Medical Social Workers in Iran: Professionals or Employees?

Sareh Abri (1)
Mohammad Zahedi asl (2)

(1) Ph.D. candidate, Department of social work, Faculty of Social Sciences, Allameh Tabataba`i University, Tehran, Iran
(2) Professor, Department of Social Work, Faculty of Social Sciences, Allameh Tabataba`i University, Tehran, Iran

Corresponding author:
Mohammad Zahedi asl
Professor, Department of Social Work, Faculty of Social Sciences, Allameh Tabataba`i University, Tehran, Iran

Received: January 30, 2018; Accepted: February 10, 2018; Published: March 1, 2018. Citation: Sareh Abri, Mohammad Zahedi asl. I Medical Social Workers in Iran: Professionals or Employees? World Family Medicine. 2018; 16(3):242-250. DOI: 10.5742/MEWFM.2018.93334

Abstract

The present research was conducted to identify the current roles of social workers in Iranian hospitals. The data were collected using in-depth interview method, after which the textual data of the participants were analyzed through a qualitative content analysis. The MAXQDA 12 software program was employed to analyze the data. The participants consisted of experienced social workers who hold a Master's Degree in social work and have more than 15 years of work experience in hospitals. Purposive sampling was initiated and continued until data saturation was reached. In order to determine the main concepts, the initial codes were revised, examined, and classified. The number of initial codes was 50. After combining some of the codes, they were finally classified into 13 categories and 2 themes. Indirect care roles and direct care roles were the two themes extracted from the findings of the study. The indirect care roles include 4 categories that deal with research, cooperation with and membership on the treatment team and hospital committees, documentation, and fund-raising. The direct care roles include 9 categories, namely, psychosocial and financial support, educator, liaison, service provider, guide and counseling, discharge planning and follow-up after discharge, assessment, crisis intervention and client and system advocacy.

Key words: Medical Social Work, Hospital, Role, Qualitative Study

Introduction

A look at the performance of medical social workers in Iran, shows their most significant continuous duty was to reduce the cost of treatment to the patients by providing financial rebates. This was done not with specialized evaluations, but in an unskilled manner and sometimes even as an obligation. With the development of the Health Promotion Plan of May 5, 2014 in Iran, the main purpose of which was to reduce the cost of treatment to patients in hospitals, some of the costs were covered by the plan which thereby significantly reduced the total cost of hospitalization to the patients. It seemed that, under the Ministry of Health, the time had come for social workers in hospitals to finally be able to fulfill their primary role of providing support by empowering the individual and the family and assisting the individual in adapting to his/her situation after suffering from an injury or a disease. However, not only was this not achieved, but it led to the diminution of the role of social workers because there was now a substitute for the only role the social workers were expected to play in this area, namely, to reduce the costs of treatment. Prior to the implementation of the Health Promotion Plan, some hospital officials viewed social workers as employees who incurred heavy costs to the financial system of the hospitals. They ignored the fact that social workers, if allowed to provide their main roles, such as organizing discharge planning for patients who are in need of services, could not only reduce the length of a patient's hospital stay, which is one of the most significant performance indicators of hospitals, but could also reduce the costs that are incurred through a longer hospital stay.

In fact, the social work profession is not as well recognized as other health professions, even though the main responsibility of psychosocial health-related problems is entrusted to social workers.

The role of hospital social workers in Iran is poorly defined. Those working in professions other than social work expect that medical social workers will seek to provide

financial services, while social workers themselves are interested in defining their roles by providing services with psychosocial functions. Social workers operate from a person-in-environment perspective providing interventions that address issues at both the personal and social level (Australian Association of Social Workers, 2016: 3), although social work services in Iranian hospitals are mostly offered for the purpose of providing financial assistance or referral services.

This study seeks to discover what the roles of Iranian medical social workers in public hospitals are.

Literature Review

History of medical social work in Iran

In Iran, after the establishment of the College of Social Services and employment of social workers in health care institutions, the services provided by such social workers proved to be effective in the treatment of physically and mentally ill patients.

Among all health care institutes in Iran who use social workers effectively, social insurance agencies, the Ministry of Health, health care institutions related to Tehran University, charities, and NGO's can be mentioned as the most outstanding pioneers. The Social Security Agency was one of the first institutions that accepted social workers since the very beginning of their activities in Iran. It was during the academic year of 1958-1959 that social workers were accepted for an internship at Sorkhehesar Hospital of Tehran. Later, in September 1960, a group of five social workers were hired to work in hospitals "Sorkhehesar" and "Children". In 1965, the Bureau of Social Works started an independent operation in the Agency of Social Security as its headquarters.

