

## SPECIAL NEED PERSONS AND MEDICAL SOCIAL WORK PRACTICES IN RIVERS STATE

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### **Abstract**

*This study examines special need persons and medical social work practices in Rivers State, with emphasis on the availability and accessibility of medical social work services, the challenges affecting effective practice, and the effectiveness of medical social work interventions in improving healthcare access and psychosocial wellbeing. The study was anchored on the Biopsychosocial Theory, which explains health and wellbeing as outcomes of the interaction between biological, psychological, and social factors. A descriptive qualitative research design was adopted for the study. Data were collected through in-depth interview involving persons with special needs, and medical social workers in selected healthcare facilities in Rivers State. A purposive sampling technique was used to select participants with relevant experiences. Data were analyzed thematically. Findings revealed that medical social work services are partially available but inadequately accessibility, particularly at the primary healthcare level. Major challenges identified include inadequate funding, shortage of trained medical social workers, poor disability-friendly infrastructure, weak inter-professional collaboration, socio-cultural stigma, and poor policy implementation. The study found that medical social work interventions are effective in improving healthcare access, emotional adjustment, coping abilities, and psychosocial wellbeing of persons with special needs through counseling, advocacy, and referral services. Based on the findings, the study recommends the strengthening of medical social work units across all healthcare levels, recruitment and continuous training of medical social workers, improvement of disability-inclusive infrastructure, effective implementation of disability and social welfare policies, and enhanced inter-professional collaboration and public awareness of medical social work services. The study concludes that strengthening medical social work practice is essential for promoting inclusive healthcare and improving the quality of life of persons with special needs in Rivers State.*

**Keywords:** *Special Need Persons, Medical Social Work, Psychosocial Wellbeing, Biopsychosocial Theory and Disability.*

### **I. Introduction**

Persons with special needs often defined as individuals with physical, intellectual, sensory, or psychosocial disabilities represent a group that experiences multiple barriers to full participation in society, including access to healthcare, education, employment, and community life. Globally and locally, persons with special needs continue to face social exclusion, discrimination, and inequitable access to services, even as international frameworks like the United Nations Convention on the Rights of Persons with Disabilities (CRPD) highlight a rights-based imperative for inclusion and equality (International Federation of Social Workers, 2025; United Nations, 2006). Historically, disability has often been understood through the medical model, which frames disability as a problem intrinsic to the individual that requires medical correction or rehabilitation (Wikipedia, 2025). In contrast, the social model emphasizes that disability results from the interaction between individuals' impairments and societal barriers shifting the emphasis from "fixing the individual" toward transforming environments, policies, and social attitudes that restrict participation. This shift has important implications for social work practice, which aligns with values of dignity, social justice, person-in-environment, and human rights.

Medical social work has emerged as a critical subspecialty. Medical social workers operate at the intersection of health care and social services, supporting patients and families through emotionally charged medical experiences, and helping them navigate biopsychosocial challenges associated with chronic conditions, disability, and recovery (Social Work and the Health Care System, 2025). Their role is not limited to clinical settings; they also engage in advocacy, case management, counseling, and linkage to community resources, all of which are essential for persons with special needs whose health and social circumstances are deeply interwoven. Despite this importance, scholarship has highlighted several persistent gaps in practice. In many contexts including low-income settings, the role of social workers in healthcare remains poorly understood and inadequately integrated within formal medical teams, limiting the profession's capacity to address the complex needs of vulnerable populations such as persons with disabilities (Cowles, 2003; Mozambican study, 2025). Furthermore, research from Nigeria and beyond underscores that social work services for persons with disabilities are often inadequate and under-resourced, reflecting broader systemic barriers to effective intervention (Amadasun, 2020).

Given the rising global population of persons with disabilities and their documented health disparities including insufficient recognition of their health needs and discriminatory practices in care settings, there is a pressing need for medical social work practice to evolve in ways that are holistic, rights-based, and person-centered. This involves strengthening the capacity of social workers to understand disability beyond impairment, to advocate effectively across healthcare and community systems, and to collaborate with multidisciplinary teams to improve health and social outcomes for persons with special needs.

