iii)   Investigate the staff awareness on the cases to be referred to social work professionals in the hospital.

(iv)   Investigate the perception and attitudes of health care workers towards integration of social work professionals in medical practices.

1.4   Significance of the Study

The study aimed at identifying challenges facing integration of social work professionals into medical cadre. The identified challenges shall be communicated to the local government authority and the heads of department to make them understand the existing challenges facing integration of social work professionals into medical practice. The results of this research study can help in developing strategies on how to eliminate those challenges hence maximize the benefits to clients who require social workers interventions. This study will assist to create awareness to the local government authority on the need to strengthen the social welfare department in

terms of allocating adequate funds as well as increasing the number of social workers into medical practice. Moreover, on job programs might be designed to orient all staff on the roles and functions of social workers into medical practice including cases required to be attended by social workers.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of both empirical and theoretical literature related to the topic of investigation. Empirical review discusses previous studies done by others which relates to the topic of study. The theoretical literature review provides a review of theories which relate to the research topic; and the researcher utilized as a guide. This chapter is very important as it has provided the researcher with a wide range of understanding on the topic of study.

2.2 Theoretical Literature Review

2.2.1 Systems Theory

The most famous theory drawing on a pluralist frame of reference is Dunlop's (1958) systems theory, which argues that industrial relations are best regarded as a sub-system of the wider social system. The theory holds work to be governed by a wide range of formal and informal rules and regulations, which cover everything from recruitment, holidays, performance, wages, hours, and a myriad of other details of employment. It asserts that these rules are what industrial actors try to determine, that their establishment is influenced by the wider environmental context in which the actors operate, and that the actors themselves share an interest in maintaining the processes of negotiation and conflict resolution. On the back of these assertions, four elements are held to make up the system of industrial relations rule-making. The first is industrial actors, which consists of employers and their representatives (i.e.,

employer associations), employees and their representatives (i.e., trade unions), and external agencies with an interest in industrial relations (i.e., government departments and labour courts). The second is the environmental context, which was made up of prevailing economic and technological conditions, as well as the distribution of power in wider society, each of which is thought to influence or constrain the actions of actors engaged in industrial relations. The third is the so-called 'web of rules' that governs the employment relation-ship and is held to be the outcome of interactions between the actors.

The last is a 'binding ideology', which is a set of common beliefs and understandings that serve to encourage compromises on the part of each actor for the sake of making the system operable. An important aspect of this framework conceives the industrial relations system as self-adjusting towards equilibrium. In so far as change in one element had repercussions for the other elements, they are held to set in motion a range of processes that invariably restores a sense of order on the system.

2.2.2   Scientific Management Theory

Unitarist assumptions and values have played a significant role in three schools of theoretical and practical thought. The first is Taylor's (1974) theory of scientific management. As a management practice, this particular theory holds that the employment relations choices of management must start from the assumption that employees are immature in the ways of work, are prone to avoid it whenever possible, and have limited, self-centered aspirations and time-horizons. In so far as these conflicts with the aspirations and time-horizons of organizations, efforts to reduce the outward manifestation of internal tension are to be undertaken by direct

and highly rigid control of the workplace activities of employees. Indeed it is the task of management to show rational leadership when recruiting and directing workers, to have a clear understanding of the tasks employees are expected to perform, and to have untrammeled prerogatives to control the pace and processes under which they work. Companies subscribing to this form of management practice should reduce work to its basic elements, such that the skills of workers necessary to undertake tasks are kept to a minimum. Employees should be treated impersonally and collectively, with any workplace issues being referred to management. Under these conditions the management approach to employee relations is one that seeks to suppress internal tension over the distribution of organizational power by ensuring that management retains superior knowledge about the structure and organization of work, and has the authority to direct workers as it sees fit.

2.2.3   Human Relations Theory

The second theory comes from the so-called human relations school (see: Maslow, 1954; Mayo, 1933; Child, 1967). In this case the reduction of organizational tension is held to rest on the ability of individuals to achieve self-fulfillment in the workplace. Workers are regarded as qualitatively different to other resources used in production.

Thus, if workers are denied autonomy on the job, or are reduced to acting as mere extensions of the machinery they operate, or are given work that inhibits their capacity to create and think, it is argued that they will invariably find ways to subvert the methods of control that enforce these conditions. The principal task of management on this conception is to manipulate workplace relations in ways that enable employees to feel personal satisfaction with being involved with the

organization. To this end, companies operating on this basis are expected to recognize the right of employees to have a say in how they are governed. They are also expected to take an active interest in developing the skills of employees as a means of demonstrating a commitment to their personal well-being. In whatever form, the aim of this managerial approach to employee relations is one that seeks to reduce internal tensions by developing the sense of workplace satisfaction felt by employees through techniques that involve them in the organization and regulation of work.

2.2.4   Human Resource Management Theory

The third theory refers to human resource management practices (see: Stone, 1995; Blyton & Turnbull, 1992; Guest, 1989). This form of management practice differs from the previous two in that it starts from the belief that organizational tensions can be completely resolved by nurturing a psychological contract based on cooperation. The employee relations' choices in this instance are predicated on the belief that the forces uniting managers and employees are far stronger than the forces dividing them.

It is the task of management to facilitate these unifying forces by establishing workplace conditions that encourage autonomous individuals, whether employees or management, to work collaboratively for the common good. Companies taking this approach are expected to regard workplace relations holistically, whereby collaboration between management and employees is encouraged through the development of a unifying culture, strong and pervasive leadership, and a clear vision of organizational goals. The employee relations aim of these techniques is to resolve internal tensions by breaking down workplace social classes, developing

open lines of communication lines different stake-holders, and promoting a collective understanding that the interests of all are better served by working together and avoiding conflict. Collaborative management practices in the form of workplace teams, as well as performance appraisals, performance related pay and individual contracts of employment are activities that are thought to give content to this approach.

2.3 Empirical Literature Review

2.3.1 Social Work: Structure and Functions

According to Breakwell & Rowen (2002) for a human organization to achieve a high degree of congruity between its actual structure and functions and how these would be perceived by outsiders, the following conditions should pertain;

(i) There should be general consensus among members about its structure and functions;

(ii) The should exist organizational and professional functions acceptable to the general public and;

(iii) There should be organizational readiness and capacity to cultivate a receptive public image, especially where the media is concerned. It is argued that social work does not adequately meet these criteria

Firstly, with regard to its structure and functions, social work is an amorphous, ill-defined profession (Bar-On, 2004). It is not a homogeneous occupational category. As indicated previously, social workers are employed in a wide variety of statutory, voluntary and private agencies and settings. However, this reality is generally not

well known, particularly in the African context. Furthermore, because social welfare agencies are not properly coordinated and integrated, this creates a lot of disharmony and conflict.

