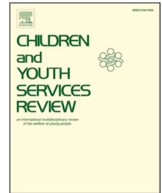
Children and Youth Services Review 156 (2024) 107236

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Advancing the need for medical social workers in paediatric wards at a public health hospital in South Africa

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ARTICLE INFO

Keywords:
Medical social worker
Children
Hospitals
Intervention

ABSTRACT

Whilst the literature related to social work services with children is extant, little is devoted to medical social work with regards to children in a hospital context. Moreover, empirical research related to medical social work is scant in South Africa. Using a qualitative research approach data was collected from health professionals, working in a paediatric ward, at a public health hospital in KwaZulu- Natal. The objective was to understand the experiences of paediatric patients and their parents and the potential role of social service professionals in paediatric wards. Semi-structured in depth interviews were conducted with a sample of eleven paediatricians, nurses and occupational therapists. The study found a huge gap in the paediatric ward with regards to psycho-social support services and the need for medical social workers.

1. Introduction

Social work competence rests on the ability to integrate and apply social work knowledge, values and skills to practice situations in a purposeful, intentional, and professional way that promotes human and community well-being (Regan & Detlaff, 2016). Whilst much abounds in social work literature related to practice in child care and family organizations, schools, justice settings and other settings such as substance abuse rehabilitation centers, little has been done to explore the potential for medical social work in South Africa. Beder (2006: 176) described medical social workers as the "soul of the hospital providing support, understanding, and caring at a person to person level."

Social work is predicated on the biopsychosocial approach which considers a person in their entirety within the context of his or her environment and allows a practitioner to assess the needs of an individual through a multidimensional lens (Berkman & Volland,1997). As Rock (2002) stated the biopsychosocial approach considers three interrelated facets of a patient's functioning, with "bio," referring to the physiological and medical aspects of a patient's health and well-being; "psycho," referring to a patient's self-worth and emotional and psychological resources related to their medical condition and "social," referring to the social environment that surrounds and influences a patient. This presents a holistic picture of an individual and enables intervention to be guided by a multidimensional approach that considers all three facets.

In this vein the World Health Organization has conceptualised health as a state of total physical, mental, and social well-being and not the absence of disease (Svalastog, Donev, Kristoffersen & Gajović, 2017). There are five facets of health namely physical health, social health, emotional health, spiritual health and psychological health (Hawks et al. (2007)). Physical health emerges from good physical health practice, proper nutrition and exercise, along with appropriate health care (Swarbrick & Yudof, 2015). Social health in contrast relates to an individual's ability to interact with others such as friends, family and society (Khan &Qureshi, 2018). The psychological and emotional aspect includes the ability to express emotions, to enjoy life, adjust to emotional difficulties, and deal with stress and traumatic experiences that an individual faces throughout life (Swarbrick & Yudof, 2015). Finally, spiritual health alludes to the connection with one's self (personally), other individuals (socially), the nature (environmentally) and God (transcendentally) (Ghaderi et al., 2018). Consequently, interventions levelled at improving the physiological aspects of a person in hospital must be supported with interventions aimed at improving the psycho-social and spiritual aspects of their being so that they can heal holistically. Social workers constitute one of the largest groups of trained professionals who can provide evidence-informed behavioural health treatment. Moreover, the profession has grown in its expertise in integrated behavioural health (Zerden, Lombardi & Jones, 2019)

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https://doi.org/10.1016/j.childyouth.2023.107236
Received 18 March 2021; Received in revised form 19 August 2022; Accepted 14 October 2023
Available online 5 November 2023
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making them an important yet neglected component of the hospital context.

Most public hospitals in South Africa do not make provision for psycho-social support and spiritual care that can help children transcend the difficult experience of illness, injury and hospitalisation (Bezuidenhoudt et al., 2021). Social service professionals that include both child and youth care workers and social workers are professionally trained to provide the support required to children and families facing any form of distress or trauma are rarely employed within a ward or do ward rounds. Hence there remains a void in public health facilities, with regards to such social service professionals who can render supportive and therapeutic services to children and their families in the South African context. Currently where social workers are present at public health hospitals they work more with patients and families post discharge, with regards to issues in the home circumstances that may cause illness or threaten recovery post hospitalization.

For the purpose of this study child and youth care work is a new profession in South Africa, which was recently regulated by the South African Council for Social Service Professions. Both the social work and child and youth care profession are regulated by this Council and both professionals offer therapeutic support to children, youth and their families in the South African context. Child and youth care practitioners work in the life-space of young people in varied social service settings (Allsopp, 2021). Allsopp (2013: 33) defined child and youth care work as being "the application by a child and youth care worker, of the body of child and youth care work knowledge, in order to provide relational contexts and direct interventions that promote development and/or provide therapeutic experiences for vulnerable, orphaned and at-risk children in their life space – towards the aim of increasing their social, emotional and behavioural competence." She added that child and youth care practitioners engage holistically with children as their lives unfold, maximizing their development and the therapeutic potential in everyday life events; in interactions between the child and others; in the provision of care; and in the context of the provision programmes. Similarly social work is a practice-based profession that uses its knowledge to engage people and structures to address life challenges and enhance wellbeing (IFSW, 2014). Whilst there are distinct differences between both professions, the current study argues for their inclusion in paediatric wards as both professionals work directly, therapeutically with children in distress.

It is against this backdrop that the current study sought to understand the potential to advance hospital social work and child and youth care in a paediatric ward at a large public hospital in the Province of KwaZulu-Natal. The study was also valuable as medical social work remains largely unexplored within social work literature and empirical research in South Africa. The literature review presented in the sections that follow contextualise the literature related to children in a hospital context and medical social work.

2. Literature review

When children become ill, it becomes a life-changing experience both for the child and their family and caregivers alike (Curtis, Foster, Mitchell & Van, 2016). Despite the fact that the hospital is deemed a place for healing and recovery, it inevitably provokes untold stress for children in particular (Koukourikos, Tzeha, Pantelidou & Tsaloglidou, 2015). Anxiety may set in when these children are confronted with the environment and the associated medical processes that take place in a hospital (Li, Chung, Ho & Kwok, 2016). This may influence their recovery as physical and psychological aspects are interrelated. The unfamiliarity of the hospital environment may also cause the child to act out emotionally, creating an impact on the delay of important medical treatments and increasing the time and process of the treatment (Lerwick, 2016).