## II. Statement of the Problem

Despite national and international laws designed to protect the rights of persons with disabilities (PWDs), including access to health and social services, persons with special needs in Nigeria continue to experience significant barriers that limit their ability to attain equitable healthcare and social support (Discrimination Against Persons with Disabilities [Prohibition] Act, 2019; Ayub & Abubakar, 2022). In Rivers State, as in other parts of the country, health and social systems often lack the physical infrastructure, trained personnel, communication facilities, and disability-inclusive service delivery necessary to meet both the medical and psychosocial needs of special need populations. Health care facilities frequently remain inaccessible to wheelchair users and those requiring specialized medical attention, while healthcare providers often possess limited training in disability-sensitive practices, resulting in poor service provision and exclusionary attitudes (Equity and social justice perspectives on disability inclusion in healthcare services in Nigeria, 2025).

Moreover, sociocultural stigma and negative perceptions about disability persist in Nigerian communities, including those in Rivers State, which further marginalize persons with special needs and discourage timely utilization of medical and psychosocial services. Cultural misconceptions may lead families to seek non-medical interventions or avoid formal healthcare altogether, compounding the unmet health needs of special need persons (Equity and social justice perspectives on disability inclusion in healthcare services in Nigeria, 2025). Medical social work, which is intended to bridge the gap between medical care and social support, plays a critical role in assisting patients and families to navigate complex health systems, access resources, and cope with the emotional and social implications of disability.

However, in Rivers State, the practice of medical social work remains underdeveloped and underutilized. There is limited empirical evidence on how medical social workers are integrated within health care teams, the extent to which they address the unique needs of special need persons, and the contextual challenges they encounter in practice. Many health facilities do not fully appreciate or integrate the role of medical social workers, resulting in fragmented care that fails to adequately address the biopsychosocial needs of persons with special needs (Amadasun, 2020; Knowledge and Perception of the

Relevance and Roles of Medical Social Workers..., 2024). These gaps contribute to significant negative outcomes for persons with special needs, including delayed treatment, poor health outcomes, increased financial and emotional burdens on families, and a reduced quality of life. The lack of disability-inclusive policies and practices within healthcare systems in Rivers State underscores the urgent need for research that investigates the role and effectiveness of medical social work in supporting special need persons, identifies structural barriers to service delivery, and proposes strategies for enhancing social work practice to better meet the needs of this vulnerable population.

In-view of this, it will be pertinent to ask the following questions.

*To what extent are medical social work services available and accessible to persons with special needs in healthcare facilities in Rivers State?*

*What challenges hinder the effective practice of medical social work in meeting the medical and psychosocial needs of persons with special needs in Rivers State?*

*How effective are medical social work interventions (such as counseling, advocacy, and referral services) in improving healthcare access and psychosocial wellbeing of persons with special needs in Rivers State?*

The main objective of this study is to understand the role of medical social work practices in assisting special need persons in Rivers State. Based on this, the objectives of this study are to:

*Examine the availability and accessibility of medical social work services for persons with special needs in healthcare facilities in Rivers State.*

*Identify the institutional, professional, and socio-cultural challenges affecting effective medical social work practice for persons with special needs in Rivers State.*

*Assess the effectiveness of medical social work interventions in enhancing healthcare utilization and psychosocial wellbeing among persons with special needs in Rivers State.*

### **III. Theoretical Framework**

This study adopted the Biopsychosocial theory. The Biopsychosocial Theory, originally proposed by George Engel (1977), provides a comprehensive and integrative framework for explaining the relationship between special need persons and medical social work practices. The theory posits that health, illness, and wellbeing are not solely the result of biological factors but are instead shaped by the interaction of biological, psychological, and social factors. This perspective aligns strongly with the philosophy and practice of medical social work, particularly in addressing the complex needs of persons with disabilities. From a biological perspective, special need persons often experience physical, sensory, intellectual, or neurological impairments that require continuous medical attention, rehabilitation, or assistive devices. In Rivers State, many persons with special needs face chronic health conditions that demand sustained interaction with healthcare systems. However, medical care alone is insufficient to address their overall wellbeing, especially when treatment is disrupted by poverty, limited healthcare infrastructure, and inadequate disability-friendly facilities.

