***TRANSCRIPT 3***

**Researcher**: What is your general understanding of public health

**Participant C:** with my understanding is that public health it is the institution that provides services and showing that people are receiving health services in the hospital and they have the access to the health services regardless of their background, regardless of their financial situation so with my understanding public health services is for everyone to get health care services.

**Researcher:** Okay and what are the some of the specific services that are rendered in public health

**Participant C**: Uhm in my department or in general?

**Researcher**: Generally, in public health

**Participant C**: Actually, it's a holistic services ehm social work services people receive medical support like treatment compliance and treatment adherence uhm yeah, it's a lot.

**Researcher**: Okay and then within your department what are the services that you provide

**Participant C**: We provide supportive services to patients in terms of counselling conducting group work and showing the people knowledge in terms of healthcare education and community work projects and we also liaise with other external stakeholders to ensure that the patient receive continuous support depending on their need as well.

**Researcher:** Alright, and then on your daily routine, what are the most profound services that you provide, the services that you would say every single day when I'm here I do

**Participant C**: Everyday I'm always conducting family conferences with multidisciplinary team and showing that the family understands the patient’s condition and the importance of treatment compliance and to ensure that the patient has family support, we discuss a discharge plan and ensure that the patient has resources when they are also discharged.

**Researcher**: Okay. Uh I'm just for your part, what are some of the acts or policies that you know that regulate public health services.

**Participant C**: Uhm I'm not sure of the policies but I am sure of the operational...the SOPs, standard operational plan that is actually guiding social workers in terms of their intervention like for example mental health care services they have their own standard operational plan or procedure that as the social worker. This is what is expected from you, the intervention that you need to follow. I can make an example of the policies, like Mental Health Act is a policy and it's guiding the social workers in terms of providing services to health care users.

**Researcher**: And then what are the approaches that you use the most within your roles as a social worker

**Participant C**: I'm using people centred approach because I'm not only focusing on one aspect of the patient but I'm assessing the patient holistically so I'm assessing them holistically, family religious and everything and also I'm also using focused approach, that actually focusing on the problem because sometime the patient can have a lot of problem but you can find that there is a main problem that contribute to other problems. I'm also focusing on ...

**Researcher**: So, working in a public sector. Have you worked in a private or NGO before?

**Participant C:** Yes, I did work there.

**Researcher**: And how in comparison with your work here, it's a huge hospital in comparison to the NGO in how it operated. Is there any difference in terms of service provision?

**Participant C**: I can't say there is a big difference in the organisations that provide services on mental health on children and adults. Basically, there was not enough resources like sometimes when you want to advocate for the patient there is a limited resources because NGO does not have enough resources even us as social workers to provide services sometimes you find that the organisation does not have a car. Limited resources have affected us in providing quality services so with health care we have resources, we have more support with the supervision, with the management it's not the same as the NGO even the resources even the access of the service to us it's not even limited.

**Researcher**: Okay thank you for sharing that. Uh now in terms of multidisciplinary teams I'm assuming that you work within MDTs. How long have you been in these teams?

**Participant C**: I have been working with multidisciplinary teams for 5 years now and actually the core function of the social worker to work with MDT because for me to provide counselling I need to understand the diagnosis and how does it impact the patient. So, me working with multidisciplinary teams, actually we are providing a holistic service to the patient and also my services sometimes the patient can need other person’s service because of their specialisation, so working with them help me to meet all the needs of the patient.

**Researcher**: Yes, so what are the professionals that are in these teams that you work with?

**Participant C**: Uhm most of the time like for example I'm conducting family meeting with the doctors so that they make sure that the patient understands the diagnosis and the treatment plan also working with the OT, the occupational therapist, because when patients go out, when they are discharged they need to be able to move, to be mobile, they need wheelchairs. I'm also working with dietician as well because diet has an impact on the patient so I'm also working with them. Even the psychologists I'm also working with them.

**Researcher**: Okay. From your own observation how do you think your roles that you perform as a social worker are perceived by this team that you have just mentioned?