By 1969, twenty social workers had jobs at the Social Security Agency to address social, mental, and physical health issues of the covered patients. The lack of recognition as professionals and the nonexistence of accommodation were among the initial challenges of the social workers in the Social Security Agency.

These social workers would sometimes be expected by the chiefs of hospitals to serve as medical team members. However, giving injections and guidance to patients was not what the social workers had been trained for or had seen themselves ending up doing when they began their jobs in hospitals.

While lacking basic office space at the hospitals, they would be expected by the medical staff to interview all the patients. Understanding the need for privacy and confidentiality, one Iranian hospital finally agreed to provide the social workers with a small room to conduct their interviews. This change was followed by a better recognition of the role of social workers by hospitals, and gradually the workers were provided with the required work space in more and more hospitals. In 1969, twenty-five hospitals asked for social work services (College of Social Services, Iran; Record of a decade; 1969:33).

Roles of social workers in the 21st century

A wide variety of views can be found in literature on the role of the social worker. Social work is a contested concept and subject to competing definitions. Its language is confusing and contributes to the lack of clarity on what exactly social workers do. This means that there are no universally accepted ideas of the sure knowledge, skills or expertise of social workers. However, there is fairly wide agreement that those who are employed in the field of social work are committed to rights and justice, and that the field exists to assist, support, and enable those who suffer from the negative effects of social inequalities.

Several key conceptions on the role of social workers imply that social workers may play all of the following roles in different contexts and at different times in their career:

Counselor (or caseworker): one who works with individuals to help them address personal issues.
Advocate: one who works on behalf of the poor and socially excluded.
Partner: one who works together with disadvantaged or disempowered individuals and groups.
Assessor of risks or needs: one who works for a number of client groups to assess the risks or needs of individuals and is also associated with surveillance. This role may at times conflict with that of a counselor.
Care manager: one who arranges services for clients in a mixed economy of care, but may have little direct client contact.
Agent of social control: one who helps maintain the social system against the demands of individuals whose behavior is problematic (Asquith, et. al, 2005: 2).

The role of social workers is affected by changes in the social context such as:
Demographic changes, especially the ageing population and falling family size, which will affect the ability of families to provide care for their dependents.
Poverty and social exclusion are seen by some commentators as reasons to make the continued provision of social work especially important.
Social problems have been internationalized with increased migration and the tendency of social problems to cross national borders.
Modern communications technologies radically affect record keeping in (Asquith, et. al, 2005: 2).

The social services. They may also offer increasing opportunities for new forms of information provision, remote services, and self-help.
Social work has been affected by changes in welfare policies and ideologies since the postwar years. The provision of services has been dominated by the following models, in approximate succession:
Welfarism: social democratic paternalism.
Professionalism: ideology that stresses the expertise and authority of professionals.
Consumerism: that focuses on the power of the service user as a consumer.
Managerialism: that gives privilege to managerialism ideology and economic concerns.

Participationism: that stresses a more equal partnership between the service provider and the service user (Asquith, et.al, 2005: 3).

Rebecca G. Judd & Sherry Sheffield (2009) examined the roles and activities of current hospital social workers in United States. The authors first refer to the roles previously played by social workers in hospitals and categorize them into five sections: discharge planning, direct action activities such as counseling and intervention in crisis, guiding evidence-based activities, emphasis and participation in bioethical issues, and income producing projects. Then, the new roles and responsibilities of social workers were identified as follows: direct patient care activities, discharge activities, coordination with social support systems, and patient relocation, among which social workers spend the most on direct patient care activities (41.7%).

Lois Anne Cowles & Myron J. Lefcowitz (1995) examined the views of physicians, nurses, and social workers on the tasks that medical social workers undertake in hospitals. The findings of this study indicate that the role of social workers is a combination of activities, problems, and references. Physicians and nurses also agree on the activities of social workers, and believe that the main activity of social workers is to refer the patients to social resources and the association of clients with these resources, both for the patient and the family members for emotional or socio-environmental problems. In other words, when the activity is evaluation or treatment, social workers tend to be more responsible than physicians or nurses, especially when the primary client is the patient and the problem is mostly emotional. In contrast, the only assessment or treatment that physicians and nurses consider appropriate for social workers is to evaluate and treat the socio-environmental problems of the patient's family; they do not consider the evaluation and treatment of the patient's emotional problems as one of the social worker's duties. In short, the task that social workers expect to be a core part of their duties, other groups (doctors and nurses) consider to be a common part of the job.

