

Learning to Practise Social Work

International Approaches

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Chapter Nine

Practice Learning in Hospital-based Settings

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Introduction

Social work and social development training are undertaken at a variety of institutions throughout sub-Saharan Africa, more than half of which are located in South Africa. Most of these institutions offer fieldwork as part of their curriculum, which is seen as an integral part of training.¹ However, severe constraints do limit the scope of fieldwork, generally to urban areas – although the Zimbabwe School of Social Work for many years (until financial constraints limited the variety of placements) extended fieldwork to include a wide range of developmental agencies throughout the country. The core agencies providing placements usually comprise departments of social welfare, local and international NGOs, municipal or local authority agencies, 'para-statal' organizations (such as the post and telecommunications corporation employee welfare services) and hospital settings. This chapter focuses in particular on the fieldwork setting of the general hospital within Zimbabwe.

Social work within general hospitals

Social work within general hospitals in Zimbabwe has gradually gained momentum after the hospital administrators and other professionals in the medical field realized its contribution in the treatment of the patient from diagnosis to after-care. However, social work retains a complementary function in this secondary setting compared to other agencies like the Department of Social Welfare, whose main function is the direct provision of welfare services to clients.

Following a demand for social workers in hospitals and requests made by medical social workers for students, the Zimbabwe School of Social Work, some years ago, placed students on fieldwork placements in this setting.

While social work within the medical setting is now widely accepted in Zimbabwe and is gaining momentum, very little has been written about the practice of social work in this context from a Zimbabwean perspective. This has created some problems as students on fieldwork largely depend on the personal experience of their supervisor and the few sources of literature available. This chapter highlights some of the areas that students cover during their fieldwork practice in the medical field; four areas have been chosen, which represent major areas covered by social work field training in hospitals:

- work with psychiatric outpatients
- work with children in the Rehabilitation Department
- work with people affected by HIV/AIDS
- teamwork with other medical professionals.

Work with psychiatric outpatients

A variety of agencies offer services to psychiatric outpatients – and these include such governmental agencies as the Ministry of Health, clinics run by the urban municipalities, voluntary organizations such as the Zimbabwe National Association for Mental Health (ZIMNAMH), the Zimbabwe National Traditional Healers Association (ZINATHA) and other private self-help groups dealing with specific illnesses, such as schizophrenia. Various professionals work with mentally ill people – from medical doctors and nursing staff, to psychologists, social workers and volunteers. One case of a client to be known as ‘Misheck’ has been chosen to illustrate social work learning in the context of working with psychiatric outpatients.

Misheck

Misheck was employed as a general labourer in a food manufacturing company. He was a father of five, but his family stayed in the rural areas, while he occupied a one-roomed rented accommodation in town. Misheck’s wife would come to town once every month-end to collect money for groceries and other needs and it was during one such visit that his wife discovered that her husband had a problem, but could not detect the source. He had sleepless

and restless nights, was refusing to go to work and had developed a rather arrogant manner. However, despite his protests, Misheck's wife had managed to bring him to hospital where he was seen in the outpatient department and later referred to the psychiatric clinic to see a psychiatrist. There the diagnosis was given as depression.

The student social worker, with her supervisor, attended the clinics as part of her learning and this was when the student met Misheck. The case was allocated to her as a case study. As this was her first experience with psychiatric patients, the student initially had to rely on her own imagination and developing practice wisdom regarding his condition. In Zimbabwe, mental illness is culturally associated with negative spiritual causation due to failure to appease ancestral spirits, through bewitchment, or as punishment for the 'bad' things a person may have done in the past. Confronted with such a situation, but with some theoretical knowledge gained at the School of Social Work, the student had to choose her point of intervention, which initially involved interviewing both the patient and his immediate family.

