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Perceived challenges of medical social workers in a public health facility in Ilorin

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Abstract
Medical social workers are important players in the overall management of diseases and illnesses in hospital settings. They help facilitate the treatment process and contribute to the overall well-being of the patients. However, there is a growing inter-professional misconception of roles between social workers and other medical personnel in hospitals coupled with societal lack of knowledge of the role of social workers in medical facilities. In this study, the perceived challenges of medical social workers in a tertiary health facility in Ilorin were investigated using a phenomenological research design. Fifteen participants who were medical social workers were purposively selected. Data gathered was analysed using thematic and content analyses. The study found prejudice, discrimination, and structural conflicts as the major challenges of medical social workers in the facility studied. Other perceived challenges were non-recognition of the roles of medical social workers by other health practitioners, which often dovetails into a lack of cooperation. The study recommends structural adjustment and policy framework that would institutionalize the roles of medical social workers in health facilities not only in the study area but the whole country. This will not only boost the morale of medical social workers but also improve the good working relationship among other medical personnel.

Keywords: medical social work, health facility, role, discrimination, challenges

Introduction

Social work is relatively one of the youngest professions in the social science family. Incidentally, the profession is a fast-growing discipline across the world, especially in Europe and America. This is because the profession officially originated as a movement primarily experienced within the United States and the United Kingdom in the 19th century (Yusuf, 2019). Today, the profession is gradually permeating every country of the world. The profession has many "faces" according to Morales, Sheafor and Scott (2010) and so social workers can be found doing different things. The National Association of Social Workers (NASW) noted that the utmost primary mission of Social Work as a profession is to enhance the wellbeing of humans in the society and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed and those living in poverty (NASW, 2017). Meeting the basic needs of people happens everywhere including the hospital. Social workers are therefore found in hospital settings helping patients in collaboration with other professionals.

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A large number of professionals are involved in the management of diseases and illnesses in modern health facilities. Thus, management of illness requires teamwork that comprised doctors, pharmacists, nurses, laboratory scientists, and social workers (Iyang, 2008). Today, several illnesses exist which require the intervention of professional social workers because not all pathological problems require medication. Hence, the need for medical social workers to work with other medical professionals to perform various roles in medical facilities aimed at restoring the general wellbeing of patients/clients. These roles played by medical social workers have been undermined, especially in developing countries (Adeoti, 2019; Okoye, 2019). Also, inter-professional conflicts among health professionals in hospital settings have been reported globally. These include conflicts between physicians and nurses (Hendel, Fish, & Berger, 2007; Rosenstein & O'Daniel, 2005), conflicts between social workers and nurses (Zwarenstein & Reeves, 2002), and conflicts between social workers and physicians (Brown, Lewis, Ellis, Stewart, Freeman & Kasperski, 2011; Merrill & Miller, 2015; Abramson & Mizrahi, 1996). For instance, in the United States of America, Limon (2018) found out that many of the challenges faced by social workers in hospital settings are professional conflicts with other medical personnel which are due to divergent approaches to patients' illness. Similarly, Merill & Miller (2015) identified interprofessional conflicts between doctors, nurses, and social workers as a major challenge in the US. Quite often, medical social workers' roles in these facilities are not clearly defined which contributes to interprofessional role conflict.

McLean & Andrew (2000) observed that the stress social workers face, especially those in the health care system, usually result from role conflict, disagreement about good practice, and lack of recognition. While examining the challenges faced by social workers especially medical social workers in Sub-Sahara Africa, studies revealed that many health care professionals and the general public are confused about the role of social workers in hospital settings (Muhandiki, 2016; Schiller, 2017). For instance, in a study carried out by Muhandiki (2016) on the challenges of integrating social work into medical practice in Geita Regional Hospital of Tanzania, the author pointed out that 100% of the hospital health care workers have positive attitudes towards social work professionals attached to the hospitals and they also recommended that the number of social work professionals should be increased so that they can manage patients and clients requiring their care. However, findings also indicated that the majority of respondents (61.3%) were not aware of the roles and functions of hospital social workers while 81.3% of respondents were also not aware of cases that require social work interventions (Muhandiki, 2016). In South Africa, Schiller (2017) sees a lack of adequate facilities and bureaucratic processes as major challenges facing social workers in the country. This is an indication that even the government and the general public are yet to appreciate the roles of social workers in medical facilities. In the same vein, Kadushin & Kulys (1995) found out that social workers experienced conflicting role expectations because other members of the team did not understand the social work role and did not appreciate what they have accomplished.

