

Scientific Paper Entitled: The Role Of The Social Worker In Government Health Institutions In The Kingdom Of Saudi Arabia

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Summary

Social workers have historically found employment in the hospital industry, and they are valuable members of the healthcare team. Due to the growing recognition of the critical relationship between the biophysical aspects of health and the surrounding psychosocial circumstances which call for multidisciplinary interventions and the involvement of specialized social work personnel to deal with such issues social work practitioners have become more and more involved in hospital work. By examining whether the traits and responsibilities of modern professional social workers who work in the healthcare industry in western Saudi Arabia are meeting best practices, the study aims to add to the body of knowledge.

Keywords: Social specialist, health institutions, Saudi Arabia, coordination.

Introduction

A social worker was present in most practices (84.2%), while other mental health professionals were also present in a few practices. They (as well as those recognized as mental healthcare practitioners) participated in practice-level initiatives to assist the delivery of mental healthcare in almost all social work practices. Palliative care, health promotion, and preventive care were among the services provided in a number of practices in addition to direct mental health treatment. These employees also provided group sessions on positive behavior and self-management in a number of professions. It's interesting to note that social workers' roles in settings where they were the only authorized mental health providers were not significantly different from those in settings where other mental health specialists work (Tadic et al., 2020).

Social workers are experts in providing social care because of the knowledge and skill set they have gained through master's-level training based in ecological systems and person-in-

environment methods. The workforce in social work is knowledgeable about how settings impact people as individuals, families, and communities. People are impacted by the social and physical ecosystem in which they live and interact; they do not act in a vacuum (Ross & de Saxe Zerden, 2020).

There has been much discussion on the potential and inclusion of social workers in primary care teams to address various psychosocial and environmental barriers to health. As allied health professionals, clinical social workers have a long history in the US healthcare system. They frequently collaborate in multidisciplinary teams to provide specialized mental health interventions. Multidisciplinary primary care may benefit multimorbid patients' functional autonomy, quality of life, and level of care. The possibility of generalist social work interventions to address problems including polypharmacy, somatization, rehospitalization, early risk identification, and illness management—especially in vulnerable populations—remains a topic of discussion. It has been proposed that by treating the psychosocial and environmental aspects of chronic illnesses including cancer, hypertension, infectious diseases and depression, primary care social work can enhance medical results (McGregor et al., 2016)

One description of a "critical clinical role" for social workers is the coordination of effective interventions and a thorough assessment of risk and complexity. Though a large body of research discusses the potential advantages and indicates that primary care providers value social work interventions, especially when they may have a positive impact on clinical burden in older or underprivileged populations, policy development has been hampered by a lack of solid evidence (McGregor et al., 2016).

Study Problem

The role of the social specialist in government health institutions in the Kingdom of Saudi Arabia and its impact on development of health care system.

Study questions

1. What is the role of the social specialist in government health institutions?

2. What is the role of the social specialist in assessing the Patient's Physical and Psychological Needs?
3. What is the role of the social specialist in coordination?

Study objectives

1. To address the role of the social specialist in government health institutions.
2. To show the effectiveness of the social specialist in assessing the Patient's Physical and Psychological Needs.
3. To know the role of the social specialist in coordination.

Study limitations

1. Geographical limits: The study will be applied in the Kingdom of Saudi Arabia.
2. Time limits: The study will be implemented in 2022.
3. Human limits: The study will be applied to a sample of health personnel in the government health sector in the Kingdom of Saudi Arabia.
4. Subject limits: limited to studying the role of the social specialist in government health institutions in the Kingdom of Saudi Arabia.

Literature Review

Social workers are already educated to recognize, comprehend, and deal with contextual and structural elements that are a part of the SDOH, which is the surroundings in which populations live. Competency-based methods centered on engagement, assessment, intervention, and evaluation in both individual and group systems are used in master's-level social work training. Numerous of these are intended to directly address numerous obstacles to the provision of social care that were noted in the NASEM report, including those pertaining to the attitudes and discomfort of patients and providers. The goal of social work, which is defined as "actualizing through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons, locally and globally," is directly tied to social work competencies. Public health social work, in particular, employs integrated transdisciplinary techniques to promote health equity and ameliorate human health concerns, guided by a

dedication to prevention, health promotion, and advocacy (Ross & de Saxe Zerden, 2020).