As stated by Wintersteen, Mupedziswa and Wintersteen (1995), it is clear that families continue to bear a heavy responsibility for providing assistance to family members with mental illness. Families provide for mentally ill people partially from choice, but more so, because there is no alternative, as there is minimal support from the mental health system. As Wintersteen and colleagues comment:

Those social workers, nurses and other psychiatric personnel who come into contact with families should make it a point to be available to answer questions, provide advice and helpful suggestions, and generally treat them as colleagues in the business of rehabilitation and treatment. (Wintersteen *et al.* 1995, p.95)

Assessment and intervention

The supervisor directed the student to discuss the problem fully with the patient and his family and respect their beliefs and views in working with them. Hence, she had to get to know what the client (i.e. Misheck's wife) thought was the source of Misheck's problem. The student had to establish what her feelings were regarding her husband's illness (and his own views on this) and what the two thought would be solutions to their difficulties. The student was required to look into the problems that could have contributed to the illness and those that had been brought about by the illness. It was only after probing into these different areas that she and the family, plus the medical personnel, would be able to assist in the treatment process.

At interview, the student was able to find out that Misheck had gone through difficult times over the past months due to bereavement and financial

constraints. He had lost his mother six months before and had borrowed money to arrange for the funeral from his employer. Due to the number of his problems, Misheck had started drinking heavily, sometimes on account. This obviously made the situation worse as finances became more strained.

Taking account of this scenario, the student had to decide on the mode of intervention. Misheck and his wife were both of the idea that he had been bewitched. For the student to explain the illness in terms of stress or other 'western' factors was a daunting task. This made the whole job difficult as she felt that if she could not break through at this point, then she had not done enough. As part of the learning process, the supervisor had to remind her of the importance of learning the beliefs and customs of one's clients as these could otherwise serve as an obstacle in the treatment process. She had to accept their beliefs to allow progress, but keep within herself the theoretical knowledge on stress and depression she had obtained at the school.

Misheck was given some treatment and had to come back for review within a week. On his return, the social worker was faced with a new problem. Misheck had developed a sexual dysfunction as a side-effect of the drug the doctor had prescribed; despite explanations offered by the student social worker the wife insisted that the drug was not acceptable. It was finally agreed between the doctor and social worker that the drug would be substituted with another one not as strong.

The student had still another task – dealing with the practical concerns that were affecting the family. First, she had to talk to the employer to secure Misheck's job and also arrange deduction of a reasonable amount from Misheck's salary towards repayment of the loan, but at the same time to leave sufficient to ensure the survival of the family. The three worked together to work out Misheck's monthly budget so that he could learn to live within his means. As time went on significant change was noticed in Misheck and his disturbed behaviour lessened. Eventually he improved sufficiently to warrant an ending of the social work intervention.

The case illustrates that although the explanation was originally cast in terms of 'bewitchment', by maintaining respect and consideration for the patient and his family and carefully examining their circumstances, together with use of social work skills including counselling, the student was able to assist the patient in reducing his level of stress and helping in his recovery.

Work with children in the Rehabilitation Department

The Rehabilitation Department in the general hospital is a place where children with disabilities are taught to cope with their disabilities with relevance to their own environment. The department was set up to assist children in coping with their individual problems, which vary from serious physical disabilities to other

serious congenital disorders. With the most severely disabled, most of the work is done with parents, whereas children are more involved where the disability is less severe.

Role of social work in rehabilitation

Since the students have to be trained within the goals and functions of the agency, it would be initially beneficial to define the role of the social worker in the Rehabilitation Department. The social worker identifies individual and group problems and mobilizes resources from other agencies in order to intervene appropriately and enable the rehabilitation process to take place. It is the social worker's role to help in the transformation of the home environment to make it suitable for the child. This makes home visits a real necessity. According to Hall (1990), the students are expected to help individuals and families with social problems, develop an ability to diagnose and remedy these situations and help clients to find adequate solutions based on the methodology and techniques learned during theoretical training.

Work in the Rehabilitation Department can be challenging and emotionally upsetting for the students due to the sensitive nature of some of the children's disabilities. The students need to be able to avoid overly sympathizing with the children and instead deal with them in an empathic and caring way. The students have to learn to act professionally and learn about the physical and mental conditions and how to cope with them. Certain disabilities create social problems that are difficult to overcome; hence, the students can be faced with some very difficult situations. This can result in their feeling a failure due to the lack of achievement of set goals. Consequently, the support and advice of the supervisor is essential to help the students overcome these feelings.

Expectations of the student in rehabilitation work

However, it may be useful to look at what is expected of students on placement in the children's Rehabilitation Department. This can be seen in the context of the needs presented by the children. One child, for example, might require certain aids to enhance the rehabilitation process, so the students should develop interest in the functions of other helping agencies so that they can make use of them when the need arises. Students who use their initiative to mobilize resources will be seen as more impressive to the supervisor than those who act on instructions only.