This then brings to the fore, the issue of social identity as expounded by Hogg et al., (1995). The social identity theory tries to explain behaviour and membership in groups. It offers social-psychological narratives in the understanding of individuals and groups in an organisation and society. The theory was originally developed by Turner (1975, 1982, 1984 & 1985) and Tajfel (1978, 1981). According to the theorists, people often classify themselves and others around them into various social categories, such as organisational membership, gender, age, and religious affiliation (Tajfel & Turner 1985). This classification naturally creates a 'we' and 'they' group or an 'in-group' and 'out-group'. It is posited that the 'in-group' often discriminate against the 'out-group' to enhance their self-image. The most disturbing is that group members of an in-group would seek to find negative aspects of an out-group to enhance their self-image and charisma. In other words, as members of the in-group, there is a tendency to stereotype and dehumanise others to enhance one's self-esteem or image (Korte, 2007). Therefore, stereotyping, prejudice and conflict are important consequences of social identity and self-categorisation (Tajfel, 1982, Turner et al., 1987). This theory is critical to understanding the challenges of medical social workers in the hospital settings because once groups identify themselves as rivals, they are forced to 'compete' so that the members can maintain their self-esteem or self-image. The competition and hostility therein may not only be a matter of competing for resources but also the result of competing identities.

While studies have been carried out on the challenges facing medical social workers in other parts of the world, there exists a dearth of literature on the challenges facing medical social workers in Nigeria. The knowledge gap may be attributed to the fact that social work practice is yet to be well integrated into the overall health care delivery system in the country. It is therefore pertinent to fill this knowledge gap in the literature. This study examined the perceived challenges of medical social workers in a public health facility in Ilorin, Kwara State, Nigeria.

Method

Study Setting

University of Ilorin Teaching Hospital is a tertiary medical institution providing healthcare services. Like other tertiary medical institutions in Nigeria, it also engages in training and developing future medical practitioners. The health facility came into existence on 2nd May 1980 with the federal government setting up its board of management. The board was inaugurated on 13th June, 1980 by the then Honourable Minister of Health (Mr. Daniel Ugwu) alongside eleven other teaching hospitals.

Medical social work was first established as a unit under the Department of Behavioural Science and Psychiatry in 1981 at the University of Ilorin Teaching Hospital. It became the Department of Medical Social Services in 1984.

Participants and sampling

A phenomenological qualitative research design was deployed to understand and explore the perceived challenges of medical social workers at the facility. The study used a qualitative research method to allow the study participants (medical social workers) the opportunity to express themselves on the issue of challenges they faced with other medical professionals at the University of Ilorin Teaching Hospital (UITH). Qualitative research allows the researcher to obtain first-hand information from respondents about a particular burning issue and "understanding of a given programme, people's experiences, meanings and relationships" in a given context (Mohajan, 2018: 2). Hence, obtaining qualitative data like this allows the researcher to obtain valuable information including attitude and behaviour surrounding the issue of interest.

Purposive sampling technique was used because all the participants possess the essential features and characteristics the researcher wanted. As a result, this sampling technique was used to select 15 research participants for the study. The selection was based on whether participants were currently working with the Teaching Hospital or had previously worked and retired from the facility as a medical social worker. Data were collected using in-depth interview since the overarching objective was to examine the perceived challenges faced by medical social workers. The participants allowed the researcher to tape-record the interview. Then, the data collected were transcribed before being analysed using thematic and content analysis. Ethical approval for the study was granted by the Ethical Review Committee of the University of Ilorin Teaching Hospital.

