

**THE ROLE, FUNCTIONS AND CHALLENGES OF
MEDICAL SOCIAL WORKERS IN
THIRUVANANTHAPURAM DISTRICT**

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DECLARATION

I, **Ann Mary George** do hereby declare that the Dissertation Titled “**THE ROLE, FUNCTIONS AND CHALLENGES OF MEDICAL SOCIAL WORKERS IN THE THIRUVANANTHAPURAM DISTIRICT**” is based on the original work carried out by me and submitted to the University of Kerala during the year 2016-2018 towards partial fulfillment of the requirements for the Master of Social Work Degree Examination. It has not been submitted for the award of any degree, diploma, fellowship or other similar title of recognition before.

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CERTIFICATION OF APPROVAL

This is to certify that this dissertation entitled “**THE ROLE, FUNCTIONS AND CHALLENGES OF MEDICAL SOCIAL WORKERS IN THIRUVANANTHAPURAM**” is a record of genuine work done by **MS. ANN MARY GEORGE** fourth semester Master of Social Work student of this college under my supervision and guidance and that it is hereby approved for submission.

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Abstract

According to Friedlander (1995), social work is a professional service, based on scientific knowledge and skills in human relations which assists individuals, alone or in groups, to obtain social and personal satisfaction and independence. Medical Social Work is one of an important specialization in the discipline of Social Work. Medical Social workers were those who practice in a hospital setting with the help of skilled nursing facility or hospices, in order to assist the patients and families in need of psychosocial assistance. The medical social work was introduced in the United Kingdom first. Under the influence of the work performed by the medical social worker in the west in order to enhance the quality of life of the patient and their family open the door to the medical social work profession in India. Where the Bhore Committee (1943) recommended for appointment of medical social workers in hospitals. Which spearheaded in the introduction of first medical social worker at 1946 in J.J Hospital, at Bombay. In 1948, Specialization of Medical and Psychiatric Social Work was started in the Tata Institute of Social Sciences. In the year 1968 there were sixty medical social workers in the country (Pathak, 1968). Later many reports of the committee came for the further enhancement of the health condition in India, but none of these report doesn't lend a hand for the development of the professional medical social work. In the meantime the medical social work get flourished into the other parts of the India. Due to the lack of strong frame work and policy the medical social work profession function upon the frame given by the institution. Which created many challenges in the growth of medical social work profession along with this, there were not enough data or information regarding the medical social work in India due to lack of studies. Due to a large variety of the culture, language and religious belief in people make the medical social work more challenging in India than the west. As we look into the health standard and indicators of Kerala stand along with developed countries such as, high standards in health condition, other health indicator and high facilities for treatment, high literacy rate in India which also make Kerala to stand different from other states in India. At this context the study will help to gather many information on extrinsic factors (like co-workers, income, supervision, work done) and intrinsic factors (like work-life balance, compassion fatigue) of job satisfaction, work life balance, organisational role stress and challenges of medical social workers in Thiruvananthapuram district. Where the study is been explorative and qualitative research design. And able to come up with suggestions and recommendation for the future development of the professional medical social work.

CHAPTER-1

INTRODUCTION

1.1 Introduction

1.2 Historical back ground of medical social work in India

1.3 Functions of medical social work

1.4 Statement of the problem

1.5 Significance of the study

1.6 Conclusion

1.1 INTRODUCTION

Medical social work is one of the specializations in the discipline social work. The NASW (1973) defines the social work as “the professional activity of helping individuals, families, groups or communities to enhance or restore their capacity for social functioning or creating societal conditions favorable to that goal.” Whereas the Medical social work can be simply defined as the social work practice within the hospital setting, where the social worker address the physical, social, economic, emotional and spiritual needs of the patient and family. According to Joan Beder (2010) Medico social work is enabling the patients to function physically, socially and psychologically at the highest possible level within the constraints of the diseases and treatment. Where as in the some other definitions it is clearly mentioned as medical social work is not only confined to the hospital setting but also with the other dimensions like hospice, palliative care and even in Non-governmental organization etc. The medical social work got its importance because of the influence of illness on patient and people around them.

The human life undergoes through different development stages from birth to death. According to Perlman (1968) vital roles in life are marriage, parenthood and work. In each, role, one is expected to perform various tasks. The ability to perform these tasks is closely related to one's health. Therefore, it is rightly said that health plays an important role in the unfolding of wholeness in the lives of the individuals. When an illness or disease occur the person is unable to perform those task and roles which result in the disparity in the life. According to WHO (preamble to the constitution of the WHO, 1946), health is defined as “A state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity”. Health is precious as, it decides the quality of ·life for individuals, families and the communities; life can become a burden and an affliction without it. Disease is not only physical, but is influenced by psychological and social factors (shah, 1988).In order to maintain a good health there is a need to have a balance of these factors in one’s life.

Illness creates an unfavorable emotional climate. It makes a person weak, needy and dependent. Such a situation triggers many reactions such as anger, anxiety, depression, dependency, guilt, denial, shock and rejection (Bawden, 1979). Therefore, it is necessary that people who work with sick persons understand these emotional reactions. Besides, it is equally important to recognize that social conditions influence illness. In west, it was this realization that led to the appointment

of first medical social worker. They assist doctors thought Psychosocial and economic assessment and interventions, in shedding lights on and influencing the familial and social conditions that contributed to the disease. The disturbances of mind and body cannot be dealt with separately as they form, two phases of a single problem. To ensure health for the individual, the mind as well as the body must carry out their natural functions freely and efficiently. To achieve this end result, a doctor-patient relationship should be based on understanding of all the components of sickness. The advancement of the scientific technologies and knowledge result in the erosion of the doctor-patient relationship. Which result in the need of social workers to the medical settings in order to understand the problem other than illness and help the medical professionals to understand about what the patient is going through and thereby help them in treatment of the patient. From this understanding the social work started too flourished throughout the world.

1.2 Historical background of medical social work in India

The medical social work was first established in United Kingdom by 19th century at that time they were known as ‘Almoners’, whereas the medical social work was introduced in America under the influence of UK and were known as ‘friendly visitors’. Which develop in to medical social work with definite framework. Subsequently, from their influence on the patient by medical social worker was seen by certain doctor’s from India, result in the introduction of medical social work in the hospital settings at India. Along with the context of health was asked to study by governing bodies to know about the deficiency of the health sector in India by the Bhore committee in 1943. The report was submitted in 1946 were they mentioned the need of social workers in the hospital setting. Which result in the appointment of the first medical social worker in India by 1946 at J. J hospital in Bombay. Subsequently the Tata Institute of social science (which formerly known as the Sir Dorabji Tata School of Social science) started the course for the medical social workers in the India. By 1948, under the leadership of the G.R.Banerjee the specialization of the medical and psychiatric social work was began in India by amalgamating the knowledge of social work from east and west for the training of medical and psychiatric social workers in India (Shah, 1988). Later many committees were assigned to review the health condition of our country, where they provide different strategies and recommendation to strengthen health condition of our country. But none of the committee report

were not able to define much about the functions and roles of the medical social worker in hospital, resulting the development of functions, duties and role by different institutions and organization. Thus it leads into the development of different functioning of medical social worker in each institution and many of the medical social worker were forced to work according to the institution which resulting the fall of professional image of the medical social work. By the year 1968 there about 60 medical social workers in India (Patak, 1968). Initially the medical social workers struggle a lot to come up into the front line along with other professionals in the hospital settings.

According to Patak (1968) “the growth of medical social work was hampered by a heavy work load, inadequate community resources, as well as the lack of the perception on the part of the physicians and administrators about the role of the medical social worker”. Therefore at the beginning their efforts were geared more towards the establishment of the profession than acquisition of grades and ranks. Succeeding the development of medical social work in other parts of India. Apart from these development the medical social work still faces many challenges from different areas and struggling to get its reputation established within other profession. It is even sad to find that even some of the medical social worker were not even able to identify their roles and functions in the hospital setting. Besides these scenario there were a lot of institution and people well-functioning in the field of medical social work in India, whom they work all heartily with at most passion on the profession and welfare of the people.

1.3 Functions of the medical social worker

The functions of the medical social worker were described and classified by the different countries, organizations and institutions in different ways. As we look in Indian context the functions of medical social worker was first defined by the Bhore committee. The function of the medical social worker defined according to the Bhore committee were;

- Discovery and making available to the medical staff, any factors in the patient’s environment that may have any bearing on his physical condition, thus supplementing medical history with the social history. This include any facts of hereditary, personality, manner of life, home environment, worries about the finances, dependents, character of

employment and strains and hazards incidental thereto, recreations and standard of living generally, or shortly of all facts that may influence the diagnosis.

- Influencing and guiding the patient in carry out treatment, making the physician's direction simple and concrete, helping them to carry out the plan of treatment through to the completion.
- Overcoming the obstacles to the successful treatment or recovery particularly in the out-patient department, and during convalescence. Under this head also, it is necessary to see that the medical and surgical supplies (instrument, spectacles, dentures, etc.) are secured; that social or economic condition affecting the patient adversely are corrected and that as far as possible, a situation favorable to recovery is secured. This last may mean new employment, temporary financial assistance, reliving the patients of responsibilities for care of children, special assistance with food etc. It will also include the provision of sanatorium or convalescent treatment where advised by the medical staff.
- Arranging for the supplementary care of patient. This and the next duty will require a thorough knowledge of the powers and duties of the all available social and health agencies of the country.
- Educating the patient in regards to his physical condition in order that he may better cooperate in the program laid down by the physician; this program provide not only for the cure of illness, but the promotion of health with a view to prevent illness. Without this service, much valuable and expensive treatment would be wasted because of its ineffectiveness.
- Discussing with patient their resources and collecting, if required to do so, their contributions towards the cost of treatment given.
- Checking the abuse of hospitals, both as to out-patient and in-patient, who on examination found to be:
 1. In a position to pay for treatment.
 2. Persons insured under the National Health Insurance Act, entitled to the services of a panel doctors and not requiring special hospital treatment.
 3. Beyond the power to benefit by any assistance other than obtainable through the Public Assistance Committee.

Along with the recommendation for the functions of the medical social worker the committee report strongly recommend to provide training for the medical social worker. Due to the lack training facilities in our country, which result in the introduction of the medical and psychiatric social work in Tata Institute of Social Sciences. At that time two year graduate course were being given, in addition to the pre-professional and general course. This covered the following:

- 1) Family and child welfare
- 2) Juvenile and adult delinquency
- 3) Industrial relation and labour problem
- 4) Administration of social work
- 5) Medical lecture for social work
- 6) Medical hygiene and psychiatry for social workers
- 7) Social and family case work.

Later the member of Bhore committee had met Dr. Kumarappa, the director of Tata Institute of Social Science and had discussion with him regarding the training of social workers. The committee felt that these courses were too specialized and restricted and would require considerable modification and expansion in order to meet the needs of hospital services. Resulting in the emergence of the specialization in medical and psychiatric social work under the guidance of Ms. G.R.Banerjee in 1948.

After the Bhore committee, there are many committee like Mudaliar committee (1962), Mukherjee committee (1966), Shrivastav committee (1975) and Bajaj committee (1986) etc. came one by one but none of them described about the role of medical social worker, except the Jain committee which recommended the social worker in the blood bank and also the role of social worker in the health education (Government of India, 1966). So at present the most of the medical social worker were functioning according to the work confined to them by the organization or the institution. Which create a discrepancy in the role and functions of the medical social work. Therefore, at present there is a need for unique frame work which would define the functions and roles of the medical social worker in the hospital. Why because this discrepancy had created many challenges for the medical social worker in the professional and personal life. Resulting in the compassion satisfaction, burn out, work life balance and organizational role stress etc. in the life of medical social worker. Thus this study is trying to

portray role, function, and dimensions of job satisfaction, organizational role stress and challenges faced by the medical social worker.

1.4 Statement of the problem

The medical and psychiatric social work was one of the major specialization in the social work profession. From the recommendations in the Bhore committee the medical social work profession and training got flourished in India. After going through different struggles the medical social work profession framed up to the present form. In between these development many committees were come forward with many recommendations and development in the field of health but none of them were not able to contribute much for the development of the medical social work profession.

According to the Medical Council of India's Report (1973) on the minimum standard requirements for Medical Colleges with 100 admissions, had recommended that there should be at least six medical social workers in each of the Preventive and Social Medicine Departments - two at the Colleges, two at the Rural Health Centre and Two at the Urban Training Health Centre. If these recommendations are implemented by all the states in India there would be a requirement of large number of Medical Social Workers only for the Preventive and Social Medicine Departments of Medical Colleges (Anand, S: 2001). But what we see that these recommendations were still in the paper and it is very hard to find medical social worker in the hospital around us. If present, then it will be very few in numbers. But there are some rare hospitals which promote and provide greater importance to medical social work on understanding the importance of their role and function were the number of the medical social worker is more than normal hospital setting.

Many of these committee report doesn't even mention about the functionality and role of the medical social worker in the hospital setting. Which became the major reason behind the slow progress of medical social work practice. These reports mentioned the qualification, functions and role of Doctors, Nurse, and Auxiliary staff and were clearly defined. Were as the medical social workers neither functions nor the qualification were not been mentioned. Even the social worker themselves were not able to identify their roles and functions within the medical team resulting the low acceptance and low status in the team. This also leads to the development of different functions and roles for the medical social work not even from the context of social work

but from the guidelines and objectives of organization which start to, emanate the loss of unique frame work for all medical social worker in the different hospital setting. Which affect in the creation of definite medical social work profession.

On the other hand this leads to heavy work load and conflict between different roles played within the institution resulting in the degeneration of their quality of personal life and work life. People around the medical social worker, supervision, salary, opportunities of promotion, burn out, compassion satisfaction and work life balance etc. were affected and influenced by the current scenario in the hospital setting. Which arises many challenges for the social worker from the side of the patients and care givers, institution and socio economic factors. The study is undertaken with a specific purpose, to understand the medical social workers with reference to, their roles, functions and challenges faced. Along with it, this study also try to portray the level of job satisfaction considering the extrinsic (people on present job, job in general, work assigned to present job, pay, opportunities of promotion and supervision), intrinsic factors (compassion fatigue and work life balance) and organizational role stress with the help of some frame work.

1.5 Significance of the study

The Bhore committee was first to recommend the medical social worker in the India. After that it evolve it into present form. In the west there were many reviews and studies were conducted to study more about the medical social work. But in India very few studies were conducted and that to in northern parts of India. At this context the study got its relevance because not much studies reviewed about the medical social worker in Kerala. As we compare Kerala with other states of India, Kerala have a good records of health conditions and indicators including high literacy rate and much more advanced from other state in socio-culture and technology wise. The reason statics of India shows that, the Kerala has the highest literacy rate of 93.91% in India. Kerala stands first with a life expectancy of 74 years. And also have better indicators of birth rate, maternity mortality rate, and infant mortality rate with other states of India. This parameters result in creating the disparity of role, functionality and understanding of the medical social work in Kerala with other states of India. Thus at geographical context the study is exploratory in nature and it confined to medical social worker in Thiruvananthapuram district who works in

different setting related with health, which will open up a vast possibility to acquire knowledge about the nature and quality of work done by medical social work.

The study covers nine medical social workers working in four hospital and an NGO. This study provides an opportunity to examine the demographic profile of medical social worker in hospitals of the Thiruvananthapuram district. The study provide subject wise scope such as; reviewing the extrinsic (people on present job, job in general, work on present job, pay, opportunities for promotion, supervision etc.) and intrinsic factors with (work-life balance, compassion fatigue etc.) and organisational role stress with the help of the frameworks. The study also try to put light on the challenges faced by the medical social worker along with the suggestion from the medical social worker for the future development of the medical social work profession.

1.6 Conclusion

The medical social worker are those help the patients and care givers in hospital setting to deal with their social, psychological, economic, emotional and spiritual problems faced by them. Where they observe how these factors are been interrelated to one's life and how it will impact in one's life. Along with this dimension the evolution of medical social work in the context of abroad and India is been observed here. The recommendations of the Bhore committee had given a formal guidelines of functionality of the medical social work in India. Which later result in the development of training and the specialization of medical and psychiatric social work in professional social work. As we compare with abroad there were insufficient studies on medical social work in India especially in southern region. The social, economic and culture dimensions in Kerala is different from that of other state in India, which have an impact in the role, functionality, working environment, understanding of job and challenges faced by the medical social work. Thus this study try to portray the level of job satisfaction considering the extrinsic (people on present job, job in general, work assigned to present job, pay, opportunities of promotion and supervision), intrinsic factors (compassion fatigue and work life balance) and organizational role stress with the help of frameworks. Along with this, the challenges faced by them and suggestions for the further development of the medical social work profession were going to discuss in the study.

Chapter -2

2.1 Introduction

2.2 Reviews

2.3 Theories of medical social work

2.4 Theoretical framework

2.5 Conclusion

2.1 Introduction

According to Bryman the literature review is defined as, “literature review is where you demonstrate that you are able to engage in scholarly review based on your reading and understanding of the work of others in the same field.” By exploring through literature review we were able to identify the known knowledge in these area, research strategies that can be employed in these area, Theories and concept related to the area, significant controversies within the area etc. thus it would help in portraying the framework for the study.

In this review of literature there were different studies, articles and book are been reviewed for the present study. Which defines the role, functions, job satisfaction (intrinsic and extrinsic factors), organizational role stress and challenges faced by the medical social work etc. along with it theoretical frame work used for the identification of Job satisfaction and organizational role stress were also been reviewed in this study.

