**JRSR**
JOURNAL OF REGIONAL
STUDIES REVIEW

| RESEARCH ARTICLE | JOURNAL OF REGIONAL STUDIES REVIEW (JRSR) |

# Efficacy Related Experiences among Medical Social Officers: A Qualitative Study Among Officers of Northeast Punjab

Aniqa Azam [a]    Aliya Khalid [b]

**Corresponding Author:** Aniqa Azam; aniqaazam1@gmail.com

**Abstract:** This qualitative research endeavor, summarizes the experiences of Medical Social Officers from their own perspectives regarding their efficacy. The MSO's general experiences based on efficacy were examined by employing qualitative research design's purposive sampling research technique. The Crisis Intervention theory by Elbert R. Roberts and Allen J. Otten formed core of the study to provide it a detailed exploration. The qualitative research design was based upon Edmond Husserl's Transcendental phenomenology in present research. For qualitative data analysis, interpretive phenomenological analysis was applied. The Medical Social Officers of Lahore, Gujranwala and Sialkot, three major districts of Northeast Punjab, were the human universe of the study. A primary finding in studying the nature of this phenomenon of efficacy of Medical Social Officers is that usually they are in need to be heard with regard to their psychological well-being in general. Although the public hospitals of Northeast Punjab provide fruitful experiences but are also in need to adopt and transform according to rapidly changing global world.

**Keywords:** Medical Social Officers, Efficacy, Constructivist

## Introduction

Medical Social Work combine Social Work ideas with healthcare to address the emotional, social, and economical elements of medical therapy, resulting in comprehensive care for patients (Alase., 2017). Medical Social Worker plays an important part in healthcare system by addressing socioeconomic determinants of health and bridging the gap between medical therapy and holistic care (Ali F., & Syed J., 2018). According to Rani and Singh (2019), at global level Medical Social Officers are responsible for patient counseling, resource coordination, and family assistance, all of which are important aspects of their functions in hospital settings. It intensely causes efficacy and emotional burnout issues in them which hinder their performance as professionals. In third world countries like Pakistan, the healthcare system suffers substantial resource restrictions, including shortages of medical personnel, facilities, and financing, affecting the capacity of medical social workers to deliver complete services. (Malik, 2020). Medical Social Workers in Pakistan need specific training and professional development opportunities to improve their abilities and expertise while dealing with complicated health concerns (Ahmed, 2019). The absence of established rules and standards for Medical Social Work in the healthcare system might result in discrepancies in service delivery and impede the integration of Social Work into medical treatment (Hassan & Hussain, 2021). As Ruston (2017) contends by an instance that interestingly, there is a general perception that Medical Social Officers are engaged in a highly successful profession but the other side of coin is that is one of the highly stressful professions as a result of conflicting status and roles, context and functions. Medical social workers handle not just patients' medical requirements, but also the social, economic, and emotional variables that influence their health.

---

[a] PhD Scholar in Social Work, University of the Punjab, Lahore, Punjab, Pakistan.
[b] Associate Professor, Department of Social Work, University of The Punjab, Lahore. Punjab, Pakistan.

## Background of Study

It has been observed and experienced that social workers are working in different dimensions generally and Medical Social Officers particularly. Likewise, Medical Social Officers are working to the elevate of the marginalized and inhibited people of society (Johnson & Flynn, 2021). They are working at macro, mezzo, and micro levels while working for the well-being of deserving communities, groups, and individuals (Stoeffler, Joseph, & Creedon, 2020). It is quite beneficial for the Medical Social Officers for overcoming their efficacy issues and for enhancing their work performance.

## Problem Statement

The Medical Social Officers in public hospitals of Pakistan encounter multifaceted problems of clients and are subject to efficacy related issues due to the very nature of this job. In Pakistan, this segment is amongst those directly involved in public assistance yet prone to many issues. As a developing country, Pakistani version of Medical Social Work as method of Social Work is growing specifically in public settings of government hospitals. Yet there is dire need to transform and utilize this knowledge in accordance with contextual and socio-cultural aspects of Pakistani diaspora. Also, quite a few research studies have attempted to explain their plight.

This research endeavor is based upon theoretical and practical significance. It will add theoretical understanding in the prevailing body of knowledge and shall become a part of desk studies. Practically, it can be used to upsurge awareness in terms of efficacy and emotional burnout among Medical Social Officers specifically and generally for other stakeholders. Medical Social Officers as depicted public sector professionals suffer from protuberant efficacy issues about which immense academic research is need of the hour in Pakistan.