Results

The following themes emerged from the transcripts of interviews conducted: i) Duties and motivations; ii) Prejudice and discrimination; iii) Groupthink and conflicts; iii) Structural challenges

Duties and motivations

In line with global best practices, social workers in the facility studied, have a lot of responsibilities to patients. Among duties performed as espoused by the medical social workers in the facility include clerking, repatriation of patients, counselling, discharge planning, soliciting and advocacy, individual and family therapy as well as home visits. According to participants, the essence of these services was to improve the social functioning of clients and patients. One participant stated that the job of a social worker is "to give voices to the voiceless, touch the lives and souls of patients positively, and give services to humanity".

Generally, participants expressed happiness as social workers and the majority were proud of their job. They claimed they are proud and motivated to discharge their responsibilities as social workers as enshrined in the principles and ethics of the profession. A female social worker disclosed that "it is our job and we are proud to do it".

However, motivations of medical social workers were largely intrinsic and not particularly extrinsic. Intrinsic motivations came from within and not from external

factors such as material rewards. The medical social workers interviewed claimed to be motivated by the prayers received from clients and their families when helped. According to a participant: "…the smiles we put on the faces of clients and their families after discharge, and the hope of the reward from God for serving humanity are the motivating factors to most of us".

Prejudice and discrimination

Social Work is a respected profession in many parts of the world. This may not be the case in Nigeria where it is believed that social work practice does not require any special skills but just common sense. Even within the health facility, this problem exists. Although, few participants in the current study acknowledged that their contributions are appreciated by some health workers, many felt that social workers are treated with disdain and scorn by most health workers, especially doctors and nurses. Many participants believed that the majority of the doctors and nurses were hostile to social workers. Some participants disclosed that most of the doctors and nurses are too pompous and too disrespectful to social workers. A participant alleged that: "many physicians and nurses undermine our profession. They use derogatory words to describe our job. Some call us "*kowere-kowere"* (a derogatory term used to describe a social psychiatrist). According to a female participant:

> While some nurses and doctors are excellent people, the majority are rude. This category of doctors do side-line us when taking important decisions about patients. To them, we are not that important in the whole management process. They feel superior. They belittle the importance of social workers in the health care team. They forget that we are team players

Notwithstanding, some participants believed that unlike before, some doctors and nurses are beginning to appreciate the job of social workers gradually. A male worker noted that "Social Work profession is gradually becoming recognised by other health professionals and we are happy with that".

Groupthink and conflicts

The perceived prejudice and discrimination as expressed by social workers appeared to have been rooted in the 'group-think' syndrome. According to a female medical social worker "There is an absolute cooperation and loyalty among doctors… But this is not the case with others… We are seen as outsiders". Another participant reiterated that:

> Doctors show the most cooperation towards their members. They protect each other. Most times they cover up their mistakes. While this may be good, it has its own side effects.

Another participant observed that:

> Doctors believe they are superior. Many of them impose rules and decisions. They give instructions. They want to teach us how to do our job. This is not correct. Even some nurses feel superior too. Sometimes, nurses think they have been here before us. As a result, they feel that they are more superior in hierarchy. This affects us emotionally.

Therefore, group-think could be a major source of conflict of interests between medical social workers and other health professionals. While group-think brings cohesion among 'in-group', it could endanger working relationships and limit cooperation with 'outsiders'.

Structural challenges

Beyond perceived prejudice, discrimination, and conflicts, medical social workers are faced with infrastructural deficiencies. Like prejudice and discrimination, these challenges are system-based. These include a shortage of qualified and certified social workers, poor remuneration, undue political interference, perceived corruption, and inadequate facilities. The following submissions confirmed the position of the social workers interviewed. According to a participant: "there are two common problems with staffing; shortage of staff and shortage of qualified staff. The two are not the same. Many of our social workers have no qualifications in any field of social work".
Another participant also noted that:

> There are some of us here who only learnt the job on training. Many of us do not possess the necessary certificates to practice. Some have backgrounds in Economics, Agricultural Science, and Sociology and did not bother to have additional qualifications.

