

THE AWARENESS OF MEDICAL SOCIAL WORKERS' ROLES BEYOND ADVOCACY IN SELECTED HEALTHCARE INSTITUTIONS IN LAGOS STATE, NIGERIA

Victoria Ayodeji Abaekere

Department of Social Work and Human Services, Babcock University, Ilesan-Remo,
Ogun State, Nigeria.

abaekere0234@pg.babcock.edu.ng

Rita Nkiruka Ezeokoli

Department of Social Work and Human Services, Babcock University, Ilesan-Remo,
Ogun State, Nigeria.

ezeokolir@babcock.edu.ng

Abstract

Medical social workers are essential professionals in healthcare, who address psychosocial factors impacting health, yet are often underappreciated despite their fundamental role. They work with doctors and nurses to diagnose and treat patients, examining social conditions and environments. The study investigated the level of awareness of medical social workers' roles beyond advocacy in some selected healthcare institutions in Lagos State, Nigeria. The research employed a descriptive, cross-sectional survey design targeting 205 participants, comprising patients and healthcare professionals in the selected healthcare institutions. A stratified sampling method was employed, while data were collected through a structured questionnaire with a reliability coefficient of 0.816. Descriptive (Mean and standard deviation) and inferential (multiple regression analysis) statistical tools were used for data analysis. The findings of the study indicated that the degree of awareness of the roles of the medical social workers was high, while the degree of efficiency of medical social workers was moderate. The study concluded that while healthcare professionals understand the theoretical scope of social work, the actual efficiency of skill utilization, especially in emotional support and counselling, remains at a moderate level, and as practitioners progress through the Chrono-system of the healthcare environment, their understanding of the multifaceted nature of their profession matures. It is recommended that the healthcare administrators develop and implement a standardized job description for the social workers.

Keywords: Awareness, Healthcare Institutions, Healthcare Professionals, Medical Social Workers, Roles.

I. Introduction

Medical social workers (MSWs) are professionals "assigned to protect the patient's interest in hospitals, and are passionate about assisting individuals positively within their environment" (Dang, 2024; Quam, 2013). Since health, well-being, and social context are fundamental tenets of comprehensive healthcare, there is a need to explore the awareness and understanding of MSWs' duties in harmonizing these tenets. They perform pivotal functions in addressing the psychosocial determinants of health and illness, yet they are often underappreciated (Afolabi, 2025). Afolabi (2025) affirmed that Medical social work is a subdiscipline of social work in which social workers assist doctors to diagnose and treat clients by examining their social condition and their immediate environment.

Research has been done by various authors in regions where social work is actively practiced to create awareness and understanding of the roles of these professionals. Ruffin (2022) in the United States worked extensively on the "roles, responsibilities, and contributions of Medical social workers in an interdisciplinary team", exploring their function in psychosocial assessment, care coordination, and discharge planning, linking patient, family and the care team to local services to ameliorate patient care outcomes with the

motive to appreciate the value of Medical social workers. In Northern Ireland, Heenan and Birrell (2019) researched the “challenges at the interface between health and social care” and analyzed the intricacy and trials of clinical social work. They suggested that clinical social workers play a distinctive role at the intersection of healthcare and social services, but their responsibilities and impact remain poorly understood (Heenan & Birrell, 2019). They argued that MSWs in England fulfill dynamic roles encompassing a wide range of responsibilities that span education, advocacy, counselling, and providing crucial support to the most vulnerable and frail populations (Heenan & Birrell, 2019). Discharge planning stands out as a key responsibility for MSWs, forming a vital component of their professional practice (Heenan & Birrell, 2019).

Moreover, the issue of poorly managed hospital discharges is a pressing concern for healthcare systems, but the impact of MSWs on improving this process is often overlooked (Glasby,2003). In England, according to Heenan and Birrell (2019), “the two main professional groups responsible for delivering interdisciplinary care were social workers and nurses; yet tensions arose between them due to disagreements over prioritization, competition for resources, and antagonism over unclear role boundaries” their findings emphasized the expertise of MSWs in navigating the complex relationships between public policy, social determinants of health, and social inequalities. In Canada, Tadic et al (2020) confirmed that MSWs mediate between healthcare and social support by managing neurological conditions, addictions, and advanced care planning to patients with psychosocial and financial needs (Tadic et al, 2020). Alharbi et al. (2024) carried out a study in Saudi Arabia that investigated the role of MSWs in reducing health disparities and inequities.