Chack-kie Wong, Becky Chan, and Victor Tam (2000), classified the duties of medical social workers in Hong Kong hospitals into psychosocial assessments, psychosocial interventions, tangible assistance, and the mobilization of new social resources, and classified the activities related to the tasks in the following order: 1) Psychosocial assessment activities: assessing the patient's needs for utilizing social services, assessing the psychological conditions of the patient, evaluating the psychosocial function and the patient's role in society in terms of their disease. 2) Psychosocial intervention activities: helping the patient with emotional problems through personal counseling, assisting the patient with emotional problems through therapeutic groups, helping families of patients through personal counseling, assisting families of patients through group counseling. 3) Tangible assistance activities: evaluating patients for the use of financial services for therapeutic needs and other needs, patient evaluation for residential arrangements and services, and referral services to social sources. 4) Activities related to mobilizing new social resources: communicating with leaders in society for new social services, and organizing supportive and self-supporting groups.

Christopher Chitereka (2010) examined the daily roles and responsibilities of hospital social workers in Zimbabwe, the challenges they face, and some solutions to these challenges. Social workers in the hospitals of this country are involved in two parts of the inpatient and outpatient wards. In the outpatient department, they deal with psychosocial, emotional, and environmental problems requiring social assistance services in the form of personal and family interventions. The technique that is often used by them is crisis intervention. The social worker, as an interlocutor on the healthcare committee, plays a facilitating role in inter-professional communication. It also helps the patient to adapt to the medical conditions for the maximum rehabilitation services. Moreover, in the case of a long hospitalization, the social worker plans some welfare services in coordination with the medical staff. In addition, the provision of counseling services is also one of the other duties of social workers in a hospital.

Method

Qualitative Approach

The present study is a qualitative study conducted according to the qualitative content analysis method. A qualitative content analysis is an analytical method used for the subjective interpretation of the content of textual data (Hsieh, H. F & Shannon, S. E, 2005: 1277). In this method, through a systematic classification, codes and categories are extracted directly and inductively from raw data (Green B, 2004: 82).

In the process of a qualitative content analysis, data collection and an analysis are carried out simultaneously. The unit of analysis, which is the analytic section of the text used to achieve the research objectives, is selected from the text of the interview. The initial codes, which are a significant and indispensable part of the units of analysis, will be extracted. These initial codes can include the content of the participants' interviews and/or the abstraction of the researcher of the content. (Graneheim U & Lundman B, 2004: 105). Then, the number of initial codes are reduced to subcategories based on similarities and differences, and finally, the subcategories are classified into abstract categories and themes (Priest H, Roberts B & Woods L, 2002: 30).

Recruitment/ Data Collection

This study focused on the roles and activities of social workers employed in public hospitals in Iran. Interviews were conducted with 11 social workers working in 11 public hospitals in Tehran, Fars, Semnan, Hormozgan, Lorestan and Hamedan provinces. The inclusion criteria consisted of 1) having M.SC. social work degree, 2) having at least 15 years of work experience in the social work unit in hospitals and being able to articulate one's own professional roles and activities.

The Ministry of Health provided us the database of social workers of the hospitals. We made phone calls with eligible ones and every social worker we approached, agreed to participate. Participants were selected relying on a non-probability sampling strategy by purposive sampling and continued until data saturation was reached and no new concepts emerged.

Participants` ages ranged from 42 to 57 years old and their work experience in social work units in hospitals was between 15 and 26 years. Their work experience in their current hospital was between 9 and 20 years. Participants consisted of 9 females and 2 males. We selected Participants from different types of hospitals including general, children, heart, dermatology, cancer, and burn injuries.

In-depth interviews were conducted in Persian based on a semi-structured guide, field notes, and observations. Before each interview, the purpose of the study was explained to the participant. Moreover, with the consent and permission of the participants, the interviews were audio recorded. The duration of each interview was between 30 and 60 minutes. Table 1 shows the interviewees` characteristics.

Data collection lasted from February 2017 to May 2017. Interviews were conducted by a female interviewer who was a Ph.D. student of social work with 11 years of work experience in social work unit at a hospital in Iran, qualified in qualitative research and familiar with the essential skills of the interview, such as follow-up questions, clarification, active listening, paraphrasing, explanation, summary and conclusion. The interview with each social worker was conducted in her/his hospital during working hours because of the need to observe activities and also medical social workers have a hectic schedule making it difficult for them to leave their workplace for an extended period. Interview guide included a short checklist of questions to begin the interview such as what do you do in hospital? How do you perceive your role in providing psychosocial care? And how do you define your job for other professionals or people? Then during the interview, questions were designed to guide and encourage the participants to speak.