Social workers frequently collaborate with other healthcare professionals to screen and assess patients, provide behavioral health interventions, coordinate and manage patient care, foster communication between integrated teams, patients, and their families, and connect patients and families to community resources in both hospital and community-based health care settings (Fraher et al., 2018).

Social work's scope of practice in PHC settings

Social work's person-in-context philosophy, biopsychosocial approach, and clinical competence complement PHC's offerings. This is especially true given that patients in PHC settings are more frequently faced with complex behavioral and mental health issues that can be helped by social work interventions. Social workers work with a variety of patient populations and offer services in the following areas: grief, trauma, parenting, palliative care, chronic illness, mental health disorders and addictions, dementia and other neurological issues, financial stressors, housing issues, and a wide range of other general psychosocial issues (Ashcroft et al., 2018).

In PHC settings, social workers' patient care responsibilities include conducting psychosocial assessments and interventions, finishing thorough risk assessments, offering psychotherapy and other forms of counseling, referring patients to community resources, supporting medical provider interventions, carrying out health promotion initiatives, navigating systems and coordinating care, providing ongoing case management, fostering stronger patient-provider relationships, helping to build teams, and occasionally helping with the education and training of other healthcare providers (Ashcroft et al., 2018).

Employers are becoming more interested in integrated behavioral and physical healthcare models as the healthcare system transitions from rewarding volume to rewarding value. Social workers are being employed by health systems, hospitals, and ambulatory care settings more frequently due to their proficiency in diagnosing, treating, and resolving behavioral health

issues as well as the social determinants of health. In order to screen and assess patients, provide brief mental health interventions, monitor symptoms and care plans, facilitate communication among members of the healthcare team, and connect patients and families to necessary community resources, social workers collaborate with doctors, nurses, pharmacists, and other health professionals (Fraser et al., 2018).

Assessing the Patient's Physical and Psychological Needs (Psychosocial Support)

A medical social worker's initial responsibility is often to assess the patient's requirements. In order to obtain a complete history of the case, conversations with the patient, physicians, nurses, and family members are necessary. Healthcare social workers learn about mental and physical illnesses as well as the social, emotional, and financial requirements of their clients. After doing an initial assessment, a social worker can create a customized strategy. With addition to assisting the client with locating long-term support services, such counseling or physical therapy, this may entail assisting in the coordination and communication between the client's family and other medical experts (Wigley, 2022).

In PHC settings, social work services may be provided in a variety of ways. For instance, direct in-office sessions for single, couple, and/or family therapy are one way that patient care might take place. In PHC settings, social workers may visit homebound patients, as in the case of complex biological and psychosocial circumstances, palliative and end-of-life care, and others (Sverker et al., 2019).

Group services are an alternate mode of care, in which social workers in PHC settings may facilitate a range of different types of psychoeducation or therapeutic group interventions (Steketee et al., 2017).

Answering Questions from the Patient or Their Family

In healthcare settings, such as hospitals, outpatient care centers, nursing homes, and others, social workers encounter patients at their most vulnerable. As such, they must be able to allay patients' anxieties and discover answers. Patient education not only helps

patients feel more at ease, but research has also demonstrated that better outcomes are achieved by educated patients. For instance, well-informed cancer patients are better able to manage their pain and have higher self-esteem. Healthcare social workers assist in making sure their clients are aware of their treatment plans as well as any potential alternatives (Wigley, 2022).

Providing Financial Planning and Assistance

The stress of medical procedures and treatments can be extremely high for families. The cost of treating illness adds to the stress that nurses and doctors are under even as they work to ensure a full recovery for their patients. Healthcare social workers assist in addressing this by directing patients, if needed, to financial assistance plans, legal aid, and community resources. Many social workers assist patients in finding employment or educational opportunities after treatment (Wigley, 2022).