In India, Nimra et al. (2025) affirmed that medical social workers performed a variety of roles that are crucial to the healthcare system. They emphasized that their day-to-day tasks include managing patient care, offering counselling to patients and their families, developing a treatment plan, and providing the much-needed emotional support; informing them about community resources and guiding them through the various stages of their medical journeys. Their contributions were genuinely impactful as they enhanced the “quality of life” of their clients and loved ones (Farhana & Raiz, 2019).

In Africa, Kodom (2023) affirmed that social workers in clinical settings are referred to as medical or hospital social workers, and they provide psychosocial interventions for patients and families to address health-related conditions. Unfortunately, many health practitioners do not recognize their roles, and there are limited collaborations to maximize their potential to address the issues of patients (Kodom, 2023). In Ethiopia, Alemayehu (2022) submitted that medical social workers apply most of the standards stated by the National Association of Social Work (NASW) for social work practice in clinical settings (NASW,2014), but they are faced with challenges related to inadequate knowledge about social workers' functions in the hospital community (Alemayehu,2022).

In Nigeria, the same narrative was confirmed by some scholars. For example, According to Enekoga and Owoyemi (2025), “Medical social workers perform the function of providing psychosocial support, community engagement and health promotion, care coordination and discharge planning, advocacy and policy implementation, research and program evaluation but they are faced with structural challenges including prejudice, discrimination and lack of awareness of the roles of social workers among medical staff” (Enekoga & Owoyemi, 2025).

According to Chukwuemerie et al, (2024), their study at University College Hospital Ibadan; a western part of Nigeria, the outpatient community had a positive opinion of medical social work and a good degree of knowledge of their roles; they reported that if medical social workers' functions and significance to medical services and care outpatients at the hospital are understood, the outpatient population will be eager to seek out and utilize their services.

Factors contributing to the poor awareness of the roles of MSWs include a lack of a

robust legal framework, unlike medicine and nursing, which have a legal backing and professional recognition (Oyinlola et al., 2024). The delay in commissioning a council to regulate the social work profession in Nigeria since the signing of the National Council Bill for Social Work Establishment in 2022 has contributed to its poor status in the hierarchy of healthcare in Nigeria (Veta, 2023; Ayeni, 2025). Professional encroachment and domineering attitudes of doctors and nurses in Nigerian hospitals (Veta, 2023), inadequate public communication due to limited public relations efforts by hospital managements and professional bodies to educate the Nigerian public on other roles of MSWs aside from advocacy (Association of Medical Social workers of Nigeria (AMSWON), 2026), misclassification of roles of MSWs leading to them being frequently assigned nonsocial work tasks such as general hospital administration, clerical duties and financial screening for indigent patients all narrows the public’s perception of their roles as financial aid officers rather than psychosocial roles (Enemaku, 2024).

Research Questions

What is the degree of awareness of the roles (assessment and counselling, care coordination, discharge planning, crisis and case management) of medical social workers beyond advocacy among selected healthcare institutions in Lagos State?

What is the degree of efficiency of medical social workers’ skills in selected healthcare institutions in Lagos State?

II. Methods

Research Design

This study employed a descriptive cross-sectional survey design. This approach as a standardized survey ensures consistency across multiple hospital sites while providing the anonymity necessary for participants to be candid about their perceptions of MSWs roles beyond advocacy.

Population of the Study

The study population consisted of 425 hospital workers (Doctors, Nurses, Medical Social workers, Pharmacists, Psychologists, Laboratory scientists, and Hospital administrators) working at the selected healthcare institutions, and patients who patronize the selected healthcare institutions between December 2025 and March 2026.

Sample Size and Sampling Technique

The sample size was made up of two hundred and twenty-seven (227) respondents from selected private hospitals in Lagos State, Nigeria. The Taro Yamane formula (1967) was used to determine the sample size of the study. A Stratified sampling method was used to attain the study population, consisting of healthcare professionals and patients. The population was divided into two subgroups: healthcare professionals and patients. The sample was drawn through the use of a stratified sampling technique because it gives a good representation from the subgroups of healthcare professionals (Doctors, Nurses, Medical Social workers, Pharmacists, Psychologists, Laboratory scientists, and Hospital administrators) and Patients. The number of participants selected was relative to the total number of healthcare professionals and patients available in each hospital.