2.2 Reviews

ROLE, FUNCTIONS AND CHALLENGES OF MEDICAL SOCIAL WORKERS

The major studies conducted in the India were done in the central region of India were the medical social work get established at first. Thus some of the studies especially conducted in India were;

- The study of medical social work in city of Bombay done by Gita Shah in 1988. The study was about the evolution of medical social work (where they mentioned about the evolution and development of the medical social work in the US, UK, and India,) role and functions of social work (where the medical social workers performed various tasks, such as, direct work with the patients, administrative tasks and public relations tasks.), job satisfaction (Out of the total respondents, only 34.7 per cent , respondents saw the need to resort to methods to measure job effectiveness while 65.3'per cent did not see the need to measure job effectiveness, Those respondents who tried to measure job effectiveness, did not use scientific methods.),Medical Social, characteristics of social work, factors affecting the practice of social work and perception about the social workers by doctors and nurses. Which also include the ways to get improve about the perception in the medical social work were also there (such as, medical social workers must have case presentations, discussions, seminars and participation in interdisciplinary

meetings. Besides these activities, they must take some of the projects, results of which can be visibly conveyed to the patients, doctors and nurses).

- The medical social work practices in hospital settings in western Maharashtra” by Barathi Chavan, 2017): She talks about the professional role, functions and responsibilities of social workers in a hospital settings (which includes counselling services, home visit, participation in admission and discharge, group activity, social work research, participation in the hospital community policy and programme formulation community organisation programme etc..) , the demographic characteristic and job profile of medical social work, professional needs and requirement, strength and weakness of medical social worker (Lack of clarity of duties to be performed, barriers in communication with patient, lack of inadequate training, lack of work facilities, work load, lack of independence in involving in organisational activities) , challenges, working condition, job satisfaction(Job satisfaction: It is found that a majority of the respondents(53 percent) were satisfied with their jobs for one or the other reasons. But it is point to be noted and recorded that a considerable percent of medical Social Workers were unhappy with their jobs and had no job satisfaction), suggestion and formulation of a scientific model or practice for the medical social work where different phases of interventions and area of social work activities were mentioned such as admission and assessment, continuing care and treatment therapy, pre-discharge and community support).
- Bhore committee report in (1946) by Government of India: Where the report was taken to review about the health status of India before independence. The report provide many recommendation and suggestions to improve the quality in health sectors and this report result in the initiation of medical social work profession in India. Which also provide the guidelines for the functions of medical social work. Thus this report help to get an idea about condition of health sector in India at that time which provide the recommendations and guidelines for the functioning of medical social work in India.

Some the article from the Indian context were given below:

- “Medical Social Work: Connotation, Challenges and Prospects” done by Dr. Syeda Mahnaz Hassan at University of the Punjab. . This article examines the roles played and responsibilities discharged by the Medical Social Workers internationally and specifically

with reference to Pakistan. The capacity constraints and challenges confronted by MSWs in hospitals have also been highlighted and some policy implications have been suggested to enhance the capabilities of Medical Social Workers for serving the patients in a befitting manner.

- “Medical social worker: Strengthening linkages between the hospital and the community.” Done by SaurabhRamBihariLal Shrivastava, Prateek Saurabh Shrivastava and Jegadeesh Ramasamy (2014)

The study mentioned about following theme such as; Role and functions of Medical social workers in the health care system. Their functions with the individual, the community and health care were discussed in this study.

- “Hospital social work and spirituality: A view of medical social worker” Done by Pandya SP (2016) This article is based on a study of 1,389 medical social workers in 108 hospitals across 12 countries, on their views on spirituality and spiritually sensitive interventions in hospital settings. Results of the logistic regression analyses and structural equation models showed that medical social workers from European countries, United States of America, Canada, and Australia, those had undergone spiritual training, and those who had higher self-reported spiritual experiences scale scores were more likely to have the view that spirituality in hospital settings is for facilitating integral healing and wellness of patients and were more likely to prefer spiritual packages of New Age movements as the form of spiritual program, understand spiritual assessment as assessing the patients' spiritual starting point, to then build on further interventions and were likely to attest the understanding of spiritual techniques as mindfulness techniques. Finally they were also likely to understand the spiritual goals of intervention in a holistic way, that is, as that of integral healing, growth of consciousness and promoting overall well-being of patient's vis-à-vis only coping and coming to terms with health adversities. Results of the structural equation models also showed covariance between religion, spirituality training, and scores on the self-reported spiritual experiences scale, having thus a set of compounding effects on social workers' views on spiritual interventions in hospitals. The implications of the results for health care social work practice and curriculum are discussed in the article.

Due to the lack of studies, the trainee was able to collect only few Articles and Journals related to the role, functions and challenges of medical social workers from national level. So some of the international articles reviewed were as follows:

- “Medical Social Work Development in Shanghai” done by Qingyiing Ji (2016) under Anao Zhang at University of Texas at Austin. This article offers an overview of medical social work development in Shanghai, China. The Chinese definition of medical social work is introduced, and its development in Shanghai is described. Both from a history and policy perspective, this article outlines the three stages of medical social work (predevelopment preparation stage[1993-2000], exploration at the beginning[2001-2009], continuous progress[2010-present]) development in Shanghai chronologically while introducing relevant national policies for medical social work at each stage. Lessons learned from the past are summarized and reviewed. Finally, future directions (like improving the hospital administration for medical social work, gatekeeping, continued education and regulating practice behavior, improving professional services and societal recognitions etc.) for further development are discussed.
- “A medical social work perspective on rehabilitation, done by Kerstin Fugl-Meyer at Karolinska Institutet” (2016) This paper introduces a bio psychosocial model for use as a tool by medical social workers and other rehabilitation professionals for the descriptive analysis of the case history and follow-up of patients needing rehabilitative support, specific areas of concern for the medical social worker within the rehabilitation of disabled people are highlighted. It is based on case history model. The case model contains 4 elements: context, action, subjective appraisal and emotion Medical social workers use the model for the assessment of patients and significant others, choice of treatment strategies, evaluation of the inter-professional communication within the rehabilitation team and patient satisfaction. By using data registered in medical journals, previous treatment strategies will serve as controls/ references etc. been tested and evaluated in this article.
- “Beyond the loss of child in the NICU: the social worker’s role.” Done by Annesiha D Quann-Walker (2107) the study was about the role of social worker in Neonatal intensive care unit (NICU), it also contribute the social work practice in NICU and grief literature knowledge base by acknowledging the disenfranchisement of beavered parents who have

experienced prenatal loss in NICU, supporting and collaborating with other professionals on NICU interdisciplinary team, and proposing a prospectus design.

- “The Origins implementing Competency-Based Medical Social Work Education and Training in an Academic Medicine Center in Singapore” done by Esther Lim Li Ping, Olivia Khoo Ruey Lin, Soo Cheng Goh at Singapore General Hospital (2014);the study emphasis on the relevant theme such as, the culture based competency, framework and education plan for the medical social worker continue to meet the national demand and global influence on academic medical centers, competency-based medical social work education to meet the hospital’s aspiration of being an AMC etc. were discussed in the article.
- “Interdisciplinary Medical Social Work: A Working Taxonomy” done by Peter Maramaldi, Tamara Cadet at Simmons College, Alexandra Sobran, Lisa F. Scheck at Massachusetts General Hospital (2014) the study mentioned about the functions, role, competency and skills of medical social worker with the multidisciplinary team, different roles related with medical social worker along with the multidisciplinary team etc. where discussed in it. Study aimed at describing universal functions of medical social work with interdisciplinary teams in acute care settings are reported here. A universal taxonomy of interdisciplinary social work skills and competencies was empirically identified through a participatory action research framework. The study also evaluate on the core competency of the medical social work in the interdisciplinary team.
- “Continuing Education in Ethical Decision Making Using Case Studies from Medical Social Work.” Done by Andrew J McCormick, Patti Stowell-Weiss, Jennifer Carson, Bianca Quesada (2014) the study was about the ethical issues that social worker faced in the Hospital settings while dealing with the patients and care givers. A social work department developed a continuing education training to educate social workers in bioethics related to determining decisional capacity and understanding standards of ethical decision making. Case studies are used to illustrate ethical conflicts and the role of social workers in resolving them. The trainings for facing ethical dilemma during working with patients and care givers were mentioned in this studies.
- “The relevance of medical social workers in the health care delivery: A study of selected hospitals in Enugu state.” done by Christopher .N. Ngwu at University of Nigeria (2011) .

The study was therefore, designed to examine the relevance of medical social work in modern health care delivery with a view to identifying some of the roles of medical social workers which have been considered very effective in solving patient's psychosocial problems and also recommends that one area that demands urgent attention of the policy makers in this country, is the integration of social work services into the medical care of patients etc. were discussed in the study.

- “The Influence of Cultural Beliefs on Medical Social Work Practice: A Qualitative Investigation.” Done by Joseph R. Merighi, Evaon C. Wong-Kim at Conference: Society for Social Work and Research 14th Annual conference (2010). This study provides an examination of how medical social workers in urban hospitals frequently confront culturally sensitive issues in their day-to-day practice. The innovative ways social workers can preserve a client's dignity and cultural traditions in bureaucratized clinical settings. The findings offer valuable experiential accounts and practice exemplars that can be used as teaching tools for both clinical and macro social work practice.

Some books related to the context of study revealing the influence of the socio-culture context functionality and environment which the social work is been practiced.

- “Boundary Spanning: An ecological reinterpretation of social work practice in health and mental health system” done by Toba Schwaber Kerson (2001) the book gives an understanding of the most important laws and ethical issues that have shaped the profession is essential for the effective practice of social work. Thus this comprehensive approach to health and mental health care for social workers centers on ethical and legal issues. The book includes critical information regarding the systems and organizations in which social workers practice; the nature of the relationship between social workers and clients/consumers/communities; planning, contracting, and strategizing functions; intervention techniques using advocacy, brief work, case management, and group work; and evaluation. Armed with this knowledge, social workers have the ability to intervene as advocates as well as to evaluate their work and their clients' progress.

2.3 Theories in medical social work

Some of the theories which is been dealt by the medical social worker in the hospital setting.

1. **Role theory:** According to Hare, the role is defined as a set of expectations of a person who occupies a given position in social system. Questions concerning, ‘How should I behave?’ or ‘What is expected of me?’ offers indications to the individual problems of role definition. Role theory offers a particularly viable construct to social workers in health care settings. Although initially a sociological concept, the notion of role has penetrated a wide range of disciplines. The major problem faced by the patient in the hospital setting is the loss of status and role confusion. The role expectation and perception were affected during the time of hospitalization. By using this theory the social worker were able to make patient to improve the role-taking aptitude. And also help in negotiating with the family and patient to make necessary environment modification for the role taken by the patient.
2. **Personality theory:** The personality theory provides an insight in understanding the human behavior. It is a combination of many theories like psycho analytic, cognitive, behavioral, gestalt etc. With the help of this theory we will get a total understanding of the human behavior. “It is clear that no one theory of practice or series of techniques answers all practicing social workers’ needs. The social worker should “take on” a position of theoretical pluralism that enables him to utilize whatever formal theories are relevant to his purposes. Although psychoanalytic theory has contributed much to our understanding of human behavior in health care settings, it is neither easily testable nor always useful in treating clients” (Chavan, 2017).
3. **Developmental theory of family, individual and group:** Developmental theories help in getting better understanding of the different developmental stages and problems faced in each stages in the life cycle. There by social workers can intervene and help them to identify and resolve the problem faced by the individual, family and group in each developmental stages. This model include different stages of family development theory and Erickson’s Psycho social developmental stages of an individual. Since the family is the basic pillar of individual development, sometimes it is necessary to deal with them together when someone is severely ill. So it is very crucial to have family centered approach in dealing with the patient in the hospital setting. Were as the group developmental theory would help in working with different groups. It also help in the formation and further development of group by going through each developmental stages.

Thus the social worker can help the patient, caregivers and other staff to deal with the problems within group and individual, and thereby to improve their quality of living. Thus through this theories the social worker were able help the patient to get them independent, to exercise restraint in action, to be rational and organized.

2.4 Theoretical framework

The theoretical framework is been used to get a proper reference and guidelines to get a clear picture of extrinsic factors (like people on present job, job in general, work on present job, pay, opportunities of promotion, supervision) and intrinsic factors which include compassion fatigue and work-life balance and organizational role stress. The framework is based upon proper and standard guidelines to infer data from the respondents. About four framework were used in this study to gather details of factors of job satisfaction and organizational role stress.

Job Satisfaction

In job satisfaction about three framework were used to identify the intrinsic and extrinsic factors. The Job descriptive framework is been used for the extrinsic factor, whereas the work-life balance and POQORL scale for the compassion fatigue.

Job Satisfaction involves a multifaceted approach to know the job satisfaction in terms of specific identifiable characteristics related to the job. The extrinsic factors were studied by the Job Descriptive framework. The Job Descriptive Framework is specifically for the cognitive measurement of Job satisfaction. The Job Descriptive Framework is been introduced by the Smith, Kendall and Hulin (1969). Job descriptive Framework measures one's satisfaction in five facets they are; coworkers, job in general, work on present job, pay, opportunities of promotion, supervision etc. is been observed and studied using this framework. . Each facets has sub items which is a short phrase that is descriptive of the job. These short phrases define the positive and negative dimensions of job, from the response of the respondents it will be easy to find out the job satisfaction level.

The intrinsic factor work-life balance is been studied by using the work-life balance framework of Hayman (2005), which was originally developed by Fisher (2001). The more inclusive wording of personal life compared to family provides the opportunity to measure the interface between work and non-work regardless of employee marital or family status. More over this scale also measure positive spill over or enhancement (Hayman, 2005) The

work-life balance is a psychometric scale is a self-assessment scale which addresses the three dimensions; Work Interference with Personal Life(WIPL), Personal Life Interference with Work(PLIW) and Work Personal Life Enhancement (WPLE). The first dimension, work interference with personal life (WIPL) reflects the extent to which work interferes with the personal life, e.g. “Personal life suffers because of work”. The second dimension, work interference with personal life (WIPL) here it is opposite direction of work personal life interference. Which depict the extent to which one’s life interferes with work .e.g. “Hard to work because of personal matters”. The third dimension is work/personal life enhancement (WPLE) involved positive effects on personal life or vice versa, the extent to which one’s personal life enhances work, e.g. “Personal life gives me my energy for my job”. From the response of the respondents these indicators are used to identify the work-life balance.

Another intrinsic factor compassion fatigue is been identified with the help of Professional Quality of Life (ProQOL) framework. The ProQOL is the most commonly used measure of the negative and positive effects of helping others who experience suffering and trauma. The ProQOL has sub items for compassion satisfaction, burnout and compassion fatigue. The Professional Quality Of Life Scale measures pleasure you derive from being able to do your work well, feelings of hopelessness and difficulties in dealing with work or in doing your job effectively, and work related, secondary exposure to extremely stressful events. The scale is been derived by Hudnall, Higson-smith, Stamm. This framework is commonly used to measure the compassion fatigue and compassion satisfaction of an individual.

Organizational Role stressors frame work: The Organizational Role Stressors (ORS) was a framework developed by Pareek (2000) which consist of ten components. The question covers psychological and physiological aspects of stress (psycho-somatic stress), the framework does not measure stress at a given point in time linked to a specific event, but chronic and persistent stress over a period of time. The framework consider the Inter-role distance (playing more than one role .e.g. organizational vs. family), role stagnation (lack of growth in one’s role), self-role distance (lack of aptitude towards the role), role expectation conflict (facing conflicting expectations from others), role erosion (some important functions are been eroded), role overload (too many or too high expectations from role), role isolation (lack of coordination with peers and boss), Personal Inadequacy (lack of skills to perform),

Role ambiguity(no clear about expectations from the role), resource inadequacy(resources not available to perform role) etc. role stressor. Thus through the organizational role stressor framework would be helpful to get an idea about role performance and challenges faced in performing the role and function. From the response of the respondents the each indicators were been identified.

2.5 Conclusion

There were very few studies conducted in the context of India. But there were more studies and reviews done in the west. Which result in the enhancement in the process of evolution of the medical social work profession there. The western countries has specific frame work and guidelines for the medical social work which defines the roles and functions of the medical social work. But in India there is not such specific guidelines given for the medical social work except the Bhore committee report. The lack of awareness of the medical social work and following the western context result in functioning of the medical social worker in the context of India. In addition to this the insufficient reviews and studies on the medical social work also affected in the development of medical social work profession in Indian context. In this study the review is mainly based on the Indian and Asian background so as to get better understanding of the medical social work profession in eastern context. In addition to this some theories which is been influenced and helping in the functioning of medical social work is been reviewed here. Besides these review the review of the frameworks such as job descriptive index framework, work-life balance, professional quality of life framework and organizational role stressor framework etc. were explained in order to get a picture of the different dimensions within the frame work and how it is been used in the study.

Chapter-3

Methodology

- 3.1 Introduction**
- 3.2 Title of the study**
- 3.3 Objectives of the study**
- 3.4 Defining the concept**
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- 3.12 Case presentation**
- 3.13 Data analysis**
- 3.14 Chapterisation**
- 3.15 Limitation of the study**
- 3.16 Conclusion**

3.1 Introduction

This is an exploratory, qualitative study on the roles, functions and challenges faced by the medical social worker in the Thiruvananthapuram district of Kerala. The study attempt to find the intrinsic and extrinsic factors of the job satisfaction, organizational role stress and quality of their life were also been observed using the some frameworks. Besides these there was an attempt to figure out functions and challenges faced by the medical social worker. And try to elicit the opinion of the medical social worker to enhance the growth of the medical social work.

3.2 Title of the study

The title of the study is “The role functions and challenges of the medical social worker in the Thiruvananthapuram district.”

3.4 Objectives of the study

General objective:

To explore the role, functions and challenges of medical social workers in hospital settings at Thiruvananthapuram district.