The psychological dimension of the Biopsychosocial Theory emphasizes emotional wellbeing, coping mechanisms, self-esteem, and mental health. Persons with special needs frequently experience psychological challenges such as anxiety, depression, trauma, and feelings of social rejection due to stigma and discrimination. Medical social workers play a crucial role in providing counseling, psychosocial support, and emotional stabilization to help individuals and families adjust to disability, chronic illness, or long-term care needs. In Rivers State, where cultural misconceptions about disability persist, psychological support becomes essential for fostering acceptance, resilience, and positive health-seeking behavior. The social component of the theory highlights the influence of family structure, socioeconomic status, cultural beliefs, community support systems, and public policies on health outcomes. In Rivers State, social factors such as poverty, unemployment, weak social welfare systems, limited implementation of disability laws, and poor awareness of social

work services significantly affect access to healthcare for persons with special needs. Medical social workers intervene at this level through advocacy, case management, referral to welfare services, facilitation of social support networks, and policy engagement to reduce structural barriers to care.

The relevance of the Biopsychosocial Theory to this study lies in its ability to explain why effective medical social work practice is indispensable for special need persons. The theory justifies the integration of social workers into healthcare teams, as they are uniquely positioned to address psychological distress and social constraints that medical practitioners alone cannot resolve. Adopting biopsychosocial approach, can help medical social work practice in Rivers State move beyond symptom treatment to promote holistic care, social inclusion, and improved quality of life for persons with special needs. Biopsychosocial Theory provides a strong theoretical foundation for this study by emphasizing holistic, person-centered, and context-sensitive interventions. It underscores the necessity of medical social work practices in addressing the interconnected biological, psychological, and social challenges faced by special need persons in Rivers State, thereby supporting inclusive and equitable healthcare delivery.

#### **IV. Conceptual Review**

##### **Concept of Special Need Persons**

The concept of special need persons refers to individuals who experience physical, sensory, intellectual, developmental, or psychosocial impairments that substantially limit one or more major life activities and require additional support to function effectively within society. The term is commonly used interchangeably with persons with disabilities, although contemporary scholarship increasingly favors rights-based language that emphasizes personhood before impairment (United Nations, 2006). Special need persons include individuals with physical disabilities (such as mobility impairments, cerebral palsy, or spinal cord injuries), sensory disabilities (including visual and hearing impairments), intellectual and developmental disabilities (such as Down syndrome or autism spectrum disorder), and psychosocial or mental health conditions that affect social functioning. These conditions may be congenital or acquired through illness, injury, or environmental factors and they often require long-term medical, psychological, educational, and social support (World Health Organization, 2011).

From a theoretical standpoint, the understanding of special need persons has evolved from the medical model of disability to the social and rights-based models. The medical model views disability primarily as an individual problem caused by disease or impairment that requires treatment or rehabilitation. In contrast, the social model argues that disability arises from societal barriers such as inaccessible infrastructure, discrimination, stigma, and exclusionary policies rather than from impairment alone (Shakespeare, 2014). This shift has significantly influenced social work and healthcare practice by emphasizing inclusion, empowerment, and removal of environmental barriers. The rights-based perspective, as articulated in the United Nations Convention on the Rights of Persons with Disabilities (CRPD), conceptualizes special need persons as rights-holders entitled to equality, dignity, and full participation in all aspects of life, including healthcare, education, employment, and political processes (UN, 2006). This framework obliges governments and institutions to provide reasonable accommodation, accessible services, and social protection measures that support independent living and social inclusion.

In developing countries such as Nigeria, special need persons often experience compounded disadvantages due to poverty, weak healthcare systems, limited social welfare structures, and cultural beliefs that stigmatize disability. Studies indicate that persons with special needs face higher rates of unemployment, poor health outcomes, and social exclusion, particularly where disability-inclusive policies are poorly implemented (Amadasun, 2020). These challenges highlight the need for professional interventions especially from medical social workers who address not only health-related issues but also

psychosocial adjustment, family support, advocacy, and access to social services.

### **Medical Social Work Practice**

Medical social work practice is a specialized field of professional social work that focuses on addressing the social, emotional, psychological, and environmental factors that affect individuals' health, illness, and recovery within healthcare settings. It is concerned with the application of social work knowledge, skills, values, and ethics to support patients, families, and communities in coping with health-related challenges and navigating healthcare systems (Beder, 2006).