Table 1: Sample Size of Study

S/N	Hospitals	Population	Sample Proportion	Sample Size
1	Hospital A (Healthcare professional)	42	$\frac{42}{425} \times \frac{100}{1}$ =9.9%	$\frac{9.9}{100} \times \frac{227}{1}$ =22.5
	Hospital A (Patients)	250	$\frac{250}{425} \times \frac{100}{1}$ =58.8%	$\frac{58.8}{100} \times \frac{227}{1}$ = 133.5

2	Hospital B (Professional)	33	$\frac{33}{425} \times \frac{100}{1}$ =7.8%	$\frac{7.8}{100} \times \frac{227}{1}$ = 17.7
	Hospital B (Patients)	100	$\frac{100}{425} \times \frac{100}{1}$ =23.5%	$\frac{23.5}{100} \times \frac{227}{1}$ = 53.3
	Total	425	100.0%	227

Note: For ethical issue, the names of the selected hospitals are codified.

Research Instrument

The questionnaire titled “The awareness of medical social workers’ roles beyond advocacy among selected health institutions in Lagos state” was used in the study. The questionnaire has three sections.

Section A: This section deals with the respondents’ demographic information such as age, gender, educational background, area of specialization, and years of practice.

Section B: This section explores the awareness of the roles (assessment and counselling, care coordination, discharge planning, case management, and crisis management) of MSWs. This section explores the role of a medical worker in finding a client's strengths, problems, and needs, as well as facilitating their growth, developing treatment strategies, implementing interventions, managing patient care, ensuring continuous support, organizing case data, monitoring progress, and intervening in situations when patients are faced with threats to their safety. To acquire responses from the respondents, a four-point Likert scale was used where 4=strongly agree (SD), 3=agree (A), 2=disagree (D), and 1=strongly disagree (SD). This section has a total of twenty items.

Section C: This section is termed the efficiency of medical social workers’ skills. This section finds out the ability of MSWs to effectively utilize their knowledge, skills, and experience to assess patient needs, develop and implement plans to address patient needs, and provide supportive interventions. To acquire responses from the respondents, a four-point Likert scale was used where 1=Never(N), 2=Sometimes (S), 3=Often(O), and 4=Almost (A). This section has a total of 6 items. Respondents were given the questionnaire and asked to respond to the degree of their agreement with each phrase.

Method of Data Collection

With a letter of introduction from the Department of Social Work at Babcock University, Ilishan, Ogun State, and a letter of ethical approval or clearance from the Babcock University Health Research Ethics Committee (BUHREC), the researcher visited the two healthcare facilities chosen for the study. The letters were delivered to the healthcare facilities' authorities in order to obtain authorization to conduct the research there. The administration of the instrument and data collection took place over a period of five weeks.

The administration of the instruments to the respondents of this study was done by the researcher and two other research assistants. Postgraduate students from the University of Lagos served as the research assistants. An orientation on the research and how to administer the questionnaires was provided for the research assistants. This specialized training aided the smooth administration of the questionnaire. This was accomplished in the first week set aside for data collection. The administration of the instrument took place within the next two weeks. The questionnaire was administered at the first chosen healthcare facility on Tuesday and Wednesday of the second week. The second chosen healthcare facilities in Lagos State used Wednesday and Thursday of the fourth and fifth weeks. Under the researcher's guidance, the research assistants administered the instrument. The same day was used for both administration and collection.

Method of Data Analysis: Descriptive statistics, including frequencies, percentages, means, and standard deviations were employed to provide an overview of the respondents' socio-demographic traits and the research questions. These descriptive metrics assisted in

providing a summary of important elements such as case management, crisis management, care coordination and discharge planning, assessment and counseling, and the effectiveness of medical social workers' skills.

Ethical Consideration

The Babcock University Health Research Ethics Committee (BUHREC) granted ethical approval for this investigation.

