



CONTEMPORARY ISSUES IN SOCIOLOGY AND SOCIAL WORK

AN AFRICANIST PERSPECTIVE

Edited by

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CHAPTER THIRTY-ONE

SOCIAL WORKERS IN HOSPITAL SETTINGS

Abdul-Lateef B. Adeoti

The advent of Social Work as a new discipline was a response to the societal needs in this postmodern era. Social Work has even become more relevant in recent times given the waves of globalisation, technological advancement, urbanisation, industrialisation, the global economic crisis and global terrorism which have hitherto left many countries in a state of penury. The incessant conflicts across the globe, terrorist attacks and the strife in sub-Saharan Africa (SSA) have not only rendered many people homeless but have also resulted in food shortages, leading to malnutrition especially, in the Third World countries. Thus, Social Work is both a professional and academic discipline institutionalised to formalise help. The cardinal objective of the discipline is to help solve both old and emerging personal and social problems.

One of the most popular and the most important aspects of social work (practice or profession) is social work in health care settings, popularly known as Clinical or Medical Social Work. However, the emphasis of the profession in the hospital environment has been consistently glossed over or even completely overlooked, especially in developing countries, despite the fact that social work can produce knowledge and skills that will assist hospitals in taking care of patients. Indeed, patients with chronic diseases usually experience emotional and social-environment trauma in an attempt to manage their condition. The main objective of the discipline in hospital environment therefore, is to avoid and mitigate the negative psychosocial effects of diseases and to admonish and teach patients how to deploy their resources effectively. In this chapter, the roles of social workers in the hospital settings are discussed and analysed.

CONCEPTUAL CLARIFICATION

It is true that there is no universally accepted definition of Social Work. It is, however, important to examine some of the available definitions in the literature. Some scholars have defined Social Work as a discipline that helps people solve individual, group and community problems, and attain satisfying individual, group and community interactions via the professional engagement. (Farley and Smith, 2006). Social Work promotes social change, resolves problem in human relationships and help uplift the freedom of people to improve wellness. Using

the human behaviour perspective and social systems, the profession involves at the level of social environments. Fundamental human rights, human dignity and social equity are germane to the Social Work profession. (International Association of Schools of Social Work: 2001).

Social work can also be viewed as the art of helping at the micro, mezzo and macro levels to enhance human capacity for social functioning and create an enabling environment for the actualisation of goals. The professional activity consists of the application of social work ethics, values and methods to any social service, counselling, psychotherapy, health services and (involvement in) legislative matters (NASW, 1973). From these scholarly definitions, it is not out of place to conclude that Social Work is a professional discipline that is concerned with (arts of) helping clients/individuals, groups and communities surmount their emotional, psychological and sociological problems and get to a state of social functioning and well-being.

Specifically, Medical Social Work is a sub-discipline in Social Work concerned with the application of social work principles, values and methods in helping individuals, groups and communities overcome their emotional, psychological and social problems so as to get to a state of social functioning in a hospital setting. The arts of social work is deployed in the hospitals. A medical social worker, therefore, is a person who has received professional training in an institution of higher learning/university (level) in the art of helping individuals, groups or communities overcome their emotional, psychological and psychosocial well-being to a state of social functioning in the hospital setting.

PARSONS SICK ROLE MODEL AND ITS APPLICATION IN SOCIAL WORK

Talcott Parsons was one of the greatest sociologists who modified the Structural Functionalist Theory after it was developed by Emile Durkheim. Functionalism became a dominant theory in American Sociology around the 1940s and 1950s. Parsons tried to explain social phenomena based on this structuralist functional perspective. In his work, *The Social System*, Parsons advanced one of the most popular concepts in the sociology of health and illness: *the sick role*. Instead of supporting the concept of illness as a medical concept, Parsons argued that illness was a sociological term. Illness means acting in different ways. Sickness therefore, is a form of social role in which people behave differently based on the perceptions and traditions of the community. These roles comprise four elements, two of which are rights and two, obligations.