According to participants, most of the problems are system-based, as hospital management does employ unqualified social workers and refuse to ask them to further their studies. According to a female participant:

> The problem we have with the management is that they think everybody can do the work of a social worker. So, they employ all kinds of people, largely, I think, for political gains.

Another participant revealed that: "shortage of manpower is one of the greatest challenges we face. How can less than 20 people handle over a thousand patients?" she asked. The resultant effect of manpower shortage is burnout and fatigue as expressed by participants in the study. One participant put it this way "I go home stressed out every day. There are no weekends, no Sundays, for us most times".
Furthermore, the social workers interviewed also revealed that they were faced with the problem of inadequate facilities to carry out their duties. According to one of the participants:

> Confidentiality is one of the cornerstones of the principles of Social Work. However, confidentiality of patients cannot be totally guaranteed as staff share offices…For example, four of us share this office. When clients come around, there is usually limited space for confidentiality, which makes intervention nearly impossible. Our resource room is ill-equipped.

A female participant added that "we do not even have computers to store data. We make use of pen and paper for clerking which is usually not sufficient. It is even outdated.

Another participant revealed that:

> We do not have any functional official vehicle in case we want to repatriate indigent clients. This makes home visits difficult. We often use personal money to repatriate.

Finally, another participant corroborated by saying that:

> There used to be special funds for the indigent directly from the Federal Government. Unfortunately, the money doesn't come directly to us anymore. We now rely on donations from philanthropists. Unfortunately, the donations have dwindled in recent times, perhaps, owing to the situation of the country. We are in a very serious problem. We hope and pray that budget is brought back. This will enhance the quality of services we provide.

Discussion

The current study has investigated the perceived challenges faced by medical social workers in a tertiary health facility in Ilorin, Kwara State, especially now that there is a need to increase the efficiency of the health care system. The study found that social workers in the study facility were faced with daunting, multifaceted challenges in their workplace. However, challenges faced by medical social workers is a global problem; it is not peculiar to the studied facility alone. According to Midgley (2007) and Macpherson and Midgley (2008), the major issues and problems facing the social work profession revolve around its structure, functions, identity, resources, and education. These challenges often limit social workers' ability to deliver quality services to patients.

The current study found a lack of cooperation and recognition from other medical team members as the major challenge of medical social workers. There were complaints from the social workers that the majority of the physicians and nurses hardly cooperate with them in interdisciplinary teamwork. Previous studies have shown that this is a general problem across the globe. Muhandiki (2016) discovered that social work professionals encountered the challenge of non-cooperation from other professionals in Tanzania. According to Muhandiki (2016), most of the other medical personnel were much aware of the presence of social workers but were not deliberately working with them. Where prejudice and discrimination are perceived, conflicts are bound to occur, especially in an interdisciplinary teamwork environment such as the health industry (Mills 2002). What is however important is how the imagined or real conflicts are managed. Where conflicts are not well managed in a workplace, especially in a hospital setting, it could truncate teamwork, dampen the spirit, and create room for suspicions. This may in the long run, affect productivity and the overall health care delivery.

Furthermore, many of the social workers interviewed expressed that they had to constantly deal with the superiority complex of doctors and nurses which often affect the emotional stability of the social workers. This finding has been corroborated by the argument of the social identity theory that groups tend to simplify the world through categorisation. This categorisation gives them an identity and enables comparison with other groups which often leads to stereotyping and discrimination (Macrae & Bodenhausen, 2000). The social identity explains the findings in this study as it helps

to understand the nature behind the superiority position claimed by doctors and/or nurses which often leads to the underestimation of social workers. Doctors and/or nurses, through social categorisation, derive a systematic means of defining themselves and others in the hospital environment. This gives rise to the hypothesis that pressures them to evaluate their group positively through in-group/out-group comparison, consciously or unconsciously, leading them to differentiate themselves from other professions and acting it out (Tajfel, 1978; Turner 1975). This has a significant impact on the emotion of the out-group and the stability of the system that requires urgent intervention.