Secondly, there seems to be widespread confusion among social workers themselves about the direction in which they are or should be moving. There is disagreement about what they should be doing and how they should be doing it. To a considerable extent, confusion and disagreement stem from the fact that while performing their tasks, social workers use certain methods and techniques which are neither readily understandable nor acceptable to the other helping professions and the public at large. Besides, there is little agreement over the type and nature of the complaints which social workers ought or should be dealing with, given the intractability and ambiguity that characterize social problems.

In the light of the above, it is understandable why the role of social workers is not sufficiently recognized. The average social worker, especially in the African context lacks credibility. She/he has yet to demonstrate that she/he is a trusted and helpful friend. The non-recognition of social workers may explain why so many social problems are taken to the courts, district commissioners, priests and witchdoctors. Needless to say, the non-recognition of social work tends to discourage and demoralize practitioners as well as those who might be interested in pursuing careers in this field.

Thirdly, social work has failed to effectively articulate its goals, functions and techniques. Hence, the mismatch between the rather distorted public imagery of

social work on the one hand and its real image on the other. The perception of social work by the media, the public and other professions, is not only variable but also biased in the way it portrays the profession's structure, functions and dynamics. To compound the problem, social workers as an occupational grouping, are not sufficiently united. They have not been able to develop a collective, coherent, vigorous voice to articulate their role and interests and boost their prestige and status. The existing so-called National Associations of Social Workers (NASW) are not only fragmented organizationally and strategically, but also they represent only a small proportion of the potential membership (Brealcwell &Rowett, 1982).

Lack of professionally-trained social workers is a major constraint on social work in Africa. This problem can be partly attributed to inadequate financial support for social welfare programs. Owing to chronic recession, conservative ideologies and misguided policies, many African governments, like their counterparts in America and Europe, have been advocating reduced spending on social welfare. There is a widespread belief that investment in social welfare programs does not contribute, at least directly, to economic growth and development. On the other hand, economic development programs tend to receive a lion's share of government funding, which makes it difficult for social welfare agencies to obtain the necessary human and material resources to implement their programs (Macpherson, 2008).

Scarcity of financial resources means inadequate office facilities and supplies (filing cabinets, stationery and tape recorders). Under such conditions, keeping records and confidentiality becomes highly problematic. Moreover, shortage of funds means inadequate transport and communication facilities which in turn implies that home

visits cannot be easily or efficiently made, especially in relation to clients residing in rural areas where the bulk of the population lives.

Social work is one of the most overworked, underpaid, under-recognized and distressed professions. As Ankrah (2001:159) points out, lack of recognition by governments manifests itself in the lower levels of remuneration and status accorded to social workers compared to other professionals with similar qualifications. As a result, social workers are very vulnerable to stress-generating situations such as role-overload, role-conflict, role-ambiguity, over-responsibility, and poor working conditions. These stressors tend to cause burnout, which refers to the depletion of the social worker's physical and psychological resources, mainly associated with a desire to achieve, unrealistic expectations and powerlessness.

Many social workers in Africa are finding it difficult to handle work-related stress, resulting in frustration and reduced efficiency. To a great extent, the trials and tribulations facing social work today can be blamed on the fact that the socio-political milieu in many African societies is not yet conducive to facilitate radical forms of intervention. The main impediment is the political leaders ' narrow and conservative conception of the role and function of social work. Midgley (2007:157) assertively argues that:

> *...developing countries' political elites have no intention of redistributing income and wealth to eradicate mass poverty. They use social work as a palliative and as a means of camouflaging the material basis of deprivation.*

The consequence of this constricted perception of social work is that in many African countries social work does not proactively address structural sources of

poverty but only functions as a passive and unambitious distributor of meager means-tested food hand-outs which effectively keep clients in the vicious cycle of poverty. It is the view of some writers that African governments should elevate social work to the role of a dynamic agent and manager of change. For example, Khinduka (2001) is optimistic that if developing countries can constructively engage social work in development, significant structural change and socioeconomic improvements can be achieved. Obviously, for a change in this direction to come to pass the traditional approach which attaches overriding emphasis on economic development at the expense of social development (Midgley, 2007; Macpherson &Midgley, 2008) should be transformed.

2.3.2   Major Issues and Constraints on Social Work: An African Perspective

Compared to other helping professions like medicine, psychiatry and nursing, social work is a relatively young profession. In Europe and North America, social work emerged in the late nineteenth and early twentieth century. In Africa social work is even younger, essentially a product of European colonialism.

Despite its recent development, social work is a rapidly growing field. The profession's phenomenal growth and development throughout the world is a clear indication of its contribution to the alleviation of social problems. However, social work is still a fledgling and struggling profession, whose theory and practice are shrouded in mystery and controversy. Indeed, a number of scholars have described social work as a profession of many faces: stimulating, challenging, confusing and even frustrating, The enigma and controversy surrounding social work is partly rooted in its newness and also in the wide array of the concepts, theories, principles,

methods and techniques which social workers use. Accordingly, the major issues and problems facing social work today revolve around its structure, functions, identity, resources and education. (Midgley, 2007; Macpherson & Midgley, 2008).

Romile and Raditlhokwa (2006) in a journal article, said; a major problem which social workers have to deal with is the vagueness and controversy surrounding the meaning, objectives, functions and methods of their profession. Social work as a field of study and practice is not well understood, especially in Africa. This is largely due to the fact that social work is a profession still in its infancy. Below an attempt is made to define and explain the characteristics, origins and functions of social work.

2.3.2.1 Social Workers Standards in Health Care System

Samadi, R. (2008); in the Journal of the National Association of Social Work in Health Care expressed standards for social workers considered that some of them are ethics and values, health inequalities, cultural competence, privacy professionals, knowledge assessment, intervention and treatment, leadership in social work, file management, crisis intervention and empowerment. Most of these standards, the role of social work in the health care system has been investigated. Therefore, according to this definition, one-dimensional view of the patient and the patient is almost obsolete.

2.3.2.2 Iranian Constitution and the Role of Social Work in Health Care System

In Iran, the Ministry of Health is defined by the constitution and therefore it's responsible for health care tasks and social workers are also one part of this ministry.

In the constitution the Ministry of Health has been defined: For optimal use and coordination of medical facilities and extended to provide health care, education and medical research the 29th principle express: "The entitlement to social security and retirement, unemployment, old age, disability, orphans, accidents and the need for health services, medical care, insurance and are the public rights of citizens and it's the government duty to provide these services with public finance and profits from the participation of local people to support every citizen's needs.

