

## Nature and efficacy of services of medical social services projects (MSSPs) in health care field in Punjab, Pakistan

Ibadullah Sajid, Amir Zada Asad

Department of Social Work, University of Peshawar, Peshawar, Pakistan

**Objectives:** To determine the nature of the services provided by Medical Social Work units in Punjab and the satisfaction level of the service beneficiaries and to uncover the level of effectiveness of these services in healthcare field in Punjab.

**Methodology:** A multi-stage sampling strategy was used as Random Stratified-Purposive sampling method. Out of 110 hospitals in Punjab where Medical Social Work units have been established, 50% hospitals (55/110) were selected randomly by using lottery method. From each hospital, one Medical Social Officer, one Medical Superintendent and three service beneficiaries (2 male & 1 female) were selected by using stratified (sex-wise) purposive sampling method.

**Results:** All Medical Social Work units were not

delivering the same services except distribution of free medicines purchased through Zakat and Bait-ul-Mall funds. Not a single unit was providing all the mandated services given in PC-1, except "provision of free medicines". Social, emotional or psychological as well as rehabilitative services were not being provided to the patients. About 87% Medical Superintendents disagreed that the existing services of Medical Social Work units are effective in healthcare field.

**Conclusion:** The Medical Social Work units in Punjab have become "medicines distribution centers" and mandated psycho-social and rehabilitative services have not been provided. (Rawal Med J 201;42:246-249)

**Keywords:** Health, medical social work, Punjab, Pakistan.

### INTRODUCTION

The needs of the sick are rarely simple and require several kinds of help at the same time. Medicine is one way and Medical Social Work (MSW) is another. Diagnosis and restoration of patient's physical functioning is the task of a Medical Specialist whereas MSW deals with those factors which are directly related to the cause and nature of the patient's illness called the "Social Components of illness." It emphasizes to explore the personality, anxieties, attitudes and feelings to help the patient to understand all aspects of the illness and to make more effective use of health treatment as well as the doctor's prescriptions.<sup>1</sup> MSW as a discipline was introduced by a competent physician, Dr. Richard Cabot in 1905 at Massachusetts General Hospital. In few years, this new discipline footed so strongly that MSW units were established in 200 hospitals by 1913 and in 400 hospitals by 1923 in USA.<sup>2</sup> According to a survey of American Hospital Association, 86% of general hospitals were offering MSW services to the patients by 2000.<sup>3</sup>

In Pakistan, on the special request of the Government of Pakistan to the United Nations, the first batch of the UN Social Welfare Consultants under the supervision of Miss Anna Ma Toll, a Swedish Medical Social Worker reached Karachi in February 1953 and this marked the beginning of a new orientation in the field of MSW in Pakistan.<sup>4</sup> Presently, 147 MSW units are working in the country, out of which 110 units are working in Punjab province in Teaching, District Head Quarter (DHQ) and Tehsil Head Quarter (THQ) Hospitals under the administrative control of Social Welfare & Bait-ul-Mall department, Punjab. These units have been named as "Medical Social Services Projects" (MSSPs). According to the Planning Commission Form-1 (PC-1)<sup>5</sup> approved in 1974, the objectives of the MSSPs are, as under: To organize Patients Welfare Society in the hospital; to arrange/provide free medicines, medical items and artificial limbs to the poor patients; to help the patients in getting employment; to write letters or taking case histories of the patients; to collect/arrange blood donations

for poor the patients; Social case-work/psycho-social counseling with the chronic patients; to visit the patients from out-stations whom nobody visits; to establish library for providing reading material to the patients; and to identify drug addicts among the communities and refer them to the centers for treatment. This first ever piece of writing is an endeavor to develop an understanding about the nature and efficacy of services of MSSPs in healthcare field in Punjab. The study formally seeks to achieve the following objectives: To know the nature of the services provided by MSSPs in Punjab; to know the satisfaction level of the service beneficiaries; and to uncover the level of effectiveness of services of MSSPs in healthcare field.