Specific objectives:

- To describe the contribution of the extrinsic factors - pay, supervision, promotion and relationship with co-workers- on the job satisfaction of medical social workers.
- To describe the contribution of the intrinsic factors - work life balance and compassion fatigue - on the job satisfaction of medical social workers.
- To describe the contribution of organisational role stress in medical social workers.
- To explore the functions and challenges faced by medical social workers.
- To elicit suggestions from medical social workers to enhance medical social work setting.

3.4 Defining the concept- Theoretical and operational

Through defining the concept of the study would help to understand the key words of the study and how it is been studied for. The operational definition of the study provides provide a clear

picture how these key words are been portrayed in this study, whereas the theoretical definition define about the theoretical dimensions of the key words used in this study.

Operational definition

- Medical Social Worker: For the purpose of the present study the term Medical Social worker is referred to the persons employed in the hospital setting designated as Medical Social Worker in the hospitals and Non- Governmental organization which work in the field of palliative care.
- Job satisfaction: Job satisfaction of an individual is the measure of contentedness with their job. Where they are being happy and comfortable with the job which provides better quality of living.
- Extrinsic factors of job satisfaction: The extrinsic factors deals with work, its environment and coworker, which consist the factors such as interaction with coworker, pay, promotion, supervision and job in general etc. are comes under this category.
- Intrinsic factors of job satisfaction: the intrinsic factors deal with feeling content with work itself and go along with other responsibilities. The intrinsic factors such as work life balance and compassion fatigue etc. is been observed in this study.
- Role: A part or the functions played by a person in their job.
- Functions: Functions are those activities assigned and were being carried in their current job scenario.
- Challenges: the challenges are the troubles faced by an individual to carry out their functioning which is from any dimensions of work, such as client, superiors and work environment.

Theoretical definition

- Medical social work: According to Joan Beder (2010) Medico social work is enabling the patients to function physically, socially and psychologically at the highest level possible within the constraints of the diseases and treatment.
- Job satisfaction: The term “job satisfaction” is understood to mean everything from “making all aspects of a job easy for employees” to “making the job meaningful, significant and challenging.”
- Extrinsic factors: Extrinsic job satisfaction has more to do with the work conditions such as salary, job security, and your relationships with coworkers and supervisors.

- Intrinsic factors: Intrinsic job satisfaction is a result of feeling content with the work itself and the responsibilities that go along with it.
- Role: A role is a set of connected behaviours, rights, obligations, beliefs, and norms as conceptualized by people in a social situation or social settings. Actual role or role performance are those roles which are performed in a given context, were as the expected roles or role expectancy are those roles which the individual expected to perform in particular situation or setting.
- Function: Function is the routine set of tasks or activities undertaken by a person in that position.
- Challenges: Challenge is something new and difficult which requires great effort and determination to overcome.

3.5 Research approach

The qualitative research approach is used to understand the role, functions, job satisfaction, organizational role stress and challenges faced by the medical social workers. In addition to it is exploratory in nature. Where the medical social worker in not much studied in the context of Kerala. Along with it there proper references of data were not available about the medical social worker which impact in the development of the medical social work. By using the interview method with the help of interview schedule the qualitative data were been taken from the respondents. This qualitative study explore the different dimensions in relation with the medical social work such as the extrinsic and intrinsic factors of job satisfaction, role, functions and challenges of medical social work. Different framework were used to get the qualitative data on the factors of job satisfaction and organizational role stress. Another major reason for being a qualitative studies is the lack of availability of sample. Which also leads this study to be done in the exploratory qualitative approach.

3.6 Research design

The study pursues the multiple case study design: Dyer and Wilkins (1991), argue that a multiple-case study approach tends to mean that the researcher pays less attention to the specific context and more to the ways in which the cases can be contrasted. “Case study research

involves the study of an issue explored through one or more cases within a bounded system” (Creswell, 2007). Here nine case were taken from three different setting: Government hospital, private hospital and NGO working in the field of palliative care etc. thereby getting a form of multiple case study because the medical social workers who were working in different setting result in the contrast nature of cases. Interview schedule was used to probe distinct information from each respondent.

3.7 Pilot study

A pilot study is a small scale experiment or set of observation undertaken to decide how and whether to launch a full scale project. Thus a pilot study was conducted for this study, where three medical social worker were been taken in order to cross check the feasibility of the study. And also to tested the feasibility of tool. Based on the pilot study the lack of availability of the medical social worker is been identified, which lead to change of research approach into a qualitative study from quantitative study.

3.8 Universe

The medical social workers working in the different health settings in Thiruvananthapuram district. Unit of the study is the Medical social worker. The inclusion and exclusion criteria of the study were:

Inclusion criteria: Medical social workers of Private (4), Government (3) hospitals and NGO (2)

Exclusion criteria: Social work trainee studying and undergoing training are excluded from the study.

Sample size: Nine medical social workers were been taken as a sample in this study.

3.9 Sources of data collection

Both primary and secondary data is been collected for this study.

Primary data: The primary data is been taken directly from the respondents with the help of interview schedule which is been specially designed for the study along with the help of the framework to get a better idea of job satisfaction and organizational role stress. Each and every

respondents were personally interviewed, observed and discuss on their view points and interpretations they have.

Secondary source of data: The secondary data are been collected from various books, journals, web documents websites like Shodhganga, NCBI, Government of India, research gate etc. in order to integrate theory with the research.

3.10 Tools of data collection

The interview method is been used for the data collection. Were the interview schedule were been used for directing and gathering data.

Personal Interview Method was found as the most suitable method for the data collection. Because while collecting the data personally the researcher gets an opportunity to observe the work atmosphere, the feelings and attitudes of the respondents. Therefore, the researcher has collected the data personally of the Structured Interview Schedule that was designed for the study. A Structured Interview Schedule has been designed for the purpose of collecting the primary data from the respondents. While preparing the frame of the interview schedule, sufficient care was taken to cover all the factors covered in the objectives of the study.

3.11 Data collection

The data were been collected from the medical social worker in different health setting such as the tertiary Government hospitals, private hospital and from Non-Governmental organization in the Thiruvananthapuram district. Nine sample is being studied were; three medical social worker from two different Government hospital, four medical social worker from the two private hospitals and two medical social worker from NGO which work in the field of palliative care. By personally interviewing medical social worker with the help of interview schedule the data is been gathered.

3.12 Case presentation

The case is been presented in both narrative and verbatim format and focused on the areas such as the demographic profile, extrinsic and intrinsic factors of job satisfaction, about the organizational role stress, functions and challenges faced by each of the medical social worker.

In the later part individual case analysis is been done for easy representation and interpretation of data from each case.

3.13 Data analysis

The analysis of the multiple case study is done through thematic analysis. The case is been presented in the narrative com verbatim format in order to get clear picture of the thoughts, feelings and emotions of the medical social worker about their job. From each case a miniature analysis is done according to the objectives of the study. In order to get a clear idea about the content in each case and also to compare with other cases. Along with this three framework were used to analyze the data to know about the extrinsic and intrinsic factors of job satisfaction, organizational role stress. The JDI framework is been used to study about the extrinsic factors of job satisfaction like coworkers, pay, promotion and supervision. The work life balance framework help to verify the work and personal life interferences and enhancement. By using the ProQOL framework the compassion satisfaction, burn out and compassion fatigue were been used for the analysis of the data. Later an overall analysis is been done on the Nine cases where the major findings and recommendations based on the study is been provided.

3.14 Chapterisation

There were six chapters in the study. They were:

1. Introduction
2. Literature review
3. Methodology
4. Case presentation and Data analysis
5. Major findings, recommendations and conclusion.
6. Bibliography and Appendix

3.15 Limitation of the study

The limitation of the study were:

- The study is been limited to the medical social worker in Thiruvananthapuram district so it cannot be generalized.

- The number of medical social worker in the hospital were limited which result do the research in qualitative and the result cannot be quantify for the proper data base.

3.16 Conclusion

The study is an exploratory qualitative study on the area of medical social work in Thiruvananthapuram district. Which try to study about the extrinsic and intrinsic factors of the job satisfaction, organizational role stress, functions and challenges faced by the medical social worker. The data is been collected from both primary and secondary sources. The interview method by using an interview schedule is been used to gather data from nine medical social worker. The case were presented in the narrative style and thematic analysis is done to produce data from the study.

Chapter-4

CASE PRESENTATION AND DATA ANALYSIS

Introduction

The researcher conducted interviews with nine medical social worker in Nongovernmental organization, private hospital and Government hospitals with the aid of the interview schedule. To avoid the disclosure of the identities of the medical social workers who participated in the study, their names are represented using alphabet A, B, C. So on respectively.

Cases

Case -1

A. PRESENTATION OF CASE 'A'

The Medical social worker 'A' had more than six years of service as a medical social worker in the tertiary Government hospital and have a salary above forty thousand rupees. He hadn't undergone any kind of training, or else hadn't equip any kind of therapy training and doesn't conducted any session of therapies in the institution. He was assigned as the medical social worker in the blood bank in the hospital. He had been receiving the facilities like room, telephone and intercom, noiseless working facilities and canteen facilities from their hospital. The major functions assigned to him there were; the pre and post counselling of the blood donor, conduct community level activity for blood donation like camps and camping's and mobilize blood at the time of emergency requirement etc. He also mentioned that he have minimal role in the admitting and discharge along with the administrative task.

According to the Medical social worker 'A' the people on present job were responsible, likeable, stimulating and supportive for him. "And as medical social worker in the hospital it makes me feels intelligent, smart, active and helpful with the people whom he work". He conclude the job in general as pleasant, worthwhile, enjoyable, good, superior, acceptable, makes him content and better than most. Were as sometimes "I feel worse than most with some of the people whom I work with". About the work assigned from the present job "It make me feel fascinating, satisfying, challenging, creative and useful in using the abilities, rewarding when the results are seen, which gives me a sense of accomplishment and respect from the people he work with".

The Medical social worker 'A' shared that the pay he receives were fair, well paid, comfortable and adequate for the normal expenses and to live on. And opportunities for the promotion is very

limited and infrequent which were based on the abilities. About the supervision from the people whom the medical social worker 'A' works that, "they usually praise the work done, tactful, intelligent, up-to-date, knows job well and tells me where to stand which make him feel supportive around when needed".

As the medical social worker 'A' discussed about the organizational role stress and balance of work life, he told that "sometimes work life interference with the personal life" were he sometimes neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities (like time with family and friends, religious and social interest). Were as the role stress from the organization rarely affect these personal life activities but the family and friends have complain of not spending time with them due to heavy demands of the work. On the other hand constantly he felt hard to work because of the personal matters. Few times he felt the that he was too much occupied due to present roles and responsibilities to be able to prepare for taking higher responsibility but not much time and opportunities to prepare myself for the future challenges of my role.

The medical social worker 'A' also mentioned that "I frequently feels that the work load is too heavy with too much responsibilities". And intermittently he felt the need to reduce some part of the role due to overburden in the role. He seldom wishes if there was more consultation between my role than other roles, also have enough people and financial resources for the assigned work to him, and moreover to have more training and preparation to be effective in his work role. In addition to that he occasionally be doing now. He also respond that he often felt satisfaction along with happy thoughts and feelings from being able to help people which makes him proud and success as a helper. On other hand he often felt connected with others as a caring person and over whelmed because his case work seems endless. Also sometimes I felt that because of his helping, he felt "on edge" about various things etc. were some of the aspects that mentioned by the medical social worker 'A' about the quality of professional life.

The medical social worker felt a small differences with the expected role and assigned role in the hospital. On the other hand he explained about the challenges from the institution were the work stress and work load ,were as the challenges from the side of patients and socio economic factors were like belief system, educational barrier, awareness and under function etc. were the challenge faced by the medical social worker from different dimensions.

Finally the medical social worker 'A' explained about the different view point and opinion for the future development or the growth of medical social work profession. According to him the medical social worker must try hard to promote more post in the hospital at first it won't happen to our favor but slowly from our continuous effort only would help to promote more opportunity and prominence for the medical social work in institution. Were he himself and other social workers in the hospital were able to increase the number of medical social worker to a number fourteen permanent post along with some temporary post as project coordinators in the present hospital setting. Thus according to him we (the social workers) must do our best to show them what we were capable of and to make them understand or recognize the need for the medical social worker in the hospital setting. He also complained about the general social work that, after getting a permanent job they didn't even try to promote for our field of social work in their setting resulting the reduced opportunity for others. If everyone start to promote for the need of social work, then that would help to get more opportunity for the social work to get flourished in upcoming days.

B. Analysis of case 'A'

As per the information given by the medical social worker 'A' major inferences were;

Demographic Profile

Age	38
Gender	Male
Monthly salary	Above 40,000
Years of experience	6-10
Training program attended	No
Therapies attended or get trained	No
Facilities received	Room to yourself, telephone, intercom, ventilation, noiseless working facilities, canteen facilities
Role played by the social worker in the institution	Community outreach worker, counsellor, organizer etc. and minimal role in admitting and discharging the patient.

Table A.1

Objective 1: To describe the contributions of extrinsic factors to job satisfaction of medical social workers.

People on present job	According to the Medical social worker ‘A’ the people on present job were responsible, likeable, stimulating and supportive for him. “And as medical social worker in the hospital it makes me feels intelligent, smart, active and helpful with the people whom he work”.
Job in general	He conclude the job in general as pleasant, worthwhile, enjoyable, good, superior, acceptable, makes him content and better than most. Were as sometimes “I feel worse than most with some of the people whom I work with”.
Work on present job	About the work assigned from the present job “It make me feel fascinating, satisfying, challenging, creative and useful in using the abilities, rewarding when the results are seen, which gives me a sense of accomplishment and respect from the people he work with”.
Pay	The pay he receives were fair, well paid, comfortable and adequate for the normal expenses and to live on
Opportunities for promotion	And opportunities for the promotion is very limited and infrequent which were based on the abilities.
Supervision	About the supervision from the people whom the medical social worker ‘A’ works that, “they usually praise the work done, tactful, intelligent, up-to-date, knows job well and tells me where to stand which make him feel supportive around when needed”.

Table A.2

Objective 2: To describe the intrinsic factors- work life balance and compassion fatigue contributing to job satisfaction.

- He told that “sometimes work life interference with the personal life” were he sometimes neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities.
- According to him the work life rarely affect the personal life activities. On the other hand constantly he felt hard to work because of the personal matters.
- He often felt satisfaction along with happy thoughts and feelings from being able to help people which makes him proud and success as a helper. On other hand he often felt connected with others as a caring person and over whelmed because his case work seems endless

Thus we could infer that work life balance is comparatively low for the medical social worker ‘A’. Along with it is found that the medical social worker ‘A’ have thoughts of compassion fatigue and burn, but less than of the compassion satisfaction he have.

Objective 3: To describe the contribution of organisational role stress in medical social workers.

- “I frequently feels that the work load is too heavy with too much responsibilities”. And intermittently he felt the need to reduce some part of the role due to overburden in the role.
- He seldom wishes if there was more consultation between my role than other roles, also have enough people and financial resources for the assigned work to him, and moreover to have more training and preparation to be effective in his work
- He sometimes neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities (like time with family and friends, religious and social interest).
- Few times he felt the that he was too much occupied due to present roles and responsibilities to be able to prepare for taking higher responsibility but not much time and opportunities to prepare myself for the future challenges of my role.

Thus we can find out the dimensions of the role overload, self-role distance, inter-role distance, role expectation conflict resource inadequacy etc. were able to observe from it.

4. To explore the functions and challenges faced by medical social workers.

The medical social worker 'A' explained about the challenges from the institution were work stress and work load ,were as the challenges from the side of patients and socio economic factors were like belief system, educational barrier, awareness and under function etc. were the challenge faced by the medical social worker from different dimensions. Whereas the major functions he performed were the pre and post counselling of the blood donor, conduct community level activity for blood donation like camps and camping's and mobilize blood at the time of emergency requirement etc. He also mentioned that he have minimal role in the admitting and discharge along with the administrative task.

4. To elicit suggestions from medical social workers to enhance medical social work setting.

- Promote opportunity for the medical social work in hospital setting
- Make others recognize about the social work profession and to make them understand what we are capable of.

Case -2

A. Presentation of case 'B'

The Medical social worker 'B' had more than six years of service as a medical social worker in the tertiary Government hospital and have a salary above forty thousand rupees. He had undergone training programs and able to acquire better knowledge on community resources, new trends and strategies in social work also helped in conceptualize better. "These training program helped me to refresh the knowledge and to sharpen my skills. "Whereas I hadn't received any kind of therapy training and doesn't conducted any kind of therapies in the institution". He was been designated as the medical social worker in the hospital. He had been receiving the facilities like telephone and intercom, noiseless working facilities and canteen facilities from their hospital. But doesn't have a room to work yourself. According to him so many functions assigned to him there were nonprofessional, which is out of boundary to the designated functioning of medical social work. He also mentioned that "I have minimal role to perform in the admitting and discharging of the patient, along with administrative task".

According to the Medical social worker 'B' the people on present job were responsible, likeable, stimulating and supportive for him. "And as medical social worker in this hospital it makes me feels active, intelligent, smart, and helpful, whereas I cannot decide whether it is unpleasant and narrow-minded with the people whom I work with". He conclude the job in general as pleasant, enjoyable, good and feel difficulty in figuring out whether it is worthwhile and better than most. About the work assigned from the present job the respondent told that, "The work assigned from present job make me feels repetitive, respected simple, routine and satisfied when the results are seen. Along with it work assigned to me were useful in using the abilities, and was not able to decide whether it fascinating, uninterested and dull from the people he work with.

