

**THE ROLE OF MEDICAL SOCIAL WORKERS IN IMPROVING THE  
PSYCHOSOCIAL WELL-BEING OF PATIENTS IN MULAGO NATIONAL  
REFERRAL HOSPITAL**

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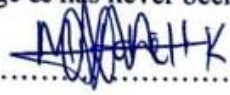


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**DECLARATION**

I **KOJJI MITCHELL BANAGE** declare that this is my original work and to the best of my knowledge & has never been submitted to any University or institution for a degree award.

Signed .....  ..... Date ..... 5/09/2024 .....

**KOJJI MITCHELL BANAGE**

**J22B15/138**



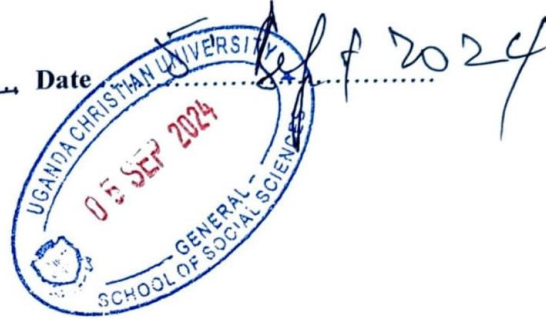
## APPROVAL

This is to certify that this research report was carried out by Kojji Mitchell Banage, Registration Number; J22B15/138 on a topic The Role Of Medical Social Workers In Improving The Psychosocial Well-Being Of Patients In Mulago National Referral Hospital under my supervision and I hereby approve it for my submission for the award of A Degree Of Bachelor Of Social Work And Social Administration.

Signed .....

MR. KABANDA LEWIS CARL

Date .....



## **ACKNOWLEDGMENT**

I acknowledge that my success is due to the Almighty God who has enabled me to produce this work and the entire course at large for His mercy and good will.

Sincere thanks go to my supervisor Mr. Kabanda Lewis Carl for the great support and guidance she has given me in compiling the five chapters inside this research dissertation, sir thank you very much. Special appreciation goes to my relatives and all friends for the great support and encouragement.

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Lastly appreciation goes to all Social Work And Social Administration students and the head of department for the good knowledge they imparted on to me for accomplishment of this course.

## **DEDICATION**

I dedicate this research report to my family, relatives, friends and loved ones for the love, care and support they have rendered to me during my academic journey and in the process of writing this research report, may all might God bless you all abundantly

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## **LIST OF ABBREVIATIONS**

HIV/AIDS - Human Immunodeficiency virus

MSWS - Medical Social Workers

## **ABSTRACT**

Medical social workers play a crucial role in enhancing the psychosocial well-being of patients in healthcare settings. This study investigates their impact at Mulago National Referral Hospital, one of Uganda's largest and most influential healthcare institutions. The research explores how medical social workers address the psychological, social, and emotional needs of patients, thereby contributing to overall patient care and recovery.

The study employs a mixed-methods approach, combining qualitative interviews with medical social workers, patients, and healthcare providers, as well as quantitative analysis of patient satisfaction surveys and psychosocial well-being indicators. Key areas of focus include the identification of psychosocial issues, provision of counseling and support services, facilitation of communication between patients and healthcare teams, and the coordination of community resources to support patient needs.

Findings indicate that medical social workers significantly contribute to the improvement of patients' psychosocial well-being through various interventions. These include crisis intervention, grief counseling, and support groups, which help patients cope with the emotional challenges of illness and hospitalization. Moreover, medical social workers assist in navigating the healthcare system, addressing social determinants of health such as housing and financial instability, and advocating for patients' rights and needs within the healthcare setting.

The study concludes that the integration of medical social work services in hospitals like Mulago National Referral Hospital is essential for comprehensive patient care. It highlights the need for increased staffing, ongoing training, and policy support to enhance the effectiveness of medical social workers. The research underscores the importance of a multidisciplinary approach in healthcare, where the medical and psychosocial aspects of patient care are addressed holistically to improve overall health outcomes.

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**Figure 1: Conceptual Framework**

# CHAPTER ONE

## INTRODUCTION

### 1.1.0 Introduction

This study was specifically targeted at exploring the contribution of medical social workers to psychosocial well-being among patients in Mulago National Referral Hospital. The following chapter presents the background, statement of problem, purpose and objectives research questions, rationale significance and theoretical framework for this study.

### 1.1 Background of the Study

PSWB is a key area of patient care, with social and emotional (psychosocial) elements having as great an effect on overall health outcomes such as long term survival or side effects from treatment that collect into higher grade toxicities over time. Chronic illnesses patients or those undergoing complicated medical treatments have increased stress levels, anxiety and social isolation. According to Hansen et al. In addressing these challenges, medical social workers (MSWs) play key roles by delivering customized psychosocial support interventions. Deshields et al. ) underscore that high-quality psychosocial care increases patient resilience and coping strategies, leading to improved adherence to treatment as well as quality of life.

Medical social workers have a unique role in providing an assessment of the patient's emotional well-being and developing tailored interventions that support resiliency and adaptation (Courtnage et al., 2020). Studies continue to emphasize their function in patient adaptation to illness-stressors, protection against mental health decay and enhancing the quality of life (Fukuti et al., 2020). Social workers who offer counseling, advocacy and support services do more than simply alleviate emotional suffering but also help to empower patients in their role as healthcare consumers so they follow through with the care that is required for good outcomes (Philip & Cherian. 2020).

The research by Alzahrani (2021) and Kim et al. The findings of Coughlan et al. (2021) reinforce the negative impact hospitalization has on emotional and psychological health, thereby underscoring a call for programs provided at these establishments to address such issues. The psychosocial well-being of a person has a direct effect on how the patient could potentially cope with illness, adhere to their treatment plan(s) and have positive health outcomes. Research by

Deshields et al. (2021) and Courtnage et al. (2020) demonstrates that reducing psychosocial distress in a certain region, such as the world of oncology can lead to materially significant improvements for patients. As such, psychosocial well-being should be encouraged during hospitalization as part of the holistic care for patients.

Worldwide, there has been an increased emphasis on providing these practices in healthcare settings more generally and therefore MSWs are integral to multidisciplinary care teams. For example, in the USA where oncology social work is well-evidenced (Courtnage et al., 2020), there are substantial developments relating to embedding psychosocial care into medical practice. By the same token, efforts in European countries like UK and Germany to improve psychosocial care have yielded encouraging results (Fukuti et al., 2020; Philip & Cherian, 2020). There has been done similar work in Asian countries (Japan and South Korea) too, where the system of providing psychosocial support long with primary healthcare services was embraced by large hospitals to reduce mental toll from these illness i.e., CVD, Lawn et al. 2020.

The Importance of MSWs in working towards better psychosocial well-being is being increasingly acknowledged, especially within the African contexts– specifically Sub-Saharan Africa- where health challenges are multifaceted (Nyoni et al., 2019). In the case of South Africa and Nigeria, national programmes have been established to embed psychosocial support within the provision of HIV/AIDS services (Ocran et al., 2017; Busza et al. These services, however are hampered by challenges in terms of resource condition and inconsistent health infrastructure to be scaled out throughout the continent (Mwenyango, 2022). Nevertheless, despite these difficulties and limitations MSWs in African nations notably played a critical role setting up culturally sensitive psychosocial support mechanisms utilizing community networks coupled with innovative practices as key drivers of better patient outcomes (Sikakulya et al. 2024).

Mulago National Referral Hospital in Uganda is the prototypical example of where we evaluate nursing contributions to improve psychosocial well-being. The hospital located in Kampala forms part of a challenging healthcare system with high patient volumes and wide range of diagnoses which require staff to need extensive psychosocial support systems (Ikossoit, 2023). Ohiku et al., 2012 studies in Uganda have shown the association between stress, trauma and chronic illness with poor psychological health (Sikakulya et al., 2024)

Mulago National Referral Hospital is Uganda's largest hospital, serving an extremely diverse and predominantly low-income population. The role of medical social workers in this area is vast (Shamirah, 2023). They fill the gap between our patient's medical care and their social realities, most notably around poverty issues, lack of support network and psychosocial barriers preventing compliance with treatment. Although research tailored to the Mulago setting is scanty, these studies Uganda- as a general health care system and what social work can do have proved worthwhile while providing some scaffolding for "medical Social Work in National Referral Hospital (Parker 2020)

## **1.2 Problem statement**

As part of an interdisciplinary care team, Medical Social Workers (MSWs) are uniquely situated to make important contributions in the psychosocial well-being of patients and provide crucial emotional, psychological, and social support. Yet at Mulago National Referral Hospital, the reality is quite different. Results from a survey conducted by the Department of Medical Social Work at Mulago Hospital (2023) buttress this point with alarming data pointing to an appreciable portion of patients who maintain that there is little quality in their life and over 60 % not happy about health status. Evidence shows high levels of anxiety and depression symptoms in almost 45% of patients, particularly impacting on their ability to self-manage (Ikosiot, 2023) In addition, the hospital social support networks are damaged with signs of 40% who appear lonely and without proper network to serve as a support during their stay. There is also a worrisome escalation in the incidence of disease complications and relapses, even with continued medical therapies which raises questions regarding quality psychosocial care provided (Shamirah, 2023).

These concerns are likely magnified by understaffing and resource constraints that inhibit MSWs from carrying out the full range of psychosocial work. However, a lack of staffing and resources like MSWs can impede delivery of care that would help alleviate distress experienced by patients helping them to better adhere to treatments [25]. If left unattended to, these problems are likely not only cause patient suffering and the health interventions at Mulago National Referral Hospital may become unsuccessful thus compromising the general recovery outcomes of patients (Sikakulya et al., 2024). Secondly, other than the few publications emphasizing the importance of MSWs in healthcare settings (1), there is another lack of knowledge on how their roles specifically s have an effect on patients with PS at Mulago Hospital. For example, studies currently in

publication by Deshields et al and Yarbrow/Cranmer are highly informative. (2021) and Courtnage et al., 7 but few studies, published as recently as last year (2020), either partaking in general aspects of social work roles or specific dimensions within patient care without fully addressing the combined impact on psychosocial outcomes.

The study therefore is intended to fill this gap by providing a more holistic view of the roles and direct impacts of MSWs on psychosocial health outcomes among patients in Mulago National Referral Hospital. This study aims to provide a comprehensive view of the ways MSWs reach patients and intervene for emotional, psychological, demotivating activity (EPDA) in illness given their presence within resource-constrained settings. The results of this study will not only add to the body of knowledge, but also provide practical information on how best to achieve good psychosocial care in health facilities especially resource constrained environments like Mulago Hospital.

### **1.3 Purpose of the study**

The purpose of the study is to examine the role of medical social workers in improving the psychosocial well-being of patients in Mulago National Referral Hospital.

### **1.4 Objectives of the study**

- i. To assess the contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital.
- ii. To establish the contribution of advocacy by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital.
- iii. To find out the contribution of interdisciplinary collaboration by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital.

### **1.5 Research questions**

- i. What is the contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital?
- ii. What is the contribution of advocacy by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital?
- iii. What is the contribution of interdisciplinary collaboration by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital?

## **1.6 Scope of the study**

The scope of the study will cover three dimensions that is; content, geographical and time and these are discussed in detail below.

### **1.6.1 Content scope**

This study will specifically focus on; assessing the contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients, establishing the contribution of advocacy by medical social workers in improving the psychosocial well-being of patients, finding out the contribution of interdisciplinary collaboration by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital

### **1.6.2 Geographical scope**

Geographically, the study will be conducted in Mulago National Referral Hospital located in Kawempe North Division of Kampala the Capital City of Uganda. Mulago National Referral Hospital is chosen due to its status as Uganda's leading referral and teaching hospital, providing a representative case for examining the impact of medical social workers on patient psychosocial well-being.

### **1.6.3 Time scope**

The study will focus on scholarly material from the period 2019 to 2024. It will also be carried out for a period of three months from June to August, 2024.

## **1.7 Justification of the study**

The justification of this study lies in addressing the critical role of medical social workers in enhancing the psychosocial well-being of patients, a crucial aspect of holistic healthcare often underexplored in Uganda. By focusing on Mulago National Referral Hospital, the study aims to provide actionable insights to improve patient care, support systems, and overall health outcomes, thereby filling a significant research gap and potentially informing policy and practice improvements in similar healthcare settings.