Medical social work emerged in the early 20th century as a response to the realization that medical treatment alone could not adequately address patients' wellbeing without considering their social circumstances. Since then, the profession has evolved to emphasize holistic and person-centered care, integrating medical treatment with psychosocial assessment and intervention (Gehlert & Browne, 2019). Medical social workers typically operate in hospitals, clinics, rehabilitation centers, psychiatric facilities, and community health settings. Conceptually, medical social work practice is grounded in the biopsychosocial perspective, which views health and illness as outcomes of the interaction between biological conditions, psychological states, and social environments (Engel, 1977). Within this framework, medical social workers assess factors such as family relationships, socioeconomic status, cultural beliefs, housing conditions, stigma, and access to social support, all of which influence health outcomes and treatment compliance. Key components of medical social work practice include psychosocial assessment, counseling, case management, advocacy, patient education, and referral to community resources. Through counseling, medical social workers help patients and families cope with diagnosis, disability, chronic illness, trauma, or end-of-life issues. Case management involves coordinating care across multiple services to ensure continuity of treatment and access to social welfare benefits. Advocacy is particularly important for vulnerable populations, as social workers seek to protect patients' rights and promote equitable access to healthcare services (Berkman et al., 2015).

Medical social work practice is also guided by professional ethics and human rights principles, emphasizing dignity, self-determination, social justice, and respect for diversity. These principles align with global frameworks such as the United Nations' rights-based approach to health and social welfare, reinforcing the role of social workers in addressing inequality and structural barriers within healthcare systems (International Federation of Social Workers, 2018). In developing countries such as Nigeria, medical social work practice plays a critical role in bridging gaps between healthcare delivery and social welfare systems. Factors such as poverty, limited health insurance coverage, stigma, and weak social protection structures often hinder effective healthcare utilization. Medical social workers intervene by mobilizing resources, supporting families, facilitating access to services, and promoting patient-centered care, particularly for vulnerable groups such as persons with special needs, the elderly, and those with chronic illnesses (Amadasun, 2020).

### **Special Need Persons and Medical Social Work Practices in Rivers State**

The interaction between special need persons and medical social work practices represents a dynamic process in which professional social work interventions are utilized to address the multifaceted needs of individuals living with disabilities or chronic health conditions. In Rivers State, Nigeria, where persons with special needs face significant barriers to accessing equitable health and social services, medical social work plays a critical role in mediating structural deficits, enhancing care, and promoting social inclusion.

Persons with special needs often experience complex, interconnected challenges that extend beyond medical impairment to include psychological distress, social exclusion, stigma, financial constraints, and inadequate access to support services. These challenges affect health outcomes, functional independence, and quality of life (World Health Organization, 2011). Medical social work practice is grounded in the biopsychosocial model,

which acknowledges that health and disability are shaped by biological, psychological, and social determinants (Engel, 1977). As such, medical social workers are uniquely positioned to assess and intervene in the social and emotional dimensions of disability, supporting special need persons to navigate healthcare systems, secure social supports, and cope adaptively with health-related stressors (Beder, 2006).

In Rivers State, challenges associated with healthcare accessibility such as lack of disability-friendly infrastructure, out-of-pocket costs, and weak insurance coverage often impede the utilization of health services by persons with disabilities (Amadasun, 2020). Medical social workers bridge these gaps by:

*Coordinating care between clinical teams, families, and community agencies.*

*Advocating for reasonable accommodations and equitable treatment within health facilities.*

*Linking special need persons to welfare benefits, rehabilitation programs, and support networks.*

*Assisting with discharge planning and community reintegration.*

These roles mitigate barriers that would otherwise compromise treatment adherence and health outcomes. For example, counseling and case management help individuals and families plan for long-term care needs, while referrals to community-based organizations enhance social supports outside of clinical settings (Gehlert & Browne, 2019).

Persons with special needs frequently experience psychological distress, including feelings of isolation, depression, uncertainty about the future, or internalized stigma. Medical social workers provide psychosocial support through counseling, support groups, and coping skills interventions. These actions not only facilitate emotional adjustment but also strengthen resilience and self-efficacy among individuals and their families (Berkman et al., 2015). In the context of Rivers State, where cultural misconceptions about disability persist, such psychosocial interventions are essential for reshaping attitudes and fostering community reintegration. Medical social workers do not only address individual needs but also engage in structural advocacy. In Rivers State, gaps in policy implementation such as limited disability inclusion in healthcare planning and social services compound the marginalization of special need persons (Discrimination against Persons with Disabilities [Prohibition] Act, 2019). Social workers advocate for the enforcement of disability rights, equitable resource allocation, and the adoption of inclusive health policies. This systemic focus links individual care with broader efforts to promote social justice and human rights.