The Medical social worker 'B' shared that the pay he receives were fair, well paid, and adequate for the normal expenses which is enough to live on. And opportunities for the promotion is very limited and cannot decide whether the promotion were been based on the abilities. About the supervision from the people whom the medical social worker 'B' works said that, "They usually supportive and praise the good and tactful work done. Along with that, they were intelligent, up-to-date, knows the job well and were available when needed".

As the medical social worker 'B' discussed about the organizational role stress and balance of work life, he told that "sometimes work life interference with the personal life" were he sometimes neglect personal needs and misses the activities because of work and unhappy about the amount of time for non-work activities (like spending time with family and friends, religious and social interest). He also added to that "sometimes I put personal life on hold for work". Were as the role stress from the organization rarely affect these personal life activities but he told that "My organizational responsibilities interfere with my extra organizational role. And often felt that, there is a little scope of personal growth from the role assigned to the respondent. Whereas sometimes the medical social worker 'B' felt he work is too heavy and had reduce importance. Along with it the respondents occasionally felt that," the functions which should be part of my job were assigned to some other roles and I wish to have more challenging task. On the other hand I need to admit that the responsibility assigned to me is too much which I would like to share with others in order to maintain the quality of work performing".

The medical social worker 'B' complaints that "there is not enough interaction between my roles with other roles in the setting". Along with this the respondent wish to have more training and

skills to handle the responsibilities, thereby preparing to be more effective. Both the work life and personal life provide energy and mood to work better. Very often the respondent felt that, “I am preoccupied with more one person I helped because I felt happy and connected with them and have beliefs that sustain me”. Were some dimension of burn out and compassion satisfaction that the respondent come across during the interview. But more of the conversation directed were on the compassion satisfaction of the work performed like, “I like my work as a helper, which makes me proud and help to have thoughts as a ‘success’ in helping others etc.”

The medical social worker ‘B’ mentioned about the challenges faced from the institution that, “the institution doesn’t have a clear idea of the professional social work and is not willing for a productive allocation of social work profession”. Whereas he doesn’t provide any suggestions and guidelines for the future development of the professional social work.

B. Analysis of case ‘B’

As per the information given by the medical social worker ‘B’ major inferences were;

Demographic Profile

Age	40
Gender	Male
Monthly salary	Above 40,000
Years of experience	6-10
Training program attended	Yes
Therapies attended or get trained	No
Facilities received	Shares the room, telephone, intercom, ventilation, canteen facilities
Role played by the social worker in the institution	As medical social worker

Table B.1

Objective 1: To describe the contributions of extrinsic factors to job satisfaction of medical social workers.

People on present job	People on the present job were responsible, likeable, stimulating and supportive for him. “And as medical social worker in this hospital it makes me feels active, intelligent, smart, and helpful, whereas I cannot decide whether it is unpleasant and narrow-minded with the people whom I work with”.
Job in general	He conclude the job in general as pleasant, enjoyable, good and feel difficulty in figuring out whether it is worthwhile and better than most.
Work on present job	The respondent told that, “The work assigned from present job make me feels repetitive, respected simple, routine and satisfied when the results are seen. Along with it I was able the work assigned were useful in using the abilities, and was not able to decide whether it fascinating, uninterested and dull from the people he work with.
Pay	Pay he receives were fair, well paid, and adequate for the normal expenses which is enough to live on.
Opportunities for promotion	And opportunities for the promotion is very limited and cannot decide whether the promotion were been based on the abilities.
Supervision	About the supervision from the people whom the medical social worker ‘B’ works said that, “They usually supportive and praise the good and tactful work done. Along with that, they were intelligent, up-to-date, knows the job well and were available when needed”.

Table B.2

Objective 2: To describe the intrinsic factors- work life balance and compassion fatigue contributing to job satisfaction.

- He told that “sometimes work life interference with the personal life” were he sometimes neglect personal needs and misses the activities because of work and unhappy with the

amount of time for non-work activities (like time with family and friends, religious and social interest). He also added to that “sometimes I put personal life on hold for work”.

- According to the medical social worker ‘B’, both the work life and personal life provide energy and mood to work better.
- Very often the respondent felt that, “I am preoccupied with more one person I helped because I felt happy and connected with them and have beliefs that sustain me”.
- “I like my work as a helper, which makes me proud and help to have thoughts as a ‘success’ in helping others etc.”

Thus we could find the work life interference with the personal life and also the work personal life enhancement from the interaction with the respondent. Whereas some dimension of burn out and compassion satisfaction that the respondent come across during the interview. But more of the conversation directed were on the compassion satisfaction of the work performed.

Objective 3: To describe the contribution of organisational role stress in medical social workers.

- He told that “My organizational responsibilities interfere with my extra organizational role.
- The medical social worker ‘B’ complaints that “there is not enough interaction between my roles with other roles in the setting”.
- Along with this the respondent wish to have more training and skills to handle the responsibilities, thereby preparing to be more effective

Thus the respondent is suffering the organizational role stress like Inter-role distance, role isolation, resource inadequacy, role stagnation, self-role distance etc. were clearly evident from the responses.

Objective 4. To explore the functions and challenges faced by medical social workers.

- The medical social worker ‘B’ mentioned about the challenges faced from the institution that, “the institution doesn’t have a clear idea of the professional social work and is not willing for a productive allocation of social work profession”.

- According to him so many functions assigned to him there were nonprofessional, which is out of boundary to the designated functioning of medical social work. He also mentioned that “I have minimal role to perform in the admitting and discharging of the patient, along with administrative task.

Objective 5. To elicit suggestions from medical social workers to enhance medical social work setting.

The medical social worker doesn't responded to the suggestion and recommendation for the future development of the professional social work. Were he also added that it is comment on everything but making it in to real is tough so there is long way to go for medical social work profession.

Case -3

A. Presentation of case 'C'

The Medical social worker 'C' had less than five years of service as a medical social worker in the tertiary level private hospital and have a salary less than twenty thousand rupees. He had undergone training program, which help to refresh the knowledge and sharpen the skills. And doesn't undergone any training in any therapy. He was assigned as the medical social worker in the in the hospital. He had been receiving the facilities like telephone and intercom, ventilation and canteen facilities from their hospital. He had no room of himself and he shares room with others. The major functions assigned to him there were; Admission counselling, pre-surgical clearance, feedback, Discharge coordination were the major task at the time of admission and discharge. Whereas the administrative work carry out by the medical social worker were the paper works of organ transplantation. According to him He expected more sitting and follow up work from present job which was not there in the assigned job.

According to the Medical social worker 'C' the people on present job were responsible, likeable, stimulating and supportive for him. “And as medical social worker it makes me feels intelligent, smart, active and helpful with the people whom I work”. He conclude the job in general as pleasant, worthwhile, enjoyable, good, acceptable and sometimes “I felt inadequate”. About the work assigned from the present job “It make me feel good, routine, respected, challenging, and

useful in using the abilities, whereas I cannot decide whether there is result from my work and also felt dull and repetitive about the work assigned to me”.

The Medical social worker ‘C’ shared that the pay he receives were bad, underpaid, and barely live on with income. According to him “There is good opportunities for the promotion which was based on the abilities. About the supervision from the people whom the medical social worker ‘C’ works told that, “They always praise the work done, tactful, intelligent, and up-to-date, knows job well and tells me where to stand which and appear to be supportive at the time of need but were influential by the coworker”.

As the medical social worker ‘C’ discussed about the organizational role stress and balance of work life, he told that “the work life many times interfere with the personal life” were he sometimes neglect personal needs and put hold on personal activities because of heavy work load and unhappy about the amount of time for non-work activities (like time with family and friends) religious and social interest). According to the respondent “sometimes many functions of what should be part of my role have been assigned to some other role and also felt, if I had the full freedom to define my role I would be doing something different from what I do now. And personal life gives me the energy for my job”. He also added that sometimes I am preoccupied with more than one person I helped and feel connected with them. Which leads to avoid certain activities or situations because they reminds me of frightening experiences of the people I Helped. But often felt proud of what I can do to help people”. The major challenges faced by the medical social worker were; lack of time, coordination and work load, feel difficulties in satisfying the client needs, salary package etc. According to him good interaction skills would help in maintaining relationship within work setting and also help in coordinating activities with other team also and it would them to make understand about our role and functions of our profession.

B. Analysis of case ‘C’

As per the information given by the medical social worker ‘C’ major inferences were;

Demographic Profile

Age	25
Gender	Male
Monthly salary	Less than 20,000
Years of experience	Less than five years
Training program attended	Yes
Therapies attended or get trained	No
Facilities received	Shares the room, telephone, intercom, ventilation, canteen facilities
Role played by the social worker in the institution	Admission counselling, pre-surgical clearance, feedback, Discharge coordination were the major task at the time of admission and discharge. Whereas the administrative work carry out by the medical social worker were the paper works of organ transplantation.

Table C.1

Objective 1: To describe the contributions of extrinsic factors to job satisfaction of medical social workers.

People on present job	According to the Medical social worker 'C' the people on present job were responsible, likeable, stimulating and supportive for him. "And as medical social worker in the hospital it makes me feels intelligent, smart, active and helpful with the people whom he work".
Job in general	He conclude the job in general as pleasant, worthwhile, enjoyable, good, acceptable and sometimes "I felt inadequate".
Work on present job	About the work assigned from the present job "It make me feel good, routine, respected, challenging, and useful in using the

	abilities, whereas I cannot decide whether there is result from my work and also felt dull and repetitive about the work assigned to me”.
Pay	The Medical social worker ‘C’ shared that the pay he receives were bad, underpaid, and barely live on with income.
Opportunities for promotion	According to him “There is good opportunities for the promotion which was based on the abilities.
Supervision	About the supervision from the people whom the medical social worker ‘C’ works told that, “They always praise the work done, tactful, intelligent, and up-to-date, knows job well and tells me where to stand which and appear to be supportive at the time of need but were influential by the coworker”.

Table C.2

Objective 2: To describe the intrinsic factors- work life balance and compassion fatigue contributing to job satisfaction.

- As the medical social worker ‘C’ discussed about the organizational role stress and balance of work life, he told that “the work life many times interfere with the personal life” were he sometimes neglect personal needs and put hold on personal activities because of heavy work load and unhappy about the amount of time for non-work activities (like time with family and friends) religious and social interest).
- And personal life gives me the energy for my job”.
- “Sometimes I am preoccupied with more than one person I helped and feel connected with them. Which leads to avoid certain activities or situations because they reminds me of frightening experiences of the people I Helped. But often felt proud of what I can do to help people”.

Thus there the aspects of work life balance were the personal life is been interfered by the work life. And some dimension of burnout comes from their responses and also able to identify the good facet of compassion satisfaction owned by the medical social worker ‘C’.

Objective 3: To describe the contribution of organisational role stress in medical social workers.

- According to the respondent ‘ sometimes many functions of what should be part of my role have been assigned to some other role and also felt, if I had the full freedom to define my role I would be doing something different from what I do now.
- He sometimes neglect personal needs and put hold on personal activities because of heavy work load and unhappy about the amount of time for non-work activities (like time with family and friends) religious and social interest).
- According to him He expected more sitting and follow up work from present job which was not there in the assigned job

Thus there is the dimensions of the Inter-role distance, role expectation conflict, role over load, role erosion, role stagnation, role ambiguity etc. were able to find from the response of the respondent

Objective 4. To explore the functions and challenges faced by medical social workers.

The major challenges faced by the medical social worker were; lack of time, coordination and work load, feel difficulties in satisfying the client needs, salary package etc. And the major functions performed were: Admission counselling, pre-surgical clearance, feedback, Discharge coordination were the major task at the time of admission and discharge. Whereas the administrative work carry out by the medical social worker were the paper works of organ transplantation.

Objective 5. To elicit suggestions from medical social workers to enhance medical social work setting.

According to him good interaction skills would help in maintaining relationship within work setting and also help in coordinating activities with other team also and it would them to make understand about our role and functions of our profession.

Case -4

A. Presentation of case 'D'

The Medical social worker 'D' had less than five years of service as a medical social worker in the Non-Governmental organization and have a salary less than twenty thousand rupees. She had undergone training, which helped her to conceptualize better, refresh and sharpen the knowledge and skills they acquire. She hadn't undergone any kind of therapy training and doesn't conducted any session of therapies in the institution. She was assigned as the medical social worker in the Non-Governmental organization for the palliative care. She had been receiving the facilities like telephone and ventilation. Whereas the medicals social worker shares room others but they have a separate room for counselling. The major functions assigned to her from the organization were: taking psychosocial assessment and provided need interventions which include rehabilitation etc. were performed during the admission and discharge of the patient. Besides these work the administrative task such as conducting training programs, being a faculty for trainees, coordinating MSW's activities, project handling, education and support verification were also performed by the medical social worker. On the other hand the medical social worker is not assigned with non-professional task. The social worker also mention that "I didn't felt not much difference with assigned role and expected role. Also I was able to practice all the skills which was taught during my MSW academics."

According to the Medical social worker 'D' the people on present job were responsible, likeable, stimulating and supportive for her. "And as medical social worker, it makes me feels intelligent, smart, active and helpful with the people whom she work with". She conclude the job in general as pleasant, worthwhile, enjoyable, good, superior, acceptable, great and makes her content. About the work assigned from the present job "It make me feel fascinating, satisfying, challenging, repetitive and exciting. Whereas sometimes I cannot figure out whether the assigned work is creative, not to use much use of my abilities and cannot felt a sense of accomplishment since much results from the work assigned to me. Occasionally, I felt bored with the work assigned by the organization". The Medical social worker 'D' shared that the pay she receives were fair but barely live on with income. About opportunities for of promotion the respondent said that "the opportunity and chance of getting promoted were limited. And while considering

about supervision from the people whom which I work with will praises the work done support and around when needed”.

As the medical social worker ‘D’ discussed about the organizational role stress and balance of work life, she told that “occasionally work life interfere with the personal life were I neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities (like time with family and friends, religious and social interest) due to heavy work load and responsibilities assigned from the job. In addition to it I frequently get complains from the family, friends and relatives about not spending enough time with them. While working in the organization I constantly feels stagnant about the role and bothered with the contradictory expectations different people have from my role. Too much responsibilities affects the quality of the work performing and wishes to get reduce some part of my role. And felt if I had full freedom to define about my role then I will be doing something different from the assigned role and functions.

The medical social worker ‘D’ said that, “I frequently felt connected and preoccupied with more than one person I helped. Whereas I feel invigorated and satisfied after working with those I helped. And often have happy thoughts and feelings about those I Helped and how I could help them”. According to the respondent the major concerns in the work were work load, high demands of the patients which was very difficult to put an end and also felt difficulty in dealing with government services and their slow processing etc. were the major challenges the medical social worker ‘D’ felt from the present job. To enhance the growth of the professional social work the respondent suggest to have more training program to get up-to-date of current trend and to acquire more knowledge and skills.

B. Analysis of case ‘D’

As per the information given by the medical social worker ‘D’ major inferences were;

Demographic Profile

Age	25
Gender	Female
Monthly salary	Less than 20,000

Years of experience	Below five years
Training program attended	Yes
Therapies attended or get trained	No
Facilities received	Shares the room, telephone, intercom, ventilation, canteen facilities, counselling room
Role played by the social worker in the institution	Taking psychosocial assessment and provided need interventions which include rehabilitation etc. were performed during the admission and discharge of the patient. Conducting training programs, being a faculty for trainees, coordinating MSW's activities, project handling, education and support verification were also performed by the medical social worker.

Table D.1

Objective 1: To describe the contributions of extrinsic factors to job satisfaction of medical social workers.

People on present job	According to the Medical social worker 'D' the people on present job were responsible, likeable, stimulating and supportive for her. "And as medical social worker in the hospital it makes me feels intelligent, smart, active and helpful with the people whom she work with".
Job in general	She conclude the job in general as pleasant, worthwhile, enjoyable, good, superior, acceptable, great and makes her content.
Work on present job	About the work assigned from the present job "It make me feel fascinating, satisfying, challenging, repetitive and exciting. Whereas sometimes I cannot figure out whether the assigned work is creative, not to use much use of my abilities and cannot felt a sense of accomplishment since much results from the work assigned to me. Occasionally, I felt bored with the work assigned by the organization".

Pay	The Medical social worker 'D' shared that the pay she receives were fair but barely live on with income.
Opportunities for promotion	About opportunities for of promotion the respondent said that "the opportunity and chance of getting promoted were limited.
Supervision	And while considering about supervision from the people whom which I work with will praises the work done support and around when needed".

Table D.2

Objective 2: To describe the intrinsic factors- work life balance and compassion fatigue contributing to job satisfaction.

- As the medical social worker 'D' discussed about the organizational role stress and balance of work life, she told that "occasionally work life interfere with the personal life were I neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities (like time with family and friends, religious and social interest) due to heavy work load and responsibilities assigned from the job.
- The medical social worker 'D' said that, "I frequently felt connected and preoccupied with more than one person I helped. Whereas I feel invigorated and satisfied after working with those I helped. And often have happy thoughts and feelings about those I Helped and how I could help them".

Thu there occasional interference of the work life occurs with the personal life. In addition to it there were a trace of burn out and compassion fatigue from the work the medical social worker 'D' performing. Whereas there were the personal and work life enhancement is greater from the responses of the medical social worker.

Objective 3: To describe the contribution of organisational role stress in medical social workers.

- While working in the organization I constantly feels stagnant about the role and bothered with the contradictory expectations different people have from my role.

- I neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities (like time with family and friends, religious and social interest) due to heavy work load and responsibilities assigned from the job.
- In addition to it I frequently get complains from the family, friends and relatives about not spending enough time with them.
- Too much responsibilities affects the quality of the work performing and wishes to get reduce some part of my role.
- And felt if I had full freedom to define about my role then I will be doing something different from the assigned role and functions.

