Navigating Social Work in Healthcare: Insights from Pakistan's Medical System through the Lens of Islamic Principles

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Abstract

This study examines the role of social work in Pakistan's healthcare system, emphasizing the influence of Islamic values such as rahmah (compassion) and adl (justice) in shaping social work interventions. It explores the historical development and current status of medical social work, focusing on the systemic, administrative, and resource-related challenges faced by social workers in hospital settings. Employing an exploratory qualitative approach, the research investigates three core themes: (1) the historical evolution of social work in healthcare; (2) the integration of Islamic ethical principles into social work practices within medical institutions; and (3) the effectiveness of medical social work in addressing social determinants of health and reducing health disparities. The study critically assesses how Islamic teachings that advocate for social justice and the welfare of

marginalized groups—such as ta'awun (mutual cooperation) and maslaha (public welfare)—can enhance healthcare delivery by promoting inclusive and equitable practices. Furthermore, it discusses the role of social workers in facilitating patient advocacy, resource allocation, and community engagement to improve healthcare accessibility. The findings suggest that integrating Islamic ethical frameworks into social work can lead to a more compassionate and justice-driven healthcare system. The study concludes with recommendations for strengthening the role of social work in Pakistan's healthcare sector, emphasizing policy reforms, enhanced training programs, and interdisciplinary collaboration to foster a healthcare system that aligns with both professional social work ethics and Islamic values.

Keywords: Islamic Ethics in Social Work; Healthcare System in Pakistan; Social Determinants of Health; Interdisciplinary Collaboration; Social Determinants of Health

Background

Social work has a rich history and a distinctive synthesis of theory and practice. This profession is distinguished from the social sciences due to its uniqueness. Professional social work aims to assist individuals live successful, self-sufficient, and "self-help" lives. With a well-established professional education system that is regulated by national educational policies and certification requirements, this field has been around for more than a century (Council on Social Work Education, 2006). To help people create and maintain good change, social workers employ a range of abilities and strategies. As advocates, counsellors, and mentors, social workers assist individuals in their communities in resolving issues and leading more fulfilling lives.

The profession of social work is based on an understanding of how individuals, families, groups, and communities interact with and are impacted by their environment. Humans do not operate in a vacuum; they are influenced by the social and physical environments in which they live and interact. The "person-and-environment concept" is a social work approach that takes into account both the individual and their living situation. (2008) Germain and Gitterman. In community clinics, hospitals, and other healthcare facilities, social workers assist the larger medical team in organising patient care. Patients and their families might also receive assistance from them.

They play a crucial role in many non-medical facets of patient care, such as guiding patients and their families through the healthcare system, keeping an eye on and evaluating the mental and emotional well-being of patients and family members, offering brief counselling and treatment, and sharing patients' desires and worries with the larger medical team.

In healthcare systems across the world, social work is essential to meeting the diverse needs of people and communities. The healthcare system in Pakistan has long been beset by problems such as a lack of funding, poor access to care, and sociocultural hurdles that prevent the provision of equal healthcare. In spite of these obstacles, medical social work has become a vital profession that aims to close healthcare inequalities by addressing social determinants of health, advancing mental health and wellbeing, and standing up for underrepresented groups. Nonetheless, the function of social work in Pakistan's healthcare system has changed in response to both contemporary medical requirements and the firmly held Islamic principles of justice, compassion, and assistance for the weakest sections of society.

Social workers provide thoughtful support to patients and their families who are experiencing mental, emotional, family, and/or financial strains due to the illness of a loved one. Usually referred to as a "Medical Social Worker," a social worker who works in a hospital setting strives to improve the patient's condition from the moment of admission until the patient is released. Following the patient's discharge, they also offer follow-up services and home visits.

As a result, hospitalized patients and their families can get a variety of services from medical social workers. They assist individuals with health issues, work with patients and their families to provide them the assistance they need to make their lives simpler, particularly during their sickness, and assist them in coping with the fallout directly connected to their condition. To facilitate patients' quick recovery and community rehabilitation, medical social workers are essential in bridging the gap between medical and social services. Additionally, medical social workers excel in helping patients with their paperwork and supporting their families during the whole hospital admission and stay process, including discharge. Islamic principles have a significant role in forming the moral and ethical foundation of social work practice in Pakistan.