For group members or the in-group, group-think creates a forum for strong group cohesion which is affiliated with a process that facilitates group decision making as members hold a common expectation of getting emotional reciprocity and also possess the feeling of confidence to offer counter-arguments (Paulus, 1998; Brown, 2000). However, for out-group, it creates enmity and rejection. Also, according to the argument of the social identity theory, groupthink is more likely to happen in groups with a strong identity as individual's self-concept is derived from his or her knowledge and/or of his or her membership of a social group coupled with value and emotional significance attached to that membership (Tajfel, 1978). The submissions of social workers in the current study attest to structural groupthink in the health facility studied. The current study equally found that financial constraints and lack of budgetary allocation were some of the major challenges faced by medical social workers. Virtually all social workers interviewed reported that they faced a lack of budget to help successfully deliver services to their clients as the budget made by the government is either cornered by the political class or insufficient to carry out their job effectively. Among other challenges reported were understaffing and political volatility. These findings are not also peculiar to the study environment. Chitereka (2010) in a study in Zimbabwe expressed that social workers faced the challenges of operating in an environment that is under-funded, understaffed, and politically charged. Also, there existed shortages of resources like stationery and transport. As a result, social workers cannot carry out home visits or do follow-up services on discharged patients.

Furthermore, other challenges found in the study were lack of awareness of the roles of social workers among medical staff and knowledge of cases that require social work interventions. The study found that owing to the paucity of knowledge about the roles of social workers in hospital settings among other health professionals, social workers are usually undermined and underutilized.

Conclusion

Previous studies have shown that medical social workers are key players in the interdisciplinary team because not all illnesses require medical solutions. Some illnesses require social diagnosis and social solutions, which social workers are trained to handle. This position may be valid because, behind every medical diagnosis, there is always a social diagnosis, and social workers in health care play core roles in ensuring an effective and efficient health care service delivery system to meeting the social determinants of health.

However, working in the health sector by social workers in a developing country like Nigeria is highly challenging. Even though the roles of social workers in hospital settings are well-articulated in various documents, their contributions to health care service delivery are usually underestimated by other health practitioners, including sister professions as revealed in the current study. Across the country, except for Lagos State and a few others, the skills and knowledge of social workers are underutilized, perhaps, due to lack of awareness of the roles and functions of social workers in medical service. Often, social work leadership roles are removed, and most often social workers are required to report to nurse managers thereby creating several negative consequences for social work in the hospital settings.

It is, therefore, important that management of the hospital industry in Nigeria take cognisance of the roles of social workers in the management of disease and illness, as they are to take care of social determinants of disease and illness. This study recommends constant workshops for all health professionals in the hospital settings on the roles of social workers to educate health professionals on what social work stands for. The management of the facility where the study was carried out, must, as a matter of urgency, employ people with qualified certificates in social work to practice in the hospital settings. This will enhance the quality of service delivery provided by social workers and invariably lift the spirit and status of practitioners. The alleged cases of salary disparity between social workers and other health practitioners are also important areas to be looked into by stakeholders in the hospital industry. This shall reduce the recurrence of strikes by Joint Health Sector Unions (JOHESU). When these recommendations are executed with sincerity of purpose, the wellbeing of the social workers, a good working relationship and effective service delivery will be guaranteed in the hospital settings.

This study had one major limitation. The analysis is on data obtained from a purposively selected small number (15) of social workers in one health facility in Ilorin. Perhaps a more representative sample that will include data from other health facilities across the country may allow for a bigger and better picture of the problem under study.