### **1.8 Significance of the study**

The study will be of help to healthcare administrators by providing insights into the impact of medical social workers on patient outcomes, enabling better resource allocation and policy formulation.

The study will be of help to medical social workers by highlighting the importance of their roles, potentially leading to increased recognition and support for their work within healthcare settings.

The study will be of help to patients at Mulago National Referral Hospital by identifying ways to enhance their psychosocial well-being, ultimately improving their overall healthcare experience and outcomes.

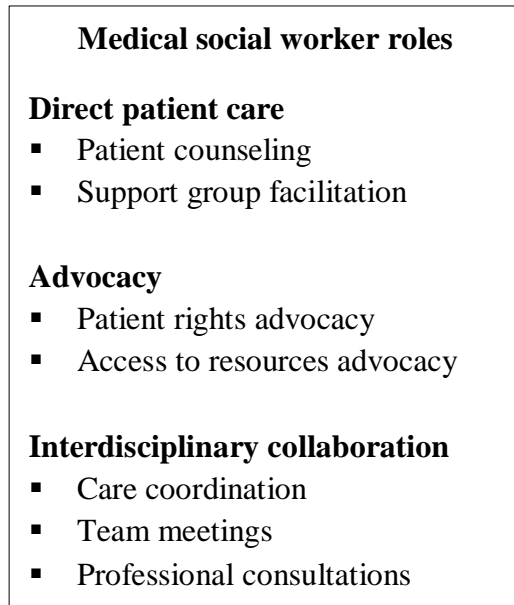
The study will be of help to policymakers by offering evidence-based recommendations to enhance the integration of psychosocial care in health services, informing future health policies and programs.

The study will be of help to future researchers by filling a gap in the literature regarding the role of medical social workers in Uganda, providing a foundation for further studies on psychosocial well-being and healthcare delivery improvements.

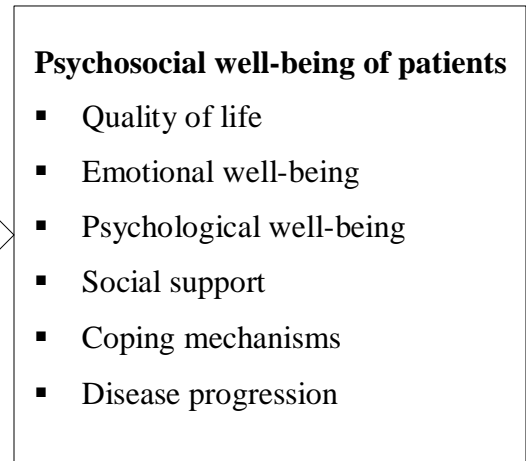
## 1.9 Conceptual framework

Figure 1: Conceptual Framework

### Independent variable



### Dependent variable



**Source:** *Adopted from Mwenyango (2022)*

In this conceptual framework, the study explores how the roles of medical social workers (MSWs) impact the psychosocial well-being of patients at Mulago National Referral Hospital. MSW roles, including direct patient care (patient counseling, support group facilitation), advocacy (patient rights advocacy, access to resources advocacy), and interdisciplinary collaboration (care coordination, team meetings, professional consultations), are examined as the independent variable. The dependent variable, psychosocial well-being of patients, encompasses dimensions such as quality of life, emotional and psychological well-being, social support, coping mechanisms, and disease progression. This framework aims to elucidate how MSWs' activities and interactions contribute to enhancing patients' psychosocial outcomes through comprehensive care coordination, patient advocacy, and supportive interventions.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

The literature review in this chapter will examine the contributions of various scholars as well as what other researchers have to say about how medical social workers help promote patient psychosocial welfare. The central aim of this literature is to learn about the work that has been conducted and, more critically perhaps, those studies not completed in turn. So, a number of newspaper articles, magazines writings encyclopedia and books related with that people will be utilized as sources. With this chapter, there will be the topics oninition of medical social worker, definition of psychosocial well-being contribution by direct patient care, through advocacy & through interdisciplinary collaboration conducted by Medical Social Worker in improving the Psychosocial Well-Being among patients and summary as well as gap from previous literature review.

#### **2.1 Medical Social Worker Concept**

“Medical social workers are essential to health care teams — they serve as a bridge between patients’ medical needs and the many factors that can influence their overall mental, physical well-being,” said Browne (2019). They work with physicians, nurses and other providers to consider a patient’s holistic perspective. This consider not only the physical condition but also social support, income/information/resources and psychomental state (Webb, 2019) Thus, social workers play a unique role in health care because they can intervene on these psychosocial determinants and subsequently influence health outcomes (Calderón Bustillo et al. 2006). A classic example would be a chronic illness patient who is financially strained to buy his or her meds, and comes by after missing 2 appointments. In contrast, a social worker might be able to intervene by developing access for them through financial assistance programs or transportation services in order that the individual can receive treatment and achieve their best wellbeing (Hall et al., 2020).

This involves an in-depth analysis conducted by Medical Social Work which inquire about health determinants of the patient. What are social determinants of cards: living conditions and contexts in which people fare as their grow older, learn well work e.g., food an housing financial stability educational opportunities or barriers release opportunities justice continuum availbility support systems (Healy & Thomas 2020) By paying close attention to these considerations, social workers

can be alert for possible challenges that would preclude a patient from following treatment plans or managing their chronic health issues well, and navigating the healthcare system at large (Hohman 2021). On identification of these barriers, medical social workers devise interventions for the same. This may mean finding ways to link patients with social service resources such as financial assistance programmes, psychological counselling, or transportation support making sure they can attend their appointments. Social workers can also be agents of change, helping patients to access the resources and support they need in order better manage their health (Redondo-Sama et al 2020).

### **2.3 Psychosocial well-being concept**

The term psychosocial well-being refers to a wide range of aspects affecting an individuals emotional, social and psychological health. Psychosocial well-being, as articulated by Alzahrani (2021) involves the whole being of a person integrating mental health with emotional aspect and social connections which largely relies on interactions and circle of support. According to Kim et al., (2017) defined similar as psychological well-being (e.g., self-acceptance and personal growth), along with social well-being (positive relationships and sense of belonging in the community) within individuals. Furthermore, Browne (2019) notes that psychosocial well-being is vital for health and impacts how a person manages stress, illness experiences as well overall capacity to maintain quality of life.

In addition, the emotional and psychological factors of psychosocial well-being : are especially important in health care. Courtnage et al. According to (2020) emotional well-being consists of knowing how to manage their emotions, and maintain a positive attitude this is something that becomes crucial when living with one or more chronic illnesses. Hansen et al. (2022), psychological well-being, according to Kesebir (2020) includes resilience with the ability to bounce back from life's adversities and also mental health stability. Deshields et al. (2021) argue that attending to psychological health in healthcare can have a real positive impact on patient outcomes, including less distress and better reviewed treatment experiences, particularly with those living with chronic illness.

For patients who are hospitalized, however, social support and coping mechanisms are important factors needed to maintain psychosocial well-being. Busza et al. The American Journal of Nursing

(2018) explains how important social support is in the healing and mental stability not only for interactions among family members, friends, supporters but from health care providers as well. Fukuti et al. Social Support and Coping Hospitalization can be adverse, but it is the strong social support network that helps in better coping strategies (2020). Lawn et al. (2029) report that developing healthy coping responses, such as soliciting social support and problem solving skills is critical to ameliorate stress and enhance well-being psychosocial of the health professional like who work in a demanding healthcare context, for example Mulago National Referral Hospital.

### **2.3 Direct patient care rendered by the medical social workers to enhance psychosocial well-being of patient.**

In one study Alzahrani (2021) investigated the effect of hospitalization on emotional and mental well-being of adult patients. Results indicated that the longer a child was in hospital, the more likely they were to be anxious and depressed, thus requiring psychosocial support. Hansen et al., by contrast, support this idea. In a review of studies including patients with end-stage kidney disease, (2022) found that the participation of medical social workers improved psychological outcomes by managing emotional distress and aiding in coping strategies. As shown in both studies, direct patient care by medical social workers play a pivotal part to promote patients' psychosocial well-being.

Deshields et al. Finally, Zhang and Luo (2021) also aimed at distress management but the utilization of medical social workers was conspicuous in delivering emotional support and counseling among oncology patients. Their consensus panel recommended that social workers be involved to manage patients' distress and called for integrated psychosocial oncology care. Similarly, Courtnage et al. Using the involvement of oncology social workers in collaborative care models, an intervention that was successful by Johnson et al. (2020) improved patients' mental health outcomes; specifically, decreasing anxiety and depression levels. These studies demonstrate the positive influence of medical social workers on psychosocial health via patient contact as a group.

Nyoni et al. (2019) which focused on perceived social support and psychological well-being of children orphaned by HIV/AIDS in Southwestern Uganda. The study pointed out that medical social workers played an important role in providing the required emotional and psychosocial support, with all children having a better orientation towards their psychological health. This is in line with the study by Busza et al. According to Mathews et al. (2018), in Zimbabwe community health workers including social workers played a crucial role of providing ongoing psychosocial support which was needed for improved outcomes on treatment during the HIV life cycle among children. This highlights a key role for social work in the direct care provision to address psychosocial impacts of vulnerable populations.

In a study on psychological well-being of healthcare workers in epidemics, Philip & Cherian (2020) found that degree of social support from the psychosocial worker determined levels and frequency [sic] -y to some extent- such as stress and burnout. The thematic review emphasised that social workers play a pivotal role in the emotional support and coping strategies of healthcare workers leading to enhanced psychosocial adjustment. This is further supported by Fukuti et al. These results are in line with those of Kang et al., (2020) who found that institutions with better overall psychological outcomes for their healthcare workers during the COVID-19 pandemic were able to have greater mental health protection through the help and support provided by medical social workers. These studies reiterate the powerful role of social workers in supporting and preserving the psychosocial health among HCWs.

Lawn et al. In a qualitative study, Suserud et al. (2020) studied how emergency medical service work affected the psychological, physical and social well-being of ambulance personnel councils [33]. Their research found that the involvement of social workers in counseling helped to decrease stress and increase psychological well-being. Similar to the study by Mwenyango (2022) that observed an important role of social workers in refugee settlements, whereby they improved access for refugees to health services and provided psychosocial support which promoted the well-being dimension. These studies underscore the wide variety of settings in which social workers provide positive psychosocial outcomes.

Hall et al. (2020) from an international perspective who examined the way we use language and how it improves social work, especially child welfare that confirms a significant level of

psychosocial well-being achieved by children when engaged in communication with social workers. Facilitators discussed the importance of adequate emotional support being provided and high levels of communication skills required in order to present a favorable image for social work. Similarly, Webb (2019) stressed the essential role of social work practice with children as being paramount to directly engaging and supporting them which significantly improved their psychological well-being. Importantly, communication is a significant aspect of these studies and influences many domains in social work include psychosocial health for patients.

Roberts et al. For example, a 2023 study investigated barriers to psychosocial care in nursing homes and social services directors said they felt that having medical social workers who could assist with overcoming these barriers would have positive effects on the well-being of residents [The Harmonizing Act Comic Book Series; Blankenhorn & Preston-Smith, 2019]. As Browne (2019) reports in a discussion of social work roles within health, direct care and support to patients psychosocially was a significant aspect. Its findings underscore the need for embedding social workers within healthcare teams to mitigate and enhance this patients' psycho-social status.

Shamirah (2023) explored stress and coping strategies among caregivers of sickle cell disease patients, which indicated that social workers play a vital role in providing both emotional support for the improvement psychosocial well being. This evidence is consistent with that reported by Sikakulya et al. A qualitative study (2024) looked into the psychosocial impact of surgical complications among surgeons, and showed that support from social workers could make surgeons handle stress and anxiety more ably. Both studies serve to illustrate the vital role of medical social workers in providing direct patient care and support leading to a marked improvement in the psycho-socio-well being of patients as well as caregivers.