The primary objectives of medical social work are in line with values that are highlighted in the Quran and Hadith, such as adl (justice), rahmah (compassion), ta'awun (mutual partnership), and masala (public welfare). These principles encourage healthcare professionals to address patients' social and emotional needs in addition to their physical ailments to give a holistic approach to therapy. For example, Rahman promotes empathy and sympathy for patients, especially the poor and disadvantaged, while adl highlights the need for fair

treatment and equal access to healthcare services. The purpose of this study is to investigate how Islamic beliefs are incorporated into medical social work practice in Pakistan, looking at how these ideals impact social workers' roles in healthcare settings and the difficulties they Using a qualitative approach, this study will look at how social work has evolved historically in Pakistani healthcare, how Islamic principles are applied in the workplace, and how well social work interventions function to address health disparities. This study aims to find ways to strengthen social workers' contributions to the advancement of justice, fairness, and compassionate care in Pakistan's healthcare system by comprehending how social work and Islamic beliefs interact.

A Western Perspective on Social Work in Healthcare

Globally, medical social workers report an increase in the complexity of client issues, excessive workloads, extensive documentation, and long treatment waiting times (Whitaker et al., 2006). Due to their demanding schedules, doctors and nurses are often unable to address the psychosocial and financial needs of their patients. As a result, medical social workers play a vital role in ensuring that patients receive timely and effective support.

The necessity of social work in the English healthcare system was first recognized in 1885 when patients discharged from mental institutions required home-based aftercare to prevent relapse. This marked the beginning of social work interventions in healthcare, emphasizing the importance of ongoing support beyond medical treatment. After patients were discharged from mental and other facilities, many doctors and nurses felt compelled to follow up with them. When it comes to newly discharged hospital patients, they are always knowledgeable. They were suffering another consequence

as they adapted to their new surroundings, so they realized they were returning to the hospital. It became evident that the social and economic issues impeding their recovery need assistance (Dastur, R., 1974).

They were convinced that to give them comprehensive therapy, home visits and aftercare were necessary. Medical social work was initially introduced by Dr Richard Cobat at Massachusetts General Hospital in Boston in 1905 (Combat 1928). Income, housing circumstances, education, and employment were recorded by social workers in the hospital system as "sanitary visitors" in the United States. Home visits were a part of early US medical and nursing education. Social workers who helped the destitute in the UK were formerly referred to as "almoners." It was intended to "screen by a competent person of education and refinement who could examine the situation and circumstances of patients," as Gehlert and Brown (2012) state.

The role of the social worker is to identify and eliminate any barriers—whether environmental or psychological—that may hinder a patient's recovery. Ida Cannon (1923) emphasized that the core objective of social work is to treat the whole person within their specific context (Keefler et al., 2001). While healthcare systems in Western countries vary significantly—ranging from entirely private to fully public or hybrid models—the overall structure and health outcomes remain largely comparable. Additionally, it is crucial to remember that historically, the region's instability and the need for structural stability during and immediately following World War II caused a swift transition to more socialist healthcare systems across Europe (Mossialos, 2017).

Living circumstances and the social and health issues that plague society at large are factually strongly related. For example, the US has worse health while

spending more per person than any other OECD nation. This demonstrates that the healthiest nations are not always the richest. According to Wilkinson and Picket (2009), a nation's mortality and morbidity rates increase with the size of its wealth disparity. In Western countries, public health initiatives, improved nutrition, and greater affluence have a greater impact on reducing mortality than medical care (Moniz & Gorin, 2010). Negative living conditions, which are influenced by governmental policies, lead to health and social issues. Social factors impact half of all healthcare outcomes.

Genetics and heredity contribute to only 15% of health outcomes, while environmental factors account for 10%. Additionally, one-fifth of all healthcare expenditures are related to issues stemming from poverty. Reducing health disparities can lead to significant financial benefits (Marmot, 2010). Health outcomes are shaped by complex interactions among behaviour, physical surroundings, and socioeconomic factors throughout life. Research suggests that social determinants of health may have a more profound influence on overall well-being than medical treatments or lifestyle choices (Mikkonen & Raphael, 2010). Key factors affecting health include social status and income, workplace conditions, childhood experiences, physical environment, coping strategies, social support networks, healthy behaviours, education, literacy, and access to healthcare. Biological influences such as genetics, gender, and cultural background also play a role.