Data analysis

The research team transcribed the text of each interview verbatim in Persian and immediately after the interview analyzed by means of a qualitative content analysis by using MAXQDA12 software program. Using this method, the text of the interviews, the units of analysis and the initial codes were extracted based on the meaning units derived from the participants' descriptions. Then, the classification was done by considering the similarities and differences in the initial codes. Finally, based on the accurate interpretation of the researcher and the continuous comparison of the data, categories and themes were extracted.

Methods to Ensure Rigor

In this study, the credibility, confirmability, dependability, and transferability were used to ensure the trustworthiness of the data.

To confirm the validity and the credibility of the data, the researcher spent a prolonged period of time collecting and analyzing the data and integrating the information sources. Multiple methods were employed to collect the data, such as interviews, notes in the field, observations, and member checks. Three of the participants, participant three, ten and eleven, were contacted to confirm the accuracy of the transcription. They did one on one interview and all three confirmed the interviews were transcribed accurately. Member checking aid in the process of reflexivity, was done through monitoring of self and being rigorously subjective (Morrow, 2005).

To verify the confirmability and compliance of interviews and results of data analysis, such as basic codes and categories, we used peer check with the assistance of two PhD students in social work with work experience in the field of health care and there were no big differences between results.

Utilizing negative case analysis the researcher thoroughly searched for cases that did not fit her interpretations (Rubin, 2000). This involves a deliberate and articulated search for disconfirmation and helps to combat the investigator's natural tendency to seek confirmation of her or his preliminary or emerging findings (Morrow, 2005). By

Table 1: interviewees` characteristics

Interviewee	Gender	Age	Working history as a medical social worker	Working history as a medical social worker in current hospital	Kind of hospital
1	female	45	18	15	general
2	female	47	20	20	general
3	female	53	25	20	children
4	female	50	20	20	heart
5	female	42	17	9	general
6	female	46	16	13	dermatology
7	female	57	26	20	general
8	male	50	20	16	general
9	female	47	15	15	cancer
10	male	48	21	21	general
11	female	45	15	12	Burn injuries

By repeatedly comparing the transcriptions and codes, the researcher decreased the influence of personal bias and increased the accuracy of the codes and categories.

Findings

By continually comparing the basic codes and data and considering the similarities and differences, similar codes were placed in the same class and an initial classification of codes was obtained. The number of initial codes was 50. After combining some of them, they were classified into 13 categories and 2 themes. According to the data analysis and code extraction, two main themes emerged, namely, indirect care roles and direct care roles, each of which included subcategories.

The first theme: Indirect Care Roles
This concept represents the roles and responsibilities that the participants did not directly relate to the references, but the indirect result of these roles and activities was directed at the authorities (or the patient). This concept includes the following subcategories: "Research in the field of healthcare", "Co-operation and membership on the treatment team and hospital committees," "Documentation" and "Fundraising" which will be described in detail.

Research in the field of healthcare: some participants stated that research in the field of healthcare is one of the main roles of the hospital social worker. Social workers have a responsibility to be familiar with the literature crucial to their area of practice. As professionals, social workers in all settings have a mandate to improve the knowledge of the field, and this can best be accomplished through participation in research activities. Rich data sources that permit opportunities for quantitative and qualitative research exist within hospitals.

Participant (11): "I am interested in research. So far, I have done three articles on hospital social work that were published, but many of my colleagues in other hospitals are not familiar with research methods".

Co-operation and membership on the treatment team and hospital committees: Participants pointed out the complete need for the social worker to participate in the activities of the treatment team and to actively participate in hospital committees. The presence of a social worker on the treatment team is essential to assist the physician in diagnosis and treatment of the patient through study of the patient in their social situation and by interpreting the patient and their environment to the physician. In addition the medical social work is to assist by organized sources in making medical treatment more effective and expediting the treatment process by resolving the ambiguities in the treatment process for the patient and his/her family.

Participant (1): "If the treatment team is composed of the most experienced physicians, but lacks a social worker who could explain the illness and medical terms for the patient and theirfamily according to their level of education and make them understand, the treatment process will be troublesome."

Documentation: Social workers shall maintain records or documentation of social work services, which reflect the client and client systems' pertinent information for assessment and treatment. Documentation and the submission of information about the actions and duties of the social work profession were extracted from another category. Participants spoke about spending a lot of time writing down financial exemption information in the Health Information system (HIS) of the hospital as well as the portal of the Ministry of Health.