## Research Gap

In context of Pakistan, only a minimal amount of knowledge base and research insights of Social Case Work's medical settings in public hospital are available. The researcher has chosen this aspect of qualitative inquiry to commence a new domain for research in this phenomenon. None of the previous qualitative and quantitative studies in Northeast Punjab are available to give account of the actual situation of problems faced by Medical Social Officers. The studies are not conducted locally to pinpoint the pros and cons of efficacy to Medical Social Work services of Medical Social Officers. Furthermore, non-availability of existing literature has ignited keen interest in researcher to delve deeper into the phenomenon to give it exploratory account of details. Therefore, Northeast Districts of Punjab i.e. Lahore, Gujranwala and Sialkot were chosen to find answers to supposed research questions so being a researcher it is objectively tempting to examine the interventions of Medical Social Officers to address their personal issues in medical setting in public hospitals.

## Objective of the Study

A major objective of the current study is:
- To explore the efficacy among Medical Social Officers practice in Northeast Punjab engaging in Medical Social Services.

## Research Question of the Study

- What is the level of efficacy among serving Medical Social Officers engaging in Medical Social Work practice in Northeast Punjab?

## Literature Review

Medical Social Officers serve an important role in multidisciplinary healthcare teams, bringing unique experience that improves patient care and supports complete treatment strategies. Their participation in such

teams guarantees that patients' social, emotional, and psychological needs are met concurrently with their medical demands. Medical Social Officers act as care coordinators, promoting communication and cooperation amongst various healthcare professionals (Abramson & Mizrahi, 2003). Medical Social Officers provide crucial psychological care to patients and their families, addressing concerns like as anxiety, sadness, grieving, and dealing with disease (Berkman et al., 1999). Medical Social Officers regularly engage in multidisciplinary team meetings, adding their perspectives and experience to the conversation. They provide essential views on the social and psychological elements of patient care, allowing for the development of complete and successful treatment strategies (O'Donnell et al., 2006). In an emergency, Medical Social Officers provide quick crisis intervention services. They provide emotional support as well as practical aid to patients and families dealing with acute stress, trauma, and other crisis situations (O'Sullivan et al., 2013). Medical Social Officers help educate and train healthcare professionals by sharing their knowledge of socio-economic determinants of health, patient advocacy, and culturally appropriate treatment. They often provide training sessions and seminars to help medical professionals better grasp social concerns (Schnurr and Dziegielewski, 2013). Medical Social Officers do research to inform evidence-based practices across diverse teams. They provide significant data and insights into the efficacy of psychological therapies and social support services by conducting studies and engaging in research. This study helps to enhance clinical procedures and improve patient care outcomes across the healthcare system (Sands & Gellis, 2012; Gehlert & Browne, 2011). Medical Social Officers provide ethical and legal advice to healthcare teams, ensuring that patient care methods adhere to ethical norms and legal obligations. They assist in navigating complicated ethical quandaries, advocating for patient rights, and ensuring that treatment choices respect patient autonomy and informed consent (Congress, 2017). Medical Social Officers work on establishing and assessing healthcare programs with the goal of improving patient care and outcomes. They create programs that target particular social and health issues, implement them in clinical settings, and assess their efficacy (Kondrat, 2013).

## Research Methodology

Research methodology is a systematic way and rational blueprint to resolve a given research problem. It highlights the data type and its sources from where they are going to analyze their research process (Jansen & Warren, 2023).

## Philosophical Stance of the Study

According to Mason (2002) the ontological stance (nature of reality) is profoundly mind-dependent. As per this stance, reality is understandable by means of denotations which are socially constructed and shaped through human mind. So, this study is a constructivist approach to reach mind – dependent reality (Blaikie, 2007). On the other hand, the epistemological stance (how we can come to know about the truth) of this study includes the current research endeavor is to apply an interpretive viewpoint. It means an explanation of the cultural locale in a certain manner which explains the reality through social setting's insights (Ritchie et al., 2013).

## Qualitative Research Approach

Often inductive reasoning is applied to qualitative research since it moves from specific observations about a single person to generalization and theories (Mason, 2002). Therefore, the researcher applied qualitative research approach in the present study to inspect the lived experiences of Medical Social Officers working in hospitals for in – depth understanding of the phenomenon.

## Framing Theoretically

In public hospitals and Social Case Work settings, Medical Social Officers work as a primary unit to bring about socio-emotional adjustment of clientele in their social structures. The experiences of Medical Social Officers for serving on daily basis are enriched with public service and efficacy in Social Case Work setting of

public hospital in Pakistan. So, this experience of individualized clientele handling is both satisfying and emotionally draining for Medical Social Officers in field of practice. Limited socio-economic opportunities and work conditions pose multifaceted problems for MSOs on their efficacy. The researcher intended to describe this phenomenon in depth. Therefore, to explore their efficacy issues by working in public hospitals the researcher engaged with a theoretical approach namely "Crisis Intervention Theory" (1978) by Albert R. Roberts and Elon J. Otten. This is found appropriate for yielding qualitatively rich information and in-depth reflections of study participants Medical Social Officers understanding in creation of their own versions of social realities.