The World Health Organization (WHO) recommends that all countries adopt policies and initiatives that:

i. Improve living conditions.
ii. Address the unequal distribution of resources, funding, and power.

Expanding the body of knowledge, quantifying the issue, evaluating potential solutions, and educating staff about socioeconomic determinants of health (SDOH) are essential steps in addressing health disparities. Increasing awareness of SDOH is crucial (CSDH-WHO, 2008). Social determinants of health fall under the broader category of health determinants and specifically refer to social and economic factors such as income, education, and employment, which influence an individual's social standing. In many societies, historical trauma and experiences of discrimination also serve as critical social determinants of health. Health disparities refer to differences in health status among individuals and groups. These variations can be influenced by genetic factors and personal choices, such as engaging in physical activity or alcohol consumption. However, social determinants of health also play a significant role. For example, individuals with higher incomes generally experience better health outcomes than those with lower incomes. Health inequalities, on the other hand, refer to unjust or avoidable health disparities that can be addressed through policy interventions. People living in rural or underdeveloped areas often face greater challenges in accessing essential resources such as nutritious food, healthcare, and education compared to those in urban areas.

Social and health indicators, such as those established by the World Health Organization (WHO), provide a framework for evaluating health and well-being across different populations (CSDH, 2008). These indicators emphasize that health outcomes are influenced by a range of factors, including biological determinants, personal life experiences, health disparities, and various social and physical environments. In the final report, the term "inequalities" refers to measurable differences in

health characteristics among individuals and groups (CSDH, 2008). Addressing these disparities can lead to reduced reliance on healthcare services and an overall improvement in health and quality of life. A higher standard of living is closely associated with better mental and physical well-being. One of the primary roles of social workers is to connect individuals with essential resources by identifying available services, discussing options with clients, and facilitating referrals. According to the Global Burden of Disease Study (Lim et al., 2012), global health patterns are evolving. While child mortality due to famine has significantly decreased—except in some parts of sub-Saharan Africa—the ageing population has contributed to an increase in chronic illnesses, disabilities, mental health disorders, and injuries. These emerging health challenges are becoming increasingly relevant to the field of social work. Regulating the social work profession is essential for ensuring that the public, professionals, and stakeholders understand the expected standards of practice, ethical conduct, and professional responsibilities. Given that social work often operates within complex legal and ethical frameworks, regulatory oversight helps maintain professional integrity and accountability (Jones, 2018). Several countries, including the United States and Canada (American Association of State Social Work Boards, 1998), New Zealand (McNabb, 1988; Heugten, 2011), Zimbabwe (Sachiti, 2012), Finland (Talentia, 2016), Nigeria (Okoye, 2017), Japan (Iwasaki, 2001), Hong Kong (Leung, 2001; Jones, 2007), Malaysia (Jones, 2007), and Australia (Nayor, 2001), have established statutory regulatory bodies for social work or are in the process of exploring them. In some nations, government intervention plays a more direct role in regulating the profession (Hussein, 2011). The primary objective of social work regulatory bodies is to protect

public interests by overseeing professional conduct and ensuring ethical practice. These organizations typically establish entry-to-practice criteria, ensuring that only individuals with the necessary educational qualifications are eligible for registration. Additionally, they develop and enforce adherence to the Code of Ethics and Standards of Practice among registered professionals.

Keeping registered social workers' (RSWs') public registrations up to date and mandating that participants in continuing education programs participate in Continuing Competence Programs.

Keeping strict procedures in place for complaints and disciplinary actions. Hutchison (1987) The regulations listed above define a profession's practice and outline the requirements for practising it, including the necessary credentials and certifications. Any governing body's main responsibility is to safeguard the public interest by enforcing strict complaints and disciplinary procedures against practitioners who lack the necessary training, expertise, or credentials. It gives the profession legitimacy. In addition to completing the Continuing Competence Program every year, practitioners in regulated professions are bound by standards of practice and a code of ethics. The government's recognition of the profession's specialized expertise allows social work to be a self-regulated field, where professionals set standards and assess members' conduct through peer review. This form of self-regulation enables the profession to function as a regulatory body on behalf of the government.