These rights and obligations were identified by Talcott Parsons and have come to be referred to as the four aspects of the Parsonian Sick-role Model. This model has been very useful for medical social worker in their advocacy role on behalf of patients (during the course of ill health). These rights and obligations are the right to be exempted cause, the right to be exempted from roles, the duty to get well and the duty to seek help.

- **Right to be Exempted from Cause**

It is usually assumed that the individual does not personally cause his/her own illness. This is also known as the non-responsibility of the individual in the cause of his/her illness. Whatever the cause of a disease, the general idea of the society is that the individual should not be blamed for his/her illness. Medical social workers working with hospital patients are expected to uphold this societal value of not blaming the patient for what has happened to him/her. The medical social worker is to work with the patient and try to identify the cause of the illness and seek ways of removing it so as to provide for recuperation from the illness. In some illnesses, such as HIV/AIDS, tuberculosis, hepatitis and obesity, there is the usual tendency of stigmatising the patients and blaming them for their conditions. The social worker has to educate and sensitise relations, friends and others against such stigmatisation.

- **Right to be Exempted from Roles**

Once a person becomes sick, he or she is exempted from normal obligations such as household chores or going to the farm or work. Those who are employed in the formal wage sector are not expected to go to work. But for them to fully benefit from this, they have to produce a medical certificate to show that they are ill and cannot carry out normal responsibilities. Where the illness is serious, the medical certification takes the form of excuse duty. Where medical certification is not available but based on the understanding of the co-workers and in particular the head of the unit, a person could still be exempted from carrying out his or her official responsibilities. It is the responsibility of the medical social worker to ensure that a patient who is an employee of any workplace should benefit from this right. Where this right is denied, it is the responsibility of the medical social worker to serve as the patient's advocate to ensure he or she gets this right. In some organisations without a health policy or a health insurance scheme employees are treated anyhow. Where an employee becomes ill, he or she loses his monthly salary or even the job. Medical social workers have to fight against this in line with the labour law that guarantees sickness benefits to the employee. In Nigeria, sickness benefits include free medical treatment for a member of staff, his wife and four children who are aged

below 18 years. Under the Nigerian Labour Law (1974) and subsequent amendments, any worker who takes ill is entitled to free medical services to be paid for by his/her employer. He or she is also entitled to full pay throughout his/her period of illness up to a period of six months. After six months of illness, he/she may remain without sick leave or pay; his/her appointment may be terminated on the advice of the medical board. Where a medical board is set up, the social worker is supposed to be a member of that board so that decisions taken by that board are in favour of the patient.

- **Duty to Get Well**

Being sick is a condition that is undesirable. The sick person must also consider the condition as undesirable and proceed to make efforts to get well. The patient must not continue to enjoy exemption from roles and to feel that this is a normal thing that should continue *ad infinitum*. The patient must make efforts to get well and to resume normal social roles. The medical social worker should encourage the patient to try to get well and this could be done through counselling and instilling hope in the patient. The willingness of the patient to regularly take regularly his or her medications is indicative of the willingness to get well.

- **Duty to Seek Help**

The duty of the patient to get well requires that the patient must make efforts to seek for help from a competent person. The patient is expected to seek for treatment from a competent health service provider such as a registered medical doctor, registered herbalist or registered nurse/midwife. The medical social worker has to encourage the client to do so. A patient may be unwilling to consult a competent health service provider but the medical social worker should counsel and encourage the patient to do so.

ROLES OF A MEDICAL SOCIAL WORKER IN A HEALTH FACILITY

Social workers who work in health-care settings are generally regarded as medical social workers. Social workers serve in both direct and macro-practice capacities concerning health care. For over a hundred years, Social Work has been regarded as a medical discipline (Dhooper, 1997). The profession has contributed immensely to the growth and development of health care in a wide range of settings. Social workers are involved in hospital services at all levels such services include preventive care, primary care (ongoing care for clients before the start of disease symptoms or care for those having immediate symptoms), secondary care (treatment of full-blown illness), tertiary care (treatment of illness affecting a person's health), restorative care (assist during healing process from illness) and after-discharge care. Depending on the sole aims and tasks of hospital

care, social workers' role differs, and demanding differential professional skills (Reynolds, 1975). Generally, social workers in hospital settings do the following:

