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Assessing the Competency Gap: Educational, Training and Credentials of Social Workers in Tanzanian Zonal Hospitals

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Abstract

The professionalization of medical social work demands the development of rigorous training and education programs as well as some laws and regulations ensuring the presence of qualified medical social workers. Through three main domains; knowledge, skills and attitude, social work education and training emphasize on teaching students to become professionally competent. The objective of this study was to assess the skill sets and competencies of social workers employed in Tanzanian zonal hospitals. Driven from a pragmatic philosophical standpoint, a mixed-method approach with a convergent design was applied. Selected by stratified, random, purposive, and convenience sampling methods, the study comprised 106 participants (67 doctors, 16 social workers, 5 administrators, and 18 patients). Data gathering tools comprised questionnaires, interview guides

and document analysis guides. Quantitative data was analysed descriptively while qualitative data underwent thematic analysis. Findings revealed that 83.5% of doctors feel hospital social workers lack the required competencies and credentials to provide effective hospital social welfare services. Key informants verified these findings, saying that they rely on generalist social work background to carry out their roles in medical environments. The study discovered that there is no dedicated Medical Social Work program at Tanzanian institutions and that present generalist social work curricula in such institutions lack essential medical social work elements. The study concluded that, in spite of all the challenges, social workers are quite essential for holistic healthcare and recommend reforms in education and training to raise their efficiency.

Keywords: Social Work, Social Work Education, Medical Social Work Competencies, Licensure

1. Introduction

Medical social work is a field of specialism within the general broad area of social work, whereby psychosocial needs concerning patients and their families are brought into attention within healthcare systems (Acharya, 2018; Alemayehu, 2022; Tadic *et al.*, 2020; John *et al.*, 2019) ^[1, 4, 20, 13]. The biopsychosocial perspective on patient care, which takes into consideration the biological, psychological, and social factors affecting a patient's health, is an integral component of medical social work (Engel, 1977) ^[11]. Training and education in social work try to develop professional competency in students in three main spheres: Knowledge, skills and attitude (Austin, 2019) ^[2]. By means of an all-encompassing strategy, graduates are better able to fulfil the fundamental roles of their career, therefore reducing stress and improving well-being of patients and their significant others (Stanley & Mettilda, 2021) ^[19]. Including medical social work into healthcare systems guarantees the availability of qualified medical social workers, establishes strict education and training standards, develops particular laws and regulations, provides ethical guidelines, and helps government policies match healthcare needs with each other (Ashcroft, 2018). Inadequate professionalization can lead to limited scope of practice, lesser understanding of social work approaches inside the healthcare system, and worse quality of treatment (Bell *et al.*, 2020) ^[8].

Globally, there is a lot of evidence on difficulties social workers face preparing and specializing for healthcare environments. For example, because of deficiencies in generalist social work education, Matthews (2019) ^[15] discovered in Minnesota that social workers frequently enter the job unprepared and unqualified. This emphasizes the great requirement of specialized

education that will equip next medical social workers with necessary knowledge for understanding biological and physical functioning and multidisciplinary cooperation. Comparatively, Davis *et al.* (2022) ^[10] found in Australia that social work training and cancer specialist expertise lags behind other Western nations. To improve the competency of oncology social workers, their study underlined the value of specialist courses spanning subjects including healthcare financing, bioethics, and palliative care. Furthermore, as seen in Canada, licencing and regulatory rules show how urgently a consistent strategy is needed to guarantee high-quality social work practice all around (Kourgiantakis *et al.*, 2023) ^[14].

Western paradigms of social work and healthcare brought during the colonial era have presented difficulties in adjusting to the cultural, social, and financial setting of African communities in Africa (Adewunmi *et al.*, 2020) ^[3]. For instance, while there are no specialized programs in medical social work, social workers in Nigerian healthcare environments mostly rely on generalist information obtained at the undergraduate level (Okoye, 2022). Gxotelwa (2021) ^[12] noted further difficulties in Johannesburg including insufficient assistance and oversight for social workers and a dearth of continuous mental health training. These shortcomings highlight the requirement of strong institutional support systems and ongoing professional growth.