Thus there the dimensions of Inter-role distance, role overload, personal inadequacy, role stagnation, self-role distance etc. were able to find out from their responses.

Objective 4. To explore the functions and challenges faced by medical social workers.

The major functions assigned to her from the organization were: taking psychosocial assessment and provided need interventions which include rehabilitation etc. were performed during the admission and discharge of the patient. Besides these work the administrative task such as conducting training programs, being a faculty for trainees, coordinating MSW's activities, project handling, education and support verification were also performed by the medical social worker. On the other hand the medical social worker is not assigned with non-professional task. The social worker also mention that "I didn't felt not much difference with assigned role and expected role. Also I was able to practice all the skills which was taught during my MSW academics." According to the respondent the major concerns in the work were work load, high demands of the patients which was very difficult to put an end and also felt difficulty in dealing with government services and their slow processing etc. were the major challenges the medical social worker 'D' felt from the present job.

Objective 5. To elicit suggestions from medical social workers to enhance medical social work setting.

To enhance the growth of the professional social work the respondent suggest to have more training program to get up-to-date of current trend and to acquire more knowledge and skills.

Case -5

A. Presentation of case 'E'

The Medical social worker 'E' had below five years of service as a medical social worker in the Non-governmental organization and have a salary less than twenty thousand rupees. She had under gone training, which helped her in better conceptualization and also to refresh the knowledge. Whereas hadn't received any kind of training in therapy. She was assigned as the medical social worker in the Non-Governmental organization working in the field of palliative care. She had been receiving the facilities like, telephone and intercom, along with ventilation from their organization. Besides these facilities the medical social worker shares room with others but have a counselling room for them. The major functions assigned to her from there were; Conduct psychosocial assessment of the patient and try to help them in accordance with their needs were the major functions at time of admission and discharge of the patient. And the medical social worker doesn't have to perform any non-professional task.

According to the Medical social worker 'E' the people on present job were responsible, likeable, stimulating and supportive for her. "And as medical social worker, it makes me feels intelligent, smart, active and helpful but the people on present job like to create enemies easily with the people whom she work". She also said that, "According to me the job in general is good". About the work assigned from the present job "It make me feel satisfying, good, creative and useful in using the abilities. The Medical social worker 'E' doesn't comment on the income she received from organization. According to respondent "the promotion were based on abilities." And keep silence about the opportunities of promotion. About the supervision from the people whom the medical social worker 'E' works were very supportive and up-to-date.

As the medical social worker 'E' discussed about the organizational role stress and balance of work life, he told that "sometimes work life interfere with the personal life like wise my personal life also interfere with my work life to some extent. Where I sometimes neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities (like spending time with family and friends, religious and social interest). Which leads to several complains from family and friends about not spending quality time with them". Along with it sometimes she wishes to reduce some part of her job, more financial resources for the assigned

work and also wish to get prepared myself well for the role. The respondents occasionally felt a stagnant role and bothered about the contradictory expectations of people about my role. According to her, all the time she have a better mood at work because of personal life.

The medical social worker 'E' said about the quality of professional life that, "I feel happy and satisfied from being able to help the people. And very often I felt connected to them to others and have happy thoughts and feelings about those I helped and the way I helped them and feel proud and success as a helper". Later the respondent explained about the hurdles faced by them such as; unnecessary interference of non-professionals (other than social workers) hinder my work, difficult to deal with demanding patients especially I case of financial support, lack of awareness and miss interpretation of professional social work within the community etc. The medical social worker 'E' recommended to provide awareness to community and others about the social work profession then only others will get a proper understanding of the professional social work.

B. Analysis of case 'E'

As per the information given by the medical social worker 'E' major inferences were;

Demographic Profile

Age	27
Gender	Female
Monthly salary	Less than 20,000
Years of experience	Below five years
Training program attended	Yes
Therapies attended or get trained	No
Facilities received	Shares the room, telephone, intercom, ventilation, canteen facilities, counselling room
Role played by the social worker in the institution	Conduct psychosocial assessment of the patient and try to help them in accordance with their needs were the major functions at time of admission and discharge of the patient. And the medical social

	worker doesn't have to perform any non-professional task.
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Table E.1

Objective 1: To describe the contributions of extrinsic factors to job satisfaction of medical social workers.

People on present job	According to the Medical social worker 'E' the people on present job were responsible, likeable, stimulating and supportive for her. "And as medical social worker in the hospital it makes me feels intelligent, smart, active and helpful but the people on present job like to create enemies easily with the people whom she work".
Job in general	She also said that, "According to me the job in general is good".
Work on present job	About the work assigned from the present job "It make me feel satisfying, good, creative and useful in using the abilities.
Pay	Respondent doesn't want to comment on it
Opportunities for promotion	About the opportunities of promotion the respondent doesn't responded. But, according to respondent "the promotion were based on abilities."
Supervision	About the supervision from the people whom the medical social worker 'E' works were very supportive and up-to-date.

Table E.2

Objective 2: To describe the intrinsic factors- work life balance and compassion fatigue contributing to job satisfaction.

- As the medical social worker 'E' discussed about the organizational role stress and balance of work life, he told that "sometimes work life interfere with the personal life like wise my personal life also interfere with my work life to some extent. Where I sometimes neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities (like spending time with family and friends, religious and social interest).
- According to her, all the time she have a better mood at work because of personal life.

- The medical social worker 'E' said about the quality of professional life that, "I feel happy and satisfied from being able to help the people. And very often I felt connected to them to others and have happy thoughts and feelings about those I helped and the way I helped them and feel proud and success as a helper".

Thus there were interference of work life to the personal life on the other hand there is work and personal enhancement in the respondent's life. There were dimensions which leads to minor burn out from the job but clearly express the satisfaction from work.

Objective 3: To describe the contribution of organisational role stress in medical social workers.

- Where I sometimes neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities (like spending time with family and friends, religious and social interest).
- Which leads to several complains from family and friends about not spending quality time with them". Along with it sometimes she wishes to reduce some part of her job, more financial resources for the assigned work and also wish to get prepared myself well for the role.
- The respondents occasionally felt a stagnant role and bothered about the contradictory expectations of people about my role

So in this case there is dimensions of Inter-role distance, role overload, role stagnation, self-role distance etc. were able to figure out from the responses.

Objective 4. To explore the functions and challenges faced by medical social workers.

The major functions performed; Conduct psychosocial assessment of the patient and try to help them in accordance with their needs were the major functions at time of admission and discharge of the patient. And the medical social worker doesn't have to perform any non-professional task. Later the respondent explained about the hurdles faced by them such as :unnecessary interference of non-professionals (other than social workers) hinder my work, difficult to deal with demanding patients especially I case of financial support, lack of awareness and miss interpretation of professional social work within the community etc.

Objective 5. To elicit suggestions from medical social workers to enhance medical social work setting.

The medical social worker 'E' recommended to provide awareness to community and others about the social work profession then only others will get a proper understanding of the professional social work.

Case -6

A. Presentation of case 'F'

The Medical social worker 'F' had more than fifteen years of service as a medical social worker in the tertiary private hospital and have a salary above twenty thousand rupees. She had undergone training session in the institution but doesn't undergone any therapy session. She was assigned as the social welfare officer. The training program attended helped to conceptualize and refresh knowledge, new trends and strategies, to sharpen skills and to get better information about community resources. She had been receiving the facilities like telephone and intercom, noiseless working and ventilation facilities and canteen facilities from their hospital. The major functions assigned to her were; helps in the public relation to help in the administrative task. She also mentioned that she have minimal role in the admitting and discharging.

According to the Medical social worker 'F' the people on present job were responsible, likeable, stimulating and supportive for her. "And as medical social worker in the hospital it makes me feels responsible, intelligent, smart, active and helpful with the people whom she work with". She conclude the job in general as great, pleasant, worthwhile, enjoyable, good, superior, acceptable, makes her content and better than most. About the work assigned from the present job "It make me feel fascinating, satisfying, challenging, exciting, creative and useful in using the abilities, rewarding when the results are seen, which gives me a sense of accomplishment and respect from the people I work with".

The Medical social worker 'F' shared that the pay he receives were fair. And opportunities for the promotion is somewhat limited in her opinion. About the supervision from the people whom the medical social worker 'F' works that, "they usually praise the work done, tactful,

intelligent, up-to-date, knows job well and tells me where to stand which make him feel supportive around when needed, but they are were much influential by other coworkers”.

As the medical social worker ‘F’ discussed about the organizational role stress and balance of work life, she told that “sometimes work life interference with the personal life, were I put personal life on hold for the wok life and juggle with the work and non-work”. Whereas the personal and work life give energy and mood to perform the activities of the personal and work life. About the organizational role the respondent said that, “I feel my work load is heavy which result in avoiding various other interests (social, religion etc.). The amount of the work I have to do interfere in the quality I want to maintain. Along with I do not have time and opportunities to prepare myself for the future challenges of my role. My family and friends complaint about not spending enough time with them. And I would like to take up more responsibility than I am handling at present. About the professional quality of life the medical social worker ‘F’ said that, “I feel happy and get satisfaction from being helped and get preoccupied with more than one person I helped. I have happy thoughts and feelings about those I helped and I how I was able to help them. And I like my work as a helper and pleased with how I am able to keep up with techniques and protocols to help others and proud of what I can do to help them”. The respondent much about the challenges and recommendation for the future growth of the profession, But she said in between the interview that there were heavy work load and stagnation of role if there proper allocation of post and awareness job would help in the enhancement of the job.

B. Analysis of case ‘F’

As per the information given by the medical social worker ‘F’ major inferences were;

Demographic Profile

Age	37
Gender	Female
Monthly salary	Above 20,000
Years of experience	Above fifteen yrs

Training program attended	Yes
Therapies attended or get trained	No
Facilities received	Shares room with others, telephone, intercom, ventilation, noiseless working facilities, canteen facilities
Role played by the social worker in the institution	The social welfare officer

Table F.1

Objective 1: To describe the contributions of extrinsic factors to job satisfaction of medical social workers.

People on present job	According to the Medical social worker 'F' the people on present job were responsible, likeable, stimulating and supportive for her. "And as medical social worker in the hospital it makes me feels responsible, intelligent, smart, active and helpful with the people whom she work with".
Job in general	She conclude the job in general as great, pleasant, worthwhile, enjoyable, good, superior, acceptable, makes her content and better than most.
Work on present job	About the work assigned from the present job "It make me feel fascinating, satisfying, challenging, exciting, creative and useful in using the abilities, rewarding when the results are seen, which gives me a sense of accomplishment and respect from the people I work with".
Pay	The Medical social worker 'F' shared that the pay he receives were fair.
Opportunities for promotion	And opportunities for the promotion is somewhat limited in her opinion.
Supervision	About the supervision from the people whom the medical

	social worker 'F' works that, "they usually praise the work done, tactful, intelligent, up-to-date, knows job well and tells me where to stand which make him feel supportive around when needed, but they are were much influential by other coworkers".
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Table F.2

Objective 2: To describe the intrinsic factors- work life balance and compassion fatigue contributing to job satisfaction.

As the medical social worker 'F' discussed about the organizational role stress and balance of work life, she told that "sometimes work life interference with the personal life, were I put personal life on hold for the wok life and juggle with the work and non-work". Whereas the personal and work life give energy and mood to perform the activities of the personal and work life. . About the professional quality of life the medical social worker 'F' said that, "I feel happy and get satisfaction from being helped and get preoccupied with more than one person I helped. I have happy thoughts and feelings about those I helped and I how I was able to help them. And I like my work as a helper and pleased with how I am able to keep up with techniques and protocols to help others and proud of what I can do to help them".

Thus from the responses it is able to portray that the responded have a good balance in work-life, were as sometimes the personal life is been interfered by the work life, but have both the personal and work life enhancement. There were trace of burn out of work from the present job but not of compassion satisfaction and the responded have a good compassion which was evident from the responses.

Objective 3: To describe the contribution of organisational role stress in medical social workers.

- About the organizational role the respondent said that, I feel my work load is heavy which result in avoiding various other interests (social, religion etc.).
- The amount of the work I have to do interfere in the quality I want to maintain.
- Along with I do not have time and opportunities to prepare myself for the future challenges of my role.

- My family and friends complaint about not spending enough time with them. And I would like to take up more responsibility than I am handling at present.

Thus there were the dimensions of the Inter-role distance, role overload, role isolation and role expectation conflict.

Objective 4. To explore the functions and challenges faced by medical social workers.

The major functions assigned to her were; helps in the public relation to help in the administrative task. And the major challenge faced were the medical social worker were the work load and stagnation of role.

Objective 5. To elicit suggestions from medical social workers to enhance medical social work setting.

To enhance the growth of the professional social work the respondent suggest to have proper allocation of job and awareness about the job and its function would help in the process of growth of profession.

Case -7

A. Presentation of case ‘G’

The Medical social worker ‘G’ had more than six years of service as a medical social worker in the tertiary Government hospital and have a salary less than twenty thousand rupees. She had undergone training, which helped to conceptualize and refresh the knowledge along with that I was able to sharpen the skills. She was assigned as the medical social worker in the hospital. He had been receiving the facilities like telephone and intercom, noiseless working along with ventilation facilities and canteen facilities from their hospital. Whereas the room is shared with coworkers. The major functions assigned to her were; to perform the admission and discharge counselling, resource mobilization etc. sometimes the head of the department asked to perform the task which is other than the profession. She also mentioned that she had minimal role in the administrative task. According to respondent, “I felt a sea of difference in the expected and assigned role, which mostly depends on our supervisors”.

According to the Medical social worker 'G' the people on present job were responsible, likeable. But she said that, "most of the people whom she work with were narrow minded, frustrating, slow, stubborn, lazy, unpleasant and easy to make enemies. She conclude the job in general as great, pleasant, worthwhile, good, acceptable. Whereas to some extent the job in general were disagreeable and rotten. About the work assigned from the present job "were fascinating, satisfying, challenging, creative and useful in using the abilities, rewarding when the results are seen, which gives me a sense of accomplishment and respect from the people she work with". On the other hand sometimes it is uninteresting and was not able to decide whether it get proper respect and repetitive.

The Medical social worker 'G' shared that the pay she receives were less than she deserves and barely lives on with the income. And about the opportunities for the promotion is very limited and for her it is a "dead end job". About the supervision from the people whom the medical social worker 'G' works said that, "the supervision is bad, hard to please the stubborn, unkind, impolite and annoying people, along with that they were poor planner too."

As the medical social worker 'I' discussed about the organizational role stress and balance of work life, she told that "sometimes work life interference with the personal life" were she sometimes neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities (like time with family and friends, religious and social interest). And have better mood of work because of my personal life where is not reciprocated by work life. About my role in the hospital "I feel work load is too heavy and the importance of role got reduce these days and role were assigned to others, along with a stagnation of role and too much preoccupied by my present roles and responsibilities. Whereas I didn't get enough resources to be effective in my role and bothered with the contradictory expectations different people have from my role, several aspects of my role is vague and unclear along with I wish if I had full freedom to define my role I would be doing something different from what I do now".

According to the medical social worker 'I' she doesn't have time and opportunities to prepare herself for the future challenges of my role. And felt conflict between her values and what she have to do in my role. In accordance with the respondent, "I get satisfaction from being able to help people and feel connected with them, and feel worn out because of my work, whereas I

have my beliefs that sustain me and proud of the what I can do to help them since I like my work as a helper.”

The major challenges faced from the institution were: loosing temper of the care givers, inability to accept the truth as truth (convincing the patient and family about the diseases. She provide some recommendation for the growth and enhancement of the professional life were: licensing should be done legally, Government should make it mandatory to have medical social worker in every hospital settings, to have strong policy or legal backing for the profession and to have a standard pay scale. Etc. some of them

B. Analysis of case ‘G’

As per the information given by the medical social worker ‘G’ major inferences were;

Demographic Profile

Age	32
Gender	Female
Monthly salary	Less than 20,000
Years of experience	Above six years
Training program attended	Yes
Therapies attended or get trained	No
Facilities received	Shares room with others, telephone, intercom, ventilation, noiseless working facilities, canteen facilities
Role played by the social worker in the institution	The medical social worker

Table G.1

Objective 1: To describe the contributions of extrinsic factors to job satisfaction of medical social workers.

People on present job	According to the Medical social worker ‘G’ the people on present job were responsible, likeable. But she said that, “most
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	of the people whom she work with were narrow minded, frustrating, slow, stubborn, lazy, unpleasant and easy to make enemies.
Job in general	She conclude the job in general as great, pleasant, worthwhile, good, acceptable. Whereas to some extent the job in general were disagreeable and rotten.
Work on present job	About the work assigned from the present job “were fascinating, satisfying, challenging, creative and useful in using the abilities, rewarding when the results are seen, which gives me a sense of accomplishment and respect from the people he work with”. On the other hand sometimes it is uninteresting and was not able to decide whether it get proper respect and repetitive.
Pay	The Medical social worker ‘G’ shared that the pay she receives were less than she deserves and barely lives on with the income.
Opportunities for promotion	And about the opportunities for the promotion is very limited and for her it is a “dead end job”.
Supervision	About the supervision from the people whom the medical social worker ‘G’ works said that, “the supervision is bad, hard to please the stubborn, unkind, impolite and annoying people, along with that they were poor planner too.”

Table G.2

Objective 2: To describe the intrinsic factors- work life balance and compassion fatigue contributing to job satisfaction.

- As the medical social worker ‘G’ discussed about the organizational role stress and balance of work life, she told that “sometimes work life interference with the personal life” were she sometimes neglect personal needs and activities because of work and unhappy with the amount of time for non-work activities (like time with family and friends, religious and social interest). And have better mood of work because of my personal life where is not reciprocated by work life. Also in accordance with the

respondent, “I get satisfaction from being able to help people and feel connected with them, and feel worn out because of my work, whereas I have my beliefs that sustain me and proud of the what I can do to help them since I like my work as a helper.”