III. Result

Table 2: Respondents' Demographical Data

SN	Variable (N = 205)	Frequency	%	
1	Age	20-30	62	30.1
		31-40	50	24.3
		41-50	50	24.3
		51 and above	42	20.4
2	Gender	Male	106	51.5
		Female	98	47.6
3	Years of Practice	1-5	72	35.0
		6-10	40	19.4
		11-15	22	10.7
		16 and above	54	26.2
5	Educ. background	Secondary	14	6.8
		Tertiary	184	89.3

The majority (62; 30.1%) of the respondents were within the ages of 20 and 30 years. Fifty (24.3%) of the respondents were 31-40 and 41-50 years of age, respectively, and 42 (20.4%) were 51 years of age and above. The majority (106; 51.5%) of the respondents were Male; 72 (35%) have practiced within a year and five years. The respondents' educational background shows that the majority had tertiary education (184; 89.3).

Research Question 1: What is the degree of awareness of the roles (assessment and counselling, care coordination, discharge planning, and case management) of medical social workers beyond advocacy among selected healthcare institutions in Lagos State?

Table 3: Descriptive analysis of the degree of awareness of the roles of medical social workers beyond advocacy

	Mean	Std Dev
1. Assessment in Medical work is a systematic process of gathering and analyzing information about an individual, family, group, or to understand their needs, strengths, and challenges.	3.301	0.986
2. Medical social workers assess patients' emotional and psychological needs.	3.291	.707
3. Medical Social workers offer grief counselling.	2.990	.771
4. I've worked with a medical social worker in an assessment or counselling capacity.	2.447	1.033
5. I know someone who has accessed the service of a medical social worker in the past.	2.680	1.001
6. Care coordination in medical social work includes organizing and managing patient care activities to ensure comprehensive care.	3.185	.775
7. Medical social workers' role in discharge planning includes assessing patient readiness for discharge.	3.126	.735
8. Medical social workers' role in discharge planning includes educating patients and families about post-discharge care.	3.291	.679
9. I have worked with a medical social worker in care coordination or	2.524	.976

	discharge planning.		
10.	Care coordination and discharge planning ensure efficient use of healthcare resources.	3.049	.976
11.	Case management in medical social work is a collaborative process that assess plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health and social needs.	3.359	.668
12.	Reducing hospital readmissions by ensuring smooth transitions is one of the goals of case management in medical social work.	3.126	.707
13.	Case management encourages patients to take an active role in their care.	3.437	.657
14.	Collaboration with medical social workers improves patient outcomes in case management.	3.157	.896
15.	Minimizing hospital readmissions and optimizing resource utilization helps reduce healthcare costs.	3.117	.865
16.	Crisis management in medical social work includes assessing, intervening, and providing support to individuals, families, or Communities experiencing a crisis.	3.233	.768
17.	Natural disasters, suicidal thoughts, domestic violence, relationship Conflicts, or family disputes are some crises managed by medical social workers.	3.000	.942
18.	Reducing the immediate risk, ensuring safety and connecting individuals to resources are among the goals of a medical social worker in crisis management.	3.243	.705
19.	I have worked with a medical social worker in crisis management.	2.340	.953
20.	Medical social workers are essential to crisis management in healthcare.	3.262	.752

Weighted Mean = 3.054, Std. Deviation = .981

The findings in Table 3 revealed that the degree of awareness of the roles (assessment and counselling, care coordination, discharge planning, case management, and crisis management) of medical social workers beyond advocacy among selected healthcare institutions in Lagos State was high (mean = 3.054 on a scale of 4). This suggests that the respondents had a very high degree of awareness of the roles (assessment and counselling, care coordination, discharge planning, and case management) of medical social workers beyond advocacy. For instance, among all the measures of degree of awareness of the roles of medical social workers beyond advocacy, it was observed that assessment in Medical work is a systematic process of gathering and analyzing information about an individual, family, group, or to understand their needs, strengths, and challenges (3.301±.986), assessment of patients' emotional and psychological needs (3.291±.707); offering of grief counseling (2.990±.771); working in assessment or counselling capacity (2.990±.771); and accessing the service of a medical social worker in the past (2.447±1.033).

Research Question 2: What is the degree of efficiency of medical social workers' skills in selected healthcare institutions in Lagos State?