Relevant skills for a social care worker

1. Having patience is essential for social workers. Social workers may work with clients and situations that are difficult. Social workers also assist clients who are going through emotionally taxing and distressing experiences. A social worker may benefit from having a great level of patience when interacting with others. Comprehending and empathizing with clients could prove to be a beneficial ability for a social worker. A social worker works with people from a variety of experiences and backgrounds. Comprehending the experiences of their clients could aid social workers in creating beneficial treatment plans (Russ Garcia, 2022).
2. Effective communication is an essential ability for social workers. Every day, social workers might speak with a sizable number of individuals. A social care worker oversees a large number of relationships, including those with patients, families, judicial authorities, and coworkers. It could be advantageous for social workers to have excellent writing communication abilities. A social worker may write legal documents on behalf of their client if they are involved in legal procedures (Russ Garcia, 2022).

Patient Advocacy: They advocate for patients' rights, ensuring access to healthcare, education, and social services.

In primary care, social workers assist patients and their families with their mental health and well-being, make sure they have the tools they need to recover, and guide them through the medical system. They might be employed by health networks, hospitals, community health centers, and other businesses. Social workers provide treatment and discharge plans, express the patient's perspective, and assist patients and families in understanding the objectives of care as essential members of interdisciplinary health care teams.

Social workers take into account the psychological, social, physical, spiritual, and financial factors that affect an individual's mental and physical well-being when dealing with patients and their families. Based on the requirements, goals, and strengths of each patient, they create customized treatment and discharge plans.

Social workers respect diversity and create a safe, welcoming atmosphere that takes into account each patient's unique background and values (casw-acts, 2022).

Coordination

When social workers and healthcare teams collaborate to fulfill patient needs, overall care and the effectiveness of current standards and procedures are significantly improved in the hospital sector. We have seen that this is a reality that affects many different areas within the medical sector. The kind and standard of services provided by social workers are significantly influenced by team difficulties. Social workers must collaborate well with experts in other fields in order to successfully serve their clients because their focus is on the interactions between individuals and their environments. Social workers can assist in resolving psychological and spiritual problems that, if left untreated, may result in additional hospital stays, a higher demand for medicine, and unfavorable outcomes, all of which would increase the cost to healthcare facilities (Albrithen & Yalli, 2016).

However, if practitioners feel that they are having trouble strengthening their relationships with their colleagues in other healthcare professions, they might not be able to carry out their duties within the Saudi healthcare system effectively. Any hesitation, whether genuine or perceived, on the part of social

workers or medical professionals has the very real potential to impede patients' receiving effective care (Albrithen & Yalli, 2016).

One illustration of an interprofessional obstacle to addressing social determinants of health (SDH) at the meso level is the gap that exists between social workers and primary care physicians. Social workers identified communication and collaboration gaps with physicians about patient treatment as the main source of these barriers. Social workers believed that the mandatory referral process to their department was hindered by their lack of understanding of their function and service area. But how the responsibilities are split between the two departments is less obvious. Social workers believed that patients were more comfortable disclosing confidential information when they were not in the clinic. Close proximity between the social workers' office and primary care clinics was viewed favorably by the doctors, but it might also be concerning to the social workers, who might worry about their roles being intruded upon. It's interesting to note that while the study's host hospital, KKH, employs social workers, most primary care clinics and facilities run by the Ministry of Health do not. Consequently, in the event that social workers are not available, it is critical to teach physicians to address socioeconomic determinants of health (Almujadidi et al., 2022).

Lastly, the gap between the clinic and the community is a macro-level social barrier that prevents primary care physicians from addressing social determinants of health (SDH) in clinical care. Participants in the survey frequently mentioned that one of the biggest obstacles was their ignorance of the services that are accessible to vulnerable and disadvantaged patients, how to access them, and how to make sure that when they are, the right kind of care and assistance are given (Almujadidi et al., 2022).

Aim of the study:

To address the role of the social specialist in government health institutions.

Methods

Research design:

Descriptive analytic cross sectional study design to address the role of the social specialist in government health institutions. This design is a systematic and structured technique to collecting data from a sample of persons or entities within a broader population, with the primary purpose of producing a thorough and accurate description of the features, behaviors, views, or attitudes that exist within the target group.