For each part of the duties of the ministry of health policy and action plan has been approved by the Council. Among the tasks formulated and approved for social work as well as a few tips that are mentioned briefly (Administrative Affairs and Employment, 1995).

Planning in order to identify issues and constraints created by the families of patients and how to deal with it. Participate in medical teams and provide information on issues and problems that can be effective in making decisions. Coordinated in collaboration with the medical team in order to improve the patient and the medical team cooperation with social worker. Emphasis on group work with patients who are hospitalized for long time. Others are support after discharge, social services at home (Home care), professional practice of social workers (social workers working with cancer patients, AIDS patients , etc.), follow Legal Affairs patients, investigate and solve the health problems of patients admitted to care centers. Get introduced to guide patients admitted for medical and paramedical clinics and other medical institutions and collect and evaluate cost-free discount applied to the unit's social

worker and the amount of discount centers ministry, as well as for follow-up funding from the Ministry of Health and assign it to the centers. Cooperation in the form of in-service training courses to improve the quality of social work. Gathering statistics and information on the activities of social workers and medical centers to examine and evaluate the activities and reflection related authorities. Cooperation in the field of practical training (internship) for students of social work. Cooperation and provide social services or send social workers to help victims of natural disasters such as earthquakes, floods and other natural disasters.

In the Journal of Social Science for Policy Implications, Wilson, K. et al (2008) highlighted the objectives in the field of health care in general is the specific mode and influenced policy, attitudes, ideologies, values and scholars in this field. But the concept of social work intervention aims to improve the social functioning of the health care so the goals and roles of social work will include evaluation of stress on psychological, social, emotional and physical environment for patients and their families may encounter and provide assistance to them directly, play the role of counselor, advocate, liaison, mediation and helping patients to make optimal use of health care programs, providing health care programs, including prevention programs and improving the quality of life in a way that is applicable and accessible to all patients and members of the community. human and social support programs for the benefit of needy patients and create interaction and communication between health care personnel and patients treated with the positive cooperation between them is obtained.

Other roles includes participation and correct analysis of health policy and planning (member of making macro policy committee), leadership programs in the areas of participation and patient education, management and evaluation of how to provide health services to the poor through research, changing health care services from service center to need center and the combination of the two, working with the mentally ill, frail and their families and assess their needs and identify the main causes of mental illnesses and other diseases with providing community based rehabilitation.

2.4   The Conceptual Framework

The social work profession in a medical set-up in our country is still new and the roles and functions of social workers are not clearly known by employers, heads of departments as well as other health care workers. The partial awareness of social worker roles and functions to both employers, heads of department and other health care workers who are clinicians, nurses and para- medical staff complements the inadequate utilization of social workers in a clinical setting.

According to the conceptual frame work described above; on the side of local government authority and heads of department; lack of adequate knowledge on the roles and functions of social workers in a medical practice contributes to inadequate allocation of funds to social workers activities leading to inadequate utilization of hospital social workers skills. Most health care workers lack adequate knowledge on the roles and functions of social workers in a medical set-up, this contributes to few or no cases being referred to hospital social workers leading to inadequate utilization of skills of social workers working in hospitals, (Bar-On 2004).

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        ┌─────────────────────────┐
        │  INADE-QUATE UTILIZATION │
        │  OF HOSPITAL SOCIAL      │
        │  WORKERS' SKILLS.        │
        └─────────────────────────┘

  INADEQUATE ALLOCATED          FEW CASES OR NO
  FUNDS TO SOCIAL               CASES REFERRED TO
  WORK ACTIVITIES               HOSPITAL
                                SOCIAL WORKERS.

  LACK OF ADEQUATE              LACK OF ADEQUATE
  KNOWLEDGE BY LOCAL            KNOWLEDGE TO
  GOVERNMENT AUTHORITIES        HEALTH WORKERS ON
  AND HEADS OF DEPARTMENT       ROLES AND FUNCTIONS
  ON THE ROLES AND              OF HOSPITAL SOCIAL
  FUNCTIONS OF SOCIAL           WORKERS

        ┌─────────────────────────┐
        │  NEW PROFESSION IN       │
        │  A MEDICAL PRACTICE      │
        └─────────────────────────┘
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Figure 2.1: Conceptual Framework Illustrating the Sources of Inadequate

Utilization of Social Work Professionals in Medical Field

Source: Field Data, (2016)

A social workers' knowledge and skills are highly required in a medical set-up from

the fact that not all cases attended at health facilities need only medical care as most

patients suffer from social and psychological problems. Social workers employed in health facilities are few compared to the demand of social workers interventions; and this is due to lack of knowledge to local government authorities on the importance of social workers in medical care service, (Bar-On 2004).

2.5   Conclusion

The theories described in this chapter emphasize the need for industrial relations. Industrial relations cover a wide area starting from the employers, heads of the departments, supervisors and co-workers. Industrial relations should start immediately after the employment of new workers. This is accompanied with new staff socialization process and the new working environment and this is successful when the roles and functions of the new employee are well known by all stake holders. The new program of social work in a medical set-up; needs employers and heads of the departments to be fully aware of the roles and functions of the social workers in a medical set-up including required resources for successful social worker performance.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1   Introduction

This chapter presents the methodological aspects of the research study. The main aspects described include the study population, the research design, sampling procedures and sample size, data analysis approach and ethical issues. In essence the chapter provides the technical part of the research study. Understanding the sample size, sampling procedure and methods of data collection constitutes the important part of the study.

3.2   The Study Area

The study was conducted at Geita Regional Hospita in Geita Township. The area was selected as of the hospital with social work professionals working with other medical field professionals.

3.3   Rresearch Design

Nachimias (1998) defined research design as" the blue print that enables the investigators to come up with solutions to problems and guide him/her in the various stages of the research. The research design adopted for the study was descriptive cross sectional design. Robert (1994) defined a case study as "the empirical investigations in contemporally phenomena within its real life context. A cross sectional study is commonly used in medical and social science researches. A cross-sectional study or prevalence study is the type of observational study that involves the analysis of data collected from a population or representative subset at one

specific point in time. The data were collected using questionnaires which were given to respondents and the analysis of the collected data portrayed the factors that challenge integration of social work professionals in medical services. This will aid in developing strategies for effective integration and maximizing clients' benefits from social work professionals.