Participant (4): "We will record discounts on patients' treatment costs based on the patient's medical records and medical records on the Ministry of Health Portal. Of course, daily discount rates are recorded in the HIS system of the hospital, which takes a lot of time for me and my colleagues. "

Fundraising: This category refers to the great role of the social worker in treatment centers. Participants stated that, despite their desires, as well as the doctrines of the social work profession, much of the social worker's activities in the hospital were allocated to providing financial resources (from good doers and public organizations). The lack of government funding to address the pharmaceutical and therapeutic needs of patients takes place through discounting and providing financial resources.

Participant (4): "I remember when I was serving at a hospital in a social work unit, I only had five thousand Tomans cash. But I had more than 20 clients in need of money for medical treatment. I decided to find some associations and good doers. It took a lot of time for me, but it was effective."

The second theme: Direct care roles
This concept represents the roles and responsibilities that the participants said are directly related to the references. They include the subcategories: "financial and psychosocial support", "educator", "liaison", "service provider", "guide and counselor", "discharge planning and follow-up after discharge", "assessment", "crisis intervention", and "client and system advocacy", which will be described in detail.
Client and system advocacy: Social workers are trained on promoting self-determination and patient autonomy. They often do this through a strengths based perspective. Participants mentioned the role of advocacy in social work, pointing out the importance of performing different tasks for the patient and/or on his/her behalf when the existing services are not related to their needs or the organization does not meet those needs.

Participant (4): "The job of head of the complaint proceeding unit for clients and patients to the social work unit was given to me and my colleagues at the hospital. Each day we investigate numerous complaints from the doctor regarding the treatment and the physics of the hospital, and inform the authorities. "

Crisis intervention: According to the participants, social workers are always called upon to eliminate any difficult or complicated medical and/or communication issues between the patient and the personnel. Their ability

Table 2: themes, categories and codes

Themes	Categories	Codes
indirect care roles	research	Research in the field of medical social work
		Collaborate on conducting academic research
	cooperation and membership in the treatment team and hospital committees	Connector of the treatment team
		Referral of patient to receive counseling services from other institutions
		Setting up treatment time for patients (after health promotion plan)
		Membership in hospital committees and attending relevant meetings
		Coordinate Patient Health Care
	documentation	Setting financial documents for cancer patients
		Registration of discount statistics at the Ministry of Health and Hospital's HIS system
		Preparing a Accident record for Traffic Injuries
	providing financial resources	Relations with charities and institutions
		The formation of charity markets
		Introducing patients with ill-considered and costly illnesses to charity and getting help from them
direct care roles	psychosocial and financial support	Social group work
		Financial excuse, free of charge according to the instructions
		Psychosocial support of patients, their families and medical staff
		Providing housing, accommodation and equipment for the patient to treatment at home
	educator	Preparing the family to rejoining the patient to the family
		Preparing patients to rejoin family and community
		training the family of patients about the process of the disease and the treatment process
		Informing the family about the illness of the referrals and teaching the appropriate communication method
		Efforts to prevent the disruption of patient and family function
		Helping patients to understand the type of illness
	liaison	Connector between the patient and his family
		Connector between the patient and other agencies
		Connector between the patient and the treatment staff
	service provider	Providing Services for patients referred from hospital management
		Providing services to patients presented by the presidential institution and the university's treatment department
		Issuance of card for patients` companions
		Getting insurance for non-insured patients
		Getting insurance for homeless and addicted patients
	guide and counsel	Providing psychosocial counseling to amputees, patients, and special patients
		Guides for patients and their families on how to use insurance
		Guiding patients in the use of hospital care
		Guidance and assistance to patients with severe illness to receive a discount from the Ministry of Health
	discharge planning and follow-ups after discharges	Referral of homeless patients to care centers
		Home visit
		Providing patient transfer conditions after discharge
		Follow up after discharge
	assessment	Assessing the family's socioeconomic status and qualification in patient care
		Assessing the socioeconomic status of patients and identifying patients in need of financial assistance
		Daily ward round to identify patients' needs
		Identifying social injuries and report cases at risk

(continued next page)

crisis intervention	Continuous presence in difficult and complex situations
	Applying for help from a social worker when acute problems occur
client and system advocacy	Execution of client respect plan
	Protecting the interests and rights of the hospital
	Defending the rights of patients and preventing their rights being violated
	Follow up complaints from the medical staff
	Follow up on treatment and insurance and discharge of seniors, abandoned children and homeless

to manage crises in matters related to the social work profession is obvious to all personnel and medical staff.