Table 4: Descriptive analysis of the degree of efficiency of medical social workers' skills

		Mean	Std Dev
1.	How often are medical social workers involved in patient care planning and decision-making in this healthcare institution?	2.165	.989
2.	How frequently do healthcare professionals in this healthcare institution refer patients to medical social workers for support services?	2.320	.990
3.	How often do medical social workers participate in multidisciplinary team	2.214	1.106

	meetings to discuss patient care and treatment plans?		
4.	How frequently are medical social workers utilized to provide emotional support and counselling to patients and their families?	2.000	1.008
5.	How often do medical social workers assist in discharge planning and coordinating post-discharge services for patients?	2.204	1.076
6.	How frequently are medical social workers involved in crisis intervention and management in this healthcare institution?	2.262	1.073
Weighted Mean = 2.195, Std. Deviation = .988			

The findings in Table 4 revealed that the degree of efficiency of medical social workers' skills in selected healthcare institutions in Lagos State was average (mean = 2.195 on a scale of 4). This suggests that the respondents had a moderate degree of efficiency of medical social workers' skills beyond advocacy in selected healthcare institutions in Lagos State. Specifically, degree of efficiency of medical social workers' skills beyond advocacy revolved round patient care planning and decision-making (2.165±.989), referral of patients for support services (2.320±.990), participation in multidisciplinary team meetings to discuss patient care and treatment plans (2.214±1.106), provision of emotional support and counselling to patients and their families (2.000±1.008), assistance in discharge planning and coordinating post-discharge services for patients (2.204±1.076), and involvement in crisis intervention and management (2.262±1.073).

IV. Discussion

This study explored the awareness of the roles of medical social workers beyond advocacy in selected healthcare institutions in Lagos State. The findings reveal significant insight into the degree of awareness among healthcare professionals and patients of the roles of MSWs beyond advocacy, the degree of efficiency of MSWs' skills in selected healthcare institutions in Lagos State, with implications for healthcare delivery, policy, practice, and professional development.

The first research question explored the awareness of the roles (assessment and counselling, care coordination and discharge planning, case management, and crisis management) of medical social workers beyond advocacy. The primary objective of the study was to determine the degree of awareness regarding the clinical roles of medical social workers beyond advocacy. A mean score of 3.054/4.0 indicates that healthcare professionals in Lagos aren't just aware that medical social workers (MSWs) exist; they recognize them as specialized clinical partners rather than merely "patient advocates". The study finds awareness that assessment in medical social work is a "systematic process." This aligns with a 2024 study from Griffith University that reports that psychosocial assessments are the foundations of medical social work practice, helping to capture emotional states, coping mechanisms, and social supports, making them indispensable in hospital care. The authors emphasized that psychosocial assessment is central to identifying mental or emotional stress and ensuring consistent documentation in medical records.

While Enemaku (2024) noted that the public often views MSWs as financial aid finders, this study shows that professionals in private hospitals are increasingly recognizing their role in clinical assessment. The high score for assessment (3.301) is particularly significant, as it positions the MSWs at the start of the clinical decision-making chain. Role theory suggests that social behaviour is guided by expectations held by both the individual and society. The high mean score of (3.054) indicates a role consensus, where the expectations of the healthcare team align with the actual professional functions of the MSW. Historically, MSWs were often relegated to simple "charity" roles. These findings reflect role expansion, where the MSW is now viewed as an essential clinician in assessment and counselling. The Ecosystems perspective views the patient within a complex web of environmental layers. The finding that assessment is viewed as a "systematic process of gathering information about an individual, family, or group" aligns well with this theory. MSWs in Lagos state are recognized for assessing not just the illness, but the "strengths and

challenges” of the patient’s environment.

Research question two ascertained the degree of efficiency of social workers’ skills in the selected healthcare institutions in Lagos State. The findings revealed an “average” weighted mean of 2.195 on a 4-point scale, suggesting a moderate level of integration and skill utilization. The study shows MSWs participate in Multidisciplinary Teams meetings with a mean of 2.214. This average score reflects a global trend where MSWs struggle for “professional visibility” within clinical teams. According to Amadasun (2020), social workers in Nigerian tertiary hospitals often face a “subordinate status” compared to medical doctors, which limits their efficiency in team decision-making. While their presence is noted, their clinical input is frequently secondary to the biomedical perspective (Rehr & Rosenberg, 2006)..