Thus the medical social worker have better work and personal life enhancement majorly because of the personal life. Whereas the work life interfere in the personal life. Also there were some trace of burn out and compassion fatigue from the present job which is been overpowered by the compassion satisfaction.

Objective 3: To describe the contribution of organisational role stress in medical social workers.

- According to respondent, “I felt a sea of difference in the expected and assigned role, which mostly depends on our supervisors”.
- About my role in the hospital “I feel work load is too heavy and the importance of role got reduce these days and role were assigned to others, along with a stagnation of role and too much preoccupied by my present roles and responsibilities”.
- Whereas I didn’t get enough resources to be effective in my role and bothered with the contradictory expectations different people have from my role, several aspects of my role is vague and unclear along with I wish if I had full freedom to define my role I would be doing something different from what I do now.
- According to the medical social worker ‘G’ she doesn’t have time and opportunities to prepare herself for the future challenges of my role. And felt conflict between her values and what she have to do in my role.

Thus the dimensions of role stagnation, role expectation conflict, role erosion, role overload, role ambiguity and resource inadequacy etc. were able to observe from the responses.

Objective 4. To explore the functions and challenges faced by medical social workers.

The major functions assigned to him there were; to perform the admission and discharge counselling, resource mobilization etc. sometimes the head of the department asked to perform the task which is other than the profession. She also mentioned that she have minimal role in the administrative task. The major challenges faced from the institution were: loosing temper of the

care givers, inability to accept the truth as truth (convincing the patient and family about the diseases).

Objective 5. To elicit suggestions from medical social workers to enhance medical social work setting.

She provide some recommendation for the growth and enhancement of the professional life were: licensing should be done legally, Government should make it mandatory to have medical social worker in every hospital settings, to have strong policy or legal backing for the profession and to have a standard pay scale. Etc. some of them.

Case -8

A. Presentation of case ‘H’

The Medical social worker ‘H’ had less than one years of service as a medical social worker in the private hospital and have less than twenty thousand rupees. She had undergone training program along with that also attended the person-centered therapy. She was assigned as the medical social in the hospital. She had been receiving the facilities like telephone and intercom, ventilation facilities and canteen facilities from their hospital. Whereas as shares room with others. The major functions assigned to him there were; admission and discharge counselling, also collect the feedbacks from patient at time of discharge, In-patient counselling and pre-surgical clearance etc. Whereas no administrative task were not assign to her. And has a huge difference from the assigned role and expected role

According to the Medical social worker ‘H’ the people on present job were responsible, likeable and supportive for her. “And as medical social worker in the hospital it makes me feels intelligent, smart, active and helpful. But they were stubborn, narrow minded and easy to make enemies along with that I cannot decide whether they were stimulating, rude or frustrating with the people whom she works with”. She conclude the job in general as pleasant, worthwhile, enjoyable, good, excellent, acceptable and better than most. Were as sometimes “I cannot figure out the job to be great and makes me content”. About the work assigned from the present job “It

make me feel exciting, good, routine, challenging but simple and useful in using the abilities, rewarding when the results are seen”.

The Medical social worker ‘H’ shared that the income that she “the income is inadequate barely lives on income and less than I deserve. About the opportunities of the promotion is very limited and which were based on the abilities. About the supervision from the people whom the medical social worker ‘H’ works that, “they are tactful, intelligent, up-to-date, knows job well, and praises the work done and tells me where to stand which make me feel supportive. But they have their favorites and hard to please”.

As the medical social worker ‘H’ discussed about the organizational role stress and balance of work life, she told that “sometimes work life interference with the personal life” were she sometimes neglect personal needs and activities. Whereas the personal life and work life gives me the energy to perform the activities. About my role in the hospital “ I was not able use my training and expertise in my role and I feel work load is too heavy and the importance of role got reduce these days and role were assigned to others, along with a stagnation of role and too much preoccupied by my present roles and responsibilities. Where I often wishes to have more challenging task to do. Whereas I didn’t get enough resources to be effective in my role and bothered with the contradictory expectations different people have from my role, several aspects of my role is vague and unclear along with I wish if I had full freedom to define my role I would be doing something different from what I do now”.

According to the medical social worker ‘H’ she doesn’t have time and opportunities to prepare herself for the future challenges of my role where she wish to have more training and preparation to be effective in her work. And felt conflict between her values and what she have to do in her role. About the quality of the work performing the respondent said that “I have happy thoughts and feelings about those I help and how I could help them. Because of my helping, I felt ‘on edge’ about various things. Very often I feel worn out because of my work but I like my work as a helper. I feel overwhelmed because my case (work) load seems endless and I believe I can make a difference through my work. Sometimes I feel trapped by my job as a helper but I am proud of what I can do to help them. Major challenges faced by the medical social worker ‘H’ were the income and employment opportunities. The recommendation provided by the respondent were; “the perceptions of others about social work must be changed.

There still many barriers which doesn't allow the social work to full fill the desire to produce impact in society which they were capable of. So there must be proper recognition and awareness must be need in the community.

B. Analysis of case 'H'

As per the information given by the medical social worker 'H' major inferences were;

Demographic Profile

Age	23 yrs
Gender	Female
Monthly salary	Less than 20,000
Years of experience	Less than one years
Training program attended	Yes
Therapies attended or get trained	Person-centered therapy
Facilities received	Shares room with others, telephone, intercom, ventilation, noiseless working facilities, canteen facilities
Role played by the social worker in the institution	The medical social worker

Table H.1

Objective 1: To describe the contributions of extrinsic factors to job satisfaction of medical social workers.

People on present job	According to the Medical social worker 'H' the people on present job were responsible, likeable and supportive for her. "And as medical social worker in the hospital it makes me feels intelligent, smart, active and helpful. But they were stubborn, narrow minded and easy to make enemies along with that I cannot decide whether they were stimulating, rude or frustrating with the people whom she works with".
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Job in general	She conclude the job in general as pleasant, worthwhile, enjoyable, good, excellent, acceptable and better than most. Were as sometimes “I cannot figure out the job to be great and makes me content”.
Work on present job	About the work assigned from the present job “It make me feel exciting, good, routine, challenging but simple and useful in using the abilities, rewarding when the results are seen”.
Pay	The Medical social worker ‘H’ shared that the income that she “the income is inadequate barely lives on income and less than I deserve.
Opportunities for promotion	About the opportunities of the promotion is very limited and which were based on the abilities.
Supervision	About the supervision from the people whom the medical social worker ‘H’ works that, “they are tactful, intelligent, up-to-date, knows job well, and praises the work done and tells me where to stand which make me feel supportive. But they have their favorites and hard to please”.

Table H.2

Objective 2: To describe the intrinsic factors- work life balance and compassion fatigue contributing to job satisfaction.

As the medical social worker ‘H’ discussed about the organizational role stress and balance of work life, he told that “sometimes work life interference with the personal life” were she sometimes neglect personal needs and activities. Whereas the personal life and work life gives me the energy to perform the activities.

According to the medical social worker ‘H’ she doesn’t have time and opportunities to prepare herself for the future challenges of my role where she wish to have more training and preparation to be effective in her work. And felt conflict between her values and what she have to do in her role. About the quality of the work performing the respondent said that “I have happy thoughts and feelings about those I help and how I could help them. Because of my

helping, I felt ‘on edge’ about various things. Very often I feel worn out because of my work but I like my work as a helper. I feel overwhelmed because my case (work) load seems endless and I believe I can make a difference through my work. Sometimes I feel trapped by my job as a helper but I am proud of what I can do to help them”.

Thus the respondent have high burnout from the professional role and also have compassion satisfaction. Whereas there were the balance between the work life and personal life, but the personal life get interfered by the work life.

Objective 3: To describe the contribution of organisational role stress in medical social workers.

- About my role in the hospital “ I was not able use my training and expertise in my role and I feel work load is too heavy and the importance of role got reduce these days and role were assigned to others, along with a stagnation of role and too much preoccupied by my present roles and responsibilities.
- Where I often wishes to have more challenging task to do.
- Whereas I didn’t get enough resources to be effective in my role and bothered with the contradictory expectations different people have from my role, several aspects of my role is vague and unclear along with I wish if I had full freedom to define my role I would be doing something different from what I do now”.
- According to the medical social worker ‘H’ she doesn’t have time and opportunities to prepare herself for the future challenges of my role where I wish to have more training and preparation to be effective in my work.

Thus the respondent give the dimensions of the Inter-role distance, role stagnation, role expectation conflict, role overload, role ambiguity, resource inadequacy and personal inadequacy etc. were observed from the conversation.

Objective 4. To explore the functions and challenges faced by medical social workers.

The major functions assigned to him there were; admission and discharge counselling, also collect the feedbacks from patient at time of discharge, In-patient counselling and pre-surgical

clearance etc. Whereas no administrative task were not assign to her. And has a huge difference from the assigned role and expected role.

Major challenges faced by the medical social worker 'H' were the income and employment opportunities.

Objective 5. To elicit suggestions from medical social workers to enhance medical social work setting.

The recommendation provided by the respondent were; “the perceptions of others about social work must be changed. There still many barriers which doesn't allow the social work to full fill the desire to produce impact in society which they were capable of. So there must be proper recognition and awareness must be need in the community.

Case -9

A. Presentation of case 'I'

The Medical social worker 'I' had less than one years of service as a medical social worker in the tertiary private hospital and have a salary less than twenty thousand rupees. She had undergone a training, which helped her to conceptualize and refresh knowledge on new trends and strategies in the social work field, to get better information about the community resources and to sharpen the skills. She was assigned as the medical social worker in the blood bank of the hospital. She had been receiving the facilities like intercom, noiseless working facilities and canteen facilities from their hospital. Whereas shares room with the coworkers. The major functions assigned to him there were; patient counselling, referring to suitable services, educating the family and patients, helps in decision making, helps in admission, identifying training needs, provide orientation of hospital services to staff, associated with public relation officers for the feedback and follow up of patient, monitor the administration of the patients' rights and responsibilities etc.

According to the Medical social worker 'I' the people on present job were responsible, likeable, stimulating and supportive for her. “And as medical social worker in the hospital it makes me feels intelligent, smart, active, helpful, but easy to make enemies with the people whom I work

and cannot decide whether they were stubborn”. She conclude the job in general as pleasant, worthwhile, good, acceptable, makes him content, whereas cannot decide that undesirable, superior, better than most or enjoyable. About the work assigned from the present job “It make me feel fascinating, repetitive, challenging, and useful in using the abilities, rewarding when the results are seen, respect from the people he work with”.

The Medical social worker ‘I’ shared that the pay she receives were barely live on income and less than deserved. According to the respondent there is fairly good chance of opportunities for the promotion and were based on the abilities. About the supervision from the people whom the medical social worker ‘I’ works with, “they usually praise the work done, intelligent, up-to-date, knows job, feels supportive and around when needed”. According to the respondent there is neither nor interference of both work and personal life in performing their functions. And have work life enhancement, were the “all the time personal life gives me the energy for my job.

About the organizational role the medical social worker ‘I’ said that, “sometimes I am not able to satisfy the conflicting demands of various people over me and my workload is too heavy. Where as many of my functions were assigned to some other role and I feel I am capable of do more than what I have been assigned along with I am bothered with the contradictory expectation different people have from my role. And I wish I had been given more challenging role, whereas sometimes I felt , if I had the freedom to define my role then I would be doing something different from the what I am currently doing. Besides I do not get enough resources to be effective in my role”.

In accordance with the medical social worker ‘I’ the quality of the professional life is more. Where the respondent said that, “I like my work as a helper, which helps me to have happy thoughts, feelings and satisfaction about those I help and how I could help them. I have thoughts that I am a success as a helper and believe I was able to make difference through my work”. The major challenges faced by the respondent is the work overload and pay she receives. To enhance the future development of our profession is happened only by over mutual efforts and work. So we must do our best to make others recognize about our work and how we can help them and what we are capable of.

B. Analysis of case 'I'

As per the information given by the medical social worker 'I' major inferences were;

Demographic Profile

Age	24
Gender	Female
Monthly salary	Less than 20,000
Years of experience	Less than one years
Training program attended	Yes
Therapies attended or get trained	No
Facilities received	Shares room with others, intercom, ventilation, noiseless working facilities, canteen facilities
Role played by the social worker in the institution	Assigned as the medical social worker, counselor, management of staff and patient, resource mobiliser and coordinator

Table I.1

Objective 1: To describe the contributions of extrinsic factors to job satisfaction of medical social workers.

People on present job	According to the Medical social worker 'I' the people on present job were responsible, likeable, stimulating and supportive for her. "And as medical social worker in the hospital it makes me feels intelligent, smart, active, helpful, but easy to make enemies with the people whom I work and cannot decide whether they were stubborn".
Job in general	She conclude the job in general as pleasant, worthwhile, good, acceptable, makes him content, whereas cannot decide that undesirable, superior, better than most or enjoyable.
Work on present job	About the work assigned from the present job "It make me feel fascinating, repetitive, challenging, and useful in using the

	abilities, rewarding when the results are seen, respect from the people he work with”.
Pay	The Medical social worker ‘I’ shared that the pay she receives were barely live on income and less than deserved.
Opportunities for promotion	According to the respondent opportunities for the promotion is fair and were based on the abilities.
Supervision	About the supervision from the people whom the medical social worker ‘I’ works with, “they usually praise the work done, intelligent, up-to-date, knows job, feels supportive and around when needed”.

Table I.2

Objective 2: To describe the intrinsic factors- work life balance and compassion fatigue contributing to job satisfaction.

According to the respondent there is neither nor interference of both work and personal life in performing their functions. And have work life enhancement, were the “all the time personal life gives me the energy for my job. In accordance with the medical social worker ‘I’ the quality of the professional life is more. Where the respondent said that, “I like my work as a helper, which helps me to have happy thoughts, feelings and satisfaction about those I help and how I could help them. I have thoughts that I am a success as a helper and believe I was able to make difference through my work”.

Thus from the responses it is understand that there is a neither nor interference of work and personal life and have good work life enhancement and able to maintain the balance between work and personal life. Whereas the respondent is having a trace of burn out where over ruled by the amount of compassion satisfaction from the current job.

Objective 3: To describe the contribution of organisational role stress in medical social workers.

- About the organizational role the medical social worker ‘I’ said that, “sometimes I am not able to satisfy the conflicting demands of various people over me and my workload is too heavy”.

- “Where as many of my functions were assigned to some other role and I feel I am capable of do more than what I have been assigned along with I am bothered with the contradictory expectation different people have from my role”.
- “And I wish I had been given more challenging role, whereas sometimes I felt , if I had the freedom to define my role then I would be doing something different from the what I am currently doing”.
- “Besides I do not get enough resources to be effective in my role”.

Thus from the responses the medical social worker ‘I’ are having following organisational role stressors; role overload, role isolation, resource inadequacy and role expectation conflict.

Objective 4. To explore the functions and challenges faced by medical social workers.

The major functions assigned to him there were; patient counselling, referring to suitable services, educating the family and patients, helps in decision making, helps in admission, identifying training needs, provide orientation of hospital services to staff, associated with public relation officers for the feedback and follow up of patient, monitor the administration of the patients’ rights and responsibilities etc. The major challenges faced by the respondent is the work overload and pay she receives.

Objective 5. To elicit suggestions from medical social workers to enhance medical social work setting.

To enhance the future development of our profession is happened only by over mutual efforts and work. So we must do our best to make others recognize about our work and how we can help them and what we are capable of.

Overall Analysis and Interpretation of the data

Here overall analysis of the nine cases based on the objectives is been done. The vertical axis represent the number of respondents.