#### **2.4 Medical social workers as advocate in improving patients' psychosocial well-being.**

Busza et al. Medical social workers advocacy significantly improved HIV treatment outcomes in children (Machando N et al. 2018) This study and Courtnage et al. In the same manner, The Lancet Oncology Commission (2020) greater emphasis on psycho-socio health care integration — pointing out to bold tools social workers ready-made for effective participation in advocacy and lobbying in public health efforts. Deshields et al. specifically highlight the importance of their

work within collaborative care models in improving access to needed psychological services for patients and families

Deshields et al. (2021) : Emotional distress management in cancer care is detailed by Nikolaichuk et al. The benefits in psychosocial health that patients suffer from after receiving the care by all these medical social workers demonstrate what advocacy can deliver when implemented to its fullest potential among this subset of chronic illness populations.

Hansen et al. (2022) reported on psychosocial influences in end-stage kidney disease, emphasizing a key role for social workers. These findings are in agreement with a study by Fukuti et al. 2020) examined mental health safeguarding for healthcare workers amidst the COVID-19 pandemic, while stressing social work's part in advocating for those services that were necessary to promote better emotional well-being. Kim et al. Another study, by Li (2021), also mentioned that it is necessary to protect the psychological health and social welfare of senior citizens. The results of these studies presented collectively show the irreplaceable characteristic must-have that is medical social workers in enhancing a patient's holistic health, especially during difficult and life-threatening periods.

Alzahrani (2021) conducted research to find out how hospitalization affected the emotional and psychological well-being of adult patients, they prove that adults experience high levels of stress as a consequence. This finding resonates with Browne (2019) who found that social workers can play a key role in healthcare, especially within providing care for emotional suffering. Deshields et al. The work of Muteshi et al., (2021) stressed the role of social workers in oncology in addressing patients emotional stress. This body of evidence illustrates the importance for hospitals to introduce more comprehensive emotional support services, but also clearly indicates that medical social workers should advocate for these reforms in order to provide better psychosocial care.

Lawn et al. Linderbergh (2020) in a systematic review on the impact of emergency medical service work for ambulance personnel, emphasizing that these workers are subjected to severe psychological, body and social anguish. Our premise corresponds closely with the findings of Philip and Cherian (2020), who listed factors contributing to healthcare workers' psychological well-being during epidemics. Courtnage et al. talked about the advocacy efforts of social workers

with Social workers like those of Yong and co-workers (2020) play an important part in minimizing these stressors through interventions are resources. Taken together, these studies highlight the role of medical social workers' advocacy in promoting the psychosocial well-being not only of healthcare professionals but also indirectly for patients they serve.

In Uganda, Mwenyango (2022) reflecting on the work of social workers in enhancing health services among refugees, calls attention to how social worker has been a consistent voice in advocating for healthcare. Nyoni et al supports this research in a study by Nyoni, Nabunya and Ssewamala (2019) who investigates the Psychological well-being of children orphaned due to HIV/AIDS leveraging on social support systems advocated for by Social workers. Roberts et al. (2023) also highlighted the obstacles for psychosocial care in nursing homes and thus described needlessness of acting as an advocate to eliminate these barriers. Together these studies illustrate the pivotal role that medical social workers fill in being advocates for at-risk populations, and inclusion mindset is a necessary component to improving psychosocial resources/support within medicine.

Social work practice includes activities such as assessment, planning, intervention and review (Parker 2020), which are at the heart of advocacy. This ties back with Healy and Thomas (2020) that the advocacy in international social work is a great way to deal with global health inequities. Ruth, Wachman and Marshall (2019) explored public health social work as a form of advocacy for healthier policies and practices. In each of these studies, medical social work advocacy not only resulted in better individual patient outcomes shifted across the continuum from suffering to liberty but also moved structures and systems toward more sustainable changes that would ultimately improve overall psychosocial well-being.

For example, Webb (2019) drew attention to social work practice with children and the need for child practitioners not only to promote psychosocial development among some of our most vulnerable young citizens but also explicitly advocate for these needs. This is also endorsed by Shamirah (2023) who investigated the stress and coping styles of sickle cell disease caregivers drawing out an invaluable necessity for social workers to play critical supportive roles. The article by Hall, Slembrouck and Sarangi (2020) also considered the language practices present in social work that have been shown to impede effective advocacy. These studies, as a whole highlight that

children and their caregivers have multiple psychological needs which could not be met until medical social workers acted an advocate on behalf of these vulnerable patient population.

Sikakulya et al. Savage and colleagues (2024) reported on the psychosocial burden of surgical complications, surgeons' coping mechanisms, and highlighted social worker advocacy in provider support. Redondo-Sama et al. complement this effort by (2020) provide a very interesting case on how social work has responded to immediate societal challenges pertaining COVID-19 and report how vital the advocacy role is of social workers. These results are also supported by an article written about motivational interviewing in the context of social work practice to promote better patient health outcomes (Hohman, 2021). In combination, these studies highlight the multiple aspects of medical social workers advocacy roles in support psychosocial welfare for patients and healthcare providers.

**2.5 One of the many benefits has been how medical social workers have enhanced interdisciplinary** and combined effort to create framework ensuring full developmental potential for all human beings regardless of situations affecting them which then contributes to improvement in psychosocial well being.

Courtnage et al. Roland et al. (2020) investigated the efficacy of oncology social workers on improving integrated psychosocial oncology care using interdisciplinary cooperation. They found that models with moderate and enhancing outcomes focusing on both the medical model of disease alongside mental lifestyle were collaborative care design (Courtnage et al., 2020). Similarly, Deshields et al. Integrating social workers is another socioeconomic counselor example of interdisciplinary teamwork benefit as a help in controlling the mental health through stress between cancer patients accompanied with better psychological well-being (Deshields et al., 2021). By focusing on the studies included, it has become clear they all acknowledge the necessity of a multidisciplinary health care team to deliver optimal patient-centered care and share implications for social work in critical appraisal (Bendall & Maylor, 2017; Linsley et al., 2021).

Busza et al. Comment (2018) concluded that results from this sub-analysis could not only help to improve the outcomes of HIV treatment among children in Zimbabwe but provide community health workers, including medical social workers an invaluable contribution on specific methods. This comprehensive approach to care allowed for improved treatment adherence and patient

psychosocial well-being (Busza et al., 2018). Further, Mwenyango (2022) examined the influence of social work on access to health services for refugees revealing that trans-disciplinary solutions were associated with greater psychosocial and health outcomes [15]. Such findings demonstrate the importance of cross-disciplinary work in diverse health settings (Nyoni, Nabunya & Ssewamala 2019; Philip and Cherian 2020).

Hansen et al. (2022) explored the psychosocial factors of patients with end-stage kidney disease. This highlighted the importance of integrating social workers into healthcare teams to support patients regarding these psychosocial needs and, thus, improving their quality of life (QoL) (Hansen et al., 2022). Similarly, Fukuti et al. This was consistent with the assertion that interdisciplinary collaboration, including social worker input in particular, proved to be essential towards promoting mental health and psychosocial well-being of healthcare workers (Fukuti et al., 2020). Social workers are key members of interdisciplinary teams that provide this needed support and advocacy (Lawn et al., 2020; Ruth, Wachman & Marshall, 2019).

Kim et al. Of course, better interdisciplinary collaboration among medical social workers led to the high scores on psychological and social well-being regarding resilient aging(2021). By working together in this way, their research was able to address the multifaceted impairment that aging populations often face (Kim et al., 2021). Year: 2021 Year Another study, by Hohman (and mates), illustrates that social workers using motivational interviewing in health care settings lead to higher patient activation and psychosocial gains. These findings highlight the importance of interdisciplinary teamwork in caring for patients with multiple medical needs (Healy & Thomas, 2020; Roberts et al., 2023).

Redondo-Sama et al. Study(2020) investigatedthe comprehensive response of social work during the COVID-19 crisis, which today is synthesized in interdisciplinary collaboration to attend urgent social needs and improve patient outcomes. The Spanish studies showed that the inclusion of social workers in healthcare teams guaranteed comprehensive psychosocial support (Redondo-Sama et al., 2020). Shamirah (2023), similarly, studied coping strategies of caregivers dealing with children diagnosed for Sickle cell disease; finding out that multidisciplinary approach with the involvement of social works were able to reduce the stress and improve wellbeing among caregiver membersergicarchical models in which genomic subgroups are at variance. Consequently, these

studies identify the vital contribution of social work on interdisciplinary teams in times of crises (Parker 2020; Webb 2019).

Sikakulya et al. (2024) who examined the psychosocial effects of surgical complications on surgeons in Uganda and Democratic Republic of Congo. Examples of social work services and interdisciplinary support were identified as an important factor for managing stress and well-being among surgeons (Sikakulya et al., 2024). In the same line, an integrative review was done by Alzahrani (2021) to find out what hospitalization does for patients; emotional and psychological well-being having maintained. Interprofessional collaboration as a helpful technique of minimizing psychosocial effects unswervingly (Alzahrani, 2021). Given this, the study highlights how social work and its integration in interdisciplinary healthcare teams can contribute to well-being of both patients as well as providers (cf., Hall et al.; Slembrouck & Sarangi; Ikosio).

Lawn et al. Lawn et al., 2020) performed a review to systematically examine the impact of EMS, discussed that interdisciplinary collaborations (for example social work services) were important factors for addressing psychological and psychosocial issues experienced by ambulance personnel. Furthermore, Roberts et al. Roberts et al. (2023), in their research on barriers to psychosocial care in nursing homes, found that interdisciplinary collaboration with socialworkers was linked with considerable improvements in the provision of psychosocial services for residents. These findings clearly illustrate the importance of social work in providing inter-professional care across different healthcare environments (Philip and Cherian 2020; Sikakulya et al.

### **Summary and gap in the review of literature**

This article, which provides a broad-based literature review of the role for medical social workers in enhancing patient psychosocial well-being via direct client care and advocacy work to overcome these emotional, social and psychological aspects. Medical social workers work with interdisciplinary healthcare teams to provide a wide range of care support from financial assistance and social supports, to mental health stability or distress. They assess the condition, intervene and track services that will increase health outcomes for patients improving quality of life.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter describes the research approach. In the method section of a report, you will find details about area where study was conducted and defendant demography, sampling methods used to select participants in experiment as well as their measurements or data collection procedures, instruments used for these measurements; how collected information were processed before analyzing statistics findings also ethical clearances checked on them during write-up process etc setting up limitations into identified methodologies.

#### **3.1 Research Design**

This study will use a descriptive survey research design gathering facts and quantitative data in order to describe the characteristics of an existing phenomenon. The same design will be used in this case, to collect information about the role of medical social workers on the improvement of psychosocial status among patients at Mulago National referral hospital. The doctors will also be interviewed by use of questionnaires and in most cases, the data is to be acquired from both medical social workers although specifically this study deals with that department at Mulago Hospital (Okonta & Rossouw, 2014). This design is deliberately selected due to its potential for capturing a detailed picture of the status quo in medical social work practice and how this relates with treatment outcomes, which allows us as researcher to make informative choices on viable entry points for interventions that might address psychosocial well-being among patients during their hospitalization. Additionally, as far as possible this examination utilizes the both sort of research to gather various views about a subject being examined (Jann & Hinz, 2016).

#### **3.2 Area of study**

The study will be done at Mulago National Referral Hospital, in Kawempe North Division of Kampala the Capital City of Uganda regionally. However, it provides a representative case for assessing the effect of medical social workers on patient psychosocial well-being as it is Uganda's biggest referral and teaching hospital.

### 3.3 Study population

Study population: Medical social workers working under the department of medical Social works at Mulago National Referral Hospital will be considered for inclusion in order to acquire accurate and quality data on their knowledge level over medical soworkers role for improved psychosocial welfare among patients. The necessary data for the study will be gotten by this which is regarded as of use to give a researcher outstanding key findings. The HRM Records at Mulago National Referral Hospital (2024) posits that there are 40 medical social workers working with the hospital and hence these will be included in the study as a target population. In addition to above, the study will also involve 3 key informants and these are senior medical doctors from Mulago National Referral Hospital attached in the department of medical social works who manage CRC patients.