- Help patients understand and explain technical medical language: Physicians generally get little training in interpersonal and communication skills. Social workers can assist in defining professional concepts, giving meaning to physical and health consequences of diseases and injuries, and discussing with patients to make sure they understand what is happening to them.
- Give psychological assistance. Receiving a medical diagnosis can be life-threatening. Social workers can assist patients think more objective about health conditions and understand genuine possible effects of various treatments. They offer emotional and social support to patients in a way that would allay their fears and facilitate their recovery.
- Help terminally-ill patients deal with their emotions and make end-of-life plans. The social workers need to offer counsel to terminally-ill patients or hopeless medical cases patients to enable them accept their condition and function optimally until their death. Such hopeless medical conditions may include cancer, heart problem and kidney disease.
- Help the sick persons reintegrate into their environment using a new lifestyle strategy when they are discharged home. For instance, persons with heart disease or a respiratory condition or those moving with crutches or to glaucoma, may need assistance in controlling their behaviour and way of life to make life as good and productive.
- Help family of children who have severe illnesses or physical disabilities manage their medical problems and give attention to the children's demands.
- Serve as brokers who link patients to where they can get needed supportive resources and follow-up care after leaving the hospital. For instance, an unemployed patient can be linked with a company which requires his services.
- Help patients arrange to pay hospital and other medical bills: Social workers often assist patients in contacting insurance companies or applying for financial assistance, guiding them through the complex maze of rules and policies. For instance, at the University College Hospital, (UCH) Ibadan, there is a revolving fund called "*Alaanu Fund*" which is usually given to indigent patients who cannot offset their huge medical bills. Likewise, the University of Ibadan Women's Society, headed by the Vice Chancellor's wife, set up a fund at the University Health Services from which indigent students who cannot offset their medical bill are assisted. This fund was put in the care of the Medical Social Service Department where the social workers will

undertake the needs assessment and possible interventions based on the need of the client. Sometimes, the department links patients to resource centres available in the University such as the Chapel of Resurrection and the University of Ibadan Central Mosque for possible financial assistance (Adeoti, 2013).

- Give health talks aimed at helping people create a healthy lifestyle and preventing diseases. Moreover, the medical social worker has several other responsibilities to carry out in a hospital setting and elsewhere (Idyorough, 2004). Basically, the functions of a medical social worker in a hospital include the followings:
- To work on the medical team in the diagnosis, prognosis, and treatment of patients.
- To provide general counselling services to patients who have been hospitalised.
- To identify the socio-economic and environmental factors responsible for illness in a patient and make home visits, where necessary, to realise this function.
- To collaborate with relevant agencies in the treatment of the patient and the elimination of socio-economic and environmental factors responsible for illness.
- To provide counselling services, for example, voluntary counselling test (VCT) to hospital clients individually, and to support groups.
- To identify pauperised patients and to link them with relevant agencies, community organisations and individuals that would assist in the settlement of their hospital bills.
- To link patients with their relatives, friends, other individuals and organisations and to ensure that they provide emotional, social and material support to the patients.
- To collaborate with hospital authorities in making the hospital environment conducive for patients to recover from illness and to assist hospital administration in the development, formulation, and implementation of policies for the provision of social services in the hospital setting.
- To counsel patients that refuse to take drugs or object to other forms of medical treatment so that they submit to medication.
- To rehabilitate patients.
- To provide after-care services to discharged persons.
- To assist in health education programmes.

- To participate in the medical clinical trials of new drugs, particularly in the selection and counselling of volunteer patients.
- To participate in social research carried out in the hospital setting.
- To trace the families, relatives and friends of a deceased person and to submit the corpse of a deceased person to his relatives or friends for burial.
- To work with communities and other relevant agencies in the elimination of harmful traditional practices (i.e. child abuse and neglect, female circumcision, vesico-vaginal fistula and environmental degradation) that cause ill health.
- To work with communities and other relevant agencies whenever there is epidemics (i.e. cholera, measles, smallpox, chicken pox, poliomyelitis, cerebrospinal meningitis, HIV/AIDS, guinea worms, lymphatic filariasis, etc) that affect communities.
- To reconcile patients with other medical staff (Idyorough, 2004).