Examining social work education and practice across African countries, Veta and McLaughlin (2023) ^[22] highlighted the inclusion of non-social work graduates in social work roles, the lack of a regulatory or coordinating agency, and a curriculum mostly impacted by Western models. Their results highlighted the need of building legislative systems to support professional social work education and practice all throughout Africa. Similarly, Bohwasi and Chidyausiku (2021) ^[9] looked at the social work regulatory structure in Zimbabwe, finding that just a few African countries; South Africa, Namibia, and Zimbabwe have set public professional social work councils to control training and practice standards.

By addressing not just medical requirements but also social elements impacting health outcomes, the integration of social work services into healthcare institutions seeks to provide a comprehensive approach to patient care in Tanzania. Nonetheless, doubts define the practice and educational scene of hospital social workers in Tanzanian context around training gaps, license and profession recognition (Ngugi, 2020) ^[17]. This lack of transparency begs issues concerning the capabilities and competencies of hospital social workers to deliver thorough social welfare services in healthcare settings. Moreover, the idea of the profession as fresh inside the medical sphere has resulted in underutilization, misutilization, and neglect of medical social workers' important contributions to healthcare

(Muhandiki, 2016) ^[16]. In order to understand these competency gaps and improve the efficacy of social work practice in Tanzanian zonal hospitals, this study aimed at assessing their education, training and credentials.

2. Methodology / Materials and Methods

Guiding the study was a pragmatic research philosophy using a mixed-method technique with a convergent design. Simple random, purposive, and convenience sampling methods produced a sample of 106 participants (67 doctors, 16 social workers, 5 administrators, and 18 patients). Data of both quantitative and qualitative kind was gathered at Bugando Medical Center in Mwanza City and Benjamin Mkapa Hospital in Dodoma City. For study of social work training courses in Tanzania, data collecting instruments comprised questionnaires, interview guides, and document analysis guide. Pretesting the questions was conducted at a district hospital excluded from the main research site whereby validity and dependability were assessed and improved using comments from this pretesting stage. Changes were done to guarantee the constructions fairly measured the intended variables. The interview guide was pretested and changed as required similarly. Qualitative data underwent thematic analysis while quantitative data were analysed descriptively. Results were shown with tables, stories, themes, and quotes. Before data collecting, necessary licenses and informed permission from respondents were acquired.

3. Results and Discussion

Examining the viewpoints of medical doctors, hospital social workers, and hospital managers, the study assessed the level of readiness social workers are for positions in the healthcare field. Particularly with regard to how successfully social workers satisfy the needs of hospital environments, these revelations were crucial in pointing up areas of weakness in education, training, licencing, and opportunities for development. By means of this data, the researcher was able to evaluate the skills and degree of qualification of medical social workers in zonal hospitals of Tanzania. Table 1.0 below shows the compiled results from the questionnaires. Likert scale data were interpreted as responses falling into two categories: Agreement and disagreement. Based on the approach suggested by Warmbrod (2014) ^[23], who maintained that Likert scale scores are summated scores, thereby representing a composite of responses to several things rather than individual items. Using a six-point scale, 0-29 indicated extreme minority, 30-49 minority, 50-59 slight minority, 60-70 majority, 71-89 great majority, and 90-100 extreme majority defined the degree of agreement of the Likert scale scores (Taherdoost, 2019) ^[21]. Table 1.0 below shows medical doctor responses on qualifications and abilities of medical social workers in zonal hospitals of Tanzania.