Children present to hospital and require admission for a broad range of medical, traumatic and social crises including Human Immunodeficiency Virus (HIV), tuberculosis (TB), leukaemia, childhood cancer, asthma, traumatic brain injury and epilepsy (Pufall et al., 2014; Marais & Schaaf, 2014; Hunger & Mullighan, 2015; Koohan, Yousofian, Rajabi & Zare-Farashbandi, 2019; Trivedi & Denton, 2019; Stanley et al., 2012; Minardi et al., 2019). It is during this time, that both children and parents encounter the hospital's milieu for the first time and are faced with an array of medical interventions that are daunting.

Paediatric illness not only disrupts the health of the child profoundly, but also disrupts normal family functioning and well-being (Crow et al., 2017). Usually, children and adults are different in ways that affect how they evaluate the quality of care given to them, as children rely mostly on their caregivers (Dackiewicz et al., 2016). As such children require a greater amount of emotional care and support.

Research has shown that in a paediatric critical care setting, parents have reported being highly stressed because of the illness that their child was facing and the treatment they received. This was found to play a role in the way parents perceived the information that they received and the way they made decisions in relation to the child's diagnosis and the way they function (Foster, Whitehead & Maybee, 2016).

Children who have been hospitalised are known to experience considerable fear and stress (Salmela, Salantera & Aronen, 2009). The hospital environment itself is hugely unpredictable and confusing for the young person because their routines and everyday activities are not practiced normally (Conye, 2006). Emotional deterioration occurs when they leave their comfort zone which is their home and go to an unknown hospital environment (Gomes & de Oliveria, 2012). Hospitalisation of a child can therefore be emotionally debilitating for a child (Rokach, 2016). Moreover children start to experience uneasiness and greater negative physiological symptoms, as they begin to engage with medical staff in the hospital context (Lerwick, 2016). Being an inpatient, means that children experience loss of control over their lives and they are unable to decide what and when to eat and when to receive visitors. They also do not have much chance of leaving the inpatient area or have a wide range of activities or control of the physical environment (Andrade & Devlin, 2014).

2.1. *The effects of hospitalization on a child*

Chung (2014) wrote that most children, who are hospitalized have unsettling feelings about the medical environment. Hospitalization is a difficult and stressful time for a child, who has to adjust their usual lifestyle, such as their social life and the rules and routines that they are familiar with, to the routines of a new environment that they have just entered (Martins, da Silva, Fernandes, eSouza & Vieria, 2016). Moreover, children have opportunities taken away from them such as socializing with peers because of frequent or long term hospitalization (Russell, Oh & Taylor 2019).

One of the biggest fears of children endure during hospitalization, is related to surgical procedures and pain associated same and with being injected (Conye, 2006). Hospitalised children frequently undergo painful procedures associated with treatment, and they also experience pain related to their symptoms of disease or injury which creates distressful or negative experiences (Vejzovic et al., 2020). In fact it has been found that during surgery children are also quite likely to resist sedation through intravenous injections due to associated pain (Chow et al., 2016). This pain results in a loss of appetite, discomfort and feelings of fatigue (Matziou et al., 2016). The way in which children confront such painful encounters is closely associated with their age and cognitive maturity (Silva et al., 2011). Moreover research has found that children facing surgery feel upset, angry and depressed when they do not have sufficient information about the procedures they will be facing (Ramsdell, Morrison, Kassam-Adams & Marsac, 2016).

The hospitalization of a child also affects parents who would be involved in supporting the child through medical treatments and procedures (Casamir, 2019). Parents tend to feel intense levels of helplessness over their child's illness and treatment protocols (Matziou et al.,

2016). In particular they experience deep fear of the unknown, its outcomes and their coping is influenced by their experiences and knowledge of the situation (Gomes & de Oliveria, 2012). Parents may also fear the medical interventions, commonly effected in the hospital environment, they fear that their child's illness or injuries might worsen and they also fear that their child may not get proper medical care (Gomes & de Oliveria, 2012). Hence, parents endure a deep fear of the unknown in the hospital milieu and have to find their way within the medical system, with many erratic feelings, particularly that brought on by the risk of their child's mortality (Kosta et al., 2015).

Parents also need to be educated about their child's diagnosis, treatment, and home management because this information is crucial to enhancing their coping, relieving feelings of uncertainty, and helping with the transition from hospital back to home (Rodgers, Stegenga, Withycombe, Sachse & Kelly, 2016). A study done by Aarthun, Oymar & Akerjordet (2018), found that parents preferred receiving individualised information from healthcare workers about their child's health. It has been found that parents who received adequate information about the health of their child were able to become actively involved in the decision making process (de Melo et al., 2014). Parents have also been found to struggle with the stress of helping their child transition out of hospital and back to home (Beck et al. (2017)). Hence after discharge support is crucial.

2.2. Advancing the roles of social workers in hospitals

Psychological care is crucial in the hospital context, because without support to deal with a child's fears and anxieties, health issues may escalate (Lerwick, 2016). Hence although particular attention is paid to the improvement of the clinical symptoms of a child's illness, post admission, attention related to the psychological burden must also be prioritised (Koukourikos et al., 2015).

It has been argued that a "social worker in a medical team helps to solve social problems in individual patients and their families, and the interaction between the patient and the family, is the main role of social workers in health care for patients in order to obtain their health" (Parast & Allai, 2014).

Health social workers can provide both concrete and clinical services (Carranza, 2013). Carranza (2013) added that these concrete services relate to acting on the information and the activities that are referred from the medical staff, whilst the clinical services include dealing with interpersonal relations between the social worker, the patient and their family.

Social workers usually help support patients and their families within the complexities of the health system, by providing patients with psycho-education on health and wellness and by addressing behavioural health issues (Zerden, Lombardi & Jones, 2019). The social worker role also includes crisis intervention, provision of information, family meetings, discharge planning and referral to community services (Browne, 2019). Their other roles include collaboration with medical teams, counselling, and spiritual interventions. According to Temesgen. (2016), social workers are also able to provide counselling services as well as being able to advocate on behalf of the hospitalized child and family. In terms of counselling social workers not only develop interventions to meet a child's developmental needs, but they also carry out assessments, by working closely with a child, to gain further information about their condition (Ruth & Marshall, 2017).