The efficiency of MSWs in discharge planning and coordinating post- discharge services was rated at 2.204. Discharge planning is a core function intended to reduce hospital readmission rates and recidivism (Berkman et al., 2015). However, the moderate efficiency observed in Lagos institutions may be attributed to the lack of a robust community-based social support infrastructure. Okoye (2013) argued that in the Nigerian context, discharge planning is often “crisis- driven” rather than “proactive,” often occurring only when a patient is medically fit but financially or socially unable to leave the facility.

V. Conclusion

This study investigated the awareness and efficiency of medical social workers (MSWs) in selected healthcare institutions in Lagos State, specifically examining roles beyond traditional advocacy. The findings demonstrate a significant evolution in the professional identity of MSWs within the Nigerian healthcare landscape. Respondents exhibited a high degree of awareness regarding the clinical competencies of MSWs, particularly in systematic psychosocial assessment and crisis management. The alignment with Role Theory suggests a growing consensus among multidisciplinary teams that MSWs are specialized clinical partners rather than mere "charity officers."

However, a notable "Awareness-Efficiency Gap" was identified. While healthcare professionals understand the theoretical scope of social work, the actual efficiency of skill utilization especially in emotional support and counselling remains at a moderate level. This discrepancy is largely attributed to institutional barriers, such as "role drift" into administrative tasks and a lack of community-based support infrastructure.

VI. Recommendations

Based on the empirical findings in this study, the following recommendations are proposed to enhance medical social work practice in Lagos State:

Healthcare administrators should develop and implement clear, standardized job descriptions that distinguish the clinical roles of MSWs from nursing and administrative duties. This would reduce the "role ambiguity" identified in multidisciplinary teams and prevent MSWs from being relegated to purely financial or clerical tasks. Institutions should formalize the inclusion of MSWs in clinical ward rounds and multidisciplinary team (MDT) meetings. Ensuring that psychosocial data is integrated into the primary clinical decision-making chain will improve the "professional visibility" and efficiency of the MSW. To address the low efficiency scores in counselling (M = 2.00), hospitals should provide dedicated, private spaces for therapeutic sessions. This would allow MSWs to shift focus from "indigency assessments" to their core competency of emotional and grief support.

Implication for Social Work Practices

The findings of this study have implications for Medical social work practice in Nigeria.

Medical Social workers will now master the use of standardized clinical tools for assessment because they are now held to clinical standards by other health professionals due to recognition of assessment as an important function of medical workers, beyond just

advocacy or fundraising. They will now be relieved of administrative tasks to focus more on high-impact clinical intervention, such as grief counselling, rather than acting as financial intermediaries. A high awareness but low direct patient experience implies that medical social workers should be embedded in the microsystem of the hospital ward, where they can proactively identify patients' needs before they escalate into emergencies.

Competing Interests: The authors do not have any conflicts of interest in the study.

Funding Statement: This research did not receive any financial assistance from any agency in the public, commercial, or not-for-profit sectors.

Acknowledgements

The author expresses profound gratitude to God for His divine providence and guidance. She is grateful to her supervisor, Prof. Rita Ezeokoli, for her counsel and supervision of the study. Sincere appreciation to Dr. Ayodele Kolawole for his support in research methodology and data analysis.