Table 1: Responses from Medical Doctors on Qualification levels of Hospital Social Workers (n=67)

Statement	SD (%)	D (%)	U (%)	A (%)	SA (%)	Mean
Overall, medical social workers demonstrate competency in their role within healthcare team.	21(31.3)	35(52.2)	3(4.5)	5(7.5)	3(4.5)	2.01
Social workers in our zonal hospital are licensed to provide hospital social welfare services to clients.	34(50.7)	24(35.8)	7(10.4)	0(0)	2(3)	1.68
Additional training enhances the effectiveness of medical social workers in addressing patient needs.	10(14.9)	0(0)	0(0.0)	26(38.8)	31(32.8)	4.01
Social workers demonstrate high competency in handling patients' psychosocial issues in our zonal hospital.	26(38.8)	26(38.8)	1(1.5)	8(11.9)	6(9)	2.13
There is no need for medical social workers to be licensed to offer hospital social welfare services	43(64.2)	11(16.4)	3(4.5)	4(6)	6(6)	1.79
Social workers often lack the necessary skills to address psychosocial issues of patients effectively.	4(6)	7(10.4)	0(0)	28(41.8)	28(41.8)	4.03
There are frequent complaints from patients regarding the competency of Hospital social workers in our hospital.	20(29.9)	32(47.8)	8(11.9)	6(9)	1 (1.5)	2.04
Social workers do not contribute significantly to patient care in our hospital.	26(38.8)	21(31.3)	5(7.5)	6(9)	9(13.4)	2.67
Improvements are needed in the education and training of social workers for medical social work services	4(6)	1 (1.5)	4(6)	22(32.8)	36(53.7)	4.27
The licensure ensures that medical social workers possess the necessary skills and knowledge for their profession.	7(10.4)	2(3)	0(0)	27(40.3)	31(46.3)	4.09
Weighted average						2.872

Key: N=67 SD =Strong Disagree D= Disagree U = Undecided A= Agree SA= Strong Agree

3.1 Education, training and Competencies of Hospital Social Workers

Table 1 data expose serious issues with the apparent competency of medical social workers in Tanzanian zonal hospitals. Great majority of medical professionals (83.5%) disagreed and strongly disagreed that Hospital social workers show proficiency in their duties within healthcare teams. Furthermore, great majority of doctors (83.6%) agreed and strongly agreed that social workers lack the required knowledge to properly meet patients' psychosocial requirements. This points to a significant knowledge, skill, and attitude gap among social workers; the three main elements of competency, according to Austin (2019) [2], are thus lacking. Furthermore, 86.5% of doctors felt that social workers' training and education should be improved if only to improve medical social work services. These results suggest that, especially in handling challenging psychological issues, the present social work training programs might not be adequately ready for the demands of hospital environments. Social workers' capacity to properly contribute to healthcare teams and meet patients' sophisticated psychosocial needs depends critically on their education, training, and competence. The statistics imply that social workers might be less effective in patient care if they lack basic knowledge of healthcare-related issues, useful abilities in multidisciplinary cooperation, and knowledge of medical terminologies. These results highlighted the need of change in social work education, including the creation of specialized medical social work programs and continual professional development chances to bridge the found competency shortages. Without these developments, social workers could struggle in fulfilling their roles within healthcare teams, which would result in underutilization of their services and less cooperation with medical specialists, therefore influencing patient outcomes. Interviews with hospital executives and social workers helped one to triangulate the results from the medical doctors' questionnaire. These interviews produced a spectrum of experiences and viewpoints on whether social workers' training and academic backgrounds sufficiently equipped them for the rigors of medical social work. Regarding the lack of training and education social workers

receive for their positions in hospital environments, both groups found shared issues.

This was especially shown by hospital administrators who said:

While most of the training that helps them to operate effectively is gained on the job, the training they get helps to some extent. It is well known that their instruction usually follows the curriculum they used at the university. However, when hired and beginning their employment individuals pick up job ethics and standards. Usually, colleges fail to appropriately equip these professionals for the real market needs of hospital social welfare services for patients. This seems to be the case with their training curricula. (01-AD-M-BN).

I believe their training from colleges and universities is inadequate to handle problems involving clients in hospital environments. Their training and education seem to be totally based on direction, counselling, and assessment of patients who can afford to pay medical expenses and those vulnerable patients who cannot afford medical prices and demand exemption or waivers. Their knowledge and expertise do not directly help with patient care and therapy of psychological problems. They lack basic medical literacy knowledge (04-AD-M-BM).