To assess patients' psychosocial health, social workers use a variety of standardized documentation techniques to screen individuals and determine their needs. As "the thought process that searches out the meaning of case circumstances, puts the particulars of the case in some order, and leads to suitable actions"

(Meyer, 1993), evaluation is necessary for effective social intervention. The SDOH frequently uses social workers as their "screener" during the team environmental scan. Utilizing standardized evaluation techniques, social workers offer both inpatient and outpatient therapy across various healthcare settings, including trauma care, critical care units, rehabilitation, Family Health Teams, mental health services, cancer treatment, and cardiac care. These evaluation tools, along with chart audits and guidelines from national and provincial social work regulatory bodies, have been independently reviewed by a diverse group of information users. Social work assessments encompass a wide range of data, including clinical impressions, treatment plans, and recommendations, as well as demographic details, relevant health information, financial status, living conditions, functional abilities, and family, social, and community dynamics. Although physicians are dedicated to their patient's well-being, their primary focus on medical care often leaves them with limited time to address social concerns beyond clinical treatment. Social workers play a crucial role in bridging this gap by providing advocacy, assisting with social service referrals, and offering supportive counselling, helping individuals regain stability in their lives.

In practice, many patients require "wrap around" treatment, which is provided by team-based medical experts such as social workers, family doctors, and others. For instance, the community health centre recommends some of its clients to a social worker to address things like excessive stress, inadequate coping mechanisms, loneliness, anxiety, despair, and traumatic experiences that are preventing them from moving forward. An essential component of interprofessional frameworks is social workers. A social worker is in a good position to

provide the advocacy, social service referral help, and supportive counselling that many people require to restore some stability in their lives. In practice, many patients require "wrap around" treatment, which is provided by team-based medical experts such as social workers, family doctors, and others. For instance, the community health centre recommends some of its clients to a social worker to address things like excessive stress, inadequate coping mechanisms, loneliness, anxiety, despair, and traumatic experiences that are preventing them from moving forward. An essential component of interprofessional frameworks is social workers.

Pakistan's Medical Social Work Practice Concept

Pakistan, located in South Asia, has an estimated population of 156.26 million, ranking it as the sixth most populous country globally (Government of Pakistan, 1998). As a developing nation, Pakistan continues to experience rapid population growth, presenting both challenges and opportunities in various sectors, including healthcare and social services. Only around 1% of Pakistan's US$470 per capita GNP is allocated to health by the federal government (UNICEF, 1996). Particularly after attaining independence, Pakistan has seen tremendous political, economic, and social change in recent years. These events have created a great deal of uncertainty in the lives of many individuals. The provision of better healthcare facilities is the government's top goal.

The provinces of Pakistan used to be responsibility of providing health care services across the country. However, in August 2001, a decentralization process was initiated, transferring responsibility for various government functions, including healthcare, to district administrations. The concept of a welfare state has influenced government policies and actions for centuries (Khalid M., 1982). Typically, the state plays a direct role

in economic affairs, overseeing and regulating various aspects such as wages, pricing, cost of living, credit, currency, foreign exchange, banking, and insurance, among others, to ensure public welfare.

In a healthcare setting, the medical social worker must offer a range of services. "Social workers assess their clients' social situations, assess the extent to which they have contributed to their poor health, and alleviate these conditions; arrange appropriate community care following hospital release; address issues that may hamper healthcare; and alleviate social pain, including that of family and friends, caused by sickness, disability, frailty, and death," according to Margaret Alston (2001). Since its founding in 1947, medical social work in Pakistan has undergone substantial transformation. According to Muhammad Khalid (2011), donors' assistance, gifts, or sponsorship enabled a sizable portion of the work to be completed at the time.

The rehabilitation of migrant populations living in filthy refugee camps was the main priority at the beginning of a newly sovereign nation. As a result, the job was typically done in an emergency and in a haphazard manner without any planning for a specific plan of action. Social workers performed their volunteer job out of humanitarianism, despite their inexperience and limited training. According to Sherieen Rehmatullah (2002), everyone was astounded by the definition and scope of "Medical Social Work" in the early years of the country's growth and the rehabilitation of its citizens, and they were worried about its success in a nation. In 1953, the Pakistani government requested that the United Nations send a Swedish medical social worker, Miss Anna Mo Toll, to visit Karachi. Some medical professionals even believed that training was unnecessary, particularly those in medical social work. (Malik & Sarfaraz, 2012;

Rehmatullah, 2002). Many contributors took part in philanthropic activities without acting professionally. Because of the significant developments that have taken place throughout time, medical social work is no longer primarily dependent on volunteers and donors for support.