SOCIAL WORKER SYSTEM ROLES ACROSS AGENCIES

Understanding the roles, methods or approaches used in practice helps set the stage for skill acquisition. Roles are the expected behaviours and professional duties considered important for social workers. They help the worker to practise. This section describes some of the expectations of a social worker at various levels of practice. Some roles are more useful in a macro system context; others relate primarily to small or medium systems. Many can be applied at all three levels of generalist practice. Keep in mind that for any definite intervention, a worker may take up a number of roles, often at the same time. Generalist practitioners need to be dynamic and capable of working with many systems. Roles and methods especially useful for large system intervention include the roles of enabler, mediator, broker, integrator/coordinator, manager, educator, analyst/evaluator, facilitator, initiator, negotiator and advocate (Kahn, 1995; Yessian & Broskowski, 1983).

- **Enabler**

Social workers serve as enablers. In this case, the social worker helps a client manage (with) many stresses. The stress could be caused by a social problem like marriage separation and disengagement from work as well as community issues such as shortage of housing or day care. Skills used include carrying hope, reducing resistance and ambivalence, identifying and coping with emotions, recognising and supporting individual abilities and social assets as well as breaking down problems into more manageable parts, emphasising goals, and identifying ways to attain them (Barker, 1999, p.154)). Enablers are helpers. Practitioners can function in the role of enabler for small, medium and large systems. The

term “enabler” is distinct from the meaning of “enabler” in the context of chemical dependency. In the latter sense, the term refers to a close member of the family who assists the substance abuser to continue to abuse drugs of their choices.

- **Mediator**

The word “mediator” entails reconciling arguments or conflicts among small, medium and community systems. At the community level, the reconciliator assists different factions (segments) within a community, or a community and some other systems, work out their differences. At the small and medium levels, mediation is becoming increasingly important in reconciling marriage and child welfare issues. The mediator role may involve improving communication among dissident individuals or groups and helping those involved come to a compromise. A social worker maintains neutrality and does not take sides with any party in the crisis. Social workers as mediator make sure they understand the positions of both parties. They may help to clarify positions, recognise miscommunication about differences, and help those involved present their cases clearly. In a hospital setting, mediation might be in the form of resolving conflicts among various professions in terms of job overlap and an attempt to subsume one profession under another.

- **Integrator/Coordinator**

Integration/coordination is a way of joining one or more units to form a complete whole. This role entails bringing various aspects together in some kind of arranged way. A social worker can function as an integrator or coordinator in many ways, for instance, advocacy, recognition of coordination advantages, provision of practical help, direct engagement in development and implementation of service linkages (Yessian & Broskowski, 1983).

- **Manager**

The role of social worker in an organisation involves the possession of some level of administrative skills and responsibility for a social agency in order to create agency goals, introduce social service schemes, enhance organisational performance and efficiency, seek (for) monetary facilities, encourage community assistance and coordinate the work of agency staff. Management tasks include planning programmes, getting and distributing resources, developing and establishing organisational structures and processes, evaluating programmes and implementing programme changes, when needed (Patti, 1983).

- **Educator**

The role of social worker as educator entails disseminating information and impacting skills to client or patients and other agencies. To work diligently as an educator, the social worker must first be academically brilliant. He must be a

good orator, so that information is disseminated properly and there is unhindered feed-back from the patient or large system. Part of the functions of social workers in hospitals is to sensitise or create awareness among people on new health policies of the government or sensitisation and awareness on new health seeking behaviour.

- **Analyst/Evaluator**

Social workers skilled in the various functions of the system can analyse or assess how profoundly the schemes and office work. The social worker can also measure the productivity of their own assistance.