Social workers may engage adolescents and young adults with life-threatening illnesses through direct care and services, emphasizing holistic care and facilitating transparency in conversations in interdisciplinary teams, and advocating for health care policies that focus on the strengths of adolescents and young adults with life-threatening illnesses, as well as the gaps in knowledge and interventions (Beerbower, Winters and Kondrat, 2018: 251). Social workers in hospital settings provide an array of behavioral and psychosocial support to address the complex needs of patients and families (Muskat et al., 2017). Social workers work collaboratively as part of hospital-based interprofessional teams, in order to support patient and family functioning, promote quality of life in the context of acute and chronic illness and disability, and advocate for societal changes to address social inequities (Craig, Betancourt & Muskat, 2015; Craig, Frankford, Allan, Williams, Schwartz, Yaworski & Janz, 2016; Kitchen & Brook, 2005; McLaughlin, 2016; Praglin, 2007).

According to Beder (2006) the goal of counselling is to help the patient adjust to a diagnosis or to help the patient based on their health crisis to make changes in their life, make renewed goals and develop new values. Medical social workers may also help children during their hospital experience, by equipping them with strategies to lead a more positive and healthier lifestyle (Allen, 2012). They may counsel children with regard to decision making about treatment and help them deal with their feelings and thoughts with regard to the hospitalisation experience (Limon, 2018). Counseling enables social workers to show empathy and listen to children, as well as understand and empathize with their different conditions (Badger, Royse & Craig, 2008). Health social workers are also able to conduct adherence counselling, by assisting patients to adhere to taking their medication and treatment, as this is crucial to positive health outcomes (Gehlert & Browne, 2012).

Scholars have said that to determine the needs of children within a medical setting, specialists need to perform a psychological assessment to uncover any possible stress or anxiety, to understand their coping abilities, to ensure that the interventions provided are age appropriate (Delvecchio, Salcuni, Lis, Germani & Di Riso, 2019). Moreover, medical social workers are trained to play a role in helping the patient deal with their diagnosis and provide grief counselling for the loss that will be incurred because of their illness and to also encourage their communication with a medical professional to maximize quality of life (Gehlert & Browne, 2012). Social workers are often called in to provide support and counselling for patients who have had injuries and are experiencing disability for the first time such as spinal cord injuries and are unable to walk again (Gehlert & Browne, 2012).

It is important to note the differences between a psychologist and social worker providing counselling. A clinical social worker provides supports services to clients with emotional, mental and/or behavioural issues. This type of social worker usually works in a hospital, clinic, skilled nursing facility or private practice. The social worker typically utilizes a multi-faceted therapy approach, with a focus on helping clients improve their emotional, physical and/or financial status. They also intervene within the home context, through home visits. In contrast a psychologist focuses on human behaviour and explores why people think and behave the way they do. The psychologist's main function is to diagnose and treat a variety of mental health and emotional problems (Hall, 2011).

Social workers assist families by providing family counselling for parents and patients (Gehlert & Browne, 2012). Medical social workers are tasked specifically to educate parents about the condition their children are facing, unpack its complexity and attempt to teach parents in the hospital about how to manage and handle a child with a particular illness (Fonash, 2018). Family counselling is therefore crucial to helping parents deal with feelings of confusion, fear and helplessness. In addition, social workers provide a continuum of care for patients by offering therapeutic interventions and support services even after a patient is discharged (Parast & Allaii, 2014). This is where the unique role of the social worker in the home context becomes evident.

Group work interventions can also be implemented by practitioners in the hospital context. Peer support groups can enable children share their experiences of hospitalisation, help them feel that they are not the only one with health challenges and create support for those experiencing fear and anxiety (Madisha et al. (2016)). Hospital social workers can also run support groups for patients and their families to offer education and support concerning various health issues (Gehlert & Browne,2012). For patients who are facing critical illness such as cancer, social group work can be an important therapeutic tool to decrease

isolation, build social support, share emotional concerns and provide a safe environment to manage their symptoms, cope with various changes and communicate with family and healthcare professionals (Gehlert & Browne, 2012). Social workers can also focus on health education by providing information and counselling in groups to prevent transmission of diseases between the patient and their social networks (Gehlert & Browne, 2012). Studies have shown that medical social workers help to improve the coping ability of patients who may be dealing with a serious disease, who are suicidal or abusing drugs (Shrivastava et al., 2020).In a study done, some roles of the social worker in a multi- disciplinary team, included ensuring that care plans and discharge plans for patients were formulated according to the wider contextual concerns that would impact on their lives (Giles, 2016).

3. Research methodology

3.1. Study design

A qualitative, explorative and descriptive design was used to guide the study. Exploratory research seeks to provide new explanations that may have been previously overlooked and it does so, through the active involvement of the researcher in the process of amplifying his or her conceptual tools, so as to allow him or her to raise new questions and provide new explanations, from different angles (Reiter 2017:144). The researcher was also guided by the interpretive paradigm. The interpretivist view enabled the researcher to explore meaning behind the understanding of human behaviour, interactions, and society and to develop an in-depth subjective understanding of people's lives (Pulla and Carter, 2018). For this reason interpretive research was well suited to this study as it sought to understand the experiences of paediatric patients and their parents, with a view to building a case for social service intervention within paediatric wards.

The study was undertaken within a paediatric ward, at a public health hospital, in the Ethekwini district, in KwaZulu-Natal. The aim was to understand the potential for social service professionals, namely both social workers and child and youth care practitioners to be able to support the well-being and recovery of paediatric patients and their families. Both social work and child and youth care are registered as professions under the auspices of the South African Council for Social Service Professionals.

Data was collected only from health care professionals who worked directly within the paediatric ward at this hospital. Hence, they were able to provide information related to both the experiences of paediatric patients and their families. Non-probability purposive sampling was used to guide the sampling of the participants. Given that the study was intended only to explore the views of those working within the paediatric ward, purposive sampling helped to recruit those health care professionals who worked specifically in the paediatric ward. Given that the two social workers located within the hospital, did not work within the paediatric ward and were reluctant to be interviewed, they were not included in the study.