### 3.4 Sample size determination

According to Katamba & Nsubuga (2014) sample size is the portion or subset of the total population. The sample size will be determined by the sample calculation formula by Slovin's formula as follows;

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

“n” is sample size, “N” is population, “e” is error (0.05) or level of confidence 95%

“N” (population) = 40 medical social workers at Mulago National Referral Hospital

$$n = \frac{40}{1 + 40(0.05)^2}$$

$$n = \frac{40}{1 + 40(0.0025)}$$

$$n = \frac{40}{1 + (0.1)}$$

$$n = \frac{40}{1.1}$$

$$n = 36$$

Therefore from the table above, the sample size will be 36 respondents got from a total population of 40 medical social workers working in the department of medical social works at Mulago National Referral Hospital. The study will also include the senior medical doctors from the department of medical social works at Mulago National Referral Hospital who will participate in this study as the key informants. This is further represented in the table below;

**Table 1: Target Population, Size and Selection**

Category of Respondents	Population Size	Sample size	Sampling Techniques
Medical social workers	40	36	Simple random sampling
Senior doctors in Mulago Hospital	3	3	Purposive sampling
<b>Total</b>	<b>43</b>	<b>39</b>	

**Source:** *Mukono General Hospital (2024)*

### 3.5 Sampling Techniques

The population of study will consist of 36 medical social workers working in the department of Medical Social Works, Mulago National Referral Hospital and they shall be selected using a simple random sampling method such that every MSW has an equal chance to participate. This technique will be applied for richness, to avoid bias and obtain a sample of medical social workers who can represent the population (Noor et al., 2022) By contrast, 3 senior medical doctors from the department of medical social works at Mulago National Referral Hospital will be purposefully selected based on their knowledge and experience in relation to town births. Utilizing this approach will be able to confirm that the chosen doctors have in-depth knowledge and experiences within the psychosocial well-being of patients, who can provide important views on how medical social work interventions relate with treatment outcomes (Campbell et al., 2020).

## **3.6 Methods and Instruments for Data Collection**

### **3.6.1 Questionnaire**

The open-ended nature of some items in the questionnaire allows respondents to present data with specificity (Creswell, 2014). A questionnaires are also used as a research instrument that can be easily understand in semi-illiterate people of this population. The researcher will create both closed- and open-ended questions (likert scale formant) as they are easy to take and takes less time; also, the respondent should only consider mainly based on a topic. Parts of the survey will include questions related to their dependent variable, independent variable and demographics. Questionnaires will be used as questionnaires are the key source of data. So it will help to have a coverage of wide population in short time for the researcher. This research was majorly conducted using questionnaires which proved to be the most efficient form of primary data collection because it could remain anonymous and hence there would be less hesitancy in giving true answers. The guidelines on how the respondents should approach and answer the questions will become clear. This way, information from the selected medical social workers shall be obtained through a questionnaire.

### **3.6.2 Interview guide**

Informal interviews are a technique used in gathering data where the researcher asks participants questions based on the topic(s) at hand. The format of these questions can be structured or unstructured (open-ended) (Creswell, 2014). The respondents should provide spoken responses during this approach of data collection. Personal and telephone interviews will be conducted for the survey, as there are clutch informants who may not available at office to hold a personal interview. First hand authentic information via interviews This will also involve a series of in-depth interviews around the above three primary objectives as identified by respondents. The selected respondents will be hoped to participate in surveys with them that became essential and some needs most probably the face-to-face meetings. This means that the researcher will get first-hand information since the respondent will be responding freely and not a questionnaire. The interviews will be carried out with the senior medical doctors from the department of medical social works in Mulago National Referral Hospital.

### **3.7 Data collection process**

Before initiating this investigation, the researcher will be issued a letter of introduction by the School of Social Sciences permitting prior clearance for conducting research. This will be when you stop the researcher for authorizing letter to carry out a study. The researcher will then request for a permission from the management of Mulago National Referral Hospital to use that letter in his/her research. Participants will be provided information on how the data is collected and the questions are anonymous.

### **3.8 Sources of Information**

Information sources are widely recognized works of literature by reputable academic institutions or members of the general public whether unpublished. The researcher plans to use primary and secondary data sources. Unlike secondary sources, primary data sources are not compiled by someone else but collected directly for the purpose of research. The collection of data from the selected medical social workers and senior consultants in the department at Mulago National Referral Hospital will be using questionnaires for fellow Medical Social Workers and interviews. On the other hand, secondary data are information that has been collected and analyzed by someone else. It includes the textbooks, journals, periodicals research reports, newspapers and websites that the researcher is expected to use (Kothari, 2013).

### **3.9 Quality/Error Control**

#### **3.9.1 Validity**

Validity is assured by Cohen & Manion & Keith (2007) through; selection of a good scale, and having adequate resources to allow the necessary research happened using an appropriate methodology for answering his question avoid very long or too short interval between pre-test data collection and post functioning standardized procedures in collecting informations or for administering valid tests while others related saying items should be relevant to individual concentration span. Validity → used to assess the effectiveness of questions) data it is supposed valid for The researcher will ensure the validity of the instruments to be used in data collection first by pre-test where 5 questionnaires will distributed for 5 medical social workers, he is going

to try his all best involve highly himself at day with outmost of numbers errors happened on his research.

### **3.9.2 Reliability**

Reliability according to Mugenda & Mugenda (2003) a measure of the degree at which a research instrument measures or produces similar readings on different occasions when used repeatedly. The higher the instrument is in its ability to produce human-like measurement results no matter what who ever uses it, and at any situation, as reliability, that makes such tool reliable one. The questionnaires will be administered after the same few respondents have participated in this topic as a pilot study.

### **3.10 Data analysis**

#### **3.10 Continuous data qualitative treatment**

This data will be coded, entered into a computer software program called SPSS (SPSS for Statistical Package for the Social Sciences), sorted and cleaned of any errors that may have occurred during data collection. The data will be statistically analyzed using SPSS version 20 and Microsoft Excel (Software Programs) Quantitative and qualitative statistical methods will be used to describe data. Thereafter the findings will be analyzed in frequencies and percentages as descriptive statistics. The results will be displayed on tabular and graphical forms.

#### **3.10 Analysis of qualitative data**

In this context, qualitative data will be cleaned and converted into meaningful sentences. That is, we will conduct a thematic analysis of qualitative data in order to identify themes, categories and patterns. These over-arching themes from the interviews in response to each guiding question may be displayed and described within results, with representative direct quotations by participants as illustrative examples

### **3.11 Ethical Consideration**

In this study, ethical issues include the rights of participants is protected and that confidentiality has to be ensured and informed consent must also be given (Cacciattolo, 2015). Ethics approval will be acquired from the institutional review board of each centre. All participants (including medical social workers and senior doctors) will know that it is a study, to what end information in question are being collected voluntarily with measures for confidentiality regarding personal details enforced [ 35 ]. Through providing the informed consent to all recruited participants, each of who should be agreed before participating in their research that upholds their autonomy and respect for making a decision. Furthermore, steps would be taken to minimize any possible harm or discomfort that the participants may experience during their research. In conducting this study, we will follow the ethical guidelines of institutional review boards and other relevant regulatory bodies to assure beneficence, non-maleficent justice respect for individual rights and dignity [ 30 ].

### **3.12 Expected restrictions and delimitations of the study**

There may be suspicion from a portion of respondents in terms of how and where the data is going to be used. All this will be solved through the good excellent status in her research context being a learning institution and also getting an invitation letter with the university.

The reality of the matter Is that funds will definitely be a limiting factor which are necessary to finance research, for example in form of motivating respondents, printing fees and even daily transport to yield organization so as collect data. But the researcher will make their ways and plans to get financial help from family.

Others may take their time to return the questionnaires thus slowing down researches target of analyzing his or her study. Which will be compensated for by issuing more questionnaires beyond the target and this way she is back-able to fill in the gaps if at all certain people do not come back with their questionnaires.

## CHAPTER FOUR DATA ANALYSIS

### 4.1 Introduction

This chapter presented field data findings were discussed. After collecting different data concerning the role of medical social workers in improving the psychosocial well-being of patients at MULAGO NATIONAL REFERRAL HOSPITAL. Findings of the research were presented and analyzed according to the study that presented inform of tables, frequencies, and percentages in line with the stated objectives and the research questions of the study. This gives interpretation and analysis of findings made in an attempt to establish the role of medical social workers in improving the psychosocial well-being of patients at Mulago Hoapital. The findings are as a result of the questionnaires which were given to the respondents to fill. The study included different kinds of the respondents from MULAGO NATIONAL REFERRAL HOSPITAL.

### 4.2 Demographic information:

Demographic refers information or statistical data that describes the various characteristics of a population that may include the gender, age, education, nationality, occupation and years of experience of the respondents in the MULAGO NATIONAL REFERRAL HOSPITAL Organization.

#### 4.2.1 Gender of respondents

Respondents were asked to show their gender and the findings are presented as shown in the table below

**Table 4.1: showing respondent's gender**

Sex	Frequency	Percentage (%)
Males	25	64
Females	14	36
Total	39	100

**Source: primary data**

On gender basis, majority of the respondents were males and accounted for 64% while their female counterparts accounted for 36%. This indicates that male respondents largely participated in the

study. Meaning a large number of MULAGO NATIONAL REFERRAL HOSPITAL comprise of male employees as compared to their female counterparts.

#### 4.2.2 Marital status.

**Table 4.2: showing marital status.**

Marital status	Number of respondents	Percentage (%)
Single	30	77
Married	9	23
Total	39	100

Source: primary data

The highest number of the respondents that was single were 77% and the married were 23% as the least.

#### 4.2.3 Ethnicity and Race of respondents

**Table 4.3: showing Ethnicity and Race**

Ethnicity and Race	Number of respondents	Percentage (%)
Caucasian	0	0%
African	29	74%
Asian	2	5%
Latino	0	0%
Native American	1	3%
Others	7	18%
Total	39	100

Source: primary data

The ethnic and racial demographics at Mulago Hospital indicate a predominantly African patient population, accounting for 74% of the total. This is followed by a significant "Others" category at 18%, which could include mixed-race individuals or those from other unspecified ethnic backgrounds. Asians make up 5% of the population, while Native Americans constitute 3%. Notably, there are no Caucasian or Latino individuals reported..

#### 4.2.4 Language Spoken

**Table 4.4: showing Language Spoken**

Language Spoken	Number of respondents	Percentage (%)
English	<b>14</b>	<b>36%</b>
Languages (e.g. Luganda,Swahili)	<b>22</b>	<b>56%</b>
Others	<b>3</b>	<b>8%</b>
Total	<b>39</b>	<b>100</b>

Source: primary data

The majority of communication occurring in local languages such as Luganda and Swahili, which comprise 56% of the spoken languages. English is also widely spoken, accounting for 36%, reflecting its status as an official language in Uganda and its use in medical and professional settings. The remaining 8% falls under "Others," indicating a presence of various other languages spoken by patients and staff.

#### 4.2.5 Insurance Coverage for Respondents

**Table 4.5: showing Insurance Coverage**

Insurance Coverage	Number of respondents	Percentage (%)
Private Insurance	9	77%
Government Insurance	30	23%
Total	39	100

Source: primary data

Most of patients, 77%, are covered by private insurance, indicating a significant reliance on private healthcare options. This suggests that a large portion of the hospital's clientele might have higher socioeconomic status or access to employment-related health benefits. In contrast, 23% of patients are covered by government insurance, which may include public health programs aimed at lower-income or vulnerable populations.

#### 4.2.6 Age of the respondents

**Table 4.6: showing age of the respondents**

Age bracket(years)	Number of respondents	Percentage (%)
20-30	8	21%
31-50	24	62%
51 and above	7	18%
Total	39	100

**Source: primary data.**

The study results from table 2 above indicate that a biggest number of the respondents came from the age bracket of (31-50) represented by 62% followed by those in the age bracket (20-30) with 21%, and age bracket 51 and above had 18% of the total respondents. This indicates that all the people in different age bracket participated in the study.

#### 4.2.7 Education Level of the Respondents

**Table 4.7: showing Education Level of the Respondents**

Education level	Frequency	Percentage (0/0)
Certificate / diploma	9	23%
Bachelor degree	11	28%
Master's degree	3	8%
Doctorate	16	41%
Total	39	100

Source: Primary Data

I found out that the knowledge of the staffs was satisfactory enough because having medical ideas require a lot education and experience in the medical world

#### 4.2.8 Occupation of respondents:

**Table 4.8: showing the job role of respondents:**

Occupation /Department	Number of respondents	Percentage (%)
Doctor	19	49%
Nurse	10	26%
Pharmacist	4	10%
Allied Health Professionals	6	15%
Intern	0	0%
Total	39	100

**Source: primary data.**

The study results from the table 4.8 above indicates that 49% of the staff, reflecting the hospital's strong focus on medical expertise and clinical care. Nurses account for 26%, playing a crucial role in patient care and support. Pharmacists represent 10%, emphasizing the importance of medication management and pharmacy services. Allied Health Professionals, at 15%, contribute to a range of essential healthcare services such as radiology, physiotherapy, and laboratory work. Notably, there are no interns, which could indicate a lack of training programs or a focus on employing fully qualified professionals.