- **Broker**

A social worker who serves as a broker helps connect clients (individuals, groups and communities) with available resources and services in the community. A social worker who acts as a broker assists clients to get emergency food or accommodation, legal help or other required resources. A social worker also connects one community with another in order to improve their mutual interests (Barker, 1999). In small and medium systems, the role of broker demands that the professional must be conversant with community services, possess general skills about suitable standards and listen to patients demands.

- **Facilitator**

A professional paramedical officer who works as a facilitator functions as the head of some groups (experience) (Barker, 1999). These group could be family therapy groups, special task groups, awareness groups, academic groups, volunteer groups or a group with different emphasis. This role might connect to macro practice. In this regard, a facilitator helps by bringing people close to lines of communication, offering clients access to expertise (Barker, 1999). The social worker can also be a facilitator in the hospital by helping an emergency patient to access health care quickly.

- **Initiator**

The initiator is the person or persons who call attention to an issue (Kettner, Daley & Nichols, 1985). The issue may be a problem existing in the community, a need or simply a situation that can be improved. It is important to realise that a problem does not have to surface before the initiator steps in. Often, preventing problems or increasing existing services are satisfactory reasons for a change effort. A social worker may recognise that a policy is creating problems for particular clients and bring this to the supervisor's attention. A client may identify ways that a service could be enhanced. In each case, the person is playing the role of initiator. Usually, this role must be followed up by other kinds of work, because pointing out existing or potential problems does not guarantee that they will be solved.

- **Negotiator**

A social worker serves as a negotiator who stands for macro, mezzo or micro issues. He or she makes effort to achieve an objective from another group or agency. Just like mediation, negotiation entails arriving at a neutral ground that all sides can live with and achieving agreeable points whenever possible.

- **Advocator**

A social worker who performs the work of advocacy stands in for, solicits, resolves, assists or suggests a way out of a problem on behalf of micro, mezzo, or macro levels, with the intention of maintaining social equity (Mickelson, 1995). The solicitor role involves moving forward and talking on behalf of the client. This may be especially correct when a client system has little power to get what it needs. Soliciting often involves expending more effort than is totally necessary to finish the job. It also may involve taking risks, especially when soliciting on behalf of a client who faces a larger, more powerful system. The advocacy task is one of the most crucial roles a medical social worker assumes, in spite of its likely difficulties. It is often undertaken when the client system is in dire need of a rescue.

ETHICAL ISSUES IN HOSPITAL SETTINGS

The ethical issues rest entirely on social work's main social equity, values of service, human dignity, the necessity of sexual interrelationship, integrity, confidentiality, and self-determination. These ethical principles bring forth ideals to which every qualified social workers aspires (AMSWON, 2017)

- **Sexual Relationship**

Social workers who function as supervisors should not be involved in sexual relationship or patients/clients and junior staff upon whom they use their professional power, contact with clients or those that work under him/her. The social worker must not sexually harass clients and junior colleagues. Sexual intimidation includes sexual advances, sexual solicitation, requests for sexual favour and other verbal or physical conduct of a sexual nature (AMSWON, 2017)

- **Confidentiality**

Social workers must uphold their clients' privacy and confidentiality. Privacy is the state of being free from unauthorised observation or intrusion. Confidentiality is the ethical principle that a social worker must not disseminate information given by the client or concerning a client unless he/she has the client's full consent to do so. All information regarding patients/clients must be handled confidentially. The social workers shall not expose or divulge the information of a client to the public unless required by law. However,

confidentiality is usually under threat when the life of a client/patient is in serious danger (NASW, 1996).

- **Self-Determination**

Practitioners need to nurture and support a client's self decision and his/her right to make (his/her own) decisions. This means that practitioners can inform clients about available resources, help them to define and articulate alternatives and to calculate the effects of the alternatives. The goal is to assist the client to make the best, most informed choices possible. One must not impose an option on a client, among various available alternatives (NASW, 1996).

- **Competence**

Social workers must first and foremost be competent to do the job. If they are not, they should seek out (the) education and learn the skills required to become competent. They must not engage in condone, facilitate or collaborate with any form of discrimination on the basis of race, ethnicity, nationality or origin, colour, gender, religion, age, marital status, political affiliations or mental or physical disability (NASW, 1996).