Hospital social workers, on the other hand, expressed how their training and educational background fit the requirements of working in hospital environments. Their remarks underlined several facets of readiness and difficulties in using their knowledge in the context of medical social work, claiming insufficient preparation for the employment.

Respondents who said that was further explained as:

Though not entirely, my academic background helped me to be somewhat ready for medical social work. It was a broad social work degree, hence even although I developed basic abilities, it did not adequately prepare

me for the particular requirements of this specialized profession (MSW-15-M-BM).

Although my academic experience in social work gave a basic knowledge of counseling and some broad ideas pertinent to the medical area, it was inadequate in fully preparing me for the demands of medical social work in a hospital environment. To better advocate for and guide my clients, I find myself in practice needing at least basic understanding on chronic conditions, medical terminology and other typical hospital processes (MSW-01-F-BN).

Hospital Social workers and administrators both underlined how much academic knowledge differs from the actual abilities required for medical social work in hospitals. Although basic training is valuable, many vital skills especially in medical literacy and patient care are picked up on the job, administrators observed. This implies that academic courses might not be quite in line with the pragmatic needs of hospital-based social work. Medical social workers reflected this worry, noting that although their academic background gave broad social work skills, it lacked depth in medical-specific areas including hospital procedures and chronic conditions. In medical terminology and healthcare procedures, they underlined the need of more focused teaching. Along with ongoing professional growth, both parties recommend changing courses to incorporate more specialized medical training to greatly increase social workers' competency in hospital environments, therefore allowing them to better meet patients' social and psychological needs.

A thorough research of Bachelor of Social Work curricula from three well-known higher learning institutions; the University of Dar es Salaam, the Open University of Tanzania, and the Institute of Social Work was undertaken to augment insights from the respondents of the study. The findings highlighted notable discrepancies in how well students are ready for positions in medical social work. Through a single course, "Social Work and Community Health," and a module on psychology and mental health, the University of Dar es Salaam offered just minimal coverage of healthcare-related subjects. Likewise, although the Institute of Social Work provided increasingly pertinent courses like "Social Work in Medical Settings," their depth remained shallow. Not one medical social work-oriented course was offered by the Open University of Tanzania. These statistics match the comments of the respondents and show that most Tanzanian social work schools fail to equip graduates sufficiently for the medical environment. Designed for generalist training, the current courses lack the specific information, skills, and competences needed for successful hospital medical social work practice. This emphasizes how urgently increased emphasis on healthcare or more thorough medical social work programs should be included into present courses to better prepare future social workers for the demands of hospital environments.

These results of respondents on credentials and abilities of Tanzanian Hospital social workers agree with Mathews (2019), who exposed that social workers often lack sufficient knowledge for hospital environments. Mathew's study underlined how inadequate the present generalist social work education is to handle the complexity of medical

social work practice. The study underlined the importance of specific competencies especially in domains including biological and physical functioning as well as multidisciplinary cooperation. According to Mathews (2019), adding more specialized training to complement generalist social work education will help future medical social workers be more suited for the particular challenges of healthcare environments. This is consistent with the results of the present research, which emphasizes the need of improving the efficacy of social workers in medical environments by means of bettering educational curricula and professional development chances.