Following ethical approval for the study and with the permission of the Manager of the hospital, the researcher proceeded to interview those willing to participate. All the interviews were collected in a comfortable and private office in the paediatric ward. The interviews were approximately 60 min each. The sample consisted of paediatricians, nurses and occupational therapists. In total, the sample included 11 health care professionals. Of the 11 health care professionals, there were 10 females and 1 male. The racial demographics were as follows: nurses (4 black); paediatricians (4 indian) and occupational therapists (1 coloured and 2 indian).

The interview guide, which was pretested with a group of similar professionals, contained some of the following questions:

1. Can you share with me how children and parents experience the hospital environment and hospitalization experience?
2. What are the common fears and anxieties experienced by children and parents?
3. Can you share your thoughts on the salience of social service professionals in the paediatric ward?
4. What are some of the ways social service professionals can help children and their families through their child's illness and hospitalisation?
5. Can you share with me your thoughts on how social service professionals may collaborate with the other health care professionals in the hospital context?

A letter of information and consent was given to each participant to read before the interviews commenced. All interviews were audio recorded and then transcribed. The data was analysed using thematic analyse as per the steps outlined by Braun, Clark, Hayfield & Terry (2015). Thematic analysis allowed the researcher to make sense of collective meanings and experiences. This helped to organise and reduce the data into themes. A preliminary coding scheme was generated which served as a template for the data analysis (Tutty, Rothery & Grinnell, 1996). Similar themes and recurring patterns in the data were linked together and the contrasts and differences identified (Liamputtong & Ezzy, 2005).

To enhance the trustworthiness of this study, the researchers made use of Guba's model (1994). This model provides four criteria to ascertain rigour in qualitative studies, namely credibility, dependability, conformability, and transferability. Strategies used were member checking, using the triangulation process (interviews were held with different health care professionals), and maintaining an audit trail and a reflexive journal (Buetow, 2019). This ensured trustworthiness of data and reflexivity of the researcher. The limitations of the study were that the study used a small sample of professionals, working within the paediatric ward. This can be offset by the fact that qualitative inquiries seek information richness through their inquiries. Moreover, the study focussed on one hospital only. Here again, in qualitative inquiries generalisability is not crucial. The other limitation is that the sample included the studies, information richness is more important. Future studies however can extend this research into other hospitals and include the views of social workers as well.

3.2. Findings

3.2.1. Theme 1: The hospitalization experience

3.2.1.1. Sub-theme 1: Parent-child separation anxiety. As evidenced in the data children experience acute distress and anxiety when separated from their parents. Children start to "scream," or experience severe anxiety and cry uncontrollably.

> "*I have seen kids lying there screaming... so there is that anxiety.*" *[P6]*
> "*We have noticed that that parents are not at all there and a child becomes afraid and they become clingy to the clinician or the health care worker....they want you to be by their side... they feel that they were abandoned but it's separation anxiety.*" *[P7]*
> "*We do allow every mum to stay over, but in the case were the mums are working and they don't have family support, it is very stressful cause the children do get severe anxiety and they cry nonstop*"*[P1]*

3.2.1.2. Sub-theme 2: Fear of medical staff. Several doctors and nurses in the sample commented on the excessive fear experienced by children in the paediatric ward, particularly when medical interventions had to be performed.

> "*Most of them are on some kind of drip or something like that. So when they see the next person coming through then they think they also going to do something invasive to them.*" *[P5]*

One participant indicated that children ages largely influenced their reactions.

"A lot depends on the age of the child, so if you looking at very small children…they scream, they cry, they scared…the child over 5 years who can talk and understand what's happening and if you speak to them, they are very co-operative." [P2]

Another participant said, that the experience for them as health care providers was "hard."

"As soon as we put gloves on they are howling before we even touch them, it's difficult because for us we are not hurting them… I had a kid today with scabies, I had to put on gloves, as soon as he saw the gloves on, he thought I was doing something with his drip, so it's hard." [P6]

Younger children often screamed or cried during such procedures. As one participant aptly described they are "terrified," particularly because they are being caused pain, despite it being unintentional.

"They're terrified…with regard to us who are constantly examining them, causing unintentional pain, but pain none the less, they are quite apprehensive toward us… they are very stressed out." [P1]

Another participant reported that children were afraid of procedures and that the administration of a drip, injection or antibiotics caused them immense distress.

"All of them are scared … if you do some procedure on them if you give them an injection or antibiotics…something that is going to traumatize them, they going to react differently." [P11]

These findings are aligned with other studies which documented that approximately 19% to 68% of children were fearful of injections, needles and pain, with nursing procedures being the most common aspect, prompting fear amongst children (Salmela et al., 2009).

3.2.2. Theme 2: Advancing the need for psycho-social support for children in hospital

3.2.2.1. Sub-theme 1: The need for enhanced social work services in paediatric ward. As reported by the participants their role is devoted to the physiological and clinical care of patients. They added this causes them to neglect the emotional and psychological needs of children. Moreover, staff shortages at public health hospitals make it more challenging for medical or health care professionals to address the emotional needs of children.

"Our role is more geared at the moment in getting the child better physically. The mental and emotional aspects are neglected to a certain extent and it's not intentional, we do try our utmost best but the medical issues take precedence most of the time… Even if the environment here is good, it's not as best as the home environment, so we try our best but we do need more social workers, more youth care workers, volunteers, even more occupational therapists."[P1]

Another participant highlighted that there are no social workers who can attend to the children. Although it would appear from the data that the hospital does have a social work department, their focus is more on the parents and the home circumstances of patients, as opposed to providing in patient emotional support to children in the paediatric ward.

"So, we have in place a social work department, and social workers assist us in counselling the mums and the children that are here for traumatic reasons or poor socio-economic circumstances, but their role is very limited…If it's a really dire situation then they actually get community social workers involved, etc. but in the hospital itself, we, as doctors, do not have sufficient cover I would say to help children deal with these emotional issues."[P1]

One participant said that the focus of these two social workers is more on "circumstances at home," which are related to the neglect, ill-treatment, injuries arising at home and malnutrition of paediatric patients. This appears to have "limited," the role of social workers leaving doctors without help to deal with the emotional aspects related to hospitalisation, for reasons other than poor home circumstances. Hence the role of these social workers are more to engage with issues, plaguing the home environment and circumstances, post discharge of paediatric patients as opposed to doing in patient counselling of paediatric patients.