Research Setting:

The study will be conducted in Al Iman General Hospital in Saudi Arabia.

Subject:

Purposive sample of 800 of health cadres , The sample will be selected according to certain inclusion criteria health cadres who working in Al Iman General Hospital in Saudi Arabia, male and female.

Sample size:

Study sample was selected via the systematic random sampling method.

The sample size is an important feature of any empirical study in which the goal is to make inferences about a population from a sample. In practice, the sample size used in a study is determined based on the expense of data collection and the need to have sufficient statistical power.

Inclusion Criteria:

The inclusion criteria were set as follows:

- (1) health cadres who working in Al Iman General Hospital in Saudi Arabia.
- (2) female and male.
- (3) from Saudi Arabia.

Sampling Technique:

Participants submitted data through a survey. Data will be collected by questionnaire.

Tools for data collection:

It will concern with Participants demographic data as age, gender, marital status and educational level. Also questions about the role of the social specialist in government health institutions.

Validity:

The revision of the tools were ascertained by a panel of experts to measure the content validity of the tools and the necessary modification was done accordingly.

Administrative design:

An official permission was obtained from the directors of the hospital. The official permission included the aim of the study, the tools of data collection and the characteristics of the study.

Ethical considerations

Data was provided by participants via surveys. Participants were advised that participation in the study would be optional and that their privacy would be maintained. Data will be gathered by a self-reported questionnaire. The ethics committee will provide approval for this project. Before the questionnaire was administered, each participant provided written informed permission.

Results

Validity and Reliability Tests:

Internal Consistency Reliability Calculation:

Pearson's Coefficient Correlation was calculated to verify the validity of the internal consistency between the statements of each goal and the total score for the belonging axis. This was done after the study tool had been constructed and its apparent validity had been established by presenting it to a group of arbitrators who were both specialized and experienced in the field.

The questionnaire was given to a pilot sample consisting of thirty members of the healthcare staff in order to verify its internal

reliability. The researchers then calculated correlation coefficients in order to evaluate the study tool's internal validity, as the following tables demonstrate:

Table (1): Correlation coefficients of items in the first axis with the total score.

Statement number	r	Statement number	r
1	0.508**	7	0.657**
2	0.856**	8	0.506**
3	0.632**	9	0.721**
4	0.746**	10	0.471**
5	0.661**	11	0.759**
6	0.654**		

****:** p value <0.001

It is clear from the previous table that all of the statements are significant at the 0.01 level, as the values of the dimensional correlation coefficients ranged between (0.471 - 0.856), which are excellent correlation coefficients, and this offers a hint of strong internal consistency coefficients as well. It provides strong validity indications that may be relied in utilizing the present research technique.

Reliability of the study tool:

As for testing the reliability of the questionnaire, we utilized Cronbach's alpha coefficient, and the accompanying table illustrates the reliability axis of the research instrument as follows:

Table (2): Cronbach's alpha coefficient reliability coefficient for the total score of the questionnaire

	No. of statements	Cronbach's alpha
comprehensive quality standards questionnaire	11	0.762

The table showed that the Cronbach's alpha reliability coefficient for the total score of the questionnaire was (0.762), which is a good reliability coefficient suitable for the study.

Application Method of the Study Tool:

After collecting the study data, the researchers reviewed it in preparation for inputting it into the computer for statistical analysis. Subsequently, they transcribed it onto appropriate tables, provided commentary, and linked it to previous studies. Responses were given five levels: strongly agree (5 points), agree (4 points), neutral (3 points), disagree (2 points), and strongly disagree (1 point). To determine the length of the pentavalent scale cells used in the study Phrases, the range $(5-1=4)$ was calculated and divided by the number of questionnaire cells to obtain the correct cell length $(4/5=0.80)$. This value was then added to the lowest value on the scale (or the beginning of the scale, which is one) to determine the upper limit of the cell. The following table illustrates the method for correcting the Likert pentavalent scale.

Table (3): Method for correcting the scale.