### Albert R. Roberts and Allen J. Otten's Theory of Crisis Intervention

Their theory has been instrumental in Medical Social Work for shaping our understanding of how professionals should respond to their personal issues. Theoretically, here crisis is viewed as opportunities for change and personal growth, not merely as potential hazards. The researcher explored how Medical Social Officers see a crisis can disrupt their equilibrium, but it also provides an opening for intervention and possibility for positive transformation.

### Purposive Sampling Technique to Recruit Research Participants

To develop a sample size purely by the researcher, the purposive sampling technique is employed. Creswell (2007) contends that such a sample is selected on the nature of study and due to the target interviewees. As per the demand of the current study, purposive sampling was used to recruit two groups of population. As per demand of the research question of the study, first group comprised of Male MSOs and in second group were female MSOs (usually age group of 35 to 45) irrespective of their marital status, degree as masters in Social Work, and working on permanent basis in government sector hospitals having five years of experience in this job. Main urban government hospital based Social Welfare and Bait-ul-Mall department's MSO employees were visited in person by the researcher herself to obtain actual and factual understanding based information of their efficacy and emotional burnout experiences. The rationale behind the selection of such an age group is that the participants quite easily shared their job experiences.

### Size of Sample

A small ratio of participants is found in a phenomenological study (Creswell, 2013) but it ought to be sufficiently defining the phenomenon of concentration. Tentatively, the researcher conducted 17 In-Depth interviews (IDIs) of working Medical Social Officers for having in-depth insight of the phenomena by observing that saturation was achieved to the specific number of sample size. While confirmation about the number of sample size was prepared when data reached at saturation point where no more data was needed for exploration (Hennink & Kaiser, 2019). While collecting data, accessibility of the researcher herself, convenience of the participants, and diversity were definitely being considered.

### Data Gathering Tool

In this qualitative research study, the researcher used an In – Depth Interview Guide as a tool and a semi – structured interview guide to obtain data from study participants. After peer review and expert consultation to make sure that trustworthiness of pilot testing of the research idea took place at Jinnah Hospital Lahore's Social Welfare and Bait – ul – Mall department. To achieve the purpose, the specific study objectives were the concern of the researcher and she asked the study participants about them. Through this process, an interview guide was refined and study of relevant research literature helped to refine questions according to the study objectives. The researcher also assigned the deductive codes to questions in interview guide.

Firstly, an interview guide was made for Medical Social Officers working in public hospitals to obtain their perspectives on efficacy and emotional burnout. The researcher focused on accessing the interventions prepared by them to address their own issues and to what extent their role is important in coping with the problems to gain more detailed insights of the phenomenon.

## Ethical Considerations and Data Collection Procedure Akin to In-depth Interviews

Bhandari (2021) states that ethical considerations are directions as well as a part of procedure that directs the research process. For this exploratory inquiry, they were followed in letter and spirit. While data gathering process, from research participants, information is yielded by following certain code of behavior. Social Workers professional code of ethics related to general conduct of interviews and specifically those principles related to Social Case Work by National Association of Social Workers (NASW) were the guiding standard in this study.

First of all, the study commenced after approval from the Punjab University's Ethical Review Board. After that the researcher visited Medical Social Services Project at Jinnah Hospital Lahore for pilot testing of the interview schedule. So, proper permission was sought from concerned authorities for further data collection.

## Method of Data Analysis – Interpretative Phenomenological Analysis (IPA)

The application of IPA assists the researcher how the participants construct the sagacity of their experiences, both personal and social. In analytical process of IPA, the notion of double hermeneutics (dual interpretation process) is used. Smith and Osborn, (2008) pinpoint the fact that reality is constructed twice. Once, when the study participant explains his thoughts and secondly, when the researcher gives a detailed description to the phenomenon.

The researcher herself transcribed all the emergent themes from national language Urdu to English. Thick description based upon steady contrast, logical interpretations, referential adequacy and analytical induction. The theme identification took place after manifold readings of transcripts. The researcher identified the themes until all the illustrations of dissimilarities got described (Aeurbatch & Silverstein, 2003). In the end, trustworthiness of data got established by "respondent validation."