3.4   Study Population

According to Nachimians (2003) population is defined as "the aggregate of all cases that conform to some designated set of specification. Kombo and Tromp (2006) defined population as the largest group from which the sample is taken. The population of the study were the health workers at Geita District hospital which comprises around 300 staff

3.5   Sampling Procedure and Sample Size

3.5.1   Sampling Procedure

Kothari (2004) defined sampling techniques or procedure as "a definite plan for obtaining a sample for population given. In this study the researcher used purposive sampling techniques to get all cadres participate in the study since all cadres are involved in patients care in the medical field.

3.5.2   Sampling Frame and Sample Size

Nachimias (2003) defined sample as "the sub set of a population". Geita regional hospital has total of around 300 staff. The study included 30 clinicians, 38 paramedical staff, 126 nurses, 3 health officers, 2 nutritionists and 1 social welfare

officer. However, the study involved 38 nurses, 5 medical attendants, 19 clinicians, 3 radiologists, 3 dentists and 7 laboratory technicians to make the total of 75 participants.

The sample size was calculated by using the following formula;

$$n = \frac{N}{1+N(e)^2}$$

Whereby; n=Sample size, N= total population and e= an acceptable error.

Therefore $n= \frac{300}{1+300(0.1)^2} = 75$

In this research study the sample size was 75

3.6 Data Collection Methods

3.6.1 Interview

Gretcher (2011) defined interview as a qualitative method that uses open ended questions to uncover information on a topic of interest that allows interviewee to express options and ideas of their own words" This involved question and answers to the respondents to gather required data.

3.6.2 Questionnaires

The questionnaire involves a set of question to collect information from subjects on their perceptions, feelings to the subject under study. In this study closed ended questions were used to gather both qualitative and quantitative data. Open ended questions were used to keep the respondents on track and to obtain lots of information in a short time.

3.7   Data Analysis Approach

Braun and Clarke (2006) states that " thematic analysis is a qualitative analytic method for identifying, analyzing and reporting patterns within data. Thematic analysis minimally organizes and described data set in details. However, frequently it goes further than this and interprets various aspect of the research topic. in this study qualitative data obtained were analyzed manually by the use of data master sheet. All data obtained from the respondents' filled questionnaires were entered on the data master sheet. Similar responses were grouped together and non similar responses were entered separately. On the other hand, the quantitative data were analyzed by use of SPSS software version 17, hence data were presented in form of pie chart and bar charts.

3.8   Validity and Reliability

Kirk et el (1986) elaborates validity as determines the research tools measures that which was intended to measure or how truthful the research results are. In another words, does the research instrument allow you to hit "the bulls' eyes" of your research object? Researchers generally determine validity by asking a series of questions and will often look for the answers in the research of others. Kirk et el (1986) defined reliability as "the extent to which results are consistent over time and an accurate representation of the total population under study". If the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable. The qualitative part of the research was to examine the staff awareness of roles of social workers in medical field and cases requiring social workers interventions.

To observe validity and reliability, the researcher paid attention in coding respondents' responses correctly so as to have results derived from the respondents. Data were collected instantly from the respondent after brief introduction of the subject matter without letting them to have time for discussion which could give unintended results.

3.9   Ethical issues

A clearance letter was obtained from the Open University of Tanzania and submitted to the Medical Officer in charge of Geita Regional Hospital for granting permission to conduct the research study. An informed consent form was attached to each questionnaire and filled by the respondents for voluntary participation and to ensure confidentiality of the collected data.

CHAPTER FOUR

DATA PRESENTATION AND DISCUSSION

4.1   Introduction

This chapter presents research data and discusses the findings on the challenges of integration Social work professionals into medical practice. This research was guided by descriptive cross sectional study as the study which is commonly used in medical and social science researches. A cross-sectional study or prevalence study is the type of observational study that involves the analysis of data collected from a population or representative subset at one specific point in time. Moreover, the tool that helped to come to these findings was the questionnaire. The relevant data and the discussions are presented here below.

4.1.1 The Characteristics of Respondents of the Study According to their Cadre

This data presents the various categories of Geita regional hospital staff involved in the study. The study involved a variety of cadres within the hospital staff so as to come up with views from various staff.   Different hospital cadres usually come in contact with different kind of patients and clients according to their needs and problems.. The study involved a total number of 75 respondents of different cadres as follows; laboratory technicians 9.3%, clinical offices 10.7%, radiologists 4%, nursing officers 4%, assistant nursing officers 13.3%, assistant medical officers 6.7%, medical officers 8.0%, medical attendants 6.7%, dentists 4.0% and enrolled nurses 33.3%. The number of enrolled nurses involved in the study was of highest percentage than other staff categories because they are a lot more of them in the hospital compared to other staff cadres in the hospital.
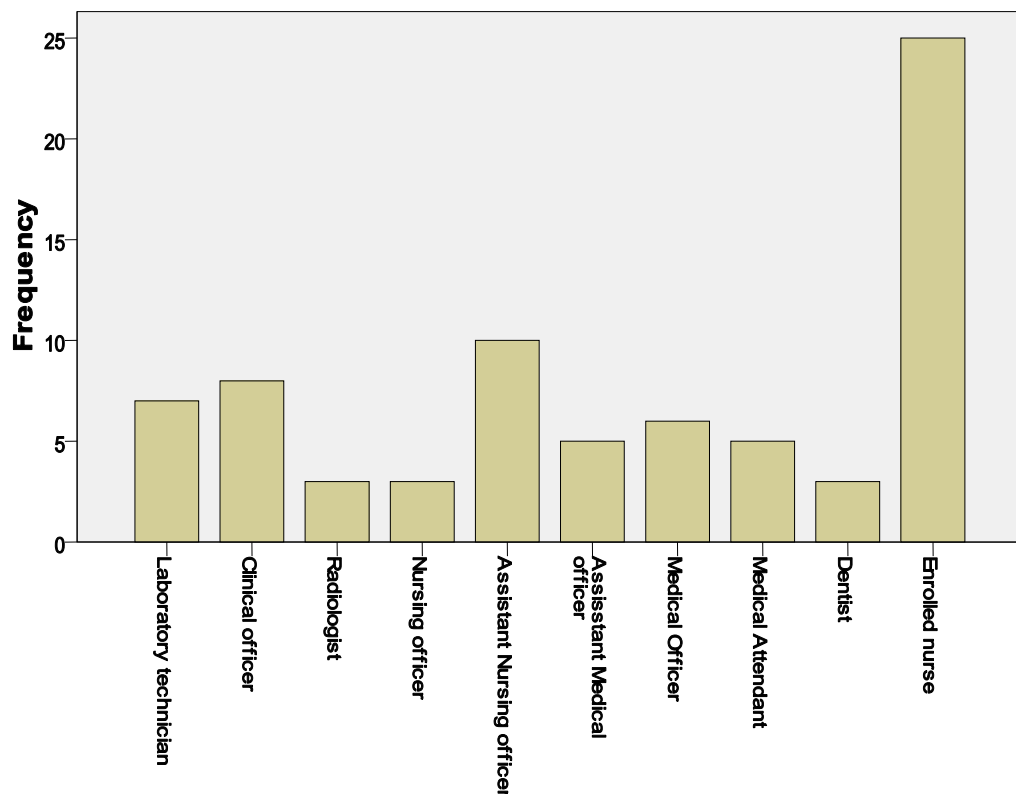
Figure 4.1: A Bar Chart Showing Categories of Geita Regional Hospital Staff Involved in the Study
Source: Field Data, (2016)