- **Respect**

There is the need for social workers to respect and work cooperatively with colleagues. They should avoid unfounded criticism of colleagues, especially, those directed at personal characteristics unrelated to professional performance.

- **Integrity**

This simply means the promotion of high ethical practice. Social workers should struggle to maintain and improve professional skills, values and ethics. Social workers should partake in activities aimed at professional contributions such as academics, research, consultancy service; legislative processes, participation in the community and involvement in professional organisations (NASW, 1996).

- **Researcher**

Finally, social workers should facilitate research work and measurement of practice productivities, monitor practice policies and interventions to ensure effectiveness, and continue present knowledge of measurement styles. Research should be done in an ethical manner. Social worker should be honest with all involved regarding what they plan to do while conducting the research, who will have access to any information and findings gained, and who deserve credit for any findings obtained.

CHALLENGES OF MEDICAL SOCIAL WORKERS IN NIGERIA

In spite of the newness of the discipline, social work profession has impacted positively on the developing countries of Africa, Asia, and Latin America with its well articulated programmes and well robust curriculum in its assiduous task of

facing the challenges of developing economies and preparation for the emergence of industrialisation and urbanisation of new nations. The following are some of the challenges facing the medical social workers in their day-to-day activities in hospital settings, especially in Nigeria:

- **Lack of Professional Training and Skills in (Professional) Social Work (Practice)**

Currently, very few universities in Nigeria are offering Bachelor, Master and Doctoral degrees in Social Work. Social work students need a longer period of academic coursework with another longer period of internship (fieldwork practicum) in order to develop the skills necessary to effectively resolve human problems in a hospital setting. Health institutions employing medical social workers need to work towards the attainment of this goal while medical social workers make themselves through the acquisition of more education from our institutions of higher learning by for example obtaining BSW, MSW, DSW or Ph.D. in Social Work from the few universities offering the course in Nigeria (Adeoti, 2013).

- **Lack of Proper Recognition within the Hospital Setting**

As a new profession within the hospital setting, not many other professions recognise it. Medical social workers need to work harder to sell their profession, even within the hospital setting and they can successfully do this only when they receive higher qualifications such as master and doctorate degrees in Social Work. With a strong knowledge base in social work, (practice) they can begin to assert themselves more appropriately. For instance, the medical and nursing professions, and other allied medical professions attained the milestones they did through academic training involving a year of internship. The social workers must equally replicate their counterparts in the health profession. They must also increase awareness and sensitisation about the usefulness of the programme

- **Conflict with other Professionals in the Hospital Setting**

Medical social workers may come in conflict with medical doctors, psychiatric doctors, health psychologists and nurses over their schedule of responsibilities that may seem to overlap. Where this happens, tolerance, temperance/sensitivity, humility, sensitisation, understanding and cooperation should be the media through which the conflict is resolved. The primary goal of all health practitioners, social workers inclusive, is service to the patient; and every effort must be made to achieve this. Social workers must at any point in time display adequate knowledge about the problems and needs of their clients/patients and how these could be achieved.

- **Lack of Adequate Funds for Professional Social Work Practice**

The social welfare departments in the hospitals are usually poorly funded. The workers there are employed and paid their monthly salaries but are not provided with funds to enable them carry out their responsibilities. Consequently, medical social workers find it difficult to effectively carry out social diagnosis of cases that require making home visits to study the patient's home environment and to find out how the social and physical environment impact on the patient. This poor funding of medical social welfare departments also impacts negatively on training of social workers through attendance and participation at conferences, seminars and workshops, as well as through higher education. There is the need for medical social workers to begin to lobby for proper funding of their departments through the National Assembly or State House of Assembly as the case may be. It might equally be good to raise funds through appropriate agencies to enable social workers perform their roles effectively.