"The main service that our social work department, is more in terms of counselling with accidental injuries and whether or not there's social circumstances at home that warrant their intervention so, if there's injuries at home, placement, maybe ill treatment of the children, malnutrition… then the social worker gets involved."[P2]
"We don't have any counselling based people for the kids here themselves, we have for the parents from every angle via the social worker… but for the kids, there's nobody that comes and speaks to them themselves."[P11]

3.2.3. Theme 3: Role of medical social workers in paediatric wards

3.2.3.1. Sub-theme 1: Potential role with paediatric patients. As evidenced in the data, children are afraid of health care professionals as they are seen as people who perform painful interventions on them. They said that a different person, who can provide reassurance, comfort, and nurturance, particularly in the absence of their parents, was crucial in the paediatric ward.

"Most of the time these children don't divulge to us…, they scared of any nurse, any doctor whatever whereas you come as an outside person without poking them, that child will take to you better, than they would take to a doctor." [P11]
"They can provide the nurturance and the care in the absence of their parent which means holding their hand when they getting an injection, preparing them for the fact that you going to go into theatre… also the management of behaviour as well." [P13]

One participant said social service professionals such as medical social workers and child and youth care workers, can just listen to the children, or "play with them," as part of play therapy.

"Just to be a listening ear for one, and two sometimes children just want to be heard or that's just a listening portion but even to play with the kids and things like that would help." [P2]

Another expressed the importance of their provision of emotional support particularly for children who have a chronic illness and who may have to spend more frequent and perhaps more lengthier periods of time in hospital.

"One of the biggest roles that can be played by you is with children who have a chronic illness because they spend more time in the hospital, just for someone to be there." [P5]

Hence, social workers or child and youth care workers could serve as a link between the paediatric patient and their parents or caregivers and could provide the family with important information regarding the child's condition when parents cannot visit their children as expressed by one participant.

"If the parent or family were to see that this is the person that this child has access to, it will leave them less anxious when they not around and …. (they) can play that transitional role again of telling them what the child said when they weren't there or passing information about when they cried or what they said when they cried, or what they were asking for or calling for when they were in pain." [P13]

3.2.3.2. Sub-theme 2: Intervention with parents of paediatric patients. Participants drew attention to multiple roles that social workers, or child and youth care workers, could represent to the parents of paediatric patients. The most significant role focussed on the emotional support that could be offered to parents and the opportunity to work through their feelings regarding their child's medical condition or prognosis.

> *"The part of supporting the parent, if the medical staff feel that is appropriate, and if the parents actually are upset with that information, to comfort them before they come to see the child…managing feelings there's a whole lot of feelings from all sides that needs managing." [P13]*
> *"I think keeping in contact with parents so that they will know of the progress of the child in hospital and maybe it will help them plan better for the child when she returns home and I think even encouraging visitations for the child, so the child and youth care worker can assist there as well, reunifying the family with the child." [P19]*

As evident in the data parents often feel apprehensive to ask questions about their child's condition, either out of fear for their condition or because they did not understand medical terminology.

> *Sometimes even if they don't understand something, being scared of the medical staff, can make them apprehensive to ask questions so by having the child and youth care worker, they can help bridge the gap between the medical staff and them." [P1]*

As evidenced in the data parents are often left unprepared for the anxiety and emotional distress which comes with unanticipated and painful diagnoses and poor prognoses related to their children's health.

> *"If the news needs to be broken to the parent then equally so, the child and youth care worker can play the part of supporting the parent, if the medical staff feel that is appropriate, and if the parents actually are upset with that information, to comfort them before they come to see the child… managing feelings there's a whole lot of feelings from all sides that needs managing." [P13]*

3.2.3.3. Sub-theme 3: Group work therapeutic programs. As evidenced in the data health care professionals believed that social service professionals, could run group support programmes in the paediatric ward. As one participant aptly noted whilst social workers intervene at the individual level, they can also implement group therapeutic programs.

> *"Support groups would be nice for parents… I know the social worker intervenes individually but not as far as I know, support groups would be nice, better, a more kid friendly ward I suppose."[P6]*

Participants suggested that creating support groups for the paediatric patients and for the mothers of these patients, were potential group interventions.

> *"There's a whole lot of parent's staying over with kids in the ward, they can do something with the parents together, form a support team or group with mum's to offer support who share a similar experience."[P7]*

As one participant, suggested groups for the paediatric patients could buffer the stress and anxiety of the hospitalization experience and also ensure treatment compliance.

> *"They can form like support groups, you know with the support group it is easy for children to interact or discuss matters that are now concerning them and that also, peer support, the other children they learn from others… and also to motivate one another in terms of importance of treatment compliance." [P17]*

3.2.3.4. Sub theme 4: Play as a form of therapy. As evidenced in the data participants supported the need for a designated play area, which appears to be lacking in the ward.

> *"We need a set support structure, especially as an inpatient, we need a proper play area, we need a team that is specifically aimed at making the hospitalization process pleasant for the child, so I think that we lack that at the moment." [P1]*
> *"Play therapy plays a role, but it's something that our OT's usually get involved with but they also not as well staffed as us… so it is limited, I think that is where we would require you to come in." [P1]*

One participant aptly noted that play items, helps withdrawn children by allowing them to articulate issues around their illness.

> *"The play therapy actually, you know they start to become comfortable with you, because you bringing out the toys, the balloons, they see all the toys, the balls, rattles and things, they start to open up a little." [P5]*

3.2.3.5. Sub-theme 5: Spiritual care. Health care professionals suggested that spiritually based support and interventions can be offered by medical social workers and child and youth care practitioners.

> *"I think they would help a lot because the spiritual aspect here I think is never touched on at all… maybe emotionally and maybe physically and mentally but spiritually no and I'm sure that you have some sort of training in how to approach it, I don't know if you do techniques where the child can relax or meditate but they do need that, it would be very beneficial." [P1]*

Participants recognized the importance of spirituality as an important facet within the context of a holistic approach to health and well-being.