References

- Afolabi, G. O. (2025). Understanding the role performance of medical social workers in Nigeria hospitals: Issues and perspectives. In Ibadan Journal of Adult Education. <https://ibadanadulthoodeducationjournals.com.ng/media/2025/01/Understanding-The-Role-Performance-of-Medical-Social-Workers-in-Nigeria-Hospitals-Issues-and-Perspectives.pdf>
- Alemayehu, T.A. (2022). The role of social workers in hospital: A case study of Alert General Hospital, Addis Ababa, Ethiopia [Master Thesis St.Mary's University] Addis Ababa, Ethiopia.
- Alharbi, A. M. S., Alshkarah, A. S. M., Alhamdani, I. M. S., Ghannam, S. M. Z., Alquraini, R. N. M., Al Mabkhout, I. A. R., & Alalaosh, S. M. S. (2024). The role of social workers in advocating for patients' rights, needs, and access to resources in the hospital environment. *Power System Technology*, 48(4)
- Amadasun, S. (2020). Social work in Nigeria: Yesterday, today, and tomorrow. *International Social Work*, 63(6), 780-794. <https://doi.org/10.1177/0020872820930268>
- Association of Medical Social Workers of Nigeria. (2026). Our standards: Membership and ethical guidelines. <https://amswon.org.ng/>
- Berkman, B., Gardner, D.S., Kaplan, D. B., & Moye, J (2015). *Social Work in Health and Aging*. Oxford University Press.
- Chukwuemerie, C. E., Omosuzi, M. O., & Chukwuemerie, O. C. (2024). Knowledge and perception of the relevance and roles of medical social workers among outpatients' community of University College Hospital Ibadan, Nigeria. *ESP International Journal of Science, Humanities & Management Studies*, 2(2), 18–27. <https://doi.org/10.56472/25849756/IJSHMS-V2I2P103>
- Dang, L. (2024). A qualitative study on the structure, functions and roles of social work in some public hospitals in Vietnam. *Multidisciplinary Science Journal*, 6, 2024252. <https://doi.org/10.31893/multiscience.2024252>
- Enekoga, O. A., & Owoyemi, J. O. (2025). A review of the role of social work in healthcare delivery in Nigeria. *GPH-International Journal of Health Sciences and Nursing*, 8(01), 10–24. <https://doi.org/10.5281/zenodo.15260895>
- Enemaku, O. (2024). Addressing the Challenges of Medical Social Workers in Nigeria: A Study of Hospital-based Care Dynamics. *Current Journal of Applied Science and Technology*, 43(1), 1–16. <https://doi.org/10.9734/cjast/2024/v43i14339>
- Farhana, S., & Riaz, S. (2019). An overview of social work practice in healthcare setting with

- special reference to Pakistan. *Journal of Economics and Sustainable Development*, 10(14). doi:10.7176/JESD
- Glasby, J. (2003). *Hospital discharge: Integrating health and social care*. Radcliffe Medical Press.
- Heenan, D. A., & Birrell, D. (2018). *The integration of health and social care in the UK: Policy and practice*. Macmillan Education UK.
- Kodom, R.B. (2023). The role of social work in healthcare setting during the COVID-19 Pandemic in Africa. *International social work*, 66(5)
- Nimra, S., Beenish, I.B., & Shajiah, Q. (2025). Social Workers' Medical Social Services Units Practices: Challenges and Opportunities to Medical Social Officers in Sargodha Division. *Journal of Development and Social Sciences* 6(3), 133-139
- Okoye, U.O., (2013). *Social work Practice in Nigerian Healthcare Institutions*. University of Nigeria Press.
- Oyinlola, O., Adeyanju, J., David, A. E., & Omosuzi, M. (2024). Understanding experiences of medical social workers managing older adults with chronic illnesses: Insights from Nigeria. *Social Work & Society*, 22(1). <https://ejournals.bib.uni-wuppertal.de/index.php/sws/article/view/997>
- Quam, J. K. (2013). Cannon, Ida Maud. *Encyclopedia of Social Work*. <https://doi.org/10.1093/acrefore/9780199975839.013.662>
- Rehr, H., & Rosenberg, G. (2006). *The Social Work Role in Healthcare: Hospital-based Practice for the 21st Century*. Haworth Press.
- Ruffin, J. J. (2022). Roles, responsibilities, and contributions of medical social workers in an interdisciplinary team [Doctoral dissertation, Walden University]. ScholarWorks. <https://scholarworks.waldenu.edu/dissertations/13733>
- Tadic, V., Ashcroft, R., Brown, J. B., & Dahrouge, S. (2020). The role of social workers in interprofessional primary healthcare teams. *Healthcare Policy*, 16(1), 27–42. <https://doi.org/10.12927/hcpol.2020.26292>
- Veta, O.D. (2023). Challenges and enhancement of medical social workers in public health facilities in Nigeria. *Social Work in Public Health*, 38(1), 1-10. <https://doi.org/10.1080/19371918.2022.2096166>