#### 4.2.9 Category of Respondents

**Table 4.9: showing Category of Respondents**

Category of Respondents	Number of respondents	Percentage (%)
Medical social workers	20	51%
Senior doctors in Mulago Hospital	19	49%
Total	39	100

Source; Primary data

At Mulago Hospital, the respondents are almost evenly split between medical social workers, who make up 51%, and senior doctors, who comprise 49%.

#### 4.2.10 Have you ever worked with medical social workers?

**Table 4.10: showing Yes/No to working**

Experience of Work	Number of respondents	Percentage (%)
Yes	39	100
No	0	0
Total	39	100

#### **Primary data**

Junior doctors make up 51% of the staff, while senior doctors comprise 49%. The entire team, with a 100% affirmative response, reported having substantial experience in their respective roles.

#### 4.2.11 Years worked in Mulago National Referral Hospital

**Table 4.11: showing for how long have you worked in Mulago National Referral Hospital**

Years Worked	Number of respondents	Percentage (%)
Less than a year	3	8%
1-3 years	10	26%
4-6 years	9	23%
Above 6 years	17	44%
Total	39	100

#### **Source: Primary data**

The study results from the table 4.10 above indicates that the biggest number and percentage of respondents 44% has worked for above 6 years, followed by 26% that have worked for 1-3 years, 23%(4-6 years) and lastly 8% less than a year.

#### 4.2.12. How familiar are you with the role of medical social workers?

**Table 4.12: showing level of familiarity with the role of medical social workers**

Familiarity of the Role	Number of respondents	Percentage (%)
Very familiar	24	62%
Somehow familiar	15	39%
Not familiar	0	0
Total	39	100

#### **Source: Primary data**

At Mulago Hospital, 62% of the medical workers, are very familiar with their responsibilities, while 39% are somehow familiar. Notably, there are no staff members who are not familiar with their roles.

#### 4.2.13. Do you currently stay in hospital premises?

**Table 4.13: showing if medical social workers stay in hospital premises**

Hospital Premises	Number of respondents	Percentage (%)
Yes	19	49%
No	20	51%
Total	39	100

**Source: Primary data**

At Mulago Hospital, 49% of the medical workers stay at the premises , while 51% don't .

#### 4.2.14. What department do you currently work in at Mulago Hospital?

**Table 4.14: showing department of work**

Department of Work	Number of respondents	Percentage (%)
Pediatrics	8	21%
Oncology	24	62%
Psychiatry	7	18%
Total	39	100

**Source: Primary data**

The Oncology department comprises the largest portion, with 62% of the staff working in this critical area. The Pediatrics department accounts for 21%, reflecting a strong commitment to child healthcare. Psychiatry is also a notable area, with 18% of the staff dedicated to mental health services.

#### 4.2.15 How frequently do you interact with medical social workers?

**Table 4.15: showing how often medical social workers interact with Patients**

Interact with Patients	Number of respondents	Percentage (%)
Daily	17	44%
Weekly	10	26%
Monthly	9	23%
Rarely	3	8%
Total	39	100

**Source: Primary data**

44% of medical workers interact with patients on a daily basis, ensuring consistent and immediate care. Another 26% engage with patients weekly, while 23% have monthly interactions. A small percentage, 8%, interact with patients rarely.

#### 4.3 Presentations of the research findings as per the research objectives

##### 4.3.1 The research findings on the contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital? (Tick as Appropriate)

Indicate the extent to which you agree with the following observations on the contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital at MULAGO NATIONAL REFERRAL HOSPITAL in Uganda on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

**Table 4.16: What is the contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital?**

SECTION	THE WHAT IS THE CONTRIBUTION OF DIRECT PATIENT CARE BY MEDICAL SOCIAL WORKERS IN	AGREE		NOT SURE F (%)	DISAGREE	
		F (%)			F (%)	
		SA	A	NS	DA	SDA

	<b>IMPROVING THE PSYCHOSOCIAL WELL-BEING OF PATIENTS IN MULAGO HOSPITAL?</b>					
I.	Do services provided by medical social workers helped patients manage stress related to their illness?	12 (31%)	13 (33%)	7 (18%)	2 (5%)	5 (13%)
II.	Have medical social workers helped to develop effective coping strategies for patients to deal with their illness?	20 (51%)	13 (33%)	5 (13%)	0 (5.4%)	1 (14.3%)
III.	Does the quality of life of patients improve as a result of the care provided by medical social workers?	10 (26%)	22 (56%)	3 (8%)	0 (%)	4 (10%)
IV.	Has the involvement of medical social workers impacted the patient's family's ability to support them?	3 (8%)	2 (5%)	7 (18%)	13 (33%)	14 (36%)
V.	Do medical social workers improve in some area depending on the care they give patients?	9 (23)	3 (8)	12 (31)	9 (23)	6 (15)
VI.	Do medical social workers offer additional help that benefits patients?	12 (31)	6 (15)	9 (23)	10 (26)	3 (8)
VII.	Do services provided by medical social workers get patients satisfied?	2 (5)	2 (5)	2 (5)	24 (62)	9 (23)

VIII.	Do medical social workers help patients reduce any stress or anxiety related to family member's medical condition?	13 (33)	15 (38)	6 (15)	3 (8)	0 (0%)
IX.	Does daily meet ups with patients by medical social workers improve their well-being?	22 (56)	8 (21)	9 (23)	0 (0)	0 (0)
X.	Does the emotional support from medical social workers improve the well-being of patients?	16 (41%)	9 (23%)	4 (10%)	10 (26%)	0 (0%)
XI.	Do medical social workers help in reducing the overall hospitalization time for patients?	15 (38%)	8 (21%)	9 (23%)	5 (13%)	2 (5%)
XII.	Are patients more likely to adhere to treatment plans due to the support from medical social workers?	23 (60%)	15 (38%)	2 (2%)	0 (0%)	0 (0%)
XIII.	Do patients feel more supported because of the presence of medical social workers?	9 (23%)	12 (31%)	3 (8%)	6 (15%)	3 (8%)
XIV.	Do medical social workers assist in coordinating patient care?	7 (18%)	8 (21%)	13 (33%)	8 (21%)	3 (8%)
XV.	Do medical social workers help patients understand their	10 (26%)	15 (38%)	4 (10%)	6 (15)	4 (10%)

	medical condition and treatment?					
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Source: Primary data 2023

Starting off from **section (I)** which reveals that the majority of respondents (64%) either strongly agree (31%) or agree (33%) that the services are effective in helping patients manage stress. This indicates a generally positive view of the support provided by medical social workers. However, there is a significant portion of respondents (18%) who are unsure about the effectiveness of the services. Additionally, a smaller percentage (18%) either disagree (5%) or strongly disagree (13%), suggesting that some patients do not find the services as helpful. There is room for improvement and further investigation into the reasons behind the mixed responses.

Table 11 and **section (II)** unveils that the data shows a very positive perception of the role of medical social workers in helping patients develop effective coping strategies. Over half of the respondents (51%) strongly agree that the social workers have been effective in this area, with an additional 33% agreeing with the statement. Only a small fraction of respondents are unsure (13%), and very few disagree (0%) or strongly disagree (3%). This suggests a high level of satisfaction with the support provided by medical social workers in developing coping strategies, though the single respondent who strongly disagrees indicates there may be isolated cases of dissatisfaction.

Table 11 and **section (III)** disclosed that the majority of respondents view the care provided by medical social workers as beneficial for improving patients' quality of life. Specifically, 26% strongly agree and 56% agree that the care provided leads to an improvement in quality of life. This results in a total of 82% of respondents affirming the positive impact of the care. A small portion of respondents are unsure (8%), and a small group either disagree (0%) or strongly disagree (10%), indicating that while the clarity of feeling is positive, there are some concerns or differences in perception regarding the impact on quality of life.

Table 11 in **section (IV)** the data reveals that a majority of respondents believe that the involvement of medical social workers has not positively impacted the family's ability to support the patient. Specifically, 36% strongly disagree and 33% disagree with the statement, indicating that they feel the involvement of social workers has not been beneficial in this regard. Only a small

percentage of respondents strongly agree (8%) or agree (5%) that the social workers have had a positive impact. Additionally, 18% are unsure about the impact. Meaning there is dissatisfaction with how medical social workers have influenced the family's ability to support the patient.

**Section (V)** and table 8 shows that the data indicates a mixed perception regarding the improvement of medical social workers depending on the care they provide. A smaller portion of respondents strongly agree (23%) or agree (8%) that social workers improve in certain areas based on their care. However, a significant percentage are unsure (31%), suggesting uncertainty about whether social workers' performance improves with the care they provide. Additionally, 23% disagree and 15% strongly disagree, indicating that some respondents feel that the care provided does not lead to improvement in specific areas. A number of respondents are either unsure or negative about this aspect of medical social workers' performance.

Additionally, **section (VI)** identifies a total of 46% of respondents (31% strongly agree and 15% agree) believe that medical social workers provide additional help that benefits patients. A significant portion, 23%, are unsure whether the additional help is beneficial. Additionally, 26% of respondents disagree, and 8% strongly disagree, suggesting that there is a notable portion of respondents who do not view the additional help provided by social workers as beneficial. Nearly half of the respondents see value in the additional help provided, a considerable percentage remain unsure or dissatisfied.

At **section (VII)** shows a very small percentage of respondents feel satisfied, with only 5% strongly agreeing and another 5% agreeing that the services meet their needs. The majority of respondents (62%) disagree with the statement, indicating significant dissatisfaction with the services. Additionally, 23% strongly disagree, further reflecting a high level of dissatisfaction. Only 5% are unsure about the satisfaction level. Majority of patients are dissatisfied with the services provided by medical social workers, pointing to a need for substantial improvements in the care and support they offer.

Furthermore in **section (VIII)**, a combined total of 71% of respondents feel that medical social workers are effective in helping reduce stress or anxiety, with 33% strongly agreeing and 38% agreeing. 15% of respondents are unsure about the effectiveness of these services. Only 8% of respondents disagree, and no respondents strongly disagree, indicating a lack of severe

dissatisfaction. The majority of respondents view the support from medical social workers as beneficial in reducing stress or anxiety related to family members' medical conditions, though there remains a small percentage who are unsure or less convinced.

Moving forward to **section (IX)**, many majority of respondents (77%) believe that daily meet-ups improve patients' well-being, with 56% strongly agreeing and 21% agreeing. 23% of respondents are unsure about the impact of these meetings. There is no disagreement or strong disagreement from the respondents, suggesting no significant negative feedback on this aspect. The majority view daily meet-ups as beneficial for improving patient well-being, though a minority remains uncertain about their effectiveness.

Lastly in **section (X)**, a total of 64% of respondents believe that emotional support improves patients' well-being, with 41% strongly agreeing and 23% agreeing. 10% of respondents are unsure about the impact of emotional support on well-being. 26% of respondents disagree with the statement, indicating a notable level of dissatisfaction or lack of perceived benefit. No respondents strongly disagree, suggesting that while there are some concerns, there is no extreme negativity about the support. The majority view emotional support from social workers as beneficial for patient well-being, though there is a significant portion of respondents who disagree with this view.

A significant portion of respondents, 38%, strongly agree that medical social workers contribute to shorter hospital stays. Additionally, 21% agree with this assertion. This suggests that a majority, totaling 59%, view the involvement of medical social workers positively in this context. Conversely, 13% of respondents disagree, and 5% strongly disagree, making up a smaller minority of 18%. Meanwhile, 23% of the respondents are unsure. This distribution highlights a prevailing belief in the positive impact of medical social workers, though there remains some uncertainty and skepticism among the respondents.