Socio-demographic details:

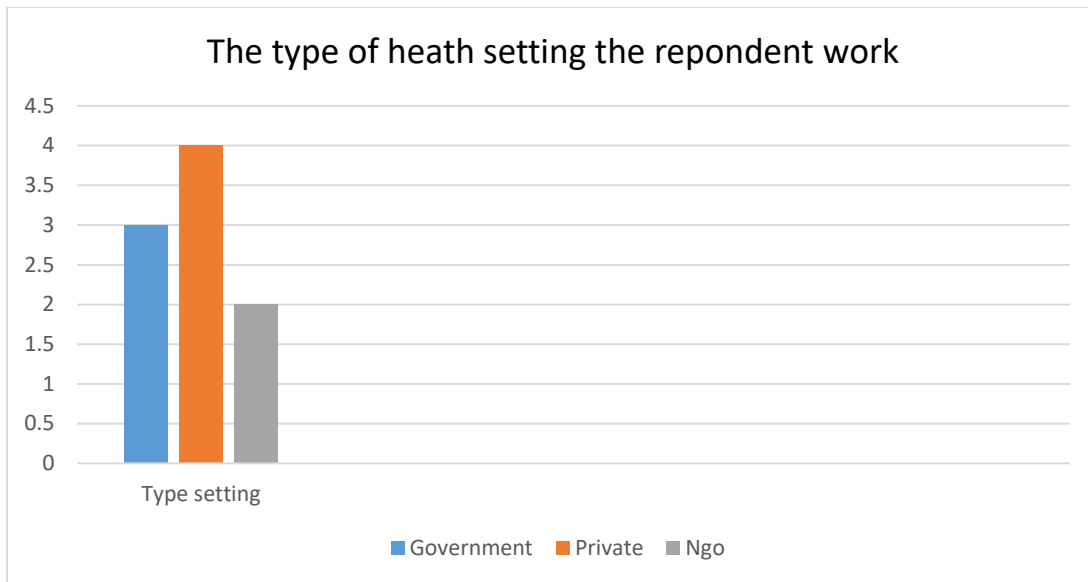


Figure 5.1

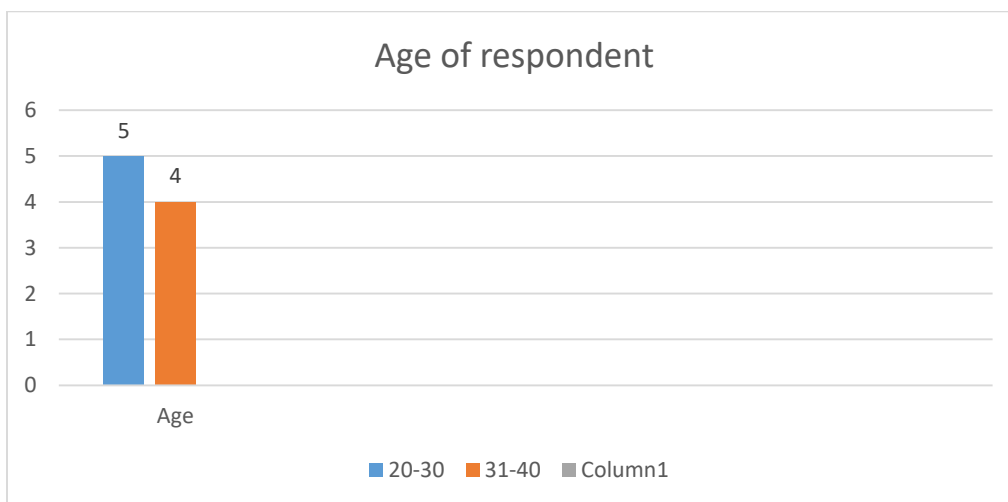


Figure 5.2

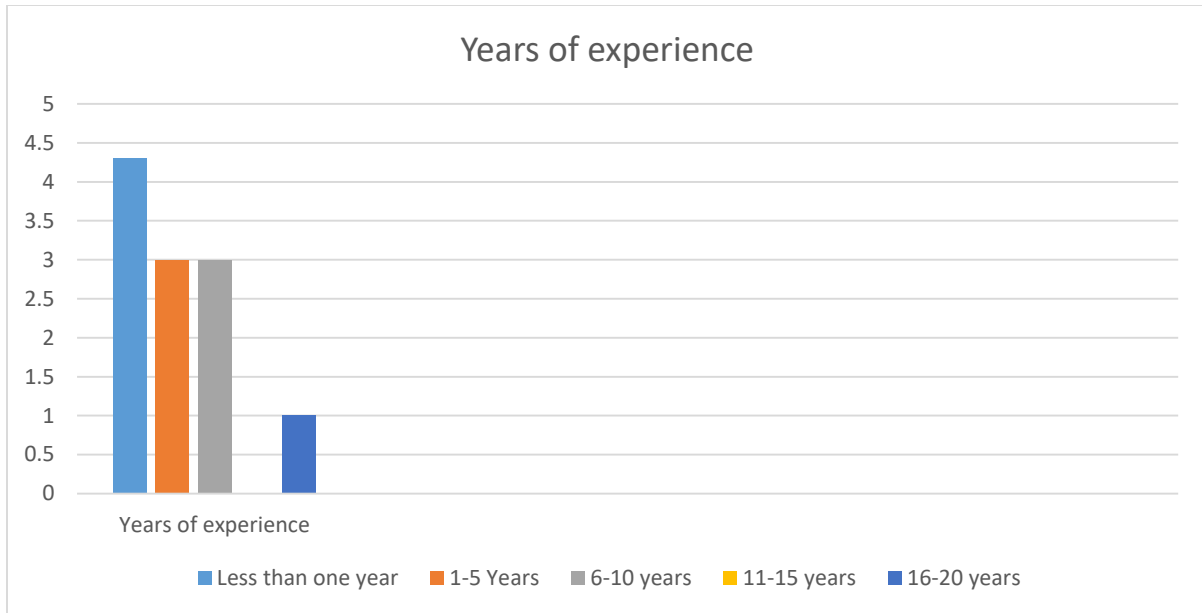


Figure 5.3

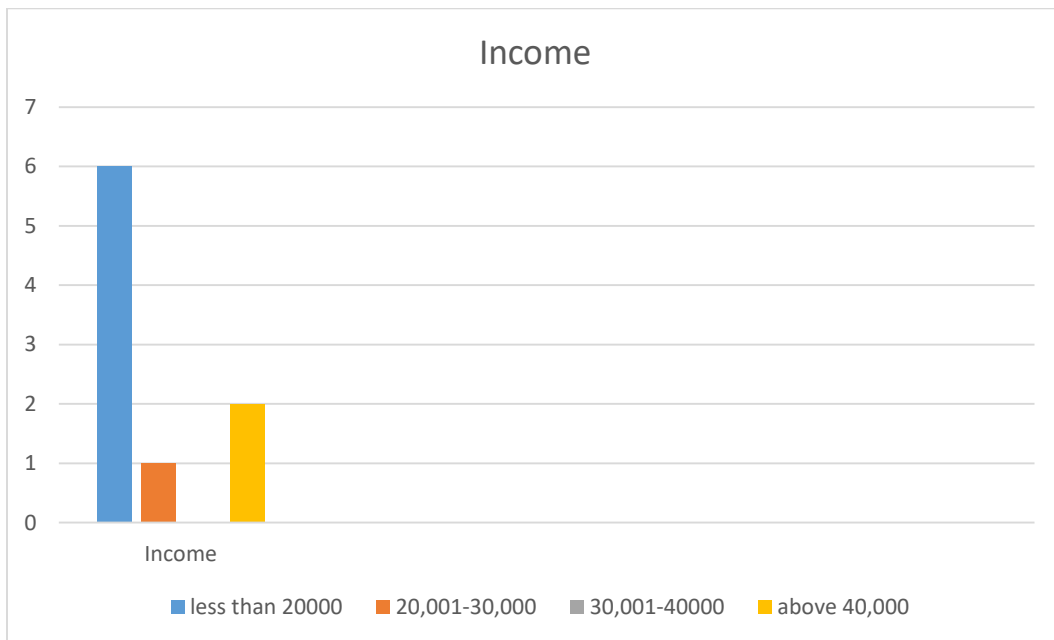


Figure 5.4

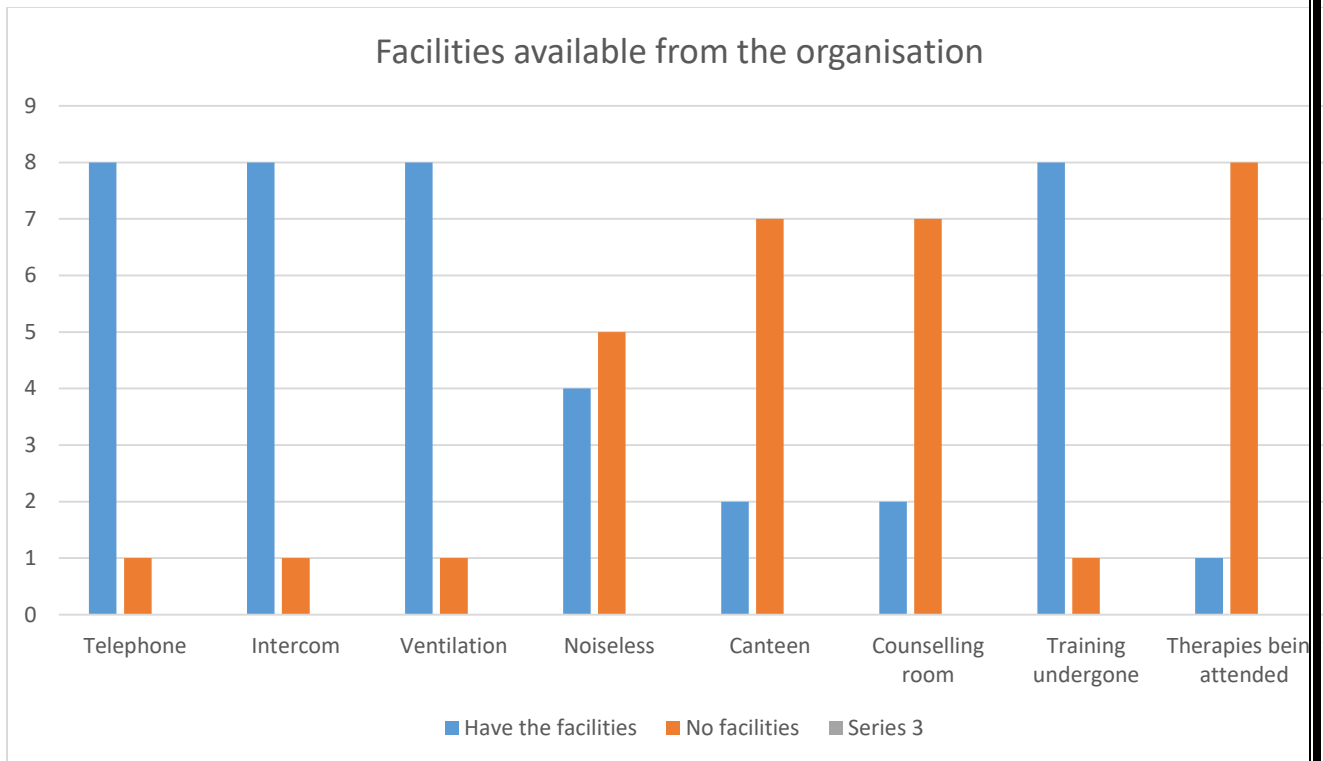


Figure 4.5

Objective 1: To describe the contributions of extrinsic factors to job satisfaction of medical social workers.

<p>People on present job</p>	<p>It was found that all the respondents were happy with people on present job. They were able to reflect about the people on the present job were stimulating, helping, responsible, likable, smart, intelligent, supportive and active. Whereas four of them complained about unpleasant behavior, and narrow interested which results in easy creation of enemies between the people on the present job. And two of the respondent cannot decide whether the people are unpleasant and stubborn behavior from the side of coworker.</p>
<p>Job in general</p>	<p>Generally the respondents were happy about their job. They were able to highlight the positive factors like pleasant, good, acceptable and enjoyable which make them content. Whereas</p>

	three of the respond the job in general were they are not sure whether is unpleasant, undesirable and superior. But one of the respondent told it is inadequate, rotten and disagreeable.
Work on present job	The words used to describe their present job were respected, useful, fascinating and creative. They were satisfied with the work they did and also about the opportunity to use the abilities and the results from their work. Whereas four of the respondent mention that the job is repetitive and routine.
Pay	Except two of the government medical social worker other medical social workers were under paid and income is not fair. The respondents felt that they could barely live on the income that they are receiving and not comfortable with pay, since they receive less than what they deserve.
Opportunities for promotion	Except one responded felt that medical social work is a stagnant role as there is limited opportunities for promotion. If there is promotion then it will be based on the abilities.
Supervision	Majority of the respondents mentioned that the supervisors were very supportive and helps them to understand where to stand. And the supervisors were knowledgeable about their role, appreciate the work of juniors, up-to-date with their work and are always around when needed. Whereas one respondent strongly object this were the respondent feels that the supervisor were stubborn unkind, poor planner and influential.

Table 5.1

Objective 2: To describe the intrinsic factors- work life balance- contributing to job satisfaction

Work-life balance:

- **Work interference with personal life:** Except one responded all others feel some interference of work in the personal life. From the respondents it was found that, sometimes work interference with the personal life: like putting hold on personal life,

misses activities and struggles to juggle with work and non-work (e.g. *“I neglect personal needs because of work”*, *“I put personal life on hold for work”*, *“I misses my personal activities because of work”*). However it was not perceived as serious issue.

- **Personal life interference with work:** From the response it id been find that except two of them felt that personal life (including the personal matters, work form personal life and draining of energy) doesn’t interfere with work (*“It is hard to work because of personal matters”*).
- **Work and Personal Life enhancement:** In accordance with the respondents, except one, who’s neither the personal nor the work life enhancement is low. Whereas for the rest of the respondents, their personal life gave them the mood and energy for their work (*“My personal life gives me energy for my life.”*, *“My job gives me energy to pursue personal activities.”*). For this one respondent it was work that influenced the mood and energy in personal life.

Form the response of the respondents it was clear that, their sometimes their work-life is been interfered with the personal life. However the personal life doesn’t interfere the work-life. And majority of them have work and personal life enhancement.

Professional quality of life

- **Compassion Satisfaction:** Most of the respondents said they are happy with the work they do which makes them feel proud and excited that leads them to have happy thoughts and feelings. They desire to make a difference through the helping techniques and protocols(*“I am able to keep up with helping techniques and protocol.”*) which makes them believe to be a “success” as a helper (*“I have thoughts that I am a “success” as a helper”*).
- **Burnout:** All of the respondents often felt connected to others and happy to be a caring person, whereas two respondents sometimes felt to be trapped by the job as a helper (*“I feel trapped by my job as a helper”*) and they have their own believe that would help them to sustain it (*“ I have belief’s that sustain me”*). On other hand three of them said to that *“I feel to be worn out because of my work as a helper”*. Thus there were some extent of burn out in their work life.

- Compassion Fatigue:** About five of the respondent have some trace of compassion fatigue (“*I am preoccupied with more than one person I helped*”). But from this we cannot of them that they are having compassion fatigue, just some trace of it.

Thus we can infer that the compassion fatigue is seen in very trace. On the other hand majority of them felt to have some extend of burn out, whereas compassion satisfaction is strongly felt out among all of the medical social workers who were been studied.

Objective 3: To describe the contribution of organisational role stress in medical social workers.

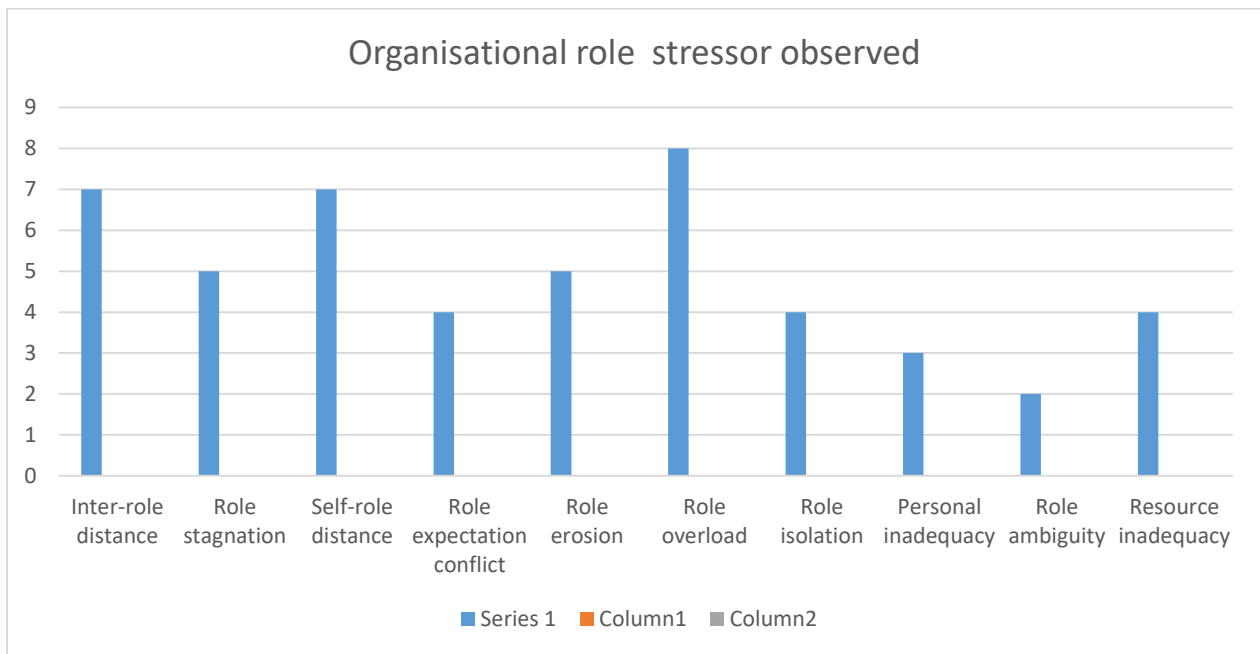


Figure 5.6

Objective 4. To explore the functions and challenges faced by medical social workers.

Functions assigned to medico social worker	Function performed
Task performed during admitting and discharging	<ul style="list-style-type: none"> • Take psycho social assessments of the patient and family • Patient counseling (OP and IP, during admission and discharge) • Refer to suitable services • Educate patient family in making informal decisions during admissions • Discharge coordination • Resource mobilization as required • Pre surgical clearance • Provide needed interventions which include social and psychological. • Provide rehabilitative services.
Administrative task	<ul style="list-style-type: none"> • Identifying training needs including orientation of hospital services to all staffs, securities etc. • Being faculty as a part of training program. • Preparing project and handling it • Monitor the administration of the patient rights and responsibilities • Associate with PRO for follow up patient feedback forms and related activities. • Transplant coordination paper work. • Support verification (education and other purpose especially during interventions)

	<ul style="list-style-type: none"> • Coordinating MSW activities
Non-professional task	<ul style="list-style-type: none"> • For one respondent many task were assigned. Whereas one respondent told that some task which were given were of no value or meaning to social work profession were ask to do.

Table 5.2

Areas of challenges	Challenges faced
From institution	<ul style="list-style-type: none"> • Time • Workload • Coordination lacking • unnecessary interference of non-professionals (other than social work) in work • Stress • Role stagnation
From side of patient and care givers	<ul style="list-style-type: none"> • Loosing temper of the care givers. • Inability to accept the truth as truth • Some are not satisfied with the services provided (patient) Sometimes the caregiver act like they are facing to patient's problem and try to resolve it by shifting them. • Difficult to deal the demanding of patients for financial support. • Hard to put end for the demands of patients and their care givers. • Lack of awareness about the functions.

