



## The emerging role of social work in primary health care: A survey of social workers in Karnataka

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### Abstract

Currently, primary health care is integrating the social work services within their systems. Social work service in hospitals is a generic aspect that provides amenities to a community or a certain group of people of all ages in society. The main aim of this section of health providers is to improve the life quality of the population at the community level. They provide short term intervention to the community through primary health care centers. The social workers majorly provide the psychosocial assessment and services that provide pieces of advice and support the integration of the social workers in the primary health care. Thus, the inter-professional integration as really improved the provision of health care services in the community. Despite the effort to expand to integration, there are few studies that have been conducted to examine the impacts and roles of the social workers in primary health care. The survey was conducted online and 100 respondents were involved.

**Keywords:** social services, psychosocial, inter-professional, primary health care system, integration, the scope of practice

### 1. Introduction

Primary health care is an important part of the health care system. Its main role is to improve the wellbeing of the people in the community (Saprii, Richards, Kokho & Theobald, 2015) [1]. It ought to be noted that many countries have different strategies to strengthen their ability to deliver services in the community. Most of the primary health care centers across the world have been reformed by introducing social workers. The introduction has contributed to a positive address of the psychosocial assessment of the patients. Additionally, most of the centers can offer psychotherapy and counseling to their patients (Mc Coyd & Kerson, 2016) [2]. Most of the patients are being educated and linked to community resources through social work services. In recent years, there has been the emergence of chronic diseases that have even caused the mental illness of most of the patients. Therefore, the introduction of the social work services in this institution will help to solve several psychosocial and the underlying mental problems associated with this chronic illness (Duckett&Willcox, 2015) [4].

Equally, many Indian hospitals have not been left behind since social work services were introduced in Indian hospitals as earlier as 1946 (Saprii, Richards, Kokho& Theobald, 2015) [1]. The aspect took place after the Indian physician visited America and Britain. After they came back to India, they were very interested in introducing the same service in their hospitals including in Karnataka. There was the introduction of courses in most universities and practical training was introduced in hospitals. Recently, there are several social workers throughout the country and specifically, Karnataka (Duckett&Willcox, 2015) [4].

### Importance of Social Workers

Social workers play a vital part in advocating for strategies that minimize health discrepancies and advance amenities to

health care, particularly for susceptible populations. Equally, they are liable for offering support and resources that patients require so as to fully recuperate from a therapeutic ailment, injury, or from psychosomatic, physical, and emotional anxieties. Similarly, social workers play a key role in the aspect of patient counseling. They lead support group deliberations, offer individual therapy, assist patients to identify suitable health amenities, and provide care to individuals with prolonged diseases.

### Methodology

The research was an empirical study based on qualitative methods with the aim of developing an understanding of the assimilation of the role of social work within the region of Karnataka. Ethics consent was acquired through the KVG Medical College and Hospital, Sullia, . The background of this research was Karnataka located in southwest India with Arabian Sea coastlines. On the same note, the study population was social workers in various hospitals in the Karnataka region of India.

### Data collection and analysis

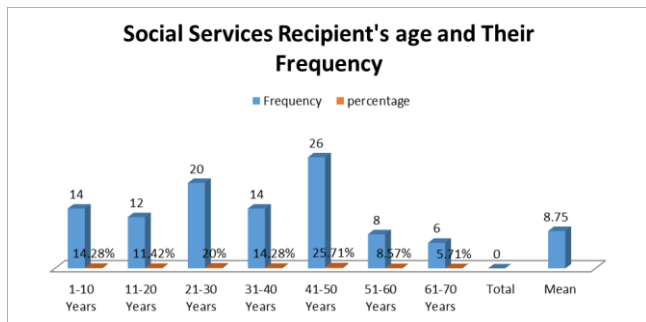
The data used in this research paper is based on the primary sources collected within the past three months within the region of Karnataka. It includes the application of an online survey through the use of Questionnaires which were applied in various hospitals in the Karnataka region of India. The data was collected from online survey and those who were seeking help were given forms to fill. The collected information was analyzed and results were as shown below. The study was conducted on a different basis. Thus, they include collecting the gender of the patients, the age, marital status and the educational qualification of the patients (McCoyd&Kerson, 2016) [2].