4.1.2 The Working Experience of Geita Regional Hospital Staff Involved in the Study

This section presents the working experiences of Geita Regional hospital staff involved in the study. The work experience is an important factor because the number of years gives one experience about the work he/she does; if the study had involved more newly employed staff, it would not give good results because of the staff being new to the environments. The staff work experiences were grouped into three categories that is 1-5 years, 6-10 years and above 10 years. Following below is the categorization of the staff according to their working experiences. The category of 1-5 years consisted 49.3%; while the staff category of 6-10 years consisted 32.0% and above 10 years was made up of 18.7%
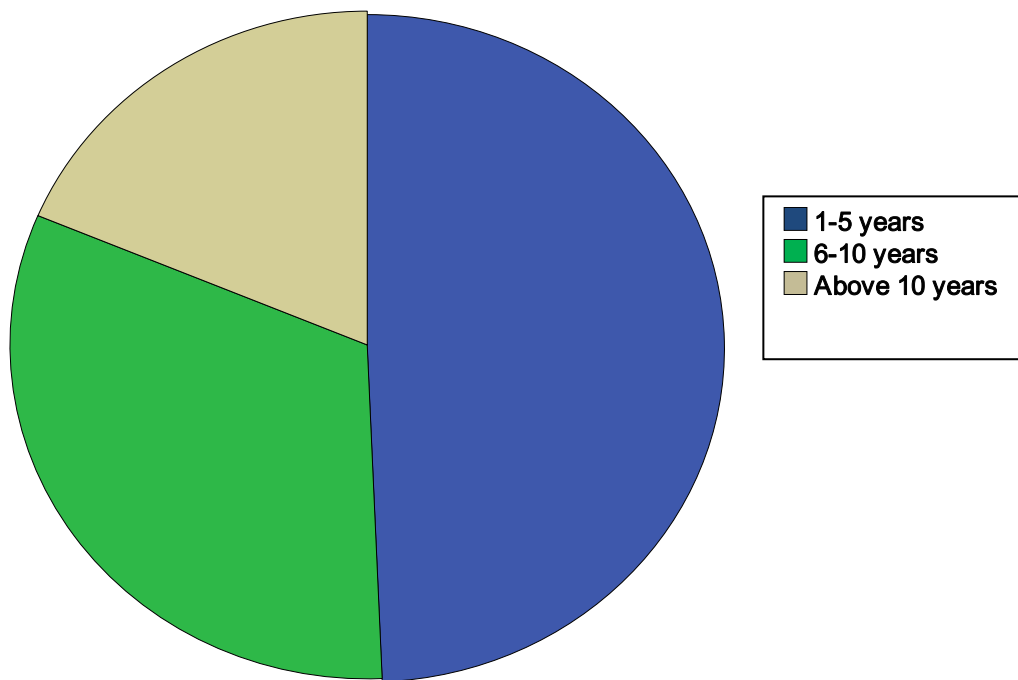
Figure 4.2: A Pie Chart Diagram Showing Work Experiences of Geita Regional Hospital Staff Involved in the Study

Source: Field Data, (2016)

4.1.3 Staff Awareness of the Presence and Number of Social Workers at Geita Regional Hospital

This question sought to investigate awareness of health care staff on the presence of social workers at Geita Regional hospital. The question was therefore extended to them to give the number of social welfare staff available at the hospital as well as the location of their offices. This is because some might be aware of their presence but might not be aware of their number and location of their offices.

The findings relating to the question, " Do we have social welfare officers at the hospital?" were as follows,52% of the respondents replied " Yes"; while 24% of the respondents replied; "No" and 24% of them answered "Not sure"
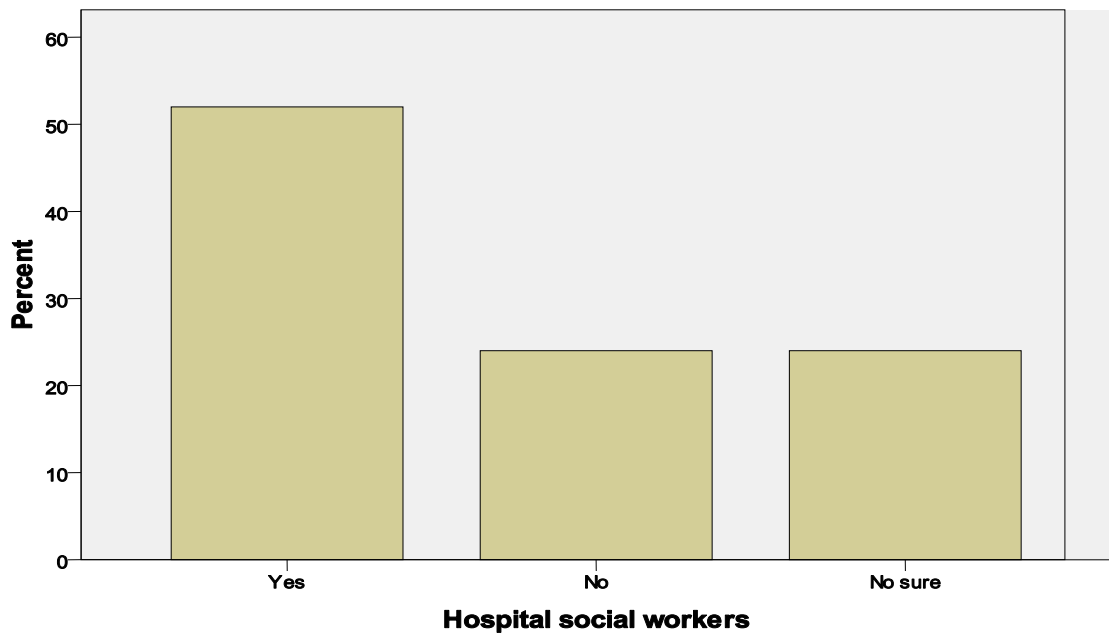
Figure 4.3: A Bar Chart Diagram showing Geita Hospital Staffs' Awareness on the Presence of Social Workers at Geita Regional Hospital

Source: Field Data, (2016)

This question intended to determine if the hospital staff were aware of the number of social welfare officers present at the hospital. The results indicate that; 52% of the respondents indicated that they were aware on the existence of social workers at the hospital. Furthermore the results revealed that 24% of the respondents replied that there was only one social worker which was true,; while 13.3% of the respondents replied that there were two social workers; 9.3% indicated that there were three social workers; some 5.3% of the respondents answered that they were not sure and 48% of the respondents did not respond to the question.