> *"Spiritual support…maybe they have the expertise and they can create or develop a program during inpatient time, during their stay…they can build up a program and structure it age appropriately, culturally appropriately and to benefit the child… prayer and meditation is one of the good forms of relaxation and also to improve mental health… so they can use that but the children also come from different cultures so you have to be culturally sensitive."[P7]*
> *"You do get to see children who have terminal illnesses and things like that and for them, I think the avenue or to being able to speak around spirituality will be very helpful because they are dealing with something that from a medical perspective we are not equipped." [P2]*

3.2.4. Theme 4: Multidisciplinary team work in the hospital context

Health care professionals in the sample also called for social service professionals to be involved in a multi-disciplinary team. They affirmed the interrelatedness amongst various health care professionals such as the doctors, nurses and occupational therapists who endeavour to deliver a holistic service to the patient. They alluded to the need for the presence of social service professionals like social workers and child youth care workers, who can intervene with regards to the emotional and psychological aspects of a child's condition as conveyed by participants.

> *"All of us are intertwined, like the doctor doesn't work separately from the nurse, separately from the physiotherapist, or separately from the occupational therapist. Everybody needs to be working as a team."[P2]*
> *"We do have a very limited service that is based on this recommendation by psychiatrists, it's only the very severe cases get referred to by psychologist and you know because of that we actually do need more workers because they have the experience of delving into the emotional, psychological aspects of the child and children, sometimes all they need is a friendly person, a smile, for us to gain their trust."[P1]*

Most important however was the recognition that social workers have unique "expertise," related to the psycho-social aspects of patient well-being that will enhance the clinical interventions being implemented by the health workers.

"I think they will play an integral role and be beneficial because they also come in with their own expertise and it will really be beneficial towards the whole multidisciplinary approach and enhance in terms of intervention and level of care."[P5]

As one participant, expressed social workers and child and youth care professionals can alleviate the burden on health care professionals to attend to the psycho-social aspects at the interface of a child's illness and recovery plan.

"Obviously, they going to alleviate the burden that falls upon doctors and nurses because you can't be doing your work as well as other stakeholders work so it gives us more time to do our work and you'll can focus on the necessary things that you'll need to focus on." [P11]

3.2.5. Theme 5: Liaison with the community

Finally, participants argued that social service professionals played a crucial role in linking the hospital with the child and family post discharge. This was important to provisioning ongoing medical care.

"Home-based after discharge would be beneficial and then feedback to the medical facility that's how they could assist."[P6]

Medical social workers could also act as a liaison with community social workers and undertake home visits. One participant believed that the overall health service would be improved with this type of liaison as it could reveal whether parents were coping with the paediatric patient post discharge, and if there was compliance with the treatment plan.

"Communicating with the community social workers and doing home visits… because home visits would be vital, what happens is that we lose communication with patients once they leave the hospital and we don't know what goes on until their next visit…if we have the … workers that can go to the house make sure the parents are coping, still compliant on medication… it would make life so much easier for the patient, the staff and ultimately the whole medical service that's being offered would be a better service and more effective."[P1]

Participants also noted the importance of medical social workers being able to liaise with community workers or caregivers. In this instance, social work is predicated on community based intervention.

"The best way forward is to go through what we call community caregivers (CCG), there are CCG in every one of our districts provided by the government, these are people in the community who have volunteered their services…to ensure that children get their meds on time from the pharmacy, manage to pick it up from the hospital."[P2]

"They are like playing that community role, like a community worker… if the child needs further counselling for trauma…place of safety, if the child needs to be there because they can't go to their own home for some reason so they can play that role… liaise with everybody."[P7]

4. Discussion

The findings revealed that children experienced significant separation anxiety from their families during periods of hospitalization. Separation anxiety has been defined as "excessive, persistent, and unrealistic worry about separation from attachment figures, most commonly parents or other family members" (Dabkowska et al., 2011:313). Hospitalized children often feel helpless and fearful, which gives rise to anxiety, which may, in turn, have a negative impact on the health of the child (Li, Chung, Ho & Kwok, 2016). It affects them holistically and impacts on their ability to heal (van Dijk, 2017). The health care professionals in this study, therefore believed that it was important for children to receive help, regarding the separation distress they experienced. once children were admitted for treatment. This is where social workers can play an important role in easing the transition into the paediatric ward and provide the requisite empathy and support towards children experiencing separation anxiety. The emotional state of children often intensifies when they are hospitalized, due to them being away from their families and their home (Gomes et al., 2016). This separation related anxiety has been linked to other physical effects such as headaches or anxiety attacks and other symptoms such as clingy behaviour, nightmares and depression (Tyler et al., 2013). It has also been found that children with separation anxiety experience nausea and headache which may further affect their health adversely (Ehrenreich, Santucci & Weiner, 2008). Hence reducing a child's anxiety becomes an important part of any therapeutic effort particularly when children encounter other physical experiences of pain (Fincher, Shaw & Ramelet, 2011). According to Stone et al., (2015), separation anxiety emerges more from the environment, which suggests that the hospital environment is both stressful and daunting. Hence given that children experience the best chance of healing under the care of their parents (Humphreys, 2019), it is crucial that hospital caregivers endeavour to provide similar care and support particularly if parents cannot remain with their children in paediatric wards. Given that health care professionals are focussed more on the medical and physical care aspects, the role of social workers becomes more important in helping children presenting with acute distress at having to be in hospital alone. This is further exacerbated by the fact that South African public health facilities, experience a multitude of systemic and structural challenges, which include widespread inefficiencies and staff shortages (Health and Welfare Sector Education and Training Authority, 2011). The high individual caseloads of social workers reinforced this (Pretorious, 2020). What is important though is having one dedicated social worker assigned to a child or family, in the paediatric ward. This is especially important so that the child can develop a close relationship with the designated social worker as they navigate the hospital journey and post-discharge. However, this is likely to be challenging, given the financial constraints evident within South African health care facilities.