## METHODOLOGY

The universe of the study is the MSSPs working in the Punjab. The respondents included Medical Social Officers (MSOs) being in-charges of the MSSPs, the Medical Superintendents (MSs) of the hospitals where MSSPs have been established and, the service users or the beneficiaries i.e. patients. A multi-stage sampling strategy has been used in this study, which can be elaborated as Random-Stratified-Purposive sampling method. Firstly, out of total 110 hospitals where MSSPs have been established, 50% (55/110) hospitals were selected randomly by using lottery method and then, from each hospital, one MSO, one MS and three (2 male and 1 female) beneficiaries/ patients were selected by using stratified (sex-wise) purposive sampling method (Table 1). An Informed consent and ethical approval were obtained.

**Table 1. Detail of sample (n=55).**

Respondents	Respondents Per hospital	Total
Medical Social Officers	01	55
Medical Superintendents	01	55
Service beneficiaries	03 (m=2, f=1)	165
Total Sample Size		275

Three different Semi-Structured interview schedules were used to collect primary data from all strata of respondents.

## RESULTS

From each MSSP, two male and one female patients were selected. By this fraction, (66.3%) respondents were male while (33.3%) were female. Average per family income per month was calculated to be Rs. 8378/- whereas per capita per month income was Rs 1382/-, as average 6.06 persons were living in a family (Table 2).

**Table 2. Family size and income of patients (n=165).**

Family size	Monthly family income (Millions)						Total
	<0.5	0.5-1	1-1.5	1.5-2	2-2.5	2.5-3	
1-3	0	0	5	1	1	0	7
4-6	27	3	34	1	0	0	65
7-9	0	6	13	5	8	5	37
10-12	0	26	6	5	4	4	45
13-15	1	0	5	5	0	0	11
Total	28	35	63	17	13	9	165

Average number of persons in a family = 6.06

Per family per month income = Rs. 8378/-

Per capita per month income = Rs. 1382/-

**Table 3. Services received by beneficiaries through MSSPs (n=165).**

Responses	Number	%
Social Services	5	3.0
Free Medicines	130	78.8
Psychological Counseling	5	3.0
Taking Case History	18	10.9
Referral Services	7	4.2
Total	165	100.0

**Table 4. Level of satisfaction of service beneficiaries (n=165).**

Responses	Number	%
Satisfied	148	89.7
Not Satisfied	17	10.3
Total	165	100.0

**Table 5. General opinion of medical superintendents about MSSPs (n=55).**

Opinion	Number	%
Positive	11	20.0
Negative	37	67.3
Do not know	7	12.7
Total	55	100.0

**Table 6. Effectiveness of MSSPs to deal with social component of illness (n=55).**

Effectiveness	Number	%
Effective	6	10.9
Not effective	48	87.3
Do not know	1	1.8
Total	55	100.0

A significant number of beneficiaries (78%) received free medicines (Table 3). Nearly 90% beneficiaries were satisfied with the service (Table 4). Only 20% of MS were satisfied with the MSSPs (Table 5). Social component of MSSPs was effective only in 11% cases (Table 6).

## DISCUSSION

Our study showed that all three groups of respondents were not delivering the same types of services except distribution of free medicines, medical items and artificial limbs, purchased through funds provided by Zakat and Bait-ul-Mall departments. When the existing services of MSSPs were analyzed by comparing with the mandated services given in Planning Commission Form-1 (PC-1),<sup>5</sup> not a single MSSP was providing all the mandated services. Further, when the roles and functions of the MSSPs were compared with the roles what were prescribed by the UN experts 70 years ago, there was a marked contravention between them.

The Medical Social Units proposed for Pakistan by the UN experts, were meant to provide the services to mitigate or eradicate the social problems faced by the sick to make full use of the medical care and treatment offered mostly by the Government. But the MSSPs in Punjab were not delivering social, emotional or psychological as well as rehabilitative services to achieve the ultimate objective of the MSW i.e. restoration of complete bio-psycho-social wellbeing of the patients.