Another child might need a change of environment as a result of having to use a wheelchair. This might even mean the renovation of a house, which could

require thousands of dollars that the family might not be able to afford. Moreover, the student's services may be needed in developing a proposal for funding and influencing donors to assist financially.

A situation could arise whereby certain members of the family might not want to accept a child born with disability – a vivid example being that of a child who was born with a hole in the spine. This weakened her lower limbs. Instead of accepting the disability, both the husband and the mother-in-law attributed the disability as (spiritual) punishment for infidelity on the part of the mother. She was divorced instantly. Being unemployed the mother was left with the sole responsibility of looking after the child. Despite counselling the respective relatives, they would not change their minds. They had a conviction that it was taboo and unheard of to bear a disabled child within the family and the student was given the responsibility of dealing with the mother's feelings of rejection. She was able to do this through counselling and with the help of the supervisor was able to secure maintenance deducted from the husband's earnings every month.

Intensive intervention

Certain situations might require intensive intervention on the part of the medical social worker: for example, a situation whereby there are several children with disabilities within the family, which can create severe impoverishment and hardships.

One such case is that of a woman who had six children, all disabled, with five microcephalic children and one child with cerebral palsy. All these children required special education and care. The parents needed intensive counselling so as to enlighten them on the dangers of continuously bearing children in the hope of producing a normal child, which was very unlikely. The student had to identify areas of intervention, which were financial assistance (a resource not available to her agency), and in-depth counselling that she tried to provide within her capabilities. Although she offered as much help as she could, in the end she also had to refer the case to the Department of Social Welfare, which has responsibility for the provision of financial aid to the destitute.

Group approach

Certain problems demand a group approach as opposed to family casework. Here the students have to employ their knowledge of group dynamics gained during theoretical learning. This helps them in grouping clients and using the appropri-

ate techniques in problem-solving as well as assessing the effectiveness of the methods used. Children with similar disabilities and perhaps similar social backgrounds may be grouped together and groupwork carried out in helping them cope with their disabilities and the emotional problems that extend from these difficulties. With the assistance of the occupational therapist and physiotherapist, physical aids can be made from locally available materials and assistance can be sought to buy those aids that cannot be made in the Rehabilitation Department. Work with disabled children not only provides useful experience to students on fieldwork practice, but also demands a lot of determination and patience on the part of the students and guidance and support from the supervisor.

Work with people affected by HIV/AIDS

Sub-Saharan Africa has 70 per cent of the world's total of HIV/AIDS infected people, with 23.3 million estimated cases of HIV or AIDS. AIDS is a very serious problem in Zimbabwe, with overall adult prevalence rates of 25.8 per cent and antenatal care surveillance data indicating a rate as high as 46.7 per cent outside major urban areas (UNAIDS/WHO 1998, 1999). Consequently, a majority of hospital beds in Zimbabwe are taken up by people with AIDS, or suffering from the various opportunistic infections, such as TB and diarrhoea. Although HIV/AIDS has become a very common problem, it is still stigmatized and difficult to acknowledge directly.

Sensitivity to the needs of patients with HIV/AIDS

Dealing with patients who have contracted HIV/AIDS requires careful and tactful handling and there is need to guide the students in their practice from the beginning. First and foremost, it is vital for the students to work with these patients in an accepting and non-judgemental way, maintaining confidentiality and sensitivity to their emotional and physical needs. The students will need to assess the patient's situation, including

- the attitude of the patient with regards to the illness
- the duration of the illness
- the patient's prognosis
- attitudes of other family members to the illness and also society at large
- the social and financial status of the patient.

How then do these notions relate to how the students should deal with the patient? If the patient denies the diagnosis and does not understand the implications of the illness, this determines one's entry point. Instead of trying to help the patient cope with the condition, one is faced with the often enormous task of trying to make them understand and accept the situation, i.e. getting over the denial stage.