Below is a representation of the social services recipients, their age and their frequency.

**Table 1**

Age	Frequency	percentage
1-10 Years	14	14.28%
11-20 Years	12	11.42%
21-30 Years	20	20%
31-40 Years	14	14.28%
41-50 Years	26	25.71%
51-60 Years	8	8.57%
61-70 Years	6	5.71%
Total	100 %	
Mean	8.75	

Graphical representation of the social services recipients, their age and their frequency



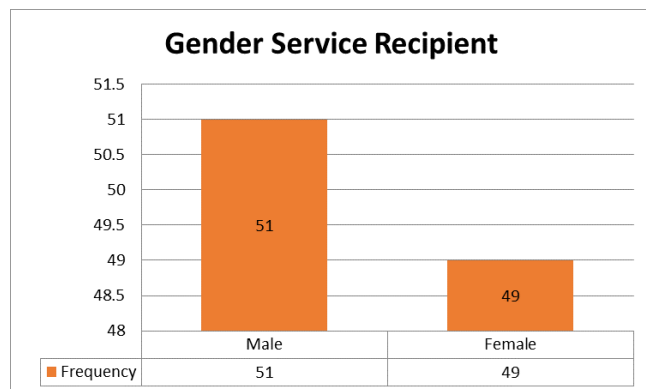
**Fig 1**

Gender of social service recipient

**Table 2**

Gender	Frequency
Male	51
Female	49

Graphical representation of the gender service recipient



**Fig 2**

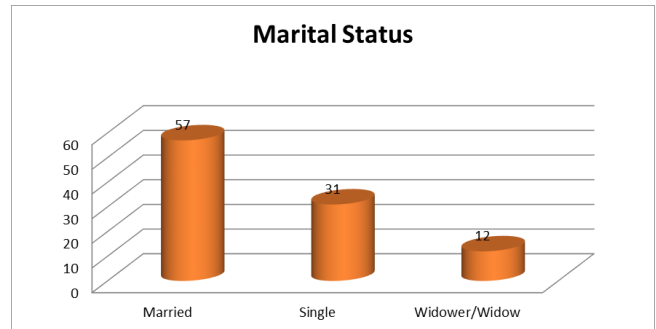
From the above graph, it is clear that men receive the highest percentage of social services as compared to females.

The marital status of the social service recipients

**Table 3**

Marital status	Frequency
Married	57
Single	31
Widower/Widow	12

Below is a graphical representation of the marital status of the social service recipients.



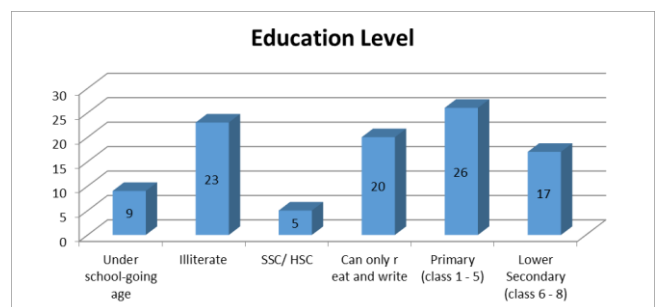
From the above graph, it is clearly shown that married individuals are the common recipient of the social services in a hospital found in Karnataka. On the other hand, most of the widowers and widows have the lowest frequency in receiving social services.

Additionally, the educational levels of the recipient were also collected and analyzed. Here is the representation.