3.2 Licensure and Professional Regulation of Hospital Social Workers

Great majority of medical professionals (86.5%) in Table 1 disagree and strongly disagree that social workers in Tanzanian zonal hospitals are licensed to offer social welfare services. Moreover, great majority of medical professionals (86.6%) agree and strongly agree that licensure is necessary for ensuring that social workers have the required skills and knowledge, so underlining the need of licensure as a tool for preserving professional competency and confidence in interdisciplinary healthcare teams. The statistics revealed a clear deficiency in Social Work professional control in Tanzania. The professionalization of social work in healthcare depends on licensure since it sets criteria for ethics, education, and competency, so guaranteeing excellent treatment and supporting practitioners' reputation among healthcare teams. Licensure offers precise rules for practice, therefore safeguarding professionals as well as the public in many nations. When hospital social workers lack license, has important ramifications for their involvement in multidisciplinary healthcare teams. Mostly, it raises questions about ethical supervision and lack of consistent competences, which can erode social workers' reputation and acceptance in these environments. Working without a license could suggest that hospital social workers might not be held to consistent competency criteria, therefore restricting their ability to provide patient care and coordinate with other healthcare professionals. Moreover, lack of licensure lowers responsibility as no official system exists to handle misbehaviour or guarantee continuous professional growth. This disparity helps to create the impression that social workers might not be ready to fulfil the expectations of their positions, therefore compromising their professional reputation in medical teams. By increasing the professional credibility of medical social workers, guaranteeing that they follow accepted criteria of practice, and therefore promoting better cooperation with other healthcare practitioners, licencing could greatly help to solve these problems. Formalizing their credentials and skills would allow social workers in medical environments play a more prominent role, therefore improving patient care and results.

Interviews with hospital managers and social workers about the licensure procedures of hospital social workers in the Country were done for the aim of information triangulation. According to the interviewers, social workers employed at zonal hospitals in Tanzanian are not licensed to offer services to patients at now. Several officials, who underlined the consequences of this discrepancy in regulatory control, repeated this comment:

Since medical social workers in our institution are not licensed, they are not now obliged to be licensed. This lack highlights the need of a professional board and licensing system since it poses a difficulty. Licencing is crucial since it creates a set of moral rules and criteria to which experts have to abide. Such a system would help social workers, who form part of the core cadre directly serving patients, stand out from assistant cadres such as accountants and drivers, who do not directly treat patients (01-AD-M-BN).

Medical social workers in this institution are not licensed, nevertheless. Licenses are crucial since they clearly define the procedures for handling any malpractices and give formal acceptance of the experts. Licencing also encourages more dedication to professional norms and practice behaviors (05-AD-F-BM).

The researcher also aimed to grasp the viewpoints of hospital social workers on the need of licensure. Viewing licensure as necessary for improving recognition, control, and credibility inside their field of practice, medical social workers fervently campaign for it. A license system, they contend, would help to regulate professional activity, guard against malpractice, and guarantee adherence to ethical standards. Furthermore, they think that licensure would stop unfit candidates from joining the area, therefore improving general professional standards. Effective patient care depends on professional reputation and visibility; hence this would also help to preserve integrity in practice and support these aspects.

Two social workers who said that was reflected in two ways:

We are not licensed as hospital social workers, so no. But getting a license is really crucial since it gives one the power to make wise decisions and take charge of patient treatment. Licencing not only confirms our value in helping patients but also guarantees that we are qualified to deliver efficient services with the appropriate responsibility and acknowledgment inside the healthcare team (MSW-01-F-BN).

I am not licensed, though. Still, getting a license is really vital. It guarantees visibility, gives the profession credibility, and helps us to gain legitimacy to offer services. Licencing also guarantees that practitioners follow a code of ethics and controls their activities for the customers we assist to best interests. It guarantees that practitioners satisfy the minimum professional criteria needed in the field (MSW-14-F-BM).

Hospital social workers as well as administrators stress the need of a licencing system to professionalize social work in Tanzanian zonal hospitals. Licensure, according to administrators, would improve responsibility, set social workers apart from other support workers, and guarantee adherence to ethical norms. Although social workers admit they are not licensed right now, they underline that licensure would raise professional standards, stop unqualified people from working, and increase respect and credibility within

healthcare teams. This suggests that strengthening the field of social work as a helping profession depends on licencing for its service providers, therefore safeguarding service receivers and raising the standard of patient treatment. By means of a licencing system for social workers, their professional status would be much enhanced, enabling better integration into healthcare teams and hence improved patient outcomes. Without formal licencing, the profession could find it difficult to acquire the respect and credibility needed for successful practice, therefore restricting their capacity to fully participate in interdisciplinary healthcare environments.