## Study's Delimitations

The current study had some delimitations listed below:
1. The restriction of research site for this study will include only three main districts of Northeast Punjab, Pakistan named as Lahore district, Gujranwala district and Sialkot district.
2. This study was reserved to those hospitals where MSOs are working as permanent officers in under Social Welfare and Bait - ul - Mall Department.
3. MSOs ranging age group of 35 years to 45 years (prime service age) will be involved.

## Study's Limitations

1. The current study had some limitations as enlisted below:
2. Owing to time and economic constraints, due to financial and time limitation, this study was limited to three districts of Northeast Punjab, Pakistan.
3. The sample size comprised upon (15-32 In Depth Interviews). The reason being centered upon time and socio-economic resources availability.
4. A natural limitation in terms of applicability is study's phenomenological research design which forms main theme of this qualitative study.

## Findings

### Efficacy Related Experiences

The Medical Social Officers from government hospitals shared their efficacy related experiences with detail and expressed their views with regard to their service related experiences. The researcher was able to extract themes from their conversation. A detailed analysis of efficacy related experiences have been mentioned underneath.

### Focus on Daily Assignments

I: Do you perform your daily assignments with focus?

P1: "In this long tenure of service as a Medical Social Officer, I have experienced multiple situations regarding my clients. Truly, managing practice and theory has been a daunting task." (Male participant, 9th interview session)

## Sickness and Assistance

I: Have you ever fallen sick and suffered from severe stress during your service? In such a case, what do you do?

P6: "It is a true fact. I have personally experienced stress, headache and the common thing I do is to seek professional help from the hospital's medical staff."

(Male participant, 9th interview session)

## Psychological Aspect

The study participants from government sector hospitals presented considerable information about the fact that Medical Social Officers experience psychological enigma, stress and overburdening tasks in this profession. Although their aim has always been the betterment of their clients but with available resources at hospital. When the researcher asked the government segment's study participants about this study theme, they gave mixed responses. There have been lack of assistance and awareness about this phenomenon among the hospital's administrative staff.

## Performance of Tasks

I: Are you able to perform all your tasks according to the hierarchical limits of your agency?

P15: "I try to adhere to the hierarchical structure, but practically, it becomes difficult. Medical staff, particularly doctors, often bypass the formal chain and directly assign us social work tasks without involving our departmental head. It creates confusion about accountability."

(Male participant, 13th interview session)

## Sources of Entertainment & Leisure

I: "Are there any sources of entertainment available to you? How do you spend your leisure?

P3: "In a city like Sialkot entertainment options for adults are quite limited. Mostly I rely on simple things like going for evening walks, chatting with friends or watching TV at home. Occasionally we have official gatherings that include light moments and shared meals which are refreshing. During off days, I visit my village and spend time in fields – it gives peace of mind after having of hospital stress."

(Male participant, 12th interview session)

## Discussion

These demonstrate the associations of findings with methodology framework. In agreement with crucial themes which emerged from study findings, central themes are grounded in consideration with Medical Social Work theory which was concerned with convergence of practice according to Medical Social Officers efficacy and emotional burnout experiences.

The Medical Social Officers perspectives on their personal efficacy and emotional burnout are discussed in the light of theoretical framework regarding Medical Social Work particularly, Medical Social Officers experiences and their viewpoints about the efficacy and emotional burnout issues are given a detailed account. In this chapter the conclusions highlight the opinions about actual findings of the research.

## Efficacy

With regard to their efficacy related experiences, the Medical Social Officers from government hospitals shared their efficacy related experiences with detail and expressed their views. From their interviews, the research study concluded about their service related experiences that mostly the Medical Social Officers in

Punjab had experienced multiple situations while professionally dealing with their clients and found out managing practice and theory as a daunting task. While carrying out their daily assignments, for some MSOs, the tiresome assignments and stressful situations have always been a serious test of their abilities. Although most of the Medical Social Officers perform their jobs with passion but often, they feel overburdened with responsibilities both at home and at workplace. To an extent, it can be said seldom they are unable to perform their responsibilities aptly due to ever increasing ratio of clients. Some Medical Social Officers were of the view that even though they try their level best to perform the tasks efficiently but somehow there remains a sense of not being able to perform all the roles associated with themselves.

In response to the question on sickness, suffering from severe stress and coping with it, some of the study participants explained that they relied on spiritual reflection like prayer and recitation of Quran to overcome emotional distress. While a few MSOs reported that consulting psychologists and medical professionals as well as adopting healthier routines was beneficial to cope stress-related illness. Another positive strategy of seeking peer support and counselling emerged as a practice among many experienced Medical Social Officers. Some MSOs viewed service as worship which provided both emotional and moral strength in their challenging work conditions. Also, a study participant emphasized the worth of psychological support systems and formal training to deal with severe stress.