Traditional views on chronic illness

The time the individual has lived with HIV/AIDS is another factor requiring consideration, since it determines the stage of adjustment of the patient. Where prognosis is poor and the disease is either very advanced or progressing very quickly, the areas requiring social work intervention might require urgent attention. Different family members adopt different attitudes to chronic illness, especially concerning AIDS – and similarly regarding cancer. Within the cultural context among most Zimbabweans, cancer is a disease brought about through bewitchment. If the right traditional healer is found, the ailment can be treated. AIDS is viewed by many as having the same origin, while with others who now understand its mode of transmission, it is a disease that carries with it a stigma. As such, diagnosis is usually not made public knowledge on the part of relatives as this might lead to rejection of the patient, and negative consequences for the family as a whole. Members of society at large also share the same feelings and this tends to reinforce feelings of isolation and stigmatization. As anti-retroviral treatment is completely out of the question due to its extremely high cost, and stigma is high, there is little motivation to admit to the condition. However, it is important that patients accept their condition, as positive living, physical care and the support of others are likely to prolong the patient's life and ease suffering.

The financial and social status of the patients also determines how the social worker will deal with them. An individual who is financially sound might only require assistance in getting paid care givers, whereas the poor will require volunteers and need considerable material help. One's social status also affects how people with HIV/AIDS react to their diagnosis, with those of high social status finding it more difficult to admit to the condition.

Student knowledge and skills in working with HIV/AIDS

This situation can be quite demanding and stressful for students, who will need to be equipped with knowledge of the disease and coping skills. Because of the devastating implications that HIV/AIDS – or any terminal illness – has for both the

patient and the family, the provision of comprehensive, physical, material, psychological, social and spiritual care and support becomes essential. However, the success of the students largely depends on the support of other professionals and agencies, particularly that of their own supervisor. The students' success is also determined by the family's attitude and cooperation. As students work with the family and patient, they have a number of questions to answer. Family members worry about who will take over their relative's responsibilities and in particular the expenses involved in treatment and care. The family and patient require continuous counselling as a coping mechanism.

The student might be faced with the task of making arrangements and decisions about impending death and bereavement ahead of time, although traditionally the idea is not easily welcome as it is taboo to discuss these matters. The student has also to work with the patient in a bid to have them accept the impending death and later work through specific tasks to ease both their own and their family's situation. Arrangements have to be made concerning the care of children or dependants of the patient during illness and after death. Family members have to be encouraged to support each other – sharing their feelings, fears and hopes – as well as dealing with any unresolved conflict, anger, frustration and the feelings of guilt before the patient dies. The students have to know that individuals and families have different coping mechanisms and therefore need different types of support. This is a difficult but challenging area for social work practice and one that students on field practice should experience as they will be dealing in one way or another with HIV/AIDS once they start work.

Teamwork with other medical professionals

It is important for students to develop familiarity with a team approach in social work practice, particularly in the hospital setting. However, working with a variety of professionals can be a daunting and challenging experience for the student. Teamwork is not always 'smooth sailing', as it carries with it problems emanating either from the individual personalities involved, or from different professional perspectives and views about the same problem – which can be functional if dealt with in a collaborative and collegial way.

A student on fieldwork practice will not be spared this experience. It would be interesting to examine how students can cope with such situations and the benefits to be accrued from such experience.

Familiarity with departments in the hospital

On arrival at the institution, the students are introduced to all departments within the hospital so as to be acquainted with the environment in which they will work. There are several departments within the general hospital, which can be related to learning about social work practice in different ways.

First, there is the *Records Office* where patients' records, either as in- or outpatients, are kept. This office is also responsible for keeping records on births and deaths. Everyone with problems not viewed as medical in nature is referred to the medical social worker, and these records are also maintained here. It becomes necessary to know how this department operates, when and how the records are kept, if the medical social worker is to be effective in the delivery of these services. The *Stores Department* is an area that has to be known by the students on placement, as it is responsible for material requirements for use by the students and other departments, i.e. stationery, mobility and other aids used in the rehabilitation process.

The *Mortuary* is another department that works closely with the medical social worker. One would wonder how such a dreadful area relates to social work! It is worth mentioning that the cost of burial has gone up in Zimbabwe; furthermore, due to the economic history of the country, there are several hundreds of thousands of aliens that came to Zimbabwe to work on the farms and mines as general labourers. Most of them never settled down and have no families. When these people die, they automatically become a state problem and have to receive a pauper's funeral. It is the social worker's duty to investigate and if found that there is no immediate or contactable family, to recommend for the deceased that kind of assistance. Failure to do so speedily might have serious repercussions on the whole institution, as the mortuary is very often full to capacity. The experience of students has been that this area was the least desirable during placement.