Socio-economic factor	<ul style="list-style-type: none">• Income• Employment opportunity• Lack of awareness of community about work profession.• Dealing with government services (getting support for patient's rehabilitation).• Belief system and educational barrier.
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Table 5.3

Objectives 5. To elicit suggestions from medical social workers to enhance medical social work setting.

- To have proper frame work for professional medical social work which defines roles and function within hospital setting.
- To provide proper support and legislation of medical social work profession in the hospital settings.
- To provide awareness to the society about the professional medical social work.
- Licensing the professional social work.
- To provide standardized pay scale.
- Provide more opportunity and freedom of work in the institution.
- Try to create more opportunities for other social workers in your work setting.
- Make the others aware and recognize the social work profession and what we are capable of doing. Which happens only by the work we done.

Conclusion

Thus from the case presentation and overall analysis of data the study was able to portray many aspects of job satisfaction, organizational role stress, functions and challenges of the medical social work.

Chapter -5

**Major Findings, Recommendations and
Conclusion**

5.1 Major findings

5.2 Suggestions and recommendation

5.3 Conclusion

5.1 Major Findings

The major findings that come up from the study were;

Socio-demographic factor

- The major age group that come across during the study were below 30 years. Besides this about five of them were having less than five years of experience as medical social worker.
- Even though they were not equipped with any therapies majority of the medical social worker undergoes training programs.
- Majority of them receives facilities like telephone and intercoms, ventilation and noiseless and canteen facilities. Whereas except one all other shares room with others so they cannot openly interact or work with patients and caregivers. On the other hand two were provided with counselling room to interact with patient.
- Seven of the respondent are receiving less than twenty thousand as salary. Except one in private receive above twenty thousand and two government employed medical social worker receive above forty thousand rupees.
- Many of them were not able tell about the role performed in the hospital which shows there lack of awareness about the role they performed.

Based on first objective: Extrinsic factors of job satisfaction

- All of the respondents were satisfied with people on present job, but some of them mention that the job they performed is easy to create enemies. Which shows the nature of people resulting from the competition world of occupation, were other profession trying to overpower the social work profession
- Except one, all of them felt happy and worthwhile about the job in general.
- Majority of the respondent said that the work on the present job is challenging and repetitive. But they were able to use abilities and to generate results from the work on present job.
- Except two of the respondent from the Government others were is receiving less than they deserve and barely live on income. Which shows that there is no proper pay scale for the medical social work.

- Everyone admit that the opportunities for the promotion is very limited which show the stagnation of the role
- About the supervision many are satisfied with supervisor. Whereas the nature, behavior and attitude of the superiors result in creating negative comments about the supervision.
- Thus overall it can be conclude that the majority of them have good job satisfaction on the extrinsic factor except for pay.

Based on second objective: Intrinsic factors of job satisfaction.

- Form the response it is been understand that most of them have work and personal life enhancement. However, sometimes the work-life interfere the personal life whereas the personal chaos or activities doesn't interfere the work-life.
- In the study we can see the compassion fatigue in very trace. On the other hand majority of them felt to have some extend of burn out, whereas compassion satisfaction is strongly felt among all of the medical social workers.
- Thus the intrinsic factors such as work-life balance, compassion satisfaction and burn out along with traces of compassion fatigue were able to identify in the respondents, which shows the extend of work they performed and how it is been affected or influenced in their life.

Based on third objective: Organizational role stressor

- It is been observed that there were role stagnation (lack of growth in one's role), role erosion (some important functions are eroded), role overload (too many or too high expectation from the role), inter-role distance (playing more than one role, organizational vs. family), role expectation conflict (facing conflicting expectations from others), role ambiguity (not clear about expectations from role) are the major role stressors which is been observed in the medical social worker from the organization.
- These role stressors also affect the personal and professional life of an individual. And also shows the light on the role performed by the responded in the organization.

- And many of the respondent said that the expected role and assigned role were having huge difference, which portray that the environment and organization influence in assigning each role to them. Along with this it also indicate that the role we academically learned and visualized would be more flexible and redefine according to the organization.

Based on fourth objective: Functions and Challenges

- The major institution functions performed at the time of admission and discharge were: Taking psycho social assessments of the patient and family, Patient counseling (OP and IP, during admission and discharge), Refer to suitable services, Educate patient family in making informal decisions during admissions, Discharge coordination, Resource mobilization as required, Pre surgical clearance, Provide needed interventions which include psychological and social, Provide rehabilitative services etc.
- The major administrative task assigned were: Identifying training needs including orientation of hospital services to all staffs, securities etc. Being faculty as a part of training program, Preparing project and handling it, Monitor the administration of the patient rights and responsibilities, Associate with PRO for follow up patient feedback forms and related activities, Transplant coordination paper work, Support verification (education and other purpose especially during interventions), Coordinating MSW activities.
- About the non-professional task which were assigned, for one respondent many task were assigned. Whereas one respondent told that some task which were given were of no value or meaning to social work profession were ask to perform.
- The major challenges faced from the institution were: Time, Workload, Lack of coordination, unnecessary interference of non-professionals (other than social work) in work, Stress, Role stagnation etc.
- Major challenges faced from the side of care givers were: Loosing temper of the care givers. Inability to accept the truth as truth, whereas some are not satisfied with the services provided (patient). Sometimes the caregiver act like they are facing to patient's problem and try to resolve it by shifting them. Hard to put end to the demands of patients and their care givers. Lack of awareness about the functions of medical social work.

- Some of the challenges faced by the socio economic factors were: Income, Employment opportunity, Lack of awareness of community about work profession. Dealing with government services (getting support for patient's rehabilitation). Belief system and educational barrier.

5.2 Suggestions and recommendations

The recommendations and suggestions were taken from the respondents itself, why because it will be better to have suggestion from the medical social workers who were working. So that the bias and misinterpretation of the concepts can be avoided. And their suggestions obtained from their personal and years of experiences which will be more valid and feasible than suggestions from the second person who is been observed and studied. So the suggestions provided by the respondents were:

- To have proper frame work for professional medical social work which defines roles and function within hospital setting.
- To provide proper support and legislation of medical social work profession in the hospital settings.
- To provide awareness to the society about the professional medical social work.
- Licensing the professional social work.
- To provide standardized pay scale.
- Provide more opportunity and freedom of work in the institution.
- Try to create more opportunities for other social workers in your work setting.
- Make the others aware and recognize the social work profession and what we are capable of doing. Which happens only by the work we done. Etc.

5.3 Conclusion

This study had tried to portray the extrinsic and intrinsic factors of the job satisfaction, organizational role stressor, functions and challenges faced by the medical social workers in Thiruvananthapuram district. And were able to come up findings and suggestions for the future development of the medical social work. From the findings of the study it can be

concluded that the medical social workers were having a fair opinion about the extrinsic factors of job satisfaction like the people on the present job, job in general and work on present job. But few of them were not satisfied by the present supervision, on the other hand majority of them were not paid well for the work they were doing. In case of intrinsic factors of job satisfaction like Work life balance and professional quality of life, the medical social worker were able to maintain work life balance even though the work life intervenes the personal life. In addition to this they have good compassion satisfaction but they suffer from burn out because of the work load, environment and the type of work they were performing. Whereas the compassion fatigue is rare within the medical social workers.

In the case of organizational role stress, it was able to identify that most of them have differences in the assigned and expected role from their work. And have stressors like role erosion, role overload, role ambiguity, role expectation conflict and role isolation were the major stressor they faced by. Besides these stress they also face many challenges from the side of patients and care givers, administration, socio-economic and culturally. The suggestion were based on the recommendations given by the medical social workers which would have more credibility and feasibility than suggesting from others. And they were able to come up with some suggestion and opinion to improvise the medical social work profession.

With all its limitation the study was able to come up with many relevant data that would help in the future understanding and development of the professional medical social work. Which needs a good frame work or policy for the proper functioning of the medical social work. And thereby making other professionals or officials to recognize the roles, functions carried by the professional medical social work. Above all, this study also helped to reflect that changes can be happens only from each one of us, unless we doesn't make any change around us, how others will recognize us? So it is necessary to be the light bearer of change, then only change occurs and the medical social profession will been recognized by people and officials around us. Thereby spearheading the medical social work in to its prosperity.

BIBLIOGRAPHY AND APPENDIX

ABBREVIATIONS

- ICU – Intensive Care Unit
- IP – In-Patient
- JDI – Job Satisfaction Index
- MPSW – Medical and Psychiatric Social Work
- MSW – Medical social work.
- NASW – National Association of Professional Social work.
- NCBI – National Center for Biotechnology Information
- NGO – Non-Governmental Organization
- NICU – Neonatal Intensive Care Unit
- OP – Out-Patient
- ORS – Organizational Role Stress
- PLIW – Personal Life Interference with Work
- PROQOL – Professional Quality of Life
- TISS – Tata Institute of Social Science
- UK – The United Kingdom
- US – The United States
- WIPL – Work Interference with Personal Life
- WHO – World Health Organization
- WPLE – Work Personal Life Enhancement

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Tool

QUESTIONNAIRE ON JOB SATISFACTION OF MEDICAL SOCIAL WORKERS IN THIRUVANATHAPURAM DISTRICT

Dear Madam/Sir

I wish to introduce myself (Ms. Ann Mary George) a post graduate pursuing a research on the role, function and challenges of medical social worker Thiruvananthapuram district. In this context I kindly request you to spare some time to answer the questionnaire. I look forward your support and co-operation to enable me in the successful completion of my research. The information provided will be strictly applied to academic propose only.

1. DEMOGRAPHIC PROFILE:

Name:

Age:

Phone No:

Gender:

Religion:

Name of the Institution:

Email Id:

Monthly salary: Less than Rs. 20,000

Rs. 20,001-30,000

Rs. 30,001 – 40,000

above Rs. 40,000

Years of service: Less than 1

1-5

6-10

11-15

15-20

above 20

Marital status: single

married

Divorced

Widow

Number of children: 0

1

2

2+

Age of children: 0-2

3-8

9-15

above 15

Family size: 1-2

3-4

5

above 5

2. Training program

PEOPLE ON YOUR PRESENT JOB		JOB IN GENERAL		WORK ON PRESENT JOB	
Y/N/?		Y/N/?		Y/N/?	
Stimulating		Pleasant		Fascinating	
Boring		Bad		Routine	
Slow		Great		Satisfying	
Helpful		Waste of time		Boring	
Stupid		Good		Good	
Responsible		Undesirable		Gives sense of accomplishment	
Likeable		Worthwhile		Respected	
Intelligent		Worse than most		Exciting	
Easy to make enemies		Acceptable		Rewarding	
Rude		Superior		Useful	
Smart		Better than most		Challenging	
Lazy		Disagreeable		Simple	
Unpleasant		Makes me content		Repetitive	
Supportive		Inadequate		Creative	
Active		Excellent		Dull	
Narrow interests		Rotten		Uninteresting	
Frustrating		Enjoyable		Can see results	
Stubborn		Poor		Use my abilities	
PAY	Y/N/?	OPPORTUNITIES FOR PROMOTION	Y/N/?	SUPERVISION	Y/N/?
Income adequate for normal expenses		Good opportunities for promotion		Supportive	
Fair		Opportunities		Hard to please	

		somewhat limited			
Barely live on income		Promotion on ability		Impolite	
Bad		Dead-end job		Praises good work	
Comfortable		Good chance for promotion		Tactful	
Less than I deserve		Very limited		Influential	
Well paid		Infrequent promotions		Up-to-date	
Enough to live on		Regular promotions		Unkind	
Underpaid		Fairly good chance for promotion		Has favorites	
				Tells me where I stand	
				Annoying	
				Stubborn	
				Knows job well	
				Bad	
				Intelligent	
				Poor planner	
				Around when needed	
				Lazy	

(A) Have you attended any training program: Yes No

i) If yes, name the benefits of the programme:

- a. Helped to conceptualize better ____
- b. Better information about the community resources ____
- c. Refreshed the knowledge ____
- d. Sharpened the skills ____
- e. Information about new trends, strategies in social work field ____

f. Any other _____

B. Have you undergone any therapies? Yes No

ii) If yes, name the therapy: _____

iii) Do conduct the therapies in the institution as a part of your job? _____

3. **Facilities and Conditions:** Yes/No

- (i) Room to yourself _____
- (ii) share room with others _____
- (iii) telephone facilities _____
- (iv) intercom facilities _____
- (v) ventilation _____
- (vi) noiseless working facilities _____
- (vii) canteen facilities _____
- (viii) any other _____

4. **IN THE BLANK BESIDE EACH WORD OR PHRASE BELOW WRITE**

Y for "Yes" *if it describes the people with whom you work*

N for "No" *if it does not describe them*

? for "?" *if you cannot decide*

5. **Indicate Your Level Of Agreement With Each Of The Following Statements.**

0 If you never or rarely feel this way

1 If you occasionally feel this way

2 If you sometimes feel this way

3 If you frequently feel this way

4 If you very frequently feel this way

1. My role tends to interfere with my family life. _____

2. I am afraid I am not learning enough in my present role for taking up higher responsibility. _____

3. I am not able to satisfy the conflicting demands of various people over me. _____
4. My role has recently been reduced in importance. _____
5. My work load is too heavy. _____
6. Other role occupants do not give enough attention and time to my role. _____
7. I do not have adequate knowledge to handle the responsibilities in my role. _____
8. I have to do the things in my role that are against my better judgment. _____
9. I am not clear on the scope and responsibilities. _____
10. I do not get the information needed to carry out the responsibilities assigned to me. _____
11. I have various other interests (social, religious, etc.) which remain neglected because I do not get the time to attend to these. _____
12. I am too preoccupied with my present role responsibilities to be able to prepare for taking higher responsibilities. _____
13. I am not able to satisfy the conflicting demands of the various peer level people and my juniors. _____
14. Many functions of what should be a part of my role have been assigned to some other role. _____
15. The amount of work I have to do interfere with the quality I want to maintain. _____
16. There is not enough interaction between my role and other roles. _____
17. I wish I had more skills to handle the responsibilities of my role. _____
18. I am not able to use my training and expertise in my role. _____
19. I do not know what the people I work with expect of me. _____
20. I do not get enough resources to be effective in my role. _____
21. My role does not allow me to have enough time with my family. _____
22. I do not have time and opportunities to prepare myself for the future challenges of my role. _____
23. I am not able to satisfy the demands of clients and others, since these are conflicting with one another. _____
24. I would like to take more responsibility than I am handling at present. _____
25. I have been given too much responsibility. _____
26. I wish there was more consultation between my role and other roles. _____

27. I have not had pertinent training for my role. _____
28. The work I do in the organization is not related to my interests. _____
29. Several aspects of my role are vague and unclear. _____
30. I do not have enough people to work with me in my role. _____
31. My organizational responsibilities interfere with my extra organizational roles. _____
32. There is very little scope for personal growth in my role. _____
33. The expectations of my senior's conflict with those of my role. _____
34. I can do much more than what I have been assigned. _____
35. There is a need to reduce some parts of role. _____
36. There is no evidence of involvement of several roles (including my role) in joint problem solving or collaboration in planning action. _____
37. I wish I had prepared myself well for my role. _____
38. If I had the full freedom to define my role I would be doing some things different from what I do now. _____
39. My role had not been defined clearly and in detail. _____
40. I am rather worried that I lack the necessary facilities needed in my role. _____
41. My family and friends complain that I do not spend time with them due to heavy demands of my work role. _____
42. I feel stagnant in my role. _____
43. I am bothered with the contradictory expectations different people have from my role. _____
44. I wish I had been given more challenging tasks to do. _____
45. I feel overburdened in my role. _____
46. Even when I take initiative for discussions or help, there is not much response from the other roles. _____
47. I need more training and preparation to be effective in my work role. _____
48. I experience conflict between my values and what I have to do in my role. _____
49. I am not clear as to what are the priorities in my role. _____
50. I wish I had more financial resources for the work assigned to me. _____

6. WORK LIFE BALANCE

Rate this scale on the basis of: **1=Not at all, 4=Sometimes and 7=All the time**

1. Work interference with personal life

- a) My personal life suffers because of work _____
- b) My jobs make personal life difficult _____
- c) I neglect personal needs because of work _____
- d) I put personal life on hold for work _____
- e) I miss personal activities because of work _____
- f) I struggle to juggle work and non-work _____
- g) I am unhappy with the amount of time for non-work activities. _____

2. Personal life interference with work

- a) My personal life drains me of energy for work _____
- b) I am too tired to be effective at work _____
- c) My work suffers because of my personal life _____
- d) It is hard to work because of personal matters _____

3. Work and personal life enhancement

- a) My personal life gives me energy for my job _____
- b) My job gives me energy to pursue personal activities _____
- c) I have a better mood at work because of personal life _____
- d) I have a better mood because of my job _____

7. PROQOL SCALE

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

	1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
_____ 1.					
_____ 2.					
_____ 3.					
_____ 4.					
_____ 5.					
_____ 6.					
_____ 7.					
_____ 8.					
_____ 9.					
_____ 10.					
_____ 11.					
_____ 12.					
_____ 13.					
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_____ 27.					
_____ 28.					
_____ 29.					
_____ 30.					

¹ B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.proqol.org to verify that the copy they are using is the most current version of the test.

13. What are the main trouble faced from the side of patients and care givers?

14. What are the socio-economic factors which feels as challenge in your profession?

15. Give recommendations for the growth of the medical social work profession?

16. What can you contribute for the growth of medical social work?

. Thank you .