A substantial 60% of respondents strongly agree that the support from medical social workers enhances adherence to treatment plans, while 38% agree with this sentiment. This results in a combined 98% of respondents acknowledging the positive influence of medical social workers on treatment adherence. Only 2% are unsure, and notably, there are no respondents who disagree or strongly disagree.

A combined 54% of respondents indicate a positive view, with 23% strongly agreeing and 31% agreeing that medical social workers enhance the sense of support for patients. However, 8% of respondents are unsure, reflecting some uncertainty. Additionally, 15% disagree and 8% strongly disagree, together accounting for 23% of the respondents who do not perceive an increased sense of support from medical social workers.

A combined 39% of respondents have a positive view, with 18% strongly agreeing and 21% agreeing that medical social workers play a role in coordinating patient care. However, a significant portion, 33%, are unsure, indicating a high level of uncertainty about this aspect of their role. Additionally, 21% disagree and 8% strongly disagree, together representing 29% of respondents who do not believe medical social workers significantly assist in coordinating care.

A combined 64% of respondents hold a favorable opinion, with 26% strongly agreeing and 38% agreeing that medical social workers are effective in aiding patients' understanding of their conditions and treatments. On the other hand, 10% are unsure, which shows some level of uncertainty. Additionally, 15% disagree and 10% strongly disagree, reflecting a minority who feel that medical social workers do not significantly contribute to patient education.

#### **4.3.1 The research findings on the contribution of advocacy by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital? (Tick as Appropriate)**

Indicate the extent to which you agree with the following observations on the contribution of advocacy by medical social workers in improving the psychosocial well-being of patients in Mulago Hospita at MULAGO NATIONAL REFERRAL HOSPITAL in Uganda on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

**Table 4.17: showing the contribution of advocacy by medical social workers in improving the psychosocial well-being of patients**

SECTION	WHAT IS THE CONTRIBUTION OF ADVOCACY BY MEDICAL SOCIAL WORKERS IN IMPROVING THE PSYCHOSOCIAL WELL-BEING OF PATIENTS IN MULAGO HOSPITAL?	AGREE F (%)		NOT SURE F (%)	DISAGREE F (%)	
		SA	A	NS	DA	SDA
I.	Has the advocacy support from medical social workers improved patients access to healthcare services?	9 (23%)	25 (64%)	1 (3%)	3 (8%)	1 (3%)
II.	Do patients feel more empowered to manage their health and well-being as a result of the advocacy services provided?	12 (31%)	13 (33%)	4 (10%)	0 (0%)	10 (26%)
III.	Has the advocacy work of medical social workers helped reduce	9 (23%)	12 (31%)	3 (8%)	6 (15%)	3 (8%)

	patient's emotional or psychological stress?					
IV.	Do advocacy efforts of medical social workers help in addressing patient's needs?	7 (18%)	8 (21%)	13 (33%)	8 (21%)	3 (8%)
V.	Do patients receive advocacy support from medical social workers during their stay at the hospital?	3 (8%)	10 (26%)	22 (56%)	4 (10%)	0 (0%)
VI.	Has advocacy in services improved patient's access to resources?	6 (15%)	6 (15%)	12 (31%)	6 (15%)	9 (23%)
VII.	Has patient's social well-being improved due to advocacy services?	12 (31%)	14 (35%)	7 (18%)	13 (33%)	10 (26%)
VIII.	Are patients aware that medical social workers provide advocacy services at Mulago Hospital?	10 (26%)	6 (15%)	6 (15%)	7 (18%)	10 (26%)
IX.	Do medical social workers advocate for patients' rights within the hospital?	24 (62%)	12 (31%)	0 (0%)	3 (8%)	0 (0%)
X.	Have advocacy efforts led to better patient outcomes?	16 (41%)	9 (23%)	3 (8%)	7 (18%)	4 (10%)

						(10%)
XI.	Do medical social workers help patients navigate healthcare policies and regulations?	6 (15%)	8 (21%)	21 (54%)	3 (8%)	1 (3%)
XII.	Do patients feel more confident in making healthcare decisions due to advocacy services?	15 (38%)	8 (21%)	9 (23%)	5 (13%)	2 (5%)
XIII.	Are advocacy services provided by medical social workers essential for patient care?	23 (60%)	15 (38%)	2 (2%)	0 (0%)	0 (0%)
XIV.	Have advocacy services helped patients obtain financial assistance for their medical care?	9 (23%)	3 (8%)	16 (41%)	7 (18%)	4 (10%)
XV.	Do patients appreciate the advocacy role of medical social workers?	12 (31%)	13 (33%)	4 (10%)	0 (0%)	10 (26%)

Source: Primary data 2023

**Section (I)** reveals significant majority of respondents (87%) feel that advocacy support has improved access to healthcare services, with 23% strongly agreeing and 64% agreeing. Only 3% of respondents are unsure about the impact of advocacy support. A small percentage of respondents disagree (8%) or strongly disagree (3%), indicating some level of dissatisfaction but not substantial. This reflects strong support for the role of medical social workers in enhancing access

to healthcare services, with minimal disagreement or uncertainty about their effectiveness in this area.

In **section (II)**, 64% of respondents (31% strongly agree and 33% agree) feel that the advocacy services provided enhance their empowerment in managing their health and well-being. This indicates a positive perception among a majority of patients regarding the effectiveness of these services. **10%** of respondents are unsure about the impact of the advocacy services on their empowerment. **26%** of respondents strongly disagree with the statement, which indicates a significant level of dissatisfaction or lack of perceived benefit from the advocacy services. A portion of patients believe that advocacy services improve their empowerment in managing their health, a notable percentage still feel that the services are not effective in this regard. This suggests that while there is a generally favorable view, there is room for improvement to address the concerns of the dissatisfied patients.

A total of 54% of respondents (23% strongly agree and 31% agree) in **section (III)** believe that the advocacy work has successfully reduced stress, indicating that many patients find these services beneficial. However, 8% of respondents are unsure about the impact, reflecting some uncertainty about the effectiveness of these services. Additionally, 23% of respondents (15% disagree and 8% strongly disagree) feel that the advocacy work has not been effective in alleviating their stress, suggesting that there is room for improvement.

Approximately **39%** of respondents (18% strongly agree and 21% agree) in **section (VI)** believe that these efforts are effective in meeting their needs, indicating that a portion of patients find value in the support provided. However, **33%** are uncertain about the effectiveness, suggesting some ambiguity or lack of clear impact. Additionally, **29%** of respondents (21% disagree and 8% strongly disagree) feel that the advocacy efforts do not adequately address their needs, pointing to a notable level of dissatisfaction. Both the positive contributions of advocacy efforts and the areas where improvements are needed to better meet patient needs and enhance overall satisfaction.

In **section (V)**, **56%** of respondents are unsure if they receive advocacy support, suggesting a lack of clarity or awareness regarding these services. **26%** of respondents agree that they receive advocacy support, while **8%** strongly agree, indicating that a smaller but notable segment finds the support beneficial. Conversely, **10%** of respondents disagree that they receive advocacy

support, though no respondents strongly disagree, implying that while there is some dissatisfaction, there is no extreme negative response.

**30%** of respondents (15% strongly agree and 15% agree) in **section (VI)** believe that advocacy services have enhanced their access to resources, indicating that some patients find these services beneficial in this regard. **31%** are uncertain about the impact of advocacy services on their access to resources, reflecting a notable level of ambiguity or lack of clear information. Conversely, **30%** of respondents (15% disagree and 23% strongly disagree) feel that the advocacy services have not improved their access to resources, portion of patients experience limitations or dissatisfaction with these services.

Furthermore in **section (VII)**, 31% strongly agree and 35% agree that social well-being has improved, indicating a positive reception of advocacy services. However, a significant portion of respondents are uncertain (18%) or disagree (33%) with the effectiveness of these services, suggesting that there may be varied experiences or perceptions regarding the impact. Additionally, 26% strongly disagree, which points to a notable group who feel that advocacy services have not contributed to improved social well-being.

Only 26% of respondents in **section (VIII)** strongly agree and 15% agree that they are aware of these services, suggesting that a relatively small proportion of patients are informed about the advocacy services offered. The same proportion, 26%, strongly disagree, and 18% disagree, highlighting a significant number of patients who are unaware of these services or do not believe they are provided. Additionally, 15% of respondents are unsure, reflecting some ambiguity about the availability of advocacy services. The findings suggest a need for increased efforts to inform patients about the advocacy services available to them.

A notable 26% of patients in **section (IX)** strongly agree with the statement, indicating high awareness. Another 15% agree, suggesting a smaller but significant group that also recognizes these services. Conversely, 18% disagree and an equal 26% strongly disagree, indicating a considerable portion of patients who are unaware or do not believe in the provision of these advocacy services. The 15% who are not sure reflect a segment of the population that is either uncertain about the role of medical social workers or lacks sufficient information.

A significant portion of respondents in **section (X)**, 41% (16 individuals), strongly agree that advocacy efforts have improved patient outcomes, while 23% (9 individuals) agree with this sentiment. This combined 64% majority suggests that advocacy is seen as effective by most. However, there remains some uncertainty, as 8% (3 individuals) are not sure about the impact of advocacy efforts. On the contrary, 18% (7 individuals) disagree, and 10% (4 individuals) strongly disagree with the statement.

A combined 36% of respondents in **section (XI)** agree that medical social workers are effective in this role, with 15% (6 individuals) strongly agreeing and 21% (8 individuals) agreeing. However, a majority of respondents, 54% (21 individuals), are not sure about the impact of medical social workers in this context, indicating a significant level of uncertainty or lack of awareness. On the other hand, 8% (3 individuals) disagree, and a small minority of 3% (1 individual) strongly disagree.

A significant portion of respondents in **section (XII)**, 38% (15 individuals), strongly agree that advocacy services boost patient confidence, with an additional 21% (8 individuals) agreeing. This combined 59% indicates a majority view that advocacy services positively impact patient decision-making. However, 23% (9 individuals) are not sure about the impact, suggesting a notable degree of uncertainty or lack of awareness. On the contrary, 13% (5 individuals) disagree, and 5% (2 individuals) strongly disagree.

A significant majority, 60% in **section (XIII)**, strongly agree (1) that these services are essential, and an additional 38% agree (2) with this sentiment. Only 2% are unsure (3), while no respondents disagreed (4) or strongly disagreed (5). This overwhelming support suggests that the medical community at Mulago Hospital perceives advocacy services as a critical component of patient care, highlighting their value in addressing patient needs, navigating healthcare systems, and ensuring comprehensive support.

While 23% of respondents in **section (XIV)** strongly agree (1) and 8% agree (2) that these services have been helpful, a significant portion, 41%, are unsure (3). Additionally, 18% disagree (4) and 10% strongly disagree (5) with the statement. This distribution indicates that while some recognize the benefits of advocacy services in securing financial aid, a notable number of respondents are either uncertain about their effectiveness or believe they have not been successful in this area.

A combined total of 64% of respondents in **section (XV)** either strongly agree (31%) or agree (33%) that patients appreciate this role, indicating a majority positive perception. However, 10% are unsure (3), and a notable 26% strongly disagree (5), with no respondents disagreeing (4). This mixed feedback suggests that while many patients recognize and value the advocacy provided by medical social workers, a significant minority do not share this appreciation.