Scale	The weight	The average arithmetic mean value ranges
Strongly Disagree	1	From 1 to less than 1.80
Disagree	2	From 1.81 to less than 2.60
Neutral	3	From 2.61 to less than 3.40
Agree	4	From 3.41 to 4.20
Strongly agree	5	From 4.21 to 5.

Table (4): Socio demographic characteristics of the studied participants

Sociodemographic variables	Cases (n=800)	
	No.	%

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Age category (years)		
Less than 25 years	100	12.5%
From 26 to 35 years	200	25%
From 36 to 47 years	350	43.75%
More than 47 years	150	18.75%
Gander		
Male	480	60%
Female	320	40%
Marital status		
single	220	27.5%
married	380	47.5%
absolute	200	25%
Educational status		
Diploma or less	320	40%
Bachelor's	260	32.5%
Postgraduate studies (PhD - Master)	220	27.5%
Years of experience		
1 – 5 years	100	12.5%
6 – 10 years	250	31.25%
11 - 15 years	320	40%
16 – 25 years	130	16.25%

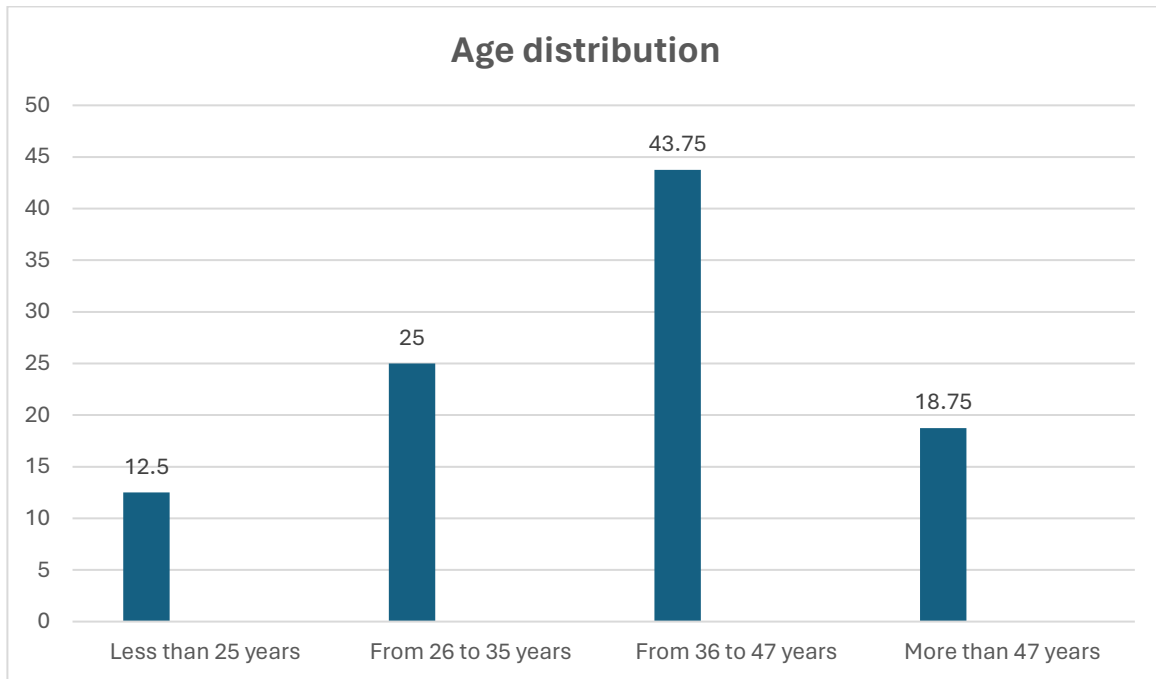


Fig (1): Age distribution among the studied participants

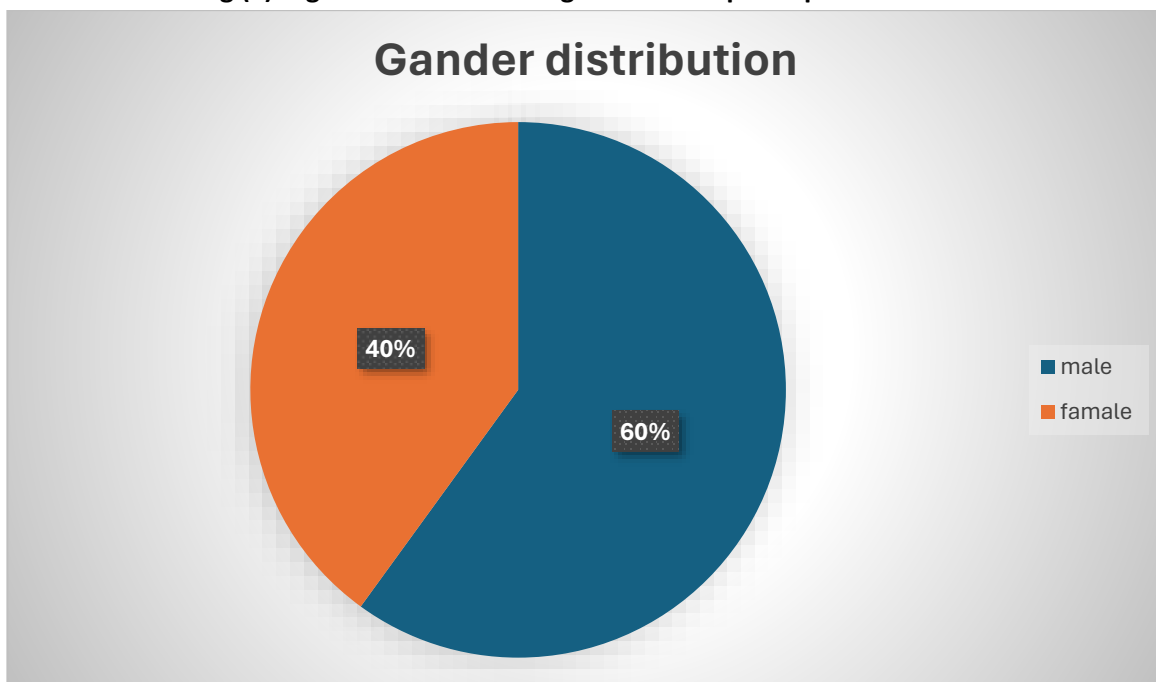


Fig (2): gander distribution among the studied participants

Table (1) & Figure (1-3) showed that 43.75% and 25% of the studied participants were aged 36 -47 years and 26-35 years respectively. Regarding to the gender, more than half (60%) were males and 40% were females. 32.5% of the studied participants were bachelor's while only %40 was diploma or less. As regard to years of experience, 31.25% of the studied participants worked from 6 – 10 years.