Having said that, it is worth mentioning that the concept of team approach starts from the 'general hand' up to the superintendent who is the head of the institution. In this regard, it is vital for the student to be introduced to other staff before the onset of fieldwork practice. This is particularly important to students on practice in a psychiatric wing or institution of the hospital, where their security heavily depends on other staff members. An example of such a situation is of a student nurse who always looked down upon general hands but was saved possible death by the same personnel after she had been unexpectedly throttled by a psychiatric patient while giving him medication.

A general observation is that most students on fieldwork enjoy teamworking with other professionals. This conclusion has come about after observing their

input, self-initiative and achievement during ward rounds with doctors, nurses, physiotherapists, psychiatrists, psychologists and occupational therapists from admission to discharge. The reason for this is probably due to the clearly stipulated goals when working with other professionals, compared to the ambiguity in other areas.

Admission and discharge of patients

On admission of the patient, and depending on the presenting problems, the student is requested to intervene from the very beginning. Using interviewing skills, the student has to assist in the diagnostic process. Once the problem is identified, the student through ward rounds is able to participate in the treatment of the patient. The hospital administrator, who is in charge of the transport department, may authorize the use of a vehicle and driver to enable students to pursue their goals. It is in this light, therefore, that teamworking and interdependence is inevitable.

While patients are in hospital, the students have to prepare for their discharge. The students are charged with the responsibility of working outside the hospital to ensure that the environment is conducive for the patient. They also have to assist the family in case of any social problems arising after discharge, which may in some cases demand a change in occupation, or preparation of the home to make it more suitable for the patient, particularly in the case of physical disability. The student will need to work with the occupational therapist and perhaps the employer to secure something suitable for the condition of the patient. The student has to ensure that communication remains an ongoing process that should be kept open to allow each member of the working team to be informed of progress and keep up-to-date with the patient's situation.

Tapiwa

The case of Tapiwa, a man aged 23 years who was injured in a serious train accident, is an example of the good fruits of teamworking. He had been in and out of the general hospital for the previous three years before the case was handled by the social worker. Tapiwa had a son aged 4 years and his wife was unemployed. Due to the prolonged stay in hospital and the use of a wheelchair for mobility, Tapiwa had lost hope of ever walking again, let alone being able to enjoy a conjugal relationship with his wife. Out of frustration at the persistence of his medical condition, he had instructed his wife to go back to her relatives.

When this came to the attention of the student social worker, she thought she could be of help. She managed to convince the patient that although he had been labelled as a paraplegic, his condition could change one day. She was also allowed to speak to Tapiwa's wife, who was now feeling despondent and after being told of the sad news of returning to her parents she needed support to pull her through this crisis period. The student also started attending physiotherapy sessions with the patient and giving him moral support.

In the mean time the orthopedic surgeon, physiotherapist, occupational therapist and the medical social worker had together managed to convince the employer to change the work environment by putting up a ramp so that Tapiwa could access his workplace in a wheelchair. His job was also changed from general hand in a Veterinary Department to that of a telephonist. The Railway Company had given him an articulated wheelchair and money which allowed him to purchase a house in one of the suburbs near his workplace.

He was discharged and went back to work, but the hospital team, including the student, kept on giving him professional support. The family expressed satisfaction with this increased level of care, which in no small part was due to the interest and commitment demonstrated by the student.

Conclusion

Social work in medical settings is a challenging area of social work practice, which requires careful handling and cooperation with the family and the patient. Success is difficult to measure since the behaviour of the patient might come from other sources, e.g. physical and mental deterioration or improvement, medication and other factors, rather than necessarily one's own input, and these are things to be imparted to the student engaged in practical field training. The multi-disciplinary working arrangement of the general hospital provides opportunities for students to develop their professional skills and growth as practitioners. The variety of cases and the many demands made of social workers in the general hospital is a fruitful area for training and confidence building of social work students.

Note

- 1 The connotation of the term 'fieldwork' is here the notion of work outside of class setting – the term should not be taken to imply any particular form of social work practice.