**Participant C:** Okay, I think the social work profession is one of the profession that is undermined and they have a misconception of the role of a social worker, because sometimes you get the referral that does not even link to your profession and they also perceive social workers as someone who has to do miracles. When they refer, they will just want you to do everything for the patient. Even how they perceive us, I feel like they undermine social workers, and they don't have a real...I believe that social work is not well recognised, not well represented or I can say not well understood in terms of them understanding our role.

**Researcher**: Okay and then in terms of communication line with the MDT how do they communicate with you or the other way round?

**Participant C**: So, the communication is very... We have a good interpersonal relationship because we all focus on the patient. We communicate telephonically we communicate eh through our referral, we also communicate verbally when we are in the ward rounds or when we are with the family conducting the family conference. So yeah, we have good interpersonal relationship, the relationship is good because everyone is focusing on the patient.

**Researcher**: Okay. Yeah, that makes sense, which is also good. Uhm so now we are going to the training because I understand that social workers go to school for 4 years that is undergraduate. In different institutions it would differ the type of curricula that they would provide to one, but then undergraduate remains the main foundation of the profession as a whole. Do you think the training that you received at undergrad has adequately equipped you to function in the health sector?

**Participant C**: Uhm with my experience I believe that the knowledge from the university is not enough because what we are dealing with here is something that has never even been introduced. For example, at school we never even know about palliative care we were not even taught about mental health care users, so it becomes very difficult for us to function, then we have to attend trainings, we have to read, the knowledge from the university is not enough. It does not even prepare us for this environment.

**Researcher:** Okay. So, in what you are saying I will take that most of the skills and knowledge that you are utilising now, you have learned on the job and working with your seniors.

**Participant C:** Yes

**Researcher**: Alright thank you for that, now you have given me your understanding of public health the type of services provided, social work services provided within your institution. Now generally what is your understanding of social workers’ roles in healthcare? The role of social workers in healthcare

**Participant C**: With my understanding and with my experience is that the social worker is to provide counselling, psychosocial support and ensuring that the social worker assess the patient’s home circumstance to make sure that the social worker has family support system and to ensure that the patient comply to the treatment plan and the social workers is to ensure that the discharge plan is discussed before the patient go home because it's very important for the social worker to know the discharge plan, who will be taking care of the patient at home and everything.

**Researcher:** Alright, thank you for sharing that. Uhm so on your daily basis, because now you have mentioned psychoeducation, on your daily routine which ones do you think play mostly.

**Participant C:** I think its psychoeducation and discharge plan because where I am working now it's mostly about family meetings to make sure that there is family support to provide psychoeducation for treatment compliance and to assess the client’s home circumstance. That is my daily cases.

**Researcher:** So, you mentioned that as a social worker for you to be able to play within those roles effectively, what skills should you have in order to do those roles effectively?

**Participant C**: First of all I need to understand the standard operational procedures, that is actually helping me in terms of my intervention, it guides me in terms of my intervention, and also my relationship with the MDT is also important because I cannot conduct family meetings alone I cannot discuss a discharge plan alone also I need to work with the supervisor in terms of communicating with the external stakeholders for continuous support .

**Researcher:** Alright, I hear that thank you. Now mentioned supervisor quite a lot. Uhm, in your experience working here for the past 5 years what type of support do you receive from your team?

**Participant C**: I can say from my supervisor first of all, my supervisor are enabling me to do my best and my supervisor is also supportive, whatever I bring in terms of maybe the intervention plan, she listen to me and guides me and then my colleagues, they are also supportive sometimes I will be dealing with a case that is familiar to my colleagues so instead of going to the supervisor I just ask the colleagues, “guys this is the challenge, where can I go”, so they are very supportive

**Researcher:** And then within the MDT do you get the same support?

**Participant C**: Yes, with the MDT they are always available, there is no time where I need the doctor to explain the diagnosis or the treatment plan, I never had any challenge they will always avail themselves because they will always have it in their mind that this is for the patient so they are always available.

**Researcher**: Within the social work, I would say the theory perspective, of course you can have one supervisor, but there are 3 types of supervision we have educational, interpersonal and administrative and because of the fact that people differ you find that your supervisor is providing one more than the other, and at that point in time, you might be needing the other one that he or she is not providing , in your experience with your supervision, how would you describe your supervision, the form of support from your supervisors?