Participant (8): "You know that the definition of critical conditions in a hospital differs from the definition of critical situations in urban management. For example, perhaps the occupation of a bed for more than a week by a patient whose course of treatment has been terminated, but his family cannot manage to get him/her discharged, or the detection of cancer has been reported for an illegal Afghan are considered crises. In all these cases and similar situations, they call me and I must have a solution."

Guide and counselor: Guiding and counseling, according to the participants, are other roles of social workers in hospitals. Some of the issues with which social workers must deal include providing guidance on the treatment process or the use of health insurance, offering counseling on judicial affairs related to victims of an accident or those injured at work, and providing counseling to patients with special diseases or candidates for organ transplants.

Participant (9): "Organ transplant candidates and special patients as well as cancer patients are referred to us in order that we can provide guidance on health issues and treatment costs, including discounts given by the Ministry of Health."

Liaison: Another key role identified is the role of liaison. This role encompass' facilitating the communication between families and the medical team, to help the team understand the families perspective, and vice versa. As the group works together, the social worker guides the communication and helps with everyone's understanding through reflections, asking clarifying questions, and assessing reactions to information. Participants stated that one of the most commonly requested roles of the social worker in the hospital is for communication or mediation.

Participant (5): "One of the things we do is to establish a relationship between the patient and the doctor or other health care practitioners which may include taking the patient to the doctor, introducing the patient to the physician, and/or introducing the patient to a specialist before starting treatment."

Financial and psychosocial support: Many of the participants introduce himself/herself to the patients or families and identify themselves as a support person while the patients and families are in the hospital. Support is viewed as an important part of the medical social worker's work, listening to and bearing witness to the stories of them. They offer support for the three types of welfare, including providing accommodation, transportation, and appliances for keeping an incurable patient at home, financial assistance, such as financial exemptions, providing free services based on notes and instructions, and psychosocial support for the patients, their families, and the medical staff, as well as the team of social workers.

Participant (11): "For some patients with burns that require tissue expanders after surgery, and there is a need to visit the hospital once or twice a week to get for injections in the tissue, the cost can be unaffordable for the family. In such cases, we introduce the patient to the Relief Committee or the Welfare Organization. Therefore, according to the social worker's discretion, the cost and conditions of the accommodations or transportation during treatment are provided. "

Another type of support provided for patients and mostly done by social workers in hospitals is financial assistance, which includes discounted treatment costs for specific, and severely ill patients, burn patients and staff and their immediate family members. This exemption is made by the hospital or on the basis of instructions and comments from the Ministry of Health and/or by the cost of community-based associations.

Participant (9): "The highest number of our clients come to us in order to receive a donation or a discount. Discounts are made according to internal memorandums, instructions, and notes from the Ministry of Health. Cash donations from charities and governmental and non-governmental organizations are being spent to cover the cost of treatment for those in need. "

Psychosocial support is also considered part of the role of social workers and, according to the statement of the participants, involves the permanent presence of a social worker in difficult situations for the patient and his family as well as the hospital staff.

Participant (8): "We ensure the patient that we are always present and we support him/her, and that the process of the treatment can be tolerated by him/her."

Educator: the other major role that the participants identified educator. The social worker may be educating the staff on the dynamics and beliefs of the patient and family, or they may be teaching the patient and family what resources are available and what the meaning is of the different options for care available. The participants referred to the educator role of the social worker in the hospital and believed that the social worker plays a significant role in the hospital regarding educating the patient and family about the patient's process, the type of disease the patient has, the treatment plan, the acceptance of the disease, the patient's rejoining the family and the community after treatment, and instructing the patient on the manner of behavior.

Participant (1): "When a patient enters the hospital environment, he/she needs education to complete the treatment process, which is our responsibility. He/She also needs education before returning home with the help of the treatment team. At the same time, family members also need special education in certain cases, particularly when the patient is not able to take care of himself/herself. "

Service provider: Another role that a social worker is expected to play is a service provider. According to the participants, anyone entering the social worker's room expects to leave after having received a service. Services such as taking an insurance booklet for a patient without a companion, providing social services to specific and severely ill patients, such as financial assistance for medication and treatment, providing shopping bins that are acquired from a social worker from the Relief Committee or other institutions, and following up on the treatment of patients referred to the social workers are among the roles of the social worker.

Participant (8): "The client enters the social worker's room with the thought of receiving a service. This service can be taking a treatment booklet, receiving medication or treatment grants and, in some cases, getting a food bin."

Discharge planning and follow up: The largest role identified by all, is discharge planning and the follow-up of the patient affairs after discharge. This ranged from sending patients to a rehabilitation facility, coordinating home care, arranging hospice, visiting the patient's home to assess the patient's place of residence for the transfer of the patient to the home, the referral of homeless patients to care centers and the provision of post-discharge conditions and post-discharge follow-ups.