The relationship between special need persons and medical social work practices in Rivers State is, therefore, one of mutual interdependence. Special need persons require holistic, rights-based and context-sensitive support to overcome complex barriers to wellbeing. Medical social work practice provides this by integrating psychosocial care within health systems, advocating for structural change, and promoting empowerment. When medical social workers are effectively integrated into healthcare teams and community networks, persons with special needs are more likely to access necessary services, participate meaningfully in society, and experience improved health and social outcomes.

### **Review of Empirical Studies**

Amadasun (2020) study on social work services for persons with disabilities in Nigeria. The study aimed to explore the nature and adequacy of social work services provided to persons with disabilities in Nigeria, focusing on the experiences of professional social workers. This research was grounded in Social Constructivist Theory, which emphasizes how social workers and clients co-construct meaning and understanding of their experiences. The study used a qualitative research design with semi-structured interviews involving social workers from a non-profit organization serving persons with disabilities. Thematic analysis was used to interpret the data. Findings revealed that social work services to persons with disabilities were inadequate and underresourced. It was found that practices often failed to align with the person-in-environment perspective, limiting holistic

intervention. Also, there were barriers included lack of institutional support, professional recognition, and policy implementation that affected social work intervention practices. The study therefore recommends that; strengthen policy and institutional frameworks to support comprehensive social work services, increase funding, training, and advocacy to enhance service delivery to persons with disabilities in Nigeria and promote multi-sectoral collaboration to address systemic barriers.

Chukwuemerie et al. (2024) study on the knowledge and perception of medical social workers, examined the knowledge and perceptions of outpatients regarding the relevance and roles of medical social workers in a tertiary hospital setting. The study implicitly relies on humanistic and systems perspectives, assuming that awareness and attitudes influence utilization of social work services in health care. This descriptive survey involved a structured questionnaire administered to 300 outpatients at University College Hospital, Ibadan. Analysis used descriptive statistics (frequencies, means). Findings revealed that outpatients generally had positive perceptions and some level of understanding of medical social workers' roles. Despite this, medical social work services were underutilized, partly due to low awareness among patients of available services. The study recommends that there should be an improve public awareness of medical social work through media and information campaigns and further research across diverse regions should be conducted to validate findings nationally.

Rahman, Iwuagwu, Ngwu, Kalu, Kasherwa, Chowdhury, and Kader (2024) study on connecting the experiences of persons with disabilities and social workers in Nigerian care institutions regarding COVID-19 vaccine uptake aimed to explore the perceptions of persons with disabilities and social workers in rehabilitation homes about COVID-19 vaccine uptake and the role of social work practice in this public health intervention. The study reflects a participatory and contextual perspective, emphasizing lived experience and social interaction in shaping health behavior among vulnerable populations. A qualitative descriptive-interpretive design was employed, using semi-structured telephone interviews with 16 persons with disabilities and 4 social workers in Nigerian care institutions. It was found that persons with disabilities faced barriers to vaccine uptake, including mistrust in government and cultural beliefs. Also, social workers acted as educators, referral agents, and psychosocial supporters, but lacked specific strategies to enhance vaccine acceptance among PWDs. It was recommended that social work training should include specific public health strategies; also interventions should be culturally sensitive and designed to build trust in healthcare among PWDs.

Onalu and Okoye (2021) study on psycho-social roles of medical social workers in managing stressed patients in government hospitals in Rivers State, Nigeria examined how medical social workers manage psychosocial stressors of patients within government hospitals in Rivers State. The study likely draws on the Biopsychosocial Theory, which informs social work practice in healthcare by integrating biological, psychological, and social determinants of health. Although details are limited, this research appears to use qualitative methods (e.g., observations, interviews) to explore roles and interventions of social workers in hospital settings dealing with emotional and social stress among patients. Findings highlights medical social workers' roles in counseling, emotional support, and facilitating patient coping strategies, demonstrating their contribution to overall patient wellbeing in clinical environments. It was recommended that strengthen integration of medical social work into clinical teams also provide training and institutional support for psychosocial interventions in hospitals.