Furthermore, the 39 respondents who responded that they were aware of social workers existence at the hospital were asked if they knew the location of their office. The findings were as follows, 59% of them replied that they didn't know; whereas 18% of them answered that the office the office was adjacent to Regional Medical

Officer's offices which is true, whereas 5.1% of the respondents indicated that the social workers did not have a specific office at the hospital; meanwhile 15.3% of the respondents replied that their office was adjacent to the Hospital Patron's office; and 2.6% of the respondents replied that their office was located outside the hospital premises.

4.1.4 Staff Awareness of the Roles of Hospital Social Workers

The participants were asked to respond to the question; "Do you know the roles of social workers in hospital? "This question sought to find out if the staff were aware of the roles of social work personnel at the hospital.

The responses were as follows14.7% of the respondents replied "Yes" meaning that they were aware of their roles; while 61.3% of the respondents answered "No" implying that they did not know their roles at the hospital; and some 24% of the respondents replied "Not sure." This question also intended to determine if those who said they knew the roles of hospital social workers really knew them.

The results are outlined roles are as; assisting patients with financial problems in settling their hospital bills through payment exemptions, assisting patients with no relatives to get treatment and food, attending meetings discussing maternal death issues, identifying vulnerable children found at the hospital, solving conflicts between customers and health care providers and providing health education on different issues.
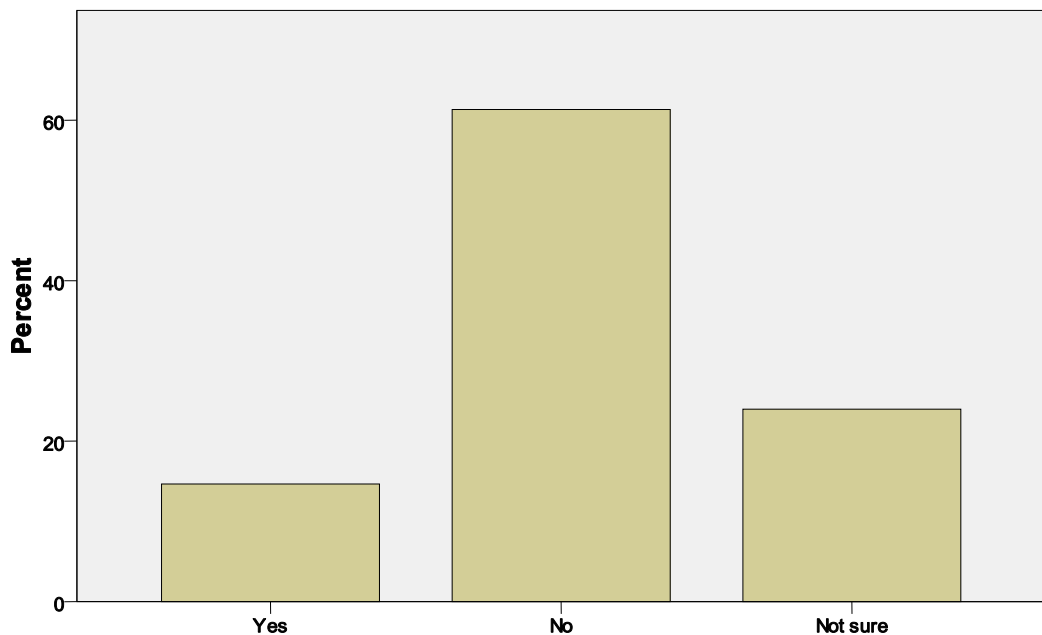
**Figure 4. 4: The Bar Chart Showing the Staff's Knowledge on the Roles of the
Hospital Social Worker**

Source: Fidld Data (2016)

**4.1.5 The Staffs' Knowledge on Cases that Require Social Workers
Intervention in the Hospital**

This question sought to determine hospital staffs' knowledge about cases that require
social workers' intervention the hospital. The question posed to respondents was "Do
you know cases in our hospital that require social workers' intervention?" The
findings to this question were as follows 18.7% of the respondents replied "Yes"
implying that they knew cases that requires social workers' intervention; moreover,
46.7% of the respondents answered "No" and 34.6% of the respondents indicated
"Not sure". Respondents who replied that they knew about cases that require social
workers' interventions mention the cases such as; gender violence, dumped patients
with no relatives, psychiatric patients, orphans and widows, women beaten by their

spouses, raped women, HIV patients with malnutrition, elderly and disabled patients and victims of road accidents. One respondent mentioned other medical cases such as cholera, diarrhea, malaria, anemia, pneumonia, hepatitis, chicken pox and diphtheria.

4.1.6   Staff Responses on the Utilization of Hospital Social Workers' Skills

Staff were further asked to indicate if hospitals utilized hospital social workers' skills. They were answering the question, "Do you think social workers' skills are well utilized in our hospital? This question sought to determine the medical staffs' attitudes and understanding on the utilization of hospital social workers skills. " The study results show that the majority of respondents 92% replied "NO" ; while 8% answered "sometimes".

For respondents who replied "No" were further asked to state the reasons why they didn't know how hospitals can utilize hospital health workers' skills. Some of the reasons given were; this is because their roles are not known to hospital health workers, are not seen in the hospital departments doing their work, most cases which require their help are not assisted, they don't attend ward rounds with health care staff, they are not seen daily providing patients care like other hospital staff and they are not present in our hospital

On the other hand, the respondents who replied "sometimes" gave the following responses: If ask her to attend a patients she may come but she would keep on complaining that she has no any funds to assist the patient and sometimes she uses her pocket money to assist the clients, if she is called she responds   and takes action

which she is capable of according to the situation; often health workers linked to other organizations are called to assist.