Secondly: Results Related to the Axes of the Questionnaire:

Table (5): response of the studied participants regarding to first axe of questionnaire

No.		Cases (n=800)			
		Mean	SD	Category	Rank
1-	Be present during the doctor's meeting with the patient or his family when explaining his health status to provide support.	4.35	0.713	Strongly agree	1
2-	When reporting the patient's death, I am present to provide moral support to his family.	3.82	0.925	Agree	4
3-	Convince the patient of the need to adhere to the treatment plan, while explaining the expected consequences of refusing treatment.	3.66	0.62	Agree	5
4-	Arranging patient family meetings with the medical team to inform them of the developments of his health condition.	4.02	0.68	Agree	3
5-	Assist the patient or his family in taking another medical opinion in	4.11	0.79	Agree	2

	coordination with the hospital administration.				
Total score		3.85	0.91	Agree	

From the results shown in Table (5), it is evident that there is variation in the agreement among the study participants regarding the comprehensive quality standards and the productivity of health personnel in the government health sector in the Kingdom of Saudi Arabia. The participants' agreement averages ranged from (3.66 to 4.35), falling into the fourth and fifth category of the Likert scale, indicating agreement to strongly agreement with the study tool. This demonstrates consistency in agreement among the study participants regarding the role of the social specialist in government health institutions.