## V. Methodology

This study adopted a descriptive-qualitative research design, specifically a case study approach. The qualitative design is appropriate because it allows for in-depth exploration of the lived experiences, perspectives, and contextual factors that shape the relationship between special need persons and medical social work practices in Rivers State. The

descriptive element enables systematic documentation and interpretation of practices, challenges, and outcomes from the viewpoints of both special need persons and medical social workers (Creswell & Poth, 2018).

The study was conducted in Rivers State, Nigeria, with data collection taking place in selected healthcare facilities and community organizations that serve persons with special needs. Rivers State is a diverse and populous state where both public and private healthcare systems operate, providing a relevant context for examining social work in health care.

The study population includes: special need persons (persons with physical, sensory, intellectual, or psychosocial disabilities) who access medical and social services in Rivers State and medical social workers practicing in hospitals, rehabilitation centers, and community health settings within Rivers State. Both groups provide essential insights into how social work practices interact with the healthcare needs of persons with disabilities.

The sample size for the study was 30 respondents for qualitative data saturation. A purposive sampling technique was used to select 20 special need persons and 10 medical social workers who possess specific characteristics relevant to the research questions. This non-probability approach ensures that participants have direct experience with medical social work and disability issues.

The method of data collection was both primary and secondary method. The primary method involved a semi-structured interview which was conducted with both special need persons and medical social workers. While the secondary method was gotten via relevant policy documents, hospital records, social work reports, and academic literature will be reviewed to contextualize the findings and triangulate data.

Data from interview was analyzed thematically

## **Presentation of Data**

### **Thematic Analysis of Interview Data**

#### **Research Question One**

To what extent are medical social work services available and accessible to persons with special needs in healthcare facilities in Rivers State?

#### **IDI Report 1**

Most participants acknowledged that medical social work units exist mainly in tertiary and some secondary health facilities, while primary healthcare centres largely lack social work departments. "In teaching hospitals, we have social workers, but in smaller hospitals, there is nobody assigned to that role."

Some respondents stated that services were largely restricted to counseling, discharge planning, and financial assistance facilitation, with limited focus on disability-specific advocacy and rehabilitation coordination. "They help us talk to doctors and sometimes assist with bills, but not much beyond that."

#### **IDI Report 2**

Participants reported that hospital layouts, long distances, lack of ramps, and poor signage make it difficult for persons with physical or sensory disabilities to reach social work offices. "Getting to the social work office is difficult for someone in a wheelchair."

Although social work services are often free, transportation costs, long waiting times, and bureaucratic procedures limit access. "You may come many times before you finally see the social worker."

#### **IDI Report 3**

Many persons with special needs reported not knowing that medical social workers existed in the hospital until referred by a doctor or nurse. "I did not know there was a social worker until the nurse told me."

Medical social workers noted that some health professionals rarely refer patients, limiting service utilization. "Some doctors don't really understand what we do."

#### **IDI Report 4**

Most facilities had one or two medical social workers serving large patient populations, leading to service overload. "One person cannot attend to all these patients effectively."

Participants emphasized the absence of strong institutional backing, disability-inclusive policies, and adequate funding for social work units. "Social work is not treated as a priority in the hospital system."

#### **Research Question Two**

What challenges hinder the effective practice of medical social work in meeting the medical and psychosocial needs of persons with special needs in Rivers State?

#### **IDI Report 5**

Participants consistently reported insufficient funding for social work units, resulting in lack of office space, assistive tools, and transportation support for outreach services. "We don't have enough materials or funds to follow up patients after discharge."

Hospitals lack ramps, elevators, tactile signs, and accessible restrooms, making it difficult for persons with special needs to access social work services. "The hospital environment itself is not friendly for people like us."

#### **IDI Report 6**

Most facilities had one or two social workers serving large patient populations, leading to excessive workloads and burnout. "We are too few to attend to all the cases."

Some participants noted that social workers lack continuous professional development on disability-specific and psychosocial interventions. "We need more training on handling complex disability cases."

#### **IDI Report 7**

Doctors and nurses often misunderstand or undervalue the contributions of medical social workers. "Some medical staff thinks our work is not important."

Irregular referrals from clinicians prevent timely social work intervention. "Patients are referred late when the problem has already worsened."

#### **IDI Report 8**

Some families attribute disability to spiritual causes, leading them to avoid professional interventions. "They think the condition is spiritual, not medical."