- **Absence of the Use of Modern Technology in Medical Social Work Practice**

The practice of social work in Nigeria is not on the same page with the application of modern technology in carrying out its functions. Medical social workers do not have electronic devices with which to keep record of cases. They are yet to start internet communications with their clients such as the use of e-mails and web cameras. Webcameras can be used to conduct web-interviews with clients and to keep in touch with them. Elsewhere, Idyorough (2001) had emphasised the use of electronic devices in information management, data collection and processing in promoting and monitoring social development programmes. Computers are needed to enhance and facilitate social casework processes. In modern times, we cannot escape the use of handsets in mobile communication with our clients. Even where we have the handset, how do we buy the recharge cards where social welfare departments are poorly funded? This takes us back to the issue of poor funding of medical social welfare departments. Medical social workers need to work assiduously to attract funds from outside the agency.

Furthermore, medical social workers have to catch up with the deployment of modern technology in the resolution of some medical problems. For example, modern technology is being used in the resolution of the problem of barrenness and this is known as invitro-fertilisation or assisted reproductive technologies (ART). The whole process of ART requires counselling a job that the medical social worker is supposed to do and not the medical doctor, yet, medical social

workers have been standing aloof waiting until we are invited instead of engaging in team work.

- **Non-Existence of the Bill**

One of the major problems confronting the social work profession in Nigeria is the refusal of the President to give assent to the bill which was presented to him about some months ago by the National Assembly after it had passed through the third reading by the joint houses. It could be recalled that the bill was sponsored by the UNICEF to address the issues of children and the less privileged in terms of their social and emotional functioning either at individual, group and community levels. The bill, if assented to by the President becomes a legal document that will regulate the activities of social workers in the country, including medical social workers. It is a legal framework that will specify the conduct of every member of the profession. Therefore, effort should be made by every member of the profession to lobby the government through superior argument on why the bill is necessary and with the current trend of poverty in the land (NTA Network News, May, 2018).

- **Few Universities Offer Social Work Programmes**

There are very few Nigerian universities that offer courses in Social Work. These universities scarcely boast of qualified lecturers to teach the course. For instance, University of Nigeria, Nsukka (the first institution to start an independent Department of Social Work), there is paucity of academic staff. This, consequently, resulted in so many core courses not being taught, because there were no qualified lecturers to handle them. Another major challenges in these institutions of learning is the paucity of learning materials, for instance, textbooks and academic journals. Many libraries stock sociology textbooks with the assurance that this is similar to social work. Moreover, most of the textbooks come from abroad. Nearly all the illustrations in form of graphs and examples are not locally based (which are to be readily appreciated and understood). One of the challenges facing the lecturers is how to demonstrate examples from our local setting to portray some of our social work realities. This translates to the fact that staff and students have to learn under difficult conditions (Uzoma, 2013). More should be encouraged to offer programme in Social Work, even if it will cost the University to get involved in exchange programmes with foreign universities.

CONCLUSION

Social work practice existed in pre-colonial and colonial Nigeria. The traditional home, voluntary organisations, faith-based organisations and non-governmental organisations (NGOs) used to provide some forms of social services or the other. Before colonisation in Nigeria, there existed social services in the form of help to the poor among the various ethnic groups hundred years before European contact and the beginning of colonial administration (Obikeze 2001). This is known as indigenous or traditional social welfare or social work. However, the indigeneous reliance upon the old family system has been highly weakened by industrialisation and urbanisation. This condition gave way for the emergents of a new discipline called "Social Work" to officially handle these noble work in most of the developing countries in sub-Saharan Africa, including Nigeria, as it happened in the developed countries of the world. Therefore, it is pertinent to observe that as Nigeria moves on the paths of growths and industrialisation and with the target of pursuance of VISION 2020, the country shall be confronted with more severe social problems that would require social work services to engage on. As the country becomes more developed and moving away from the health problems common to developing societies, the nation will consequently be exposed to the health problems of industrial societies which would require higher skills in medical social work to contend with. A good example are non-communicable diseases like cardiovascular diseases. Also, as modern high technology is being deployed to solve many health problems, social workers would also need to key into these technologies and develop counselling services to meet those needs. It is, therefore, important that social workers develop interest in the use of modern technologies, particularly the use of mobile phones, computers and Internet services in excellent casework service and for effective management of cases.

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