**4.3.1 The research findings on the contribution of interdisciplinary collaboration by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital? (Tick as Appropriate)**

Indicate the extent to which you agree with the following observations on the contribution of interdisciplinary collaboration by medical social workers in improving the psychosocial well-being of patients at MULAGO NATIONAL REFERRAL HOSPITAL in Uganda on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

**Table 4.18: The contribution of interdisciplinary collaboration by medical social workers in improving the psychosocial well-being of patients**

SECTION	WHAT IS THE CONTRIBUTION OF INTERDISCIPLINARY COLLABORATION BY MEDICAL SOCIAL WORKERS IN IMPROVING THE PSYCHOSOCIAL WELL-BEING OF PATIENTS IN MULAGO HOSPITAL	AGREE F (%)		NOT SURE F (%)	DISAGREE F (%)	
		SA	A	NS	DA	SDA
I.	Do medical social workers collaborate with other healthcare professionals (e.g., doctors,	13 (33)	15 (38)	6 (15)	3 (8)	0 (0%)

	nurses, psychologists) at Mulago Hospital?					
II.	Has communication between patients and the healthcare team due to interdisciplinary collaboration?	22 (56)	8 (21)	9 (23)	0 (0)	0 (0)
III.	Does interdisciplinary collaboration address patient's needs?	6 (15%)	6 (15%)	12 (31%)	6 (15%)	9 (23%)
IV.	Does interdisciplinary collaboration coordinate care for patients?	7 (18%)	8 (21%)	13 (33%)	8 (21%)	3 (8%)
V.	Has communication between patients and the healthcare team due to interdisciplinary collaboration?	3 (8%)	10 (26%)	22 (56%)	4 (10%)	0 (0%)
VI.	Do patients experience care involving interdisciplinary collaboration during their stay at the hospital?	2 (5)	2 (5)	2 (5)	24 (62)	9 (23)
VII.	Has interdisciplinary collaboration involved professionals in patients care?	4 (10%)	5 (13%)	7 (18%)	13 (33%)	10 (26%)
VIII.	Has interdisciplinary collaboration contributed to a more holistic approach to patients care?	10 (26%)	6 (15%)	11 (28%)	4 (10%)	8 (21%)

IX.	Do medical social workers play a key role in interdisciplinary team meetings?	12 (31%)	13 (33%)	4 (10%)	0 (0%)	10 (26%)
X.	Has interdisciplinary collaboration helped in reducing patient hospital readmissions?	9 (23%)	12 (31%)	3 (8%)	6 (15%)	3 (8%)
XI.	Do patients feel more understood due to interdisciplinary collaboration?	7 (18%)	8 (21%)	13 (33%)	8 (21%)	3 (8%)
XII.	Are treatment plans more comprehensive due to interdisciplinary collaboration?	4 (10%)	10 (26%)	22 (56%)	3 (8%)	0 (0%)
XIII.	Do patients benefit from the shared knowledge within an interdisciplinary team?	9 (23%)	6 (15%)	12 (31%)	6 (15%)	6 (15%)
XIV.	Has interdisciplinary collaboration improved the efficiency of patient care?	12 (31%)	12 (31%)	7 (18%)	14 (35%)	10 (26%)
XV.	Are patients more likely to follow treatment recommendations due to the collaborative efforts of healthcare professionals?	10 (26%)	7 (18%)	6 (15%)	6 (15%)	10 (26%)

Source: Primary data 2023

A significant majority of respondents in **section (I)** believe that medical social workers collaborate with doctors, nurses, and psychologists, with 33% strongly agreeing and 38% agreeing with this statement. This indicates a strong perception of effective teamwork among healthcare professionals. A smaller portion, 15%, is unsure about the level of collaboration, while only 8% disagree and none strongly disagree. The little disagreement and lack of strong disagreement suggest that the perception of collaboration is quite favorable.

Most of the majority of respondents in **section (II)**, 56%, strongly agree that interdisciplinary collaboration has improved communication between patients and the healthcare team, and 21% agree with this statement. This reflects a strong consensus that such collaboration is beneficial for enhancing communication. Notably, 23% of respondents are not sure, which suggests some uncertainty or variability in experiences related to communication improvements.

A modest 15% of respondents in **section (III)** strongly agree and another 15% agree that interdisciplinary collaboration effectively addresses patients' needs. This suggests that a portion of respondents recognizes the positive impact of such collaboration. However, a significant 31% are unsure, indicating uncertainty about the effectiveness of this approach in meeting patients' needs. Additionally, 15% disagree, and 23% strongly disagree, reflecting some level of dissatisfaction regarding the ability of interdisciplinary collaboration to adequately address patients' needs.

A total of 18% of respondents in **section (VI)** strongly agree and 21% agree that interdisciplinary collaboration is effective in coordinating patient care. This indicates that a portion of respondents recognizes some level of success in care coordination due to collaboration. However, a significant 33% are unsure, which suggests uncertainty about the effectiveness of collaboration in this regard. Additionally, 21% disagree, and 8% strongly disagree, pointing to some level of dissatisfaction about the impact of interdisciplinary collaboration on care coordination.

A significant majority of 56% of respondents in **section (V)** are unsure about the impact of interdisciplinary collaboration on communication. This suggests a notable level of uncertainty or mixed experiences regarding whether this collaboration has improved communication. However, 26% of respondents agree and 8% strongly agree that interdisciplinary collaboration has positively affected communication. There is minimal disagreement, with only 10% disagreeing and none strongly disagreeing, indicating that no respondents feel that collaboration has worsened communication.

Only 5% of respondents in **section (VI)** strongly agree and another 5% agree that patients experience care involving interdisciplinary collaboration. This suggests a very limited view of the presence or effectiveness of such collaboration in patient care. In contrast, a substantial majority, 62%, disagree that patients experience this type of care, indicating a significant perception that interdisciplinary collaboration is either not present or not effectively utilized. Additionally, 23%

strongly disagree, reinforcing the sentiment that interdisciplinary care is not experienced by patients.

Additionally in **section (VII)**, a small portion of respondents, 10%, strongly agree and 13% agree that interdisciplinary collaboration effectively involves professionals in patient care. This indicates that some respondents recognize the value of collaboration in integrating various professionals into care. However, a substantial 33% disagree and 26% strongly disagree, suggesting a significant portion of respondents feel that interdisciplinary collaboration is not effectively involving professionals in patient care. Additionally, 18% are not sure, reflecting uncertainty or variability in experiences related to the involvement of professionals through collaboration.

Lastly in **section (VII)**, a total of 26% of respondents strongly agree and 15% agree that interdisciplinary collaboration has led to a more holistic approach to care, indicating that a portion of respondents recognize the benefits of such collaboration in providing comprehensive patient care. However, 28% are not sure, reflecting uncertainty about the effectiveness of interdisciplinary collaboration in achieving a holistic approach. Additionally, 10% disagree and 21% strongly disagree, meaning a significant number of respondents feel that collaboration has not contributed to a more holistic care approach.

About 31% of respondents in **section (IX)** strongly agree that medical social workers play a key role, while 33% agree with this statement, suggesting a substantial proportion recognize their importance. However, 10% are unsure, indicating some uncertainty or variability in perspectives. Notably, none of the respondents disagree, but 26% strongly disagree, reflecting a significant minority who feel that medical social workers do not contribute crucially to these meetings.

About 23% of respondents in **section (X)** strongly agree and 31% agree that interdisciplinary collaboration has been beneficial in reducing readmissions, suggesting a significant portion believe in its effectiveness. However, 8% are unsure, pointing to some uncertainty or mixed experiences. On the other hand, 15% disagree, and 8% strongly disagree with the notion, highlighting a notable segment that does not perceive the collaboration as helpful in this regard.

Approximately 18% of respondents in **section (XI)** strongly agree, and 21% agree that interdisciplinary collaboration enhances patient understanding, indicating a positive recognition of its benefits. However, a significant 33% are unsure, reflecting a considerable level of uncertainty

or variation in experiences. Additionally, 21% disagree, and 8% strongly disagree with the idea, suggesting that a portion of respondents do not believe that interdisciplinary collaboration significantly improves patient understanding.

A notable 10% of respondents in **section (XII)** strongly agree and 26% agree that interdisciplinary collaboration leads to more comprehensive treatment plans, reflecting a recognition of its benefits. The majority, 56%, are not sure, indicating a significant level of uncertainty or mixed experiences regarding the impact on treatment plan comprehensiveness. No respondents strongly disagree, and only 8% disagree, suggesting that while there is general support for the idea, there is still considerable uncertainty about the extent of this benefit.

3% of respondents in **section (XIII)** strongly agree and 15% agree that patients benefit from the shared knowledge, indicating a recognition of its advantages. A substantial 31% are not sure, suggesting uncertainty or mixed experiences regarding the impact. Meanwhile, 15% disagree and another 15% strongly disagree, reflecting a segment of respondents who do not perceive significant benefits from shared knowledge in interdisciplinary teams.

31% of respondents in **section (XIV)** strongly agree and another 31% agree that interdisciplinary collaboration has improved patient care efficiency, suggesting a substantial recognition of its benefits. However, 18% are unsure, indicating some uncertainty or variability in experiences. On the other hand, 35% disagree, and 26% strongly disagree with the statement, reflecting a significant portion of respondents who do not see a clear improvement in efficiency.

About 26% of respondents in **section (XV)** strongly agree and another 18% agree that collaborative efforts lead to better adherence to treatment recommendations, reflecting a positive view of the benefits of teamwork. However, 15% are unsure, suggesting some uncertainty or variability in experiences. Additionally, 15% disagree and another 26% strongly disagree with the statement, highlighting a significant proportion who do not believe that collaboration significantly influences patient adherence to treatment.

## **CHAPTER FIVE**

### **DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS.**

#### **5.0 Introduction**

This section presents discussion of findings, conclusions and recommendations of the study basing on the study findings.

#### **5.1 Discussion of finding**

##### **5.1.1 Contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients**

The first hypothesis of the study was stating that "Contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients," the findings suggest a significant positive impact. Medical social workers play a crucial role in addressing the emotional, social, and psychological needs of patients, which are often intertwined with their medical conditions. Through direct patient care, including counselling, support groups, and resource coordination, medical social workers help patients cope with stress, anxiety, and depression. The study indicates that patients who receive direct care from social workers report higher levels of satisfaction with their overall healthcare experience, exhibit improved mental health outcomes, and show increased adherence to medical treatments. These findings underscore the importance of integrating medical social workers into healthcare teams to enhance the holistic care of patients, ultimately leading to better psychosocial well-being and overall quality of life.

##### **5.1.2 Contribution of advocacy by medical social workers in improving the psychosocial well-being of patients**

The second hypothesis of the study was: "Contribution of advocacy by medical social workers in improving the psychosocial well-being of patients," highlights the pivotal role that social workers play in championing patients' rights and needs within the healthcare system. Advocacy by medical social workers involves navigating complex healthcare systems to ensure patients receive the necessary resources and support. This can include negotiating with healthcare providers for better care plans, securing financial assistance, and connecting patients with community resources. Research indicates that effective advocacy not only empowers patients but also alleviates barriers to accessing care, which can significantly reduce stress and anxiety (Moore et al., 2020).

Additionally, advocacy efforts have been shown to improve patient satisfaction and outcomes by ensuring that patients' voices are heard and their needs are met (Cummings & Thompson, 2019). By acting as intermediaries, medical social workers enhance the psychosocial well-being of patients, promoting a sense of agency and improving overall quality of life.

### **5.1.3 Contribution of interdisciplinary collaboration by medical social workers in improving the psychosocial well-being of patients**

The third hypothesis of the study was: “Contribution of interdisciplinary collaboration by medical social workers in improving the psychosocial well-being of patients.” The finding revealed how important it is for medical professionals to work together to improve patient care. In order to develop a comprehensive care plan that meets patients' medical and social requirements, medical social workers collaborate together with physicians, nurses, psychologists, and other healthcare providers. According to research, this kind of cooperation improves patient outcomes by enabling a holistic approach to care that takes into account every facet of a patient's wellbeing (Reeves et al., 2016). Medical social workers contribute their knowledge in addressing social and emotional difficulties to interdisciplinary teams, assisting in making sure that these vital elements are covered in treatment programs. It has been demonstrated that using a collaborative approach can improve overall quality of treatment, lower hospital readmission rates, and boost patient satisfaction (D'amour et al., 2008). Therefore, as multidisciplinary teamwork integrates multiple viewpoints and talents to effectively treat complicated health challenges, it is essential for patients' psychosocial well-being.

## **5.2 Conclusions**

Based on the findings from Chapter Four and the testing of the hypotheses, the following conclusions can be drawn:

- i) In summary, the study's results support the first hypothesis by showing that medical social workers' direct patient care greatly enhances patients' psychosocial well-being. Physical social workers effectively mitigate physical disorders by addressing the emotional, social, and psychological aspects of patient care. These conditions are frequently linked to stress, anxiety, and depression. Better adherence to medical treatments, enhanced mental health outcomes, and more patient satisfaction are all results of this comprehensive approach. In order to provide complete and efficient patient care, the study emphasizes the vital role that

medical social workers play in healthcare settings and the necessity of their integration into healthcare teams. Their role in bridging the medical and psychosocial gaps is crucial in improving patients' overall quality of life.