Persons with special needs reported experiences of shame and discrimination, which discourage help-seeking behavior. "Sometimes you don't want people to know your condition."

#### **IDI Report 9**

Participants emphasized poor enforcement of disability and social welfare policies in healthcare settings. "Policies exist, but they are not implemented."

Inadequate political commitment limits funding, staffing, and program development. "There is little government attention to social work services."

#### **Research Question Three**

How effective are medical social work interventions (such as counseling, advocacy, and referral services) in improving healthcare access and psychosocial wellbeing of persons with special needs in Rivers State?

#### **IDI Report 10**

Most persons with special needs reported that counseling helped them cope with fear, anxiety, stigma, and emotional distress associated with disability and illness. "Talking to the social worker helped me accept my condition and feel less depressed."

Caregivers emphasized that counseling improved family understanding, acceptance, and support, thereby reducing neglect and emotional strain. "They helped my family

understand my condition better.”

#### **IDI Report 11**

Participants noted that social workers often advocate on their behalf to ensure timely treatment, reduced discrimination, and fair treatment within hospitals. “The social worker spoke to the doctors so I could be attended to faster.”

Medical social workers reported intervening when persons with special needs faced neglect or stigmatizing attitudes from health workers. “Sometimes we have to remind staff that these patients have rights.”

#### **IDI Report 12**

Referral to NGOs, rehabilitation centers, and financial assistance programs helped address economic and social barriers to healthcare. “They referred me to an organization that helped me get a wheelchair.”

Medical social workers emphasized the importance of referral and follow-up in ensuring continued care after discharge. “We try to ensure they don’t fall out of the system after leaving the hospital.”

#### **IDI Report 13**

Participants noted that excessive workloads prevent social workers from providing intensive, individualized interventions. “We can’t spend enough time with each client.”

Lack of funding, poor infrastructure, and weak policy support restrict advocacy and referral effectiveness. “Sometimes we know what to do, but the system does not support us.”

#### **IDI Report 14**

Participants reported increased willingness to attend appointments and adhere to treatment following social work intervention. “After meeting the social worker, I stopped missing my hospital visits.”

Improvements were noted in self-esteem, confidence, and social interaction. “I now feel more confident going out and interacting with people.”

### **VI. Discussion of Findings**

#### **Availability and Accessibility of Medical Social Work Services to Persons with Special Needs in Rivers State**

The findings of research question one revealed that medical social work services are partially available but not adequately accessible to persons with special needs in healthcare facilities in Rivers State. Evidence from interviews indicates that medical social work units are predominantly found in tertiary and selected secondary health facilities, while many primary healthcare centres lack structured social work departments. Even where services exist, their scope is limited; focusing mainly on counseling, discharge planning, and occasional financial assistance. This finding aligns with Amadasun (2020), who observed that social work services for persons with disabilities in Nigeria are unevenly distributed and largely underdeveloped, especially at the grassroots level. Similarly, Berkman et al. (2015) emphasize that inadequate institutionalization of medical social work limits its reach to vulnerable populations.

Accessibility was further constrained by physical, administrative, and informational barriers. Poor disability-friendly infrastructure, long waiting times, weak referral systems, and low awareness of social work services among patients significantly reduced utilization. This supports the World Health Organization’s (2011) assertion that accessibility to healthcare for persons with disabilities is influenced not only by service availability but also by environmental and systemic factors. From a theoretical perspective, these findings resonate with the biopsychosocial model, which stresses that health outcomes are shaped by social and environmental contexts alongside medical factors (Engel, 1977). The limited accessibility of social work services therefore undermines holistic care for persons with special needs in Rivers State.

### **Challenges Hindering Effective Medical Social Work Practice**

The findings of research question two identified institutional, human resource, socio-cultural, and policy-related challenges as major constraints affecting effective medical social work practice in Rivers State. Inadequate funding, poor infrastructure, shortage of trained medical social workers, and weak institutional support emerged as dominant themes. Participants reported excessive workloads due to staff shortages, resulting in reduced quality and depth of psychosocial interventions. This finding corroborates Gehlert and Browne (2019), who argue that high caseloads and limited professional recognition often compromise effective social work practice in healthcare settings. Similarly, Amadasun (2020) notes that, Nigerian social workers frequently operate in resource-constrained environments that limit their professional effectiveness.