The results of this study fit Veta and McLaughlin (2023) ^[22], who observed that many African nations suffer with non-social work graduates occupying social work posts and the absence of regulating authorities to monitor professional activities. They underline how urgently legal systems must be strengthened to improve social work education and practice all throughout Africa, therefore raising the standard of services for underprivileged groups. In line with this, Bohwasi and Chidyausiku (2021) ^[9] discovered that, as of 2014, only South Africa, Namibia, and Zimbabwe have set policies for licencing social workers, therefore underlining Tanzania's slow professionalizing efforts. Lack of these systems compromises the professionalism of the field and the caliber of the services given to local populations. Aiming for better results for people and families in need of help, these studies together demand governmental changes to improve regulation and professional standards in social work across Africa.

3.3 Suggestions for improving competencies of social workers in Tanzanian Healthcare settings

By means of insight on improving their education and training, this study evaluated the credentials of social workers for efficient hospital social welfare services. Social workers suggested changing social work courses to include specialist health-related courses catered to medical social work. They argued for the creation of a specific Medical social work program since they noted its absence. To further educate social workers for the demands of their roles in medical settings, they also advised adding specialized short courses and continuous training targeted on medical social work. These developments are considered as necessary to improve the results of patient care by making sure social workers are suitably ready for the healthcare surroundings.

Interviewees who related that these feelings were reinforced by their experiences told that:

I propose that the curriculum for educating social workers in the nation be more organized and contain thorough health-related courses in order to raise our working standards and expertise in hospitals. This would equip social workers to professionally serve patients and their families in different spheres of the healthcare facilities. Additionally, needed are medical social workers licensed as for medical personnel (MSW-01-F-BN).

Training courses especially meant to provide social welfare officials in healthcare environments the required information and abilities should be developed by the government. These initiatives should centre on

health and/or hospital-related concerns to equip social workers for their positions and enhance patient care. Furthermore, there ought to be a licencing board since all hospital social workers have to be licensed (MSW-02-F-BN).

Hospital social workers' recommendations underline the need of more organized and specialized training to improve their performance in healthcare environments. They underline that adding thorough health-related courses to the social work program will help them to handle challenging patient requirements. Moreover, the need for licencing for hospital social workers, like other medical professionals, suggests a wish for more professional respect and control. These developments are regarded as essential for enhancing the integration of social work into the healthcare system as well as the quality of services provided.

4. Conclusion

Emphasizing that present curricula in higher learning institutions lack the specialty and modules necessary to handle the complexity of healthcare environments, the study exposed notable inadequacies in the education and training of medical social workers in Tanzania. Especially, the nation does not have any specific medical social work program available. Furthermore, compromising the professional competency, recognition, and efficacy of social workers inside the healthcare system is the lack of licensure and national standards for hospital social work. Development of specialized Medical social work training programs, license systems, and application of national standards will help to solve these issues. These steps are essential to provide medical social workers with the required skills and guarantee their efficient integration into the healthcare system of Tanzania.

5. Recommendations

The results of this study highlight how urgently medical social workers in Tanzanian zonal hospitals must have deficiencies in education, training, licensure, and competence addressed. Many important suggestions are made to reach this. First, colleges of higher learning should review their social work courses holistically and include medical social work specialties. This covers the development of specialized courses and modules meant to provide students the tools needed for hospital-based practice. Furthermore, it is essential to create particular academic courses aimed at medical social work to equip upcoming experts for the complexity of healthcare environments. These developments will guarantee that medical social workers have the necessary competencies to handle the psychological issues arising in clinical settings. Second, a national licencing structure ought to be developed to formally define the function of medical social workers inside the medical system. By means of a regulatory agency, this system would guarantee responsibility and professional acknowledgement. Licensure will not only define the credentials of medical social workers but also improve their trustworthiness and the quality of the rendered services. Third, programs for ongoing professional development (CPD) catered for medical social work ought to be carried out. These initiatives would let practitioners stay current with developments in healthcare practices, new ideas, and creative approaches. Finally, the ministries of health and

community development, gender, women and special groups should work together to plan medical social work short courses and training seminars. For upskilling present social workers, especially those already working in healthcare environments, and for bringing fresh ideas and practices to improve their efficacy, these short courses would be absolutely essential.

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