References

Abramson, J.S.**,** & Mizrahi, T. (1996). When social workers and physicians collaborate: Positive and negative interdisciplinary experiences. *Social Work, 41*(3), 270-81.

Adeniji, F.O. (2010). *Group-think among health workers: The Nigerian perspective.* Retrieved from: http:// www.sciencepub.net 2010 on 14th July, 2018.

Adeoti, O.B. (2019). Social workers in the hospital setting. In: A.A., Abdullahi & E.M., Ajala (eds), *Contemporary issues in sociology and social work* (Pp. 571-586). Ibadan: College press.

Adler, P.A.**,** & Adler, P. (1998). *Peer power: Preadolescent culture and identity*. New Brunswick, NJ: Rutgers University Press.

Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges faced by social workers as members of inter-professional collaborative health care teams. *Oxford Journal of Health Social Work, 41*(2), 101–109.

Anderson, N. (2007). Integration theory and attitude change. *Psychological Review, 78*, 171-206.

Auliffe, C.M. (2009). Experiences of social workers within an interdisciplinary team in the intellectual disability sector. *Critical Social Thinking: Policy and Practice, 1*,126-143.

Baldwin, D. (2000). *Health care teamwork*. Westport, Connecticut: Auburn House.

Bancroft, M. (2007). *Overcoming language barriers in health care: Best practices.* Retrieved from www.mdhealthdisparities.org/presentations/pdf/ 24MarjorieBancroft.pdf.

Beddoe, L. (2013). Health social work: Professional identity and knowledge. *Qualitative Social Work, 12*(1), 24-40.

Brown, R.J. (2000) *Group Processes* (2nd Ed.). Blackwell: Oxford, UK.

Chitereka, C. (2010). Hospital social work practice in Zimbabwe. *Social work in health care, 49*(9), 769-782.

Dziegielewski, S. F. (2002). *DSM-IV-TR™ in action*. New York: Wiley.

Gehlert, S., & Browne, T.A. (2006). *Handbook of social work in health care*. New Jersey: John Wiley & Sons.

Globermann, J., White, J., & McDonald, G. (2002). Social work in restructuring hospitals: Program management five years later. *Health and Social Work, 27(4),* 274-284.

Hendel, T., Fish, M., & Berger, O. (2007). Nurse/physician conflict management mode choices: Implications for improved collaborative practice. *Nursing Administration Quarterly, 31(3),* 244- 253.

Hogg, M.A., Terry, D.J., & White, K.M. (1995). A tale of two theories: A critical comparison of identity theory with social identity theory. *Social Psychology Quarterly, 58* (4), 255-69.

Iyang, S. (2008). Inter professional conflict in Nigeria healthcare system. *Nigerian Journal of Health Planning and Management, 3(1),* 47 -50.

Janis, I.L. (1982). Groupthink: Psychological studies of policy decisions and fiascos Retrieved from www.Psysr.org/about/pubs_resources/groupthink%20overview.html New York on 14th July, 2018.

Kadushin, G., & Kulys, R. (1995). Job satisfaction among social work discharge planners. *Health & Social Work, 20*(3), 174-186.

Korte, R.E. (2007).A Review of social identity theory with implications for training and development. *Journal of European Industrial Training, 31*(3), 166-180.

Macpherson, S., & Midgley, J. (2008). *Comparative social policy and the third world*, Brighton: Wheatsheaf Books.

Macrae, C.N., & Bodenhausen, G.V. (2000). Social cognition: Thinking categorically about others. *Annual Review of Psychology, 51*, 93-120.

McLean, J., & Andrew, T. (2000). Commitment, satisfaction, stress and control among social services managers and social workers in the UK. *Administration in Social Work, 23*(3-4), 93-117.

Merrill, L., & Miller, K. (2015). Interprofessional conflict management study in a hospital setting. (Unpublished master's thesis). California State University, Sacramento, United States of America.