Phrase (1): Be present during the doctor's meeting with the patient or his family when explaining his health status to provide support. ranked first with an average agreement of (4.35)

Phrase (5): Assist the patient or his family in taking another medical opinion in coordination with the hospital administration. ranked second with an average agreement of (4.11)

Phrase (4): Arranging patient family meetings with the medical team to inform them of the developments of his health condition. Ranked third with an average agreement of (4.02)

Phrase (2): When reporting the patient's death, I am present to provide moral support to his family. ranked fourth with an average agreement of (3.82)

Phrase (3): Convince the patient of the need to adhere to the treatment plan, while explaining the expected consequences of refusing treatment. ranked fifth with an average agreement of (3.66)

Table (6): response of the studied participants regarding to second axe of questionnaire

No.		Cases (n=800)			
		Mean	SD	Category	Rank

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1-	Clarify the patient's right to submit an oral or written complaint, signed or unsigned, without any impact on the quality of service provided.	3.76	0.76	Agree	6
2-	I help the medical team communicate and simplify medical information to the patient or their family.	3.85	0.86	Agree	5
3-	Helping patients to identify the positive or negative aspects of the services provided to them in the hospital.	4.52	0.91	Strongly Agree	1
4-	Check that patients have access to the necessary medical services.	4.12	0.95	Agree	3
5-	Be sure to discuss with your doctor about the expected results, suggested medical alternatives, and risks.	4.49	0.92	Strongly agree	2
6-	I ensure that health care is in a safe environment and suitable for the patient's health situation.	3.99	0.71	agree	4
Total score		4.32	0.82	Strongly agree	

Phrase (3): Helping patients to identify the positive or negative aspects of the services provided to them in the hospital. ranked first with an average agreement of (4.52)

Phrase (5): Be sure to discuss with your doctor about the expected results, suggested medical alternatives, and risks. ranked second with an average agreement of (4.49)

Phrase (4): Check that patients have access to the necessary medical services. Ranked third with an average agreement of

(4.12)

Phrase (6): I ensure that health care is in a safe environment and suitable for the patient's health situation. ranked fourth with an average agreement of (3.99)

Phrase (2): I help the medical team communicate and simplify medical information to the patient or their family. ranked fifth with an average agreement of (3.85)

Phrase (1): Clarify the patient's right to submit an oral or written complaint, signed or unsigned, without any impact on the quality of service provided. ranked fifth with an average agreement of (3.76)

Discussion

The position of a social specialist in government health facilities in the Kingdom of Saudi Arabia is essential to the provision of comprehensive medical treatment when it comes to the provision of healthcare. By and large, the primary emphasis of social specialists is on addressing the socioeconomic determinants of health that have an impact on both people and communities. This encompasses elements such as socioeconomic position, cultural attitudes, and access to resources, all of which have a substantial influence on the results of health care (Ashcroft et al., 2018).

In the course of their work, social specialists work in conjunction with healthcare teams to evaluate the social requirements of patients and devise individualized treatments that are designed to promote the patients' overall well-being. Connecting patients with community resources, offering counseling services, and pushing for legislation that promote health equality are all examples of services that might fall under this category (Steketee et al., 2017).

In addition, social specialists play a significant part in the process of creating partnerships between healthcare practitioners, government agencies, and community groups in order to address structural factors that contribute to health inequalities. Social specialists make a contribution to the improvement of healthcare access and quality for all citizens of the Kingdom by advocating for

disadvantaged groups and supporting care that is culturally competent (Albrithen & Yalli, 2016).

Conclusion

Patients receiving primary care are becoming more and more likely to have complicated health and social needs. Moreover, new studies indicate that it's possible that the contribution of psychosocial distress to this population's noticeably worse health outcomes has been underestimated. There is evidence that social work treatments in other settings are particularly effective in addressing psychological needs, and the potential of social work in primary care settings has been extensively studied in both health and social work literature. Nonetheless, there is scant evidence to support certain enhanced health outcomes associated with primary care social work. The study demonstrates that, in addition to administrative duties, social workers believe that working directly with patients and their families while they are in the hospital is their main duty. Nonetheless, practitioners report only occasionally interacting with the patient's healthcare team or the hospital administration system. Additionally, respondents seem to practice in a very isolated manner from other professionals in the out-of-hospital care system, and they typically view social work obligations as an uncommon duty for practitioners.

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