Aside from separation anxiety, it was also observed that many children experienced apprehension of their actual hospital experience, which is categorized as medical fear. Medical fear has been described as fear of any type of experience that includes medical professionals or medical procedures that evaluate or modify one's well-being within a health care setting (Fox, Halpern, Dangman, Giramonti & Kogan, 2014). Although paediatricians and nurses are there to prevent healthcare-induced trauma and reduce healthcare-induced anxiety, children still remain fearful and are traumatised although unintentionally by virtue of medical procedures undertaken by healthcare staff (Lerwick, 2016). This is reflected in the data which evidences that children experience a heightened level of fear as they anticipate painful procedures and associate health care staff with same. Whilst the data did not highlight any parental distress, the literature alludes to this and further supports the need for the consideration of social worker in paediatric wards, to offer emotional support to both children and their parents (Pedersen et al., 2019).

Secondly, the findings revealed that there is a strong need to provide psycho-social support for hospitalised children. Traditionally social workers have been trained to understand patients and their families within the context of their social environment, whilst providing a range of psychosocial services including individual and family counselling (Gehlert & Browne, 2012). Although such services are important to address home circumstances, social workers can also tailor interventions to deal with the emotional and psychological challenges, that emerge directly from the hospitalization experience. The introduction of medical social workers into the hospital space, can therefore bridge the gap between other medical staff and patients and their families within the in-patient milieu. Furthermore, counselling can include the consideration of environmental factors and resources and focus on psycho-education within the context of therapy. The purpose of counselling a patient then is to help increase their understanding of their situation and to enable them to deal with their medical illnesses, all of which is crucial to recovery (Amanullah & Firdos, 2018). This was supported in the data, as

one participant pointed out that social workers are needed to provide support to overcome personal and broader external challenges encountered by children.

Thirdly, it was found that medical social workers should play a multifaceted role when dealing with children. Social workers in the hospital context are well-positioned, to help patients and their families to deal with the trauma of being diagnosed with a terminal illness. They can do this by supporting a child whilst they are receiving treatment and by helping patients and families to cope with facing the end of life (Jones, Walsh & Phillips, 2019). Medical social workers are in fact trained to counsel and assist patients to deal with their medical diagnosis (Browne, 2019). Individual therapy as part of counselling can also address anxiety symptoms (Drisko et al., 2019). Such interventions can consist of taking a child for a tour of the operation room to prepare the child for surgery, which can provide comfort to an apprehensive child (Aranha, Sams & Saldanha, 2017).

Patients and their families also require better understanding of a child's medical diagnosis and prognosis. Social workers can provide this important information, especially when medical jargon is not understood. This includes explaining the illness to patients and their families and the treatment they are going to receive according to the language they speak, their developmental level and their literacy level (Browne, 2019). Essentially, the presence of social workers or child and youth care workers during such times can provide a reassuring and comforting presence to the child, especially when family members are away. Parents of paediatric patients facing surgical procedures commonly experience considerable fear and anxiety. Parents may be confronted with terminal diagnoses of illness such as childhood cancer and where prognosis is poor, they require more intensive emotional support. Medical social workers located within paediatric units/hospitals can provide valuable support and empower these parents with positive coping strategies, so that they can handle the crisis of their child's condition (Lerwick, 2016). When there is effective communication between the parent and health care staff, parents feels less uneasy (de Melo et al., 2014). A study done by Bry & Wigert (2019), revealed that parents wanted explanations as to why it was important for them to be present in the ward and they expected concrete services such as counselling, so that they could cope during the time of their child's hospitalization. Medical social workers are professionally trained to facilitate supportive counselling for families of patients, who are in hospital and can help families understand how to manage crises associated with those living with chronic illnesses (Hassan, 2016). Moreover, they can demystify the child's medical condition, helping to provide clarity around difficult medical terms and treatment, and act as the link between the health care professionals and parents. Doupnik, Hill, Palakshappa, Worsley, Bae, Shaik, Qiu, Marsac & Feudtner, (2017) argued that social work interventions in a hospital context, are designed to help support parents deal with their child's hospitalization period through communication, empathy, education and other ways to improve the health of the parent even after the hospitalization period. However, it is noted that international literature mirrors some common aspects such as counselling and support but differs in that the study found greater support for in patient related support as opposed to discharge planning.

Additionally, social work intervention, is focused on the oppressed, the vulnerable and at-risk groups such as addicts, those abused and children with terminal illnesses (Gehlert & Browne, 2012). Group interventions are useful in allowing the patient or caregiver to get emotional support and share information with those having a similar experience. Moreover, they have the opportunity to practice new skills with other patients and be able to experience how they manage their illness and the emotions and stressors that accompany it (Beder, 2006). Group therapeutic programmes are one potential therapeutic strategy for children with terminal illness. Medical social workers are well-positioned to develop support groups for both the patient and their families, which can provide education and the support required to cope with how their illness impacts their well-being (Browne, 2019). Moreover, group therapeutic programmes can assist children who have chronic illnesses to talk about their illness and deal with its impact on their life. The literature also reflects that groups are hugely beneficial in helping people work through various psychosocial problems such as depression and aggressive behaviour (Douma, Joosten, Scholten, Maurice-Stam & Grootenhuis, 2019).

Woo & Lin (2016), argued that the hospital's physical environment is able to influence the treatment process and results, thus making a playroom an important physical feature of paediatric wards. During the time of a child's hospitalization, a playroom can be an environment to assist the child in disengaging from their physical pain and enabling them to express their emotions freely (Ramos, 2014). More importantly, the findings recognised the need for social workers to become involved in implementing play activities in a designated play room and also in engaging paediatric patients in therapeutic play within the context of their medical condition and recovery plan.

Play therapy has been defined as an interpersonal process that analytically uses the power of play to reduce and prevent psychological complications (Shrinivasa et al. (2019)). Mkhize (2017), a South African scholar, argued in her Doctoral study how social workers can use generic play techniques to build therapeutic relationships with, assess a child and relieve a child presenting with emotional distress. In her study she documents the use of relaxation play, drawing and the use of clay and toys, in the therapeutic process, all of which can be facilitated within a dedicated play room, within the paediatric ward.