Participant (9): "There are about 80 unidentified and homeless patients in our hospital during the month. From the patient's arrival to the moment of discharge, all the insurance affairs, the cost of treatment, the process of discharge, and the arrangement of accommodation for the patient are all upon the social worker.

Assessment: One of the most significant duties of a social worker, founded by Perlman in the social diagnostic approach, is the assessment and the evaluation of the patient, which is carried out every day by social workers in hospitals. A key aspect to social work practice is performing comprehensive assessments. Medical social workers assess patient's prior living situation and potential needs post-discharge for discharge planning, he/she assess the family dynamics and potential conflict that may arise, as well as assess the various stressors impacting the patient and family. This is done through a daily routine ward round by the social worker on the newly admitted patient. The economic and social conditions of the patient and his/her family as well as the patient's health insurance should be considered, and if the patient is entitled, the social work services will begin.

Participant (8): "We will print the names of new patients from the HIS system, we will make referrals based on the segmentation of the wards, and we will examine the cases based on the self-prepared assessment form and identify the patients who need help and deal with it."

Conclusion and recommendations

As was discovered in the findings, medical social workers play direct and indirect care roles in hospitals and many of them are part of the specialized roles of social workers in hospitals as we saw in the studies of other researchers from the other countries. Rebecca G. Judd & Sherry Sheffield (2009), nevertheless, they are still considered to be a part of the administrative staff of these hospitals, and they have no place on the treatment team in most cases. It is significant to address a few points in this regard:

First of all, what is significant and participants acknowledge is that providing financial resources and financial assistance is undoubtedly a major role played by social workers among all of the roles they play and it takes a lot of time during their daily activities. Social workers, according to participants and observations during interviews, are so busy doing activities financial forgiveness, freeing up, and reducing the costs to the patients, that the rest of their activities are practically overshadowed. This is one of the reasons that social workers are sometimes recognized as "discounters" by the staff and patients in hospitals of Iran. This view has grown to such an extent in hospitals that patients often do not refer to the social work unit except when they are in need of financial help.

Secondly, nurses, doctors and other health care professionals often refer patients to the social work unit when dealing with patients who have financial problems. Their familiarity with the area of social work services in the hospital is limited to this level, and they consider social workers as solvers of financial problems that pay the cost of patients through charities, thus, their expectations of social workers are limited to this area.

The third most significant issue is that many of the roles that were extracted from the analysis of interviews as categories (including assessment, discharge planning, educator, liaison, guide and counselor, crisis intervention, advocacy, documentation and research) are in accordance with the specialized roles of medical social workers in other countries. However, attention to the obtained codes, that is, the task-related roles, shows that many of the tasks assigned to the roles involve two major drawbacks, the first being that they are either not professionals or specialized, such as for financial exemption, freeing costs, card issuance for the patient companions, serving patients referred from the hospital management and presidential institutions and university treatment departments (most often in the form of grants and hospital fees), etc., or the second being that they are not clear, such as the demand for help from a social worker at the time of the emergence of acute problems, permanent presence in difficult and complex situations and so on.

The last issue is related to the social workers themselves. They perform tasks and roles other than those related to the cost of treatment, but there is a lack of knowledge and awareness about the roles played. In other words, they don't recognize the role related to the activity, and thus, they have lost the ability to protect themselves from performing their professional duties have fallen to the level of the expectations of management, medical and non-medical personnel and patients.

If in fact a limited understanding results in restraining the roles and activities of hospital social workers, patients may not receive optimum outcomes, which will in turn impact the hospitals ability to maintain a positive bottom line.

Although understanding the role of the medical social worker is a necessary step, this is only the first step in the process of improving professional accountability. Medical social workers need to ensure that patients and health-care professionals clearly understand the role of the medical social worker so that they are able to use the social work services and skills more effectively.

The researchers suggest that, by recognizing the current roles and responsibilities of medical social workers in Iran given in this article, others will explore the causes of the weakened role of social workers within the hospital structure in recent decades, and will identify ways to return the real status of professional social workers in hospitals. Also it is crucial for social workers to provide evidence that their interventions are both beneficial to the patient and cost effective to the hospital.

Implications for practice and education

Implications for Practice

It appears from this research that there is a great deal of diversity as to how social workers provide care and services in hospitals. There is the need to develop guidelines for social work in care settings. This is crucial for social workers as well as for hospital administrators.