Present Methods and Obstacles for Pakistan's Medical Social Work Profession

Access to healthcare is recognized as a fundamental human right (Ali, 2000), as affirmed by Article 25(1) of the Universal Declaration of Human Rights (Youth for Human Rights International, 2010; UDHR, 1948; UNO, 1948). In Pakistan, economic, social, and community services account for only 3.1% of the country's GDP, whereas 43% is allocated to debt repayment (Government of Pakistan, 2002). The nation's healthcare expenditure remains low at 0.8% of GDP, compared to Sri Lanka's 1.4% and Bangladesh's 1.2% (International Bank, 1998–1999). In 2005-2006, per capita health spending in Pakistan was less than $17, which is significantly low by international standards (Poullier, JP, et al., 2003). The healthcare workforce in Pakistan includes 91,823 doctors, 37,623 nurses, 22,528 paramedics, 4,175 dentists, and 5,619 female healthcare professionals. Additionally, there are 796 hospitals, 531 rural health centres, 856 maternity and child health clinics, 5,171 basic health units, and 93,907 hospital beds (Government of Pakistan, 2001). However, the country's rapidly growing population has outpaced the healthcare system's capacity, limiting access to essential services (Sheriff, KM., 2001). Due to shortages of doctors and nurses, a significant portion of the population, particularly those in poverty, depends on public healthcare services. Individuals from lower socioeconomic backgrounds often delay seeking medical attention due to financial constraints and may lack

awareness of preventive healthcare measures. Rooted in humanitarian and democratic principles, medical social work is centred on upholding the dignity, equality, and well-being of every individual. Giving individuals the tools to solve their problems, it aimed to satisfy their needs and enable them to realize their full potential. The goals of medical social workers work in the healthcare facility are explained in detail below.

Goals of the MSW Services for

· To assist the community in identifying its needs and to bring people together to develop service initiatives that will address the requirements of patients who are in need.

· To learn more about the socioeconomic origins of diseases, how to avoid and treat them, and how to help people from underprivileged backgrounds and society at large.

· To put together groups of people to teach them how to use the resources that are already available and tap into them to suit patient requirements.

· To promote the prevention and rehabilitation of disabilities

This is a highly intricate process that requires a structured approach to improving patient satisfaction and ensuring awareness of their rights. Globally, particularly in developed nations, the fields of community engagement, paid employment, and medical social work education are in high demand. However, in Pakistan, key stakeholders have not given due recognition to the profession. A major challenge for clinical social work practitioners nationwide is the low professional recognition of social work, especially in the medical sector. While the profession has gained some acknowledgement in specific regions of Pakistan, the general public still largely perceives it as a charitable act

rather than a specialized field that demands expertise and professional training.

In Pakistan, visiting patients and providing support while they are in the hospital is standard procedure. According to Islamic ethical perspectives, this activity is seen as an important standard and moral obligation. It's important to highlight that individuals in Pakistani culture frequently have difficulty distinguishing between social workers who are professionals and those who are not. The great majority of individuals think that professional training, knowledge, or abilities are not necessary for social work practice. Anyone can split duties, work as a social worker, or volunteer. In actuality, the nation's professional identity and clinical license procedures prevent people from operating inside a professional framework. Due to the previously mentioned administrative issues and misunderstandings regarding social workers' professional services, the nation needs a system of professional recognition for social workers.

Research on the socioeconomic determinants of health is steadily increasing. Social determinants significantly impact genetics, risk behaviours, environmental exposures, and access to healthcare services. Social workers adopt a biopsychosocial approach to assessment and intervention, employing a comprehensive model that integrates various interrelated factors influencing health (Volland et al., 1997).

This paradigm takes into account psychological (perception, cognition, and emotion), social (genetics, illness, and temporal processes), and biological elements