**Participant C**: I can say that the supervisor is only focusing on administrative. How you manage it, so she just wants the report she wants the job to be done., I cannot say there is no support but it's mainly about administrative supervision, it's just the report, you just submit. Its only about that

**Researcher**: That is to be expected because now you would think that she is under pressure from the upper management you know that's why she just want to see the job done but then changes can be made you know to make difference because support from him or her can make a huge difference in your work and profession. Thank you for that. Now we gonna jump to the challenges. So, you mention that you have been in the MDT for 5 years I cannot expect you to say it was all perfect what are some of the challenges you have experienced within the MDT.

**Participant C**: Working in the MDT sometimes they want you to do everything for the patient, sometimes thing that are not in your scope of work. For example, to take the patient to the mortuary, to accompany the family. They expect us to do things that are not within our scope of work that is the challenge sometimes you have to remind that “no, I am not doing that, it's not part of my work. That is the challenge. Sometimes they will refer unnecessary cases that does not even need social work intervention for example if the person was from the street now the patient has to be discharged, they expect you to get a placement they will just demand it now, you have to come now. Sometimes they will refer the patient when they have already discharged. How am I going to provide the quality services. Now because they want the bed, they just say this patient has to go home. That is the biggest challenge we have social workers, they don't want to refer in time, they refer late when they have already discharged as if they have discovered the problem now, yet the problem have been here for 2 weeks but they will refer the case to the social worker when they have already discharged, making us not to provide quality service.

**Researcher:** And obviously this is not good on the profession like what you are saying now, because it would seem like you are not doing your job...

**Participant C:** Yes, and when you are telling them that this is not part of my job, they feel like you are not taking their orders yet there are things that we are not supposed to as social workers, there are things that are out of our scope. They expect you to do miracles, if there is no miracle then it's like you couldn't do enough.

**Researcher:** So how do you address these issues with them?

**Participant C:** Me as a social worker, I stand on my ground, I make sure I do what I am supposed to do. I will not do what is not in my scope of work and when they refer cases late like they are discharging patient, I have a right as a social worker to advocate for the patient and if there is still a need for the service I tell them not to discharge, I make recommendation I expect them to respect my recommendation. So, I am addressing it to them verbally and I write it on the patient file, I will say this is my assessment and this is my recommendation to address those challenges. If they are unnecessary cases I tell them that this is not part of my work, then ...

**Researcher:** Yeah, Alright and you mentioned some of the negatives, what are the benefits of working within the MDT in terms of the patient’s care.

**Participant C:** I believe that the patient gets the holistic service with the MDT. For example, if we have the family meeting, there is an occupational therapist, there is a doctor, there is a nurse you know, the patient’s need is able to be addressed. When the patient go home everyone has done his work. That is the best part, the patients gets all his services.

**Researcher**: I guess that is the whole point that we need the patient, the moment they walk out they are satisfied. Thank you for sharing that. And you also mentioned that the challenges are that sometimes they don't understand your roles, or that the profession is being undermined all together. So, you have shared quite an extensive information, but do you have anything that you would like to add that I did not ask.

**Participant C:** I think you have mentioned everything. There are things that I was not aware of but now I am aware of. I believe this study is going to change even how they perceive us. And I wish our profession should be respected, should not be undermined. I wish that MDT can have a better understanding of social workers roles.

**Researcher**: And in terms of your recommendations in closing, what do you suggest can be changed, amended or done to make sure we continue to provide quality public health services to the patients

**Participant C:** I believe that social workers need to receive training even supervisors need more training. We need to have more training and more research and more social workers to attend more training workshops and even at the university level introduce some part of what is happening in public health, in the hospital, just to introduce students on what is actually happening.

**Researcher**: Thank you so much for everything that you have shared. I must say that your contribution to the study is gonna make a huge difference. We hoping that like you said that uhm eventually I don't know when that will be we have health care professionals understanding the roles of social work and they are having a better perception of social workers if they don't have it right now and then the hopes that this research also contributes to policy changes maybe as times goes we know that the upcoming social workers will be working in a better working environment with better professionals working with them. Thank you so much for today, I really appreciate it.

**Participant C**: Thank you.