While this survey process did not directly inquire as to respondents' job difficulties and expectations, the majority of respondents indicated they need being under supervision. Hence this research demonstrates a need for supervision when working in different roles. Supervision is the major factor that aids the participants to perform better, to feel supported and to process their reactions of difficult cases.

As reimbursement of health care services become increasingly tied to patient outcomes and best practices, it will be vital for medical social workers to demonstrate the efficacy of their interventions.

Furthermore, it is vital that hospital social workers, along with those in other health care settings, take a proactive stance and conduct outcome evaluations for the services they provide which will contribute to the foundation of evidenced based practice.

Implications for Social Work Education

The results of this study highlight the need for further investigation into the development and integration of social work in health care into the BSW and MSW programs. There are no syllabi related to this field in the current training of social workers in Iran and most of them do not have the knowledge and skills needed to work in hospitals. There is a need to develop a concentration on medical social work to improve the practice of social workers.

There is an urgent need for increased education on health care in MSW programs as well as continuing education training opportunities for how social workers should incorporate directives and guidelines into their practice.

References

Abbas Zadeh, Mohammad (2012). Reflection on Validity in Qualitative Research. Applied Sociology, Vol. 23, No. 45

Asquith, S., Clark, C. L., & Waterhouse, L. (2005). The role of the social worker in the 21st century: A literature review. Scottish Executive Education Department.

Auerbach, C., Mason, S. E., & Laporte, H. H. (2007). Evidence that supports the value of social work in hospitals. Social Work in Health Care, 44(4), 17-32.

Beder, J. (2013). Hospital social work: The interface of medicine and caring. Routledge. Taylor & Frances Group.

Berkman, B., Bonander, E., Rutchick, I., Silverman, P., Kemler, B., Marcus, L., & Isaacson-Rubinger, M. J. (1990). Social work in health care: Directions in practice. Social Science & Medicine, 31(1), 19-26.

Blewett, J., Lewis, J., & Tunstill, J. (2007). The changing roles and tasks of social work. A Literature Informed Discussion Paper.

Chitereka, C. (2010). Hospital Social Work Practice in Zimbabwe. Social work in health care, 49(9), 769-782.

Coen, Bruce (2012). Principles of Sociology. Trans. by Gholam Abbas Tavassoli and Reza Fazel. Tehran: Samt Publication

Coser, Lewis and Rosenberg, Bernard (1999). Basic Theories of Sociology. Trans. Culture of Guidance. Tehran: Ney Publication

Cowles, L. A., & Lefcowitz, M. J. (1992). Interdisciplinary expectations of the medical social worker in the hospital setting. Health & Social Work, 17(1), 57-65.

Dargahi, Hossein (1999). Hospital comprehensive organization and management. Tehran: Omid Publication

Delawar Ali (2009). Qualitative Methodology. Strategy Quarterly, Vol. 19, No. 54

Dominelli, L. (2004). Social work: theory and practice for a changing profession. Polity Press.

Evans, A. (2005). Social work values and hospital culture: an examination from a competing values framework (Unpublished doctoral dissertation). University of Central Florida Orlando.

Flick, Eve (2012). An introduction on qualitative research. Trans. Hadi Jalili. Tehran: Ney Publication

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

Giddens, Anthony (2006). Sociology. Trans. Manouchehr Sabouri. Tehran: Ney Publication

Judd, R. G., & Sheffield, S. (2010). Hospital social work: Contemporary roles and professional activities. Social work in health care, 49(9), 856-871.

Marshall, Catherine and Russman , Gretchen B (2011). Qualitative research method. Trans. Ali Parsayian and Seyyed Mohammad Arabi. Tehran: Office of Cultural Research

Mohammadpour, Ahmed (2010). Metaphysics (Philosophical and Practical Foundations of Combined Research in Social and Behavioral Sciences). Tehran: Sociologists Publication

Mohseni, Manouchehr (2000). Medical Sociology. Tehran: Tahouri

National association social workers. (2005). NASW standards for social work practice in health care setting. Washington

Pockett, R. (2002). Staying in hospital social work. Social Work in Health Care, 36(3), 1-24.

Priest, J. (2012). The integration of health and social care. Health Policy & Economic Research Unit, BMA.

Sadoughi, Majid (2008). Qualitative research evaluation. Scientific-Research Quarterly of Methodology of Humanities, Vol. 14, No. 56

Tavassoli, Gholam Abbas (2009). Sociological Theories. Tehran: Samt Publication

Wong, C. K., Chan, B., & Tam, V. (2000). Medical social workers in Hong Kong hospitals. Expectation, authority structure and role ambiguity. International Social Work, 43(4), 495-516.