**Table 4**

Education status	Frequency
Under school-going age	9
Illiterate	23
SSC/ HSC	5
Can only r eat and write	20
Primary (class 1 - 5)	26
Lower Secondary (class 6 - 8)	17

Below is a graphical representational of educational levels of social service recipients



**Fig 4**

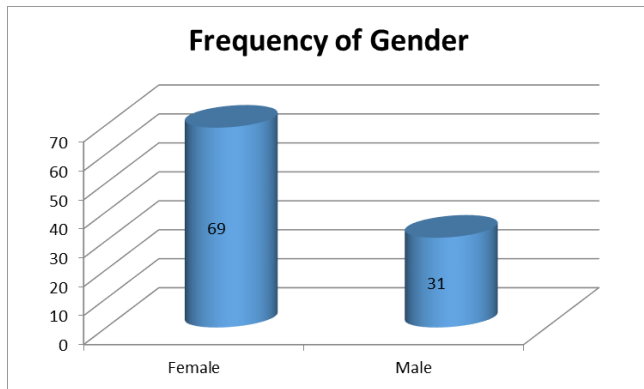
From the above graphs, those with the highest social service recipients are those with the primary level within a health institution. It is noted that they have the highest frequency compared with the other recipients with another level of education within the hospital. On the other hand, those with higher levels have the smallest frequency of social services. On the same note, most of those who can read and write have the second-highest frequency of the social services receipts (McCoyd & Kerson, 2016) [2].

There was a need to identify the number of officers of the social services found within Karnataka. From the secondary source, we found out that there were more female social workers within that institution as compared to male social services officers.

**Table 5**

Gender	Frequency
Female	69
Male	31

Below is a graphical representation of the number of social service officers within the institutions.



From the above pie chart representation, it is clear that most of the officers of the social service are comprised of the female workers (McCoyd & Kerson, 2016) [2]. The female form 69% of the workforces while the male workers form 31% of the social service officers within the Karnataka region. From the investigation that was done, most of the officers complained of various issues associated with the social service provision within the primary health care centers (Duckett & Willcox, 2015) [4]. One of the major obstacles within this institution was lack of cooperation among other professionals within the institution and this led to some of the social service providers shifting to other places. Hence, this comprises mostly of a high percentage of males moving out of the region (McCoyd & Kerson, 2016) [2].

**Limitations**

From the investigations, analysis, and findings, I found out the following limitations. To begin with, there was a limitation in the supply of funds in this sector (Saprii, Richards, Kokho & Theobald, 2015) [11]. The supply of a limited amount of money in most of the hospitals in Karnataka cannot provide the social services to all of the patients receiving the social amenities in these hospitals. It ought to be noted that this only option that most of these officers opt for offering these services to the poor only and can only provide specific services and specific medications. Secondly, one of the major obstacles within this institution

was the lack of cooperation among other professionals and this led to some of the social services providers shifting to other places. Hence, this comprises mostly of a high percentage of males moving out of the region. Additionally, there is no manpower among the social workers in most of the institutions in Karnataka and other parts of the regions in India (Saprii, Richards, Kokho & Theobald, 2015) [11].

Most of the social services provided in most of the hospitals in Karnataka and in India do require some improvement in terms of financial assistance. Equally, most of the workers in the hospitals including other professionals need to work together for the successful implementation and integration of the social services in their institution (Saprii, Richards, Kokho & Theobald, 2015) [11]. Additionally, more research needs to be conducted to bring more insights into the percentage of gender representation in the social services providers with Karnataka.

Moreover, the government should take the necessary steps in improving the social service provision departments in most of the hospital within Karnataka. On the same note, this department should liaise with other agencies to make sure that the provision of services to their patients is met with little obstacles.

At the hospital level, we found out that there was no corporation among the social service providers and other professionals within the institution. Thus, the institution should have proper coordination of their workers within the hospital to ensure that the social service providers participate fully in the process of their specialization (Saprii, Richards, Kokho & Theobald, 2015) [11].

In conclusion, social worker providers and social work initiatives provide a very important role in our health institution. On the same note, they contribute to the wellbeing of society. Their main task is to handle the psychosocial needs of patients in hospitals. Equally, they provide services that aim at reducing the impacts of the illness. Therefore, the aspect of social work in hospitals should be given some priority (McCoyd & Kerson, 2016) [2].

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