Midgley, J. (2007). Global inequality, power and the unipolar world: Implications for social work. *International Social Work*, *50*(5), 613-626.

Mills, M.C. (2002). Conflict in health care organisations. *Journal of Health Care Laws and Policy, 5(2),* 502-23.

Mohajan, H.K. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People*, *7*(1), 23-48.

Muhandiki, W.D. (2016). *Challenges of integrating social work professionals into medical practice. A case study of Geita regional hospital* (Doctoral Dissertation/ Open University of Tanzania). Retrieved from http://repository.out.ac.tz/1558/1/dissertationmuhandiki_wilbard_deogratias.pdf on 14th July, 2018.

National Association of Social Workers (2005). *NASW Standards for clinical social work in Social Work practice:* NASW Press.

National Association of Social Workers (2017). *Code of ethics of the National Association of Social Workers*. Washington, DC: NASW Press.

Okoye, U.O. (2019). Healthcare social work in Nigeria. In Winnett, R., Furman, R., Epps, D., and Lamphear, G. (Eds) *Health Care Social Work: A Global Perspective.* New York: Oxford University Press.

Paulus, P.B. (1998). Developing consensus about groupthink after all these years. *Organizational Behavior and Human Decision Processes, 73*(2-3), 362-374.

Rosenstein, A.H., & O'Daniel, M. (2005). Disruptive behaviour and clinical outcomes: Perceptions of nurses & physicians. *Nursing Management, 36*(1), 18–29.

Schiller, U. (2017). Child sexual abuse allegations: Challenges faced by social workers in child protection organisations. *Practice*, *29*(5), 347-360.

Sheafor, B.W., Morales, A., & Scott, M.E. (2010). *Social work: A profession of many faces*. Allyn & Bacon.

Shrivastava S.R., Shrivastava P.S., & Ramasamy, J. (2014). Medical social worker: Strengthening linkages between the hospital and the community. *International Journal of Health System and Disaster Management*, *2*(2), 130-131.

Tajfel, H. (1978). The achievement of group differentiation. In H. Tajfel (Ed.), *Differentiation between social groups: Studies in the social psychology of intergroup relations* (pp 77-98). London: Academic Press.

Tajfel, H. (1981). *Human groups and social categories: Studies in social psychology*. Cambridge, England: Cambridge University Press.

Tajfel, H. (1982). Instrumentality, identity and social comparisons. In H. Tajfel (Ed.). *Social identity and intergroup relations* (pp 483-507). Cambridge, England: Cambridge University Press.

Tajfel, H., & Turner, J.C. (1985). The social identity theory of intergroup behaviour. In S. Worchel & W.G. Austin (Eds.), *Psychology of intergroup relations* (2nd ed., pp 7-24). Chicago: Nelson-Hall.

Turner, J.C. (1975). Social comparison and social identity: Some prospects for intergroup behaviour. *European Journal of Social Psychology, 5*, 5-34.

Turner, J.C. (1982). Towards a cognitive redefinition of the social Group. In H. Tajfel (Ed.), *Social identity and intergroup relations* (pp 15-40). Cambridge, England: Cambridge University Press.

Turner, J.C. (1984). Social identification and psychological group formation. In H. Tajfel (Ed.), The social dimension: *European developments in social psychology, 2*, 518-538. Cambridge, England: Cambridge University Press.

Turner, J.C. (1985). Social categorization and the self-concept: A social cognitive theory of group behaviour. In E.J. Lawler (Ed.), *Advances in group processes*, pp 77-122). Greenwich, CT: JAI Press.

Turner, J.C., Hogg, M.A., Oakes, P.J., Reicher, S.D., & Wetherell, M.S. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford, England: Basil Blackwell.

Yusuf, M.S., Abdulhameed, A., & Oladeinde, D.D. (2019). Foundation of social work. In: A.A., Abdullahi & E.M., Ajala (eds), *Contemporary issues in sociology and social work* (Pp. 375-397). Ibadan: College press.