Play amongst hospitalised children, has been found to help improve children's social development and ease any anxiety, depression, and fatigue that children with chronic illness may face (Nijhof et al., 2018). As Kinjal et al., (2014) argued, play is vital in a child's care plan, during hospitalization, as it promotes healing and helps children deal with stress and express their emotions. Play may therefore be used as a routine type of activity, providing a familiar environment for children to express their anxiety and fear as well as master the way they cope, with how they feel towards the stress of medical events (Nabors & Kichler, 2016). For children who are admitted to hospital, play can serve as a powerful tool that can decrease their tension, anger, frustration, and anxiety and help them improve the way they cope, master negative emotions and enhance their communication with health care workers (Ullan et al., 2014). These factors support the need for a dedicated play room. Research also has shown that preschool children who engaged in therapeutic play during the pre-operative stage were significantly calmer, reported with low blood pressure and pulse rates as well as experienced fewer adverse behavioural changes, post operatively, rather than those children who received routine care. Play therapy was also seen to be effective in reducing the stress of a child after they underwent surgery (Ghabeli, Moheb & Nasab, 2014).

Furthermore, spirituality was found to be an important factor in healing and recovery during times of illness and crisis (Nascimento et al., 2016). The salience of religion and spirituality in social work practice, particularly with children and families has been strongly argued for by Bhagwan (2009). The spiritual interventions identified by the participants such as prayer and meditation have also been described as having important therapeutic benefits by eminent social work scholar Canda & Furman (2010). The use of spiritually based interventions in a social work context, has been extensively researched and supported both in the South African context and international context (Bhagwan, 2013; Bhagwan, 2017a; Bhagwan, 2017b; Bhagwan, 2022). As such social workers located in the hospital milieu, can become involved in providing spiritually based interventions to paediatric patients. Spiritual care interventions can also include providing access to spiritual books and literature and music (Therivel & Schub, 2019), as well as the use of prayer, meditation and visualization (Kvarfordt & Sheridan, 2010) to provide relief from fear and anxiety. Coping with illness is finding meaningfulness despite the suffering, having faith when it seems pointless and having hope in the face of death (de la Porte, 2016). These interventions can therefore easily be introduced into the hospital

context, by social workers to support counselling and recovery. Patients who are highly stressed, have a disability or illness, or are facing end of life, usually have a deeper interest in spirituality and these are the same individual's encountered by the medical social worker (Gehlert & Browne, 2012). Thus far research has affirmed that spiritual interventions have been "associated with lower emotional distress in youth with asthma, cystic fibrosis and diabetes" (Reynolds, Mrug, Hensler, Guion & Madan-Swain, 2013:543). Moreover, securing spiritual support has been linked to higher levels of well-being (Park, Smith, Lee, Mazure, McKee & Hoff, 2017). When social workers engage in spiritual therapy with children and their families they will need to carry out spiritual assessments, in order to discover the spiritual strengths and resources embedded within their family systems (Therivel & Shubb, 2019). Spiritual care ensures improved emotional and physiological results, lower levels of stress and emotional turmoil with regard to being sick and improving the well-being of the child and their family (Therivel & Shubb, 2019; Cudmore, 2016).

The study also found that interactive collaboration between social workers and medical professionals is a valuable tool for achieving positive outcomes. Beder (2006) described collaboration in a multidisciplinary team as a complex and dynamic process, that occurs when two or more health care professionals cooperate and assist each other in providing a holistic service to a patient and their family. She added that the functions of such teams includes a shared assessment of patient problems and needs, exchange of relevant information, the development of intervention plans and delegation of responsibilities related to same. In this vein, Giles (2016:26) wrote that social workers can engage in "inter-disciplinary collaboration," by "providing an understanding of the wider social, familial and cultural context for the ongoing assessment and care of the patient." Moreover, social workers can educate hospital staff with regards to the psycho-social needs of a child and communicate and collaborate with other health care workers (Australian Association of Social Workers, 2016). Relationship and rapport building skills which are important for empathy, practical assistance and advocacy, underpin the fundamental roles that medical social workers can play in a multi-disciplinary team (Schadewald, Kimall & Ou, 2018:90).

Lastly, it was observed that community liaison and post discharge interaction greatly aids in patient welfare and sustained medical care. One of the fundamental roles of social work is to follow up on patient care after discharge within their home environment (Gebru, Berhanu & Hajji, 2021). This makes it easier for medical social workers to implement post discharge of a child. Moreover, given that the hospital often loses contact with the patient until their next visit and does not know the patient's condition, both physical and emotional, between discharge and the next visit, contact that can be facilitated by a medical social worker from the hospital is crucial. A community caregiver can be defined as an individual who is the primary line of support between the community and the various governmental departments of health and social development, in which they provide community level interventions to vulnerable groups of people such as individuals with chronic illness (Koen et al., 2017). These caregivers are crucial within the developing context of South Africa and can play a vital role in health promotion efforts. Medical social workers can endeavour to partner with and enhance the work being carried out by community care givers. The link for hospital-school based transitional services is weak or sometimes non-existent at certain hospitals (Glang et al., 2018). In South Africa, it is even scarcer, due to a lack of funds at public hospitals. Medical social workers however have the knowledge to access secure community-based services and offer case management services and can refer the patient and their family to services and other available resources to meet their needs (Browne, 2019). De Regge et al. (2017) concluded that it was necessary for hospitals to work together with community partners to do follow-ups with patients that have chronic illnesses, to prevent continuous readmissions at hospitals. Whilst the study uncovered the need for social service professionals, who could work directly within the space of the paediatric ward, the huge financial challenges confronting public health facilities in South Africa, makes this challenging.

5. Conclusion

In order to meet the holistic needs of patients, it is crucial that deeper consideration be given to locating medical social workers and child and youth care practitioners within paediatric wards and within other wards, in the hospital to provide support and emotional care for patients as they recover. The study reflected a huge void in terms of psycho-social support with regards to paediatric patients and their families. In addition it was found that social service professionals could form a crucial link between the hospital and home, both during and after hospitalization. To do this requires specialised preparedness on the part of social workers and child and youth care workers to work as part of the multidisciplinary health team in the hospital milieu. Such preparedness will enable more holistic care, the potential for greater patient recovery and an ease on the burden of health care professionals, particularly when patients present with emotional distress. The study shed valuable light on the potential for medical social workers to advance psycho-social support alongside physiological, clinical care within a patients recovery plan.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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