The second aspect of the study was to know the satisfaction level of the service beneficiaries with the services being rendered by the MSSPs. Results showed that a large number of respondents (89.7%) were quite satisfied with the services received through projects. However, a 10.3% were not satisfied and had different complaints. It is worth

mentioning that this high satisfaction level was based on just provision of financial services (free medicines) because 78.8% beneficiaries received this service.

This high satisfaction level of respondents regarding free medicines is quite justified in a country where 22.6 percent population is earning less than US \$1.25 and 60.3 percent is earning below US \$2 per day.<sup>6</sup> Actually, due to high rate of poverty, the financial capacity of people in Pakistan is very weak to counteract with the increasing cost of medical/medicines. A survey conducted by the Pakistan Bureau of Statistics (2007-08) indicated that the estimated health expenditure (out-of-pocket) at national level for the year 2009-10 was Rs. 273 billion.<sup>7</sup> The results of our study showed that per family monthly income was less than US \$3 and per capita monthly income was less than half a dollar. Under this very dismal financial situation, the provision of free medicines out of Zakat and Bait-ul-Mall budget seem significant service. However, the MSSPs should not diminish the actual mandated services.

The third aspect of the study was to uncover the level of effectiveness of services of MSSPs. Medical Superintendents were approached to gather information to achieve this objective. The results showed that the MSs had no positive attitude towards the MSSPs. Only one fifth of the MSs (20%) showed positive attitude in this regard whereas a huge ratio of the respondents (68.3%) had a negative opinion about the projects working in their hospitals. 12.7% heads openly stated that they do not know about the role and services of MSSPs. They were also looking annoyed with the services of MSSPs being provided. The MSs were displeased with the effectiveness of existing services being provided by the MSSPs. About 87.3% respondents disagreed that the existing services are effective in healthcare field.

## CONCLUSION

The MSSPs in Punjab have become distribution centers of medicines purchased through Zakat and Bait-ul-Mall's funds and mandated social, psychological and rehabilitative services have not been provided. The existing services of MSSPs have

not been considered effective in healthcare field by the health professionals.

**Author Contributions:**

Conception and design: Ibadullah Sajid  
Collection and assembly of data: Ibadullah Sajid  
Analysis and interpretation of the data: Ibadullah Sajid  
Drafting of the article: Ibadullah Sajid  
Critical revision of the article for important intellectual content: Amir Zada Asad  
Statistical expertise: Ibadullah Sajid  
Final approval and guarantor of the article: Amir Zada Asad  
**Corresponding author email:** Ibadullah Sajid:  
Ibad\_sajid@yahoo.com  
**Conflict of Interest:** None declared  
Rec. Date: Jan 20, 2017 Revision Rec. Date: Feb 5, 2017 Accept Date: Feb 10, 2017

**REFERENCES**

1. Riaz S, Sarfaraz SF. Needs and Importance of Medical Social Work Practice in Pakistan with Special Reference to Karachi City. *Adv Social Sci Res J* 2015; 2:12:73-80.
2. Malik A, Sarfaraz SF. Social Work Practice in Healthcare with Special Reference to Pakistan. *Pak J Commerce Social Sci* 2012;6:210-5.
3. Cowles AF. *Social Work in the Health Field: A Care Perspective*. (2<sup>nd</sup> Ed.). New York: The Haworth Press, Inc. 2003; 6-7
4. Ali M, Rafi S. Medical Social Work in Pakistan: A multi-model approach to collaborative practice in healthcare settings. *SAVAP International* 2013;4:355-63.
5. Government of Pakistan. *Performa for Development Projects (PC-1): Establishment of Medical Social Services Projects in Tehsil Hospitals in the Punjab*. Islamabad: Planning Commission. 1974
6. Government of Pakistan. *A Report on Social Sector Development*. Islamabad: State Bank of Pakistan. 2010; 171
7. Afzal U, Yusuf A. The State of Health in Pakistan: An Overview. *Lahore J Economics* 2013;(Special Edition):233-47.