Socio-cultural factors such as stigma, discrimination, and cultural misconceptions about disability also hindered service utilization. Some families attributed disability to spiritual causes, thereby resisting professional psychosocial intervention. This finding supports earlier studies that highlight how cultural beliefs and stigma negatively influence help-seeking behavior among persons with disabilities in sub-Saharan Africa (WHO, 2011). Policy and governance challenges further compounded these issues. Despite the existence of disability-related legislation in Nigeria, weak implementation and limited political commitment reduced the effectiveness of medical social work practice. This supports Berkman et al. (2015), who emphasize that strong policy frameworks and institutional backing are essential for sustainable social work practice in healthcare.

### **Effectiveness of Medical Social Work Interventions in Improving Healthcare Access and Psychosocial Wellbeing**

Findings from research question three indicate that medical social work interventions, particularly counseling, advocacy, and referral services are effective in improving healthcare access and psychosocial wellbeing, albeit within systemic constraints. Counseling interventions were reported to significantly enhance emotional adjustment, reduce anxiety, and improve coping skills among persons with special needs and their families. This aligns with Beder (2006), who asserts that counseling is central to medical social work practice, especially in helping clients cope with illness, disability, and psychosocial stress. Similarly, Gehlert and Browne (2019) emphasize that psychosocial interventions contribute to improved treatment adherence and overall wellbeing.

Advocacy emerged as a crucial intervention in facilitating access to healthcare services and protecting the rights of persons with special needs. Participants noted that medical social workers often intervened to reduce discrimination, ensure timely treatment, and promote equitable care. This finding supports Berkman et al. (2015), who identify advocacy as a core function of medical social workers in addressing structural inequalities within healthcare systems. Referral and case management services were also found to be effective in linking clients to rehabilitation services, welfare support, and community-based organizations, thereby enhancing continuity of care. However, limited community resources and weak follow-up mechanisms reduced the overall impact of referral services. This finding echo WHO (2011), which highlights the importance of integrated service networks for improving health outcomes among persons with disabilities.

### **VII. Conclusion**

This study examined the relationship between special need persons and medical social work practices in Rivers State, with specific focus on the availability and accessibility of services, the challenges confronting effective practice, and the effectiveness of medical social work interventions in improving healthcare access and psychosocial wellbeing. The study affirms that medical social work practice is a critical component of inclusive healthcare delivery for persons with special needs in Rivers State. While existing services show considerable potential to improve health outcomes and quality of life, their impact remains constrained by structural, institutional, and policy-related challenges. Addressing these gaps

through strengthened institutional support, increased staffing, improved accessibility, and effective policy implementation is essential for maximizing the role of medical social work in promoting the wellbeing, dignity, and social inclusion of persons with special needs in Rivers State.

### **VIII. Recommendations**

Based on the findings of the study, it is recommended that:

Rivers State Ministry of Health should institutionalize medical social work units across all levels of healthcare delivery, including primary healthcare centres. Hospitals should be mandated to establish functional social work departments staffed with qualified medical social workers. In addition, healthcare facilities should be made disability-inclusive by providing ramps, elevators, accessible signage, and assistive communication services. Improving physical accessibility and visibility of social work units will enhance service utilization and ensure that persons with special needs can access psychosocial support without undue barriers.

Given the identified challenges of staff shortages, high caseloads, and limited specialized training, the study recommends recruitment of more qualified medical social workers into public healthcare facilities in Rivers State. This will reduce workload pressure and improve the quality of psychosocial care. Furthermore, continuous professional development programmes should be organized to enhance social workers' competencies in disability care, counseling, advocacy, and case management. Adequate funding, provision of office space, and integration of social workers into multidisciplinary healthcare teams are also essential to strengthen effective practice.

In response to findings on weak policy enforcement, low awareness, and poor referral systems, it is recommended that existing disability and social welfare policies be actively implemented and monitored within healthcare institutions. Hospital management should develop clear referral protocols that formally integrate medical social work into routine patient care. Public awareness campaigns should be conducted to educate patients, caregivers, and health professionals about the roles and benefits of medical social work services, particularly for persons with special needs. Strengthening inter-professional collaboration among doctors, nurses, and social workers will promote holistic, coordinated care and improve healthcare access and psychosocial wellbeing outcomes.

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