This lacking autonomy was viewed as a systematic barrier to client-centered service delivery and professional growth. Implicit in most responses was the acknowledgement that structural reforms are necessary to improve the functioning of social welfare services within government hospitals.

## Conclusion

On the whole, it was evident from study findings that Medical Social Officers suffered from stress, emotional burnout and efficacy problems due to unavailability of support for them. It is the very nature of this profession that the Medical Social Officers agonized from mental health issues. The social relationships they built and positive relationship with peer groups provided them the opportunities to reflect upon their day to day issues. In conclusion, the findings of research present that Medical Social Officers had anxiety, stress and emotional burnout problems based upon relationships with their clientele and hospital staff, supporting debate of Blackman and Newman (2021) that efficacy and emotional burnout is a serious problem among Medical Social Officers. The overall experiences of Medical Social Officers indicated that the government should make serious efforts to provide up to date facilities and staff to them. There should be opportunities for Medical Social Officers, service related trainings and refresher courses to uplift their condition. Some Medical Social Officers shared their personal issues with their friends and sought relief in their company.

# References

Abramson, J. S., & Mizrahi, T. (2003). Understanding collaboration between social workers and physicians: application of a typology. *Social Work in Health Care*, *37*(2), 71–100. https://doi.org/10.1300/J010v37n02_04

Ahmed, N. (2019). Training and professional development for social workers in Pakistan. *Journal of Social Work Education and Practice*, *4*(2), 45–52.

Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, *5*(2), 9. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Bhandari, P. (2021). *An introduction to correlational research*. Scribbr. https://www.scribbr.com/methodology/correlational-research/

Blaikie, N. (2007). *Approaches to social enquiry: Advancing knowledge*. Polity.

Council for International Organizations of Medical Sciences. (2016). *International ethical guidelines for health-related research involving humans: Prepared by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with the World Health Organization (WHO)*. Council for International Organizations of Medical Sciences.

Creswell, J. W. (2013). *Research design: qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage Publications.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Sege Publications.

Gehlert, S., & Browne, T. (Eds.). (2011). *Handbook of health social work.* John Wiley & Sons.

Hassan, M., & Zafar, M. (2020). Evaluating the impact of medical social work interventions in Pakistan. *Pakistan Journal of Social Work*, 7(2), 105-118.

Hennink, M., Hutter, I., & Bailey, A. (2010). *Qualitative research methods*. Sage

Jansen, D., & Warren, K. (2023). *What (exactly) is research methodology? A plain-language explanation & definition (with examples)*. Gardcoach.

Johnson, H., & Flynn, C. (2021). Collaboration for improving social work practice: The promise of feminist participatory action research. *Affilia*, *36*(3), 441–459. https://doi.org/10.1177/0886109920954424

Malik, R. (2020). Resource constraints in the healthcare system of Pakistan. *Journal of Public Health*, 42(1), 101-110.

Mason, J. (2002). *Qualitative researching* (2nd ed.). Sage Publications, London.

O'Donnell, P., Begg, E., & Yule, B. (2006). Multidisciplinary healthcare team communication: Role of the healthcare social worker. *Journal of Multidisciplinary Healthcare, 1*(1), 1-8.

O'Sullivan, T. L., Kuziemsky, C. E., Toal-Sullivan, D., & Corneil, W. (2013). Unraveling the complexities of disaster management: A framework for critical social infrastructure to promote population health and resilience. *Social Science & Medicine, 93*, 238-246. https://doi.org/10.1016/j.socscimed.2012.07.040

Rani, S., & Singh, P. (2019). Roles and Responsibilities of Medical Social Officers in Healthcare Settings. *Journal of Health and Social Behavior*, 60(2), 123-135.

Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2013). *Qualitative research practice: A guide for social science students and researchers*. Sage, Thousand Oaks, CA.

Rushton, A. (1017). Stress amongst social workers. In RPayne & J. FirthCozens (Eds.), *Stress in Health Professionals Chichester:* John Wiley & Sons, pp. 167-188.

Saunders, C. (2015). The impact of evidence-based practice in social work. *Social Work Research, 39*(2), 65-77.

Schnurr, P. P. (2013). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. Guilford Publications.

Smith, J. A. & Osborn, M. (2008). *Interpretative phenomenological analysis*. Sage

Stoeffler, S. W., Joseph, R., & Creedon, E. (2020). The Community Empowerment Framework: A Benchmark for Christian Social Work. *Social Work & Christianity, 47*(3).