4.1.7 Responses on what should be Done to Improve Social Welfare Activities in the Hospital

Respondent's views and suggestions on strategies that should be used to improve social welfare activities were solicited through a question "what should be done to improve social welfare activities in the hospital". The following were the ideas and suggestions given by the respondents:

The Government should employ at least 3 more hospital social workers so that they can be able to meet the demand of their services to patients and clients at the hospital. Social workers should be made known to all hospital staff and their roles should be well communicated. Hospital social workers should not work in isolation therefore they have to work with hospital staff daily. The hospital social workers should be given adequate funds in each fiscal year to enhance smooth running of their daily activities. Hospital social workers should conduct daily ward visits in order to identify patients who need their help rather than wait for them to be called Hospital social workers should fully participate in making ward rounds together with other health care teams in order for them to play their roles. Hospital staff should be educated on identifying cases requiring social worker intervention. This would hasten referral of the patients as most patients requiring social worker intervention are not attended. Social workers should attend general clinical meetings together with other health care workers in order to maintain good working atmosphere and exchange experiences.

4.2   Discussion

The main objective of this study was to investigate challenges facing integration of social work professionals into medical practice. The research was designed as a case study located at Geita regional hospital. The data to provide answers for the main and specific objectives of this study were gathered through questionnaires. The study involved all medical cadres from different departments of the hospital. The staff involved in the study showed good cooperation and responded positively to study guiding questions. The research study questionnaires provided to them were returned timely to the researcher. The written research data relate to the views and suggestions of the respondents with regards to guiding questions provided to them.

Generally, the findings of this research study have shown that; the idea of incorporating social work department into medical services is positively accepted and appreciated by a wide range of health care staff. The study results indicate that the majority of hospital medical staff (52%)   indicated to be aware on the presence of social workers at the hospital; however few medical staff (24%) were able to give the correct number of social workers present at the hospital. The implication of this finding is that most of hospital medical staff were aware of the presence of social welfare staff at the hospital, but they were not working with them.

On the other hand very few respondents (18%) knew where social workers' office was located . This implied if medical staff came across cases which required social work intervention, they would not be able to trace them easily nor direct clients to social welfare staff to obtain required services.

Other major challenges identified in the study involve lack of awareness of the hospital social workers roles among medical staff and knowledge of cases which require social work interventions. The study findings have indicated that only 14.7% of the medical staff knew the roles of hospital social workers. The medical staff were asked to mention at least ten roles but none of the staff were able to mention more three roles. This result shows that roles of social workers are not known by hospital medical staff, which directly leads to under-utilization of hospital social workers as shown in the conceptual framework.

The results further indicate that the majority of medical staff were not aware of cases that required social workers' intervention. This is the result of inadequate knowledge on the part of medical staff on the roles and functions of hospital social workers. The implication of this result is that only few or even no cases would be referred to hospital social work professionals as shown to the conceptual frame work.

Moreover, the research findings have shown that; the majority (92%) of the medical staff indicated that the hospital social workers' skills were not effectively used; the main reason being that medical staff were not unaware on their roles at the hospital. Only few medical staff (8%) mentioned that social workers' skills were used at the hospital, especially when they were called to attend some cases. This portrays a prospect of social workers being underutilized. The general outcome of this realization is that most of patients and clients would always fail to obtain care, assistance and advice from the social workers; hence be treated as normal medical cases.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1   Conclusion

The findings from this study indicate that in the relevant hospital there is   under

utilization of social workers in medical services; and the situation will prevail if the

encountered challenges are not addressed properly. The main cause for under

utilization of this cadre is lack of awareness among medical staff of the roles and

functions of social workers. Another problem is inadequate budget allocated for the

social worker tasks at the hospital. Inadequate funds allocated to the hospital' social

worker was mentioned as a challenge by one respondent who mentioned that the

hospital social worker usually complained that she had no funds to assist the

patient/client who required financial assistance such as purchasing medicine which

is not available at the hospital, another cost a social worker is supposed to pay for is

paying travelling costs for patients without relatives to travel back to their home

place.

This situation made the hospital social worker to become less motivated and lose

interested in her work. The study also concludes by recommending that; a big

hospital like Geita hospital ought to have more than one social worker in order to

provide adequate and quality service to the patients and clients.

The study has determined that the perception of hospital health workers towards

social work professionals is satisfactory as all medical staff indicated that it was

social workers were a very important cadre in the hospital.   Staff who were not

aware of the presence of social workers at the hospital recommended that they be employed; while those who were aware of the presence of a social worker at the hospital recommended that their number should be increased and all medical staff be informed on the roles and functions of social workers in the hospital.

5.2 Recommendations

The elimination of the challenges relating to integration of social work professionals into medical service; requires use of multidisciplinary action by involving a cross section of government officials from higher to lower management level. The professional body and social workers should be part and parcel to make valuable and sound contributions to find ways to overcome these challenges. The recommendations from the researcher will not differ very much from those of the respondents. These recommendations are directed to the Ministry of Labour and Employment, Ministry of Health, Community Development, Gender, Elders and Children, Regional, Secretaries District Executive directors, Regional Medical Officers, District Medical Officers, National Social Workers Association and Hospital Social Workers.

5.2.1 Recommendations to the Ministry of Labour and Employment

Since the Ministry of Labour and Employment is mandated to plan and suggest to the central Government about employment positions required, the researcher recommends that the relevant Ministry should increase the number of hospital social workers in order to meet the requirements of all health care institutions all the way from dispensaries, health centers, district hospitals, regional hospitals and consultant hospitals.

5.2.2 Recommendations to the Ministry of Health, Community Development, Gender, Elders and Children.

Since the Ministry of Health, Community Development, Gender, Elders and Children is responsible for policy formulation, the study recommends that it should request adequate number of hospital social workers to be employed by the Ministry of Labour and Employment. Moreover this Ministry should consider the important role played by the social worker cadre into medical practice.

The role of social workers is seen in the light of the fact that not all patients in health facilities suffer from medical and surgical conditions alone; some of them suffer from psychological and other problems which require social work interventions. Involving social workers in healthcare reduces unnecessary government as there won't be use of drugs to conditions which require only psychotherapy intervention.

5.2.3 Recommendations to Regional Secretaries and District Executive Directors

These are key implementers in local government authorities. They have the responsibility to plan and request employment of staff of different cadres in Regional and Districts. These key implementers are also responsible for allocating budgets for different activities. In this regard the researcher recommends the Regional Secretaries and District directors to recognize the central roles played by Social Workers in health facilities so that they may plan and request for allocation of more Social Workers in their areas. This would cater to reduce the demand of this cadre in their health care facilities. It is further recommended that the implementers should

allocate adequate funds in their fiscal yearly budgets to Social Workers needs in order to help them work effectively and with fewer frustrations.