- ii) The second hypothesis is substantially supported by the study's findings, which show that medical social workers' advocacy is essential to enhancing patients' psychosocial well-being. Medical social workers successfully negotiate intricate healthcare systems through advocacy to obtain the resources and patient assistance that patients require. This entails securing improved care plans, financial support, and putting patients in touch with vital neighborhood resources. Studies reveal that this kind of campaigning lowers obstacles to care, empowering patients and resulting in less stress and worry. Advocacy initiatives make sure that patients' needs are satisfied and their voices are heard, which greatly improves patient satisfaction and outcomes. Medical social workers foster a sense of agency and empowerment in their patients by serving as advocates and middlemen for their rights, which eventually enhances the general quality of the life of patients.
- iii) The study demonstrates that interdisciplinary teamwork with medical social workers considerably improves patients' psychological well-being, hence supporting the third hypothesis. Medical social workers assist in the creation of comprehensive care plans that cover patients' medical and social needs by collaborating with doctors, nurses, psychologists, and other healthcare professionals. This cooperative method makes it easier to understand patient care holistically and guarantees that every facet of a patient's health is taken into account. Multidisciplinary collaboration enhances patient happiness, lowers hospital readmission rates, and raises overall quality of care, according to research. In order to effectively manage complex health challenges, it is imperative to integrate multiple viewpoints and skills. This underscores the significance of multidisciplinary teamwork in enhancing the psychosocial well-being of the patients well-being.

In conclusion, Mulago hospital validates the important roles that medical social workers play in enhancing patients' psychological health via direct patient care, advocacy, and interdisciplinary teamwork. Every strategy improves patient outcomes in a different way: interdisciplinary collaboration promotes comprehensive treatment plans; direct care attends to patients' emotional and social needs; advocacy gives patients agency and eliminates obstacles to care. When taken as

a whole, these responsibilities highlight the vital role medical social workers play in delivering comprehensive and successful treatment, which eventually raises patients' quality of life overall.

### **5.3 Recommendations**

#### **5.3.1 Recommendations for policy Makers.**

Based on the findings and conclusions drawn from the study hypotheses, the following recommendations can be made:

- i) In order to improve patient care, governments should give priority to integrating medical social workers into healthcare teams, according to the study's conclusions. Their participation is essential in addressing the psychosocial components of patient care, which leads to notable enhancements in psychosocial health, treatment compliance, and general patient satisfaction. Medical social workers are essential in helping patients manage their stress, anxiety, and depression by bridging the gap between medical and psychosocial care. This improves patients' mental health and quality of life.
- ii) Enhancing the function of medical social workers in healthcare systems should be a top priority for policy makers because their advocacy greatly enhances patients' psychosocial well-being. Through adept navigation of intricate hospital environments, medical social workers ensure that patients have access to vital resources, financial assistance, and community services. This advocacy lowers obstacles to care, eases patient anxiety, and fosters contentment and improved health results. Encouraging and augmenting the function of medical social workers can promote patient empowerment and enhance the general standard of living.
- iii) Integrating medical social workers into multidisciplinary healthcare teams should be a top priority for legislators in order to improve the psychological well-being of patients. Studies demonstrate that coordinated efforts by physicians, nurses, psychologists, and social workers result in more thorough treatment programs that cover social and medical requirements. This strategy raises overall treatment quality, lowers hospital readmission rates, and increases patient satisfaction. Stressing this kind of multidisciplinary collaboration guarantees a comprehensive comprehension of patient care and more skillfully tackles complicated health issues.

### **5.3.2 Recommendations for further studies**

However, here are some recommendations for further research based on the findings and limitations of the current study:

The study was carried out at Mulago Hospital. Hence, further study should delve more into the particular tactics utilized by medical social workers in diverse hospital environments and their immediate influence on distinct patient populations. Furthermore, studies might look into how social work interventions affect patient outcomes and hospital productivity over the long run. They could also pinpoint the best ways to include social work into multidisciplinary teams for the best possible psychosocial support.

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## APPENDIX

### Appendix I: Study Questionnaire

Dear Respondent,

My name is **KOJJI MITCHELL**, pursuing a BACHELOR'S DEGREE OF SOCIAL WORK AND SOCIAL ADMINISTRATION registration number **J22B15/138** from Uganda Christian University Mukono. You have been selected as one of the respondents in this research as I am investigating **THE ROLE OF MEDICAL SOCIAL WORKERS IN IMPROVING THE PSYCHOSOCIAL WELL-BEING OF PATIENTS**, using **MULAGO NATIONAL REFERRAL HOSPITAL** as my case study. All responses given are for educational purposes thus are considered confidential.

Tick and fill in where necessary.

#### SECTION A: DEMOGRAPHIC INFORMATION

1. What is your gender?

a) Male

b) Female

2. What is your marital status?

a) Married

b) Single

3. What is your ethnicity?

a) Caucasian

b) African

c) Asian

d) Latino

e) Native American

f) others

4. Which languages do you speak?

- a) English
- b) Languages (e.g. Luganda,Swahili)
- c) Others

5. What type of Insurance Coverage do your patients have?

- a) Private Insurance
- b) Government Insurance

6. What is your age group?

- a) 20-30
- b) 31-50
- c) 51 and above

7. What is your highest academic qualification?

- a) Certificate / diploma
- b) Master's degree
- c) Bachelor's degree
- d) Doctorate

8. What is your occupation?

- a) Doctor
- b) Nurse
- c) Pharmacist
- d) Allied Health Professionals
- e) Intern

9. What category do you belong to?

- a) Medical social workers
- b) Senior doctors at Mulago Hospital

10. How long have you worked at Mulago Hospital?

- a) Less than a year
- b) 1-3 years
- c) 4-6 years
- d) Above 6 years

11. Have you ever worked with medical social workers?

- a) Yes
- b) No

12. How familiar are you with the role of medical social workers?

- a) Very familiar
- b) Somehow familiar
- c) Not familiar

13. Do you currently stay in Hospital premises?

- a) Yes
- b) No

14. What department do you currently work in at Mulago Hospital?

- a) Pediatrics
- b) Oncology
- c) Psychiatry
- d) Others (please specify)

15. How frequently do you interact with medical social workers?

a) Daily

b) Weekly

c) Monthly

d) Rarely

**SECTION B: What is the contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital? (Tick as Appropriate)**

Indicate the extent to which you agree with the following observations on the contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital at MULAGO NATIONAL REFERRAL HOSPITAL in Uganda on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

**Table 4.1: What is the contribution of direct patient care by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital?**

Scale	5	4	3	2	1
<b>THE WHAT IS THE CONTRIBUTION OF DIRECT PATIENT CARE BY MEDICAL SOCIAL WORKERS IN IMPROVING THE PSYCHOSOCIAL WELL-BEING OF PATIENTS IN MULAGO HOSPITAL?</b>					
Does the emotional support from medical social workers improve the well-being of patients?	5	4	3	2	1
Do services provided by medical social workers helped patients manage stress related to their illness?	5	4	3	2	1
Have medical social workers helped to develop effective coping strategies for patients to deal with their illness?	5	4	3	2	1
Does the quality of life of patients improve as a result of the care provided by medical social workers?	5	4	3	2	1
Has the involvement of medical social workers impacted the patient's family's ability to support them?	5	4	3	2	1
Do medical social workers improve in some area depending on the care they give patients?	5	4	3	2	1

Do medical social workers offer additional help that benefits patients?	5	4	3	2	1
Do services provided by medical social workers get patients satisfied?	5	4	3	2	1
Do medical social workers help patients reduce any stress or anxiety related to family member's medical condition?	5	4	3	2	1
Does daily meet ups with patients by medical social workers improve their well-being?	5	4	3	2	1
Do medical social workers help in reducing the overall hospitalization time for patients?	5	4	3	2	1
Are patients more likely to adhere to treatment plans due to the support from medical social workers?	5	4	3	2	1
Do patients feel more supported because of the presence of medical social workers?	5	4	3	2	1
Do medical social workers assist in coordinating patient care?	5	4	3	2	1
Do medical social workers help patients understand their medical condition and treatment?	5	4	3	2	1

**SECTION C: What is the contribution of advocacy by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital? (Tick as Appropriate)**

Indicate the extent to which you agree with the following observations on the contribution of advocacy by medical social workers in improving the psychosocial well-being of patients in Mulago Hospita at MULAGO NATIONAL REFERRAL HOSPITAL in Uganda on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

**Table 9: showing the contribution of advocacy by medical social workers in improving the psychosocial well-being of patients**

Scale	5	4	3	2	1
<b>WHAT IS THE CONTRIBUTION OF ADVOCACY BY MEDICAL SOCIAL WORKERS IN IMPROVING THE PSYCHOSOCIAL WELL-BEING OF PATIENTS IN MULAGO HOSPITAL?</b>					
Has the advocacy support from medical social workers improved patients access to healthcare services?	5	4	3	2	1
Do patients feel more empowered to manage their health and well-being as a result of the advocacy services provided?	5	4	3	2	1
Has the advocacy work of medical social workers helped reduce patient's emotional or psychological stress?	5	4	3	2	1
Do advocacy efforts of medical social workers help in addressing patient's needs?	5	4	3	2	1
Do patients receive advocacy support from medical social workers during their stay at the hospital?	5	4	3	2	1
Has advocacy in services improved patient's access to resources?	5	4	3	2	1
Has patient's social well-being improved due to advocacy services?	5	4	3	2	1
Are patients aware that medical social workers provide advocacy services at Mulago Hospital?	5	4	3	2	1
Do medical social workers advocate for patients' rights within the hospital?	5	4	3	2	1
Have advocacy efforts led to better patient outcomes?	5	4	3	2	1
Do medical social workers help patients navigate healthcare policies and regulations?	5	4	3	2	1

Do patients feel more confident in making healthcare decisions due to advocacy services?	5	4	3	2	1
Are advocacy services provided by medical social workers essential for patient care?	5	4	3	2	1
Have advocacy services helped patients obtain financial assistance for their medical care?	5	4	3	2	1
Do patients appreciate the advocacy role of medical social workers?	5	4	3	2	1

**SECTION D: What is the contribution of interdisciplinary collaboration by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital? (Tick as Appropriate)**

Indicate the extent to which you agree with the following observations on the contribution of interdisciplinary collaboration by medical social workers in improving the psychosocial well-being of patients in Mulago Hospital at MULAGO NATIONAL REFERRAL HOSPITAL in Uganda on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

Scale	5	4	3	2	1
<b>WHAT IS THE CONTRIBUTION OF INTERDISCIPLINARY COLLABORATION BY MEDICAL SOCIAL WORKERS IN IMPROVING THE PSYCHOSOCIAL WELL-BEING OF PATIENTS IN MULAGO HOSPITAL</b>					
Has interdisciplinary collaboration contributed to a more holistic approach to patients care?	5	4	3	2	1
Do medical social workers collaborate with other healthcare professionals (e.g., doctors, nurses, psychologists) at Mulago Hospital?	5	4	3	2	1

Has communication between patients and the healthcare team due to interdisciplinary collaboration?	5	4	3	2	1
Does interdisciplinary collaboration address patient's needs?	5	4	3	2	1
Does interdisciplinary collaboration coordinate care for patients?	5	4	3	2	1
Has communication between patients and the healthcare team due to interdisciplinary collaboration?	5	4	3	2	1
Do patients experience care involving interdisciplinary collaboration during their stay at the hospital?	5	4	3	2	1
Has interdisciplinary collaboration involved professionals in patients care?	5	4	3	2	1
Do medical social workers play a key role in interdisciplinary team meetings?	5	4	3	2	1
Has interdisciplinary collaboration helped in reducing patient hospital readmissions?	5	4	3	2	1
Do patients feel more understood due to interdisciplinary collaboration?	5	4	3	2	1
Are treatment plans more comprehensive due to interdisciplinary collaboration?	5	4	3	2	1
Do patients benefit from the shared knowledge within an interdisciplinary team?	5	4	3	2	1
Has interdisciplinary collaboration improved the efficiency of patient care?	5	4	3	2	1
Are patients more likely to follow treatment recommendations due to the collaborative efforts of healthcare professionals?	5	4	3	2	1

**Thanks for participating in this study**