5.2.3 Recommendations to Regional and District Medical Officers

The Regional and District Medical Officers (RMO/DMOs) are regarded as heads of department for Regional and District health facilities. These officials are responsible for planning the number of staff. In this regard, the researcher recommends the heads of departments should request more Social Workers to be recruited in order to have a good number of them in health facilities. This would help to improve the welfare of both patients and clients and make them benefit from social worker interventions in health facilities. Furthermore, the RMO/DMOs have to make sure that the yearly budget planned for social workers' activities is defended and released as requested.

5.2.4 Recommendations to National Social Workers Association and Hospital Social Workers

The National Social Workers Association is the professional body which addresses the issues concerning the social work profession including defending the rights of its members. In this regard, the researcher recommends the professional body to be in the front line in enlightening the government and Tanzania community at large by raising voice through the media and official meetings to explain and clarify the roles of Social Workers.

4.2.5 Recommendations to Hospital Medical Officers in Charge and other Staff

These carders are responsible for indoctrination and orientation of all newly employed staff. The researcher recommends the medical officers in charge to

effectively orient the available hospital social workers and require the health care staff to utilize them effectively and support their activities in the hospitals. Moreover, they should make effort to fully involve social workers in various hospital activities including clinical meetings and ward rounds.

4.2.6 Recommendations to Hospital Social Workers

Hospital Social Workers know, their roles in the hospital, however other hospital staff do not seem to know the roles of social workers. In view of this fact, the researcher recommends that hospital social workers should make effort to make their roles known to other hospital staff by means of attending different general and clinical meetings so that their roles may be familiar to other health care staff. They should also inform other staff about cases which require their interventions. The researcher also recommends the hospital social workers to make frequent visits in the wards and take rounds so that they may identify cases which require the intervention of social workers.

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APPENDICES

Appendix 1: Questionnaires Structured for Data Collection Tool

SERIAL NO ☐

PART I: PROFESSION AND EXPERIENCES

Job title: ……………………………

Working experience: ………………………….

PART II. QUIDING QUESTIONS

INSTRUCTIONS: Put a tick on the box provided and fill in the dotted lines where required.

1. Do we have social workers in our hospital?

    i.   Yes   ☐

    ii. No   ☐

    iii. Not sure ☐

    If " Yes" (a)How many are they?...

    (b)Where is the location of their office?……………………………………

2. Do you know roles and functions of social workers in hospital set-up?

    i. Yes   ☐

    ii. No   ☐

    iii. Not sure ☐

If "Yes" What are their roles and functions in the hospital? (Mention at least 10)

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

3. Do you know cases in our hospital that requires social workers' interventions?

i. Yes ☐

ii. No ☐

iii. Not sure ☐

If "yes" what cases do requires social workers' interventions in our hospital? (mention at least 10)

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

4. Do you think the social workers skills are well utilized in our hospital?

i. Yes ☐

ii. No ☐

iii. Sometimes ☐

iv. I don't know ☐

If "NO" give reasons.

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

5.   What should be done to improve social welfare activities in the hospital?

…………………………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

Appendix 2: Interview Guide Questions

This interview conducted to one by one of the respondents for those who did not use

the questionnaires.

1.   How many social workers do we have in this hospital

2.   Where are the location of social welfare offices

3.   What are the roles and functions of social work professionals in medical

    field?

4.   What cases do require social work professionals' interventions in the

    hospital?

Appendix 3: Research Consent Form

RESEARCH TITLE: TO INVESTIGATE CHALLENGES OF INTEGRATING

SOCIAL WORKPROFESSIONALS IN MEDICAL PRACTICE. A CASE STUDY

OF GEITA REGIONAL HOSPITAL

I, the undersigned, confirm that (please tick box as appropriate):

1.	I have read and understood the information about the project, as provided in the Information Sheet dated 15/09/2016.	☐
2.	I have been given the opportunity to ask questions about the project and my participation.	☐
3.	I voluntarily agree to participate in the project.	☐
4.	I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.	☐
5.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymisation of data, etc.) to me.	☐
6.	If applicable, separate terms of consent for interviews, audio, video or other forms of data collection have been explained and provided to me.	☐
7.	The use of the data in research, publications, sharing and archiving has been explained to me.	☐
8.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.	☐

9.	Select only **one** of the following: • I would like my name used and understand what I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this project can be recognized. • I do not want my name used in this project.	☐ ☐
10.	I, along with the Researcher, agree to sign and date this informed consent form.	☐

Participant:

_____   _____   _____
Name of Participant   Signature   Date

Researcher:

_____   _____   _____
Name of Researcher   Signature   Date

Appendix 4: Research Clearance Letter

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF RESEARCH, PUBLICATIONS, AND POSTGRADUATE STUDIES

P.O. Box 23409 Fax: 255-22-2668759Dar es Salaam, Tanzania,
http://www.out.ac.tz

Tel: 255-22-2666752/2668445 ext.2101
Fax: 255-22-2668759,
E-mail: drpc@out.ac.tz

14/09/2016,

To The Medical Officer in Charge

Geita Regional Hospital

Permission granted for MO'c 16/09/2016

RE: RESEARCH CLEARANCE

The Open University of Tanzania was established by an act of Parliament no. 17 of 1992. The act became operational on the 1st March 1993 by public notes No. 55 in the official Gazette. Act number 7 of 1992 has now been replaced by the Open University of Tanzania charter which is in line the university act of 2005. The charter became operational on 1st January 2007. One of the mission objectives of the university is to generate and apply knowledge through research. For this reason staff and students undertake research activities from time to time.

To facilitate the research function, the vice chancellor of the Open University of Tanzania was empowered to issue a research clearance to both staff and students of the university on behalf of the government of Tanzania and the Tanzania Commission of Science and Technology.

The purpose of this letter is to introduce to you **Mr. MUHANDIKI W. DEOGRATIAS: PG201505696**, who is a Master student at the Open University of Tanzania. By this letter, **Mr. MUHANDIKI W. DEOGRATIAS** has been granted clearance to conduct research in the country. The title of her research is **"To Investigate Challenges Facing Integration of Social Work Professionals into Medical Practice. A Case Study of Geita Consultant Hospital"**. The research will be conducted at Geita Regional Hospital. The period which this permission has been granted is from 14/09/ 2016 to 15/11/2016.

In case you need any further information, please contact:
The Deputy Vice Chancellor (Academic); The Open University of Tanzania; P.O. Box 23409; Dar es Salaam. Tel: 022-2-2668820

We thank you in advance for your cooperation and facilitation of this research activity.
Yours sincerely,

Prof Hossea Rwegoshora

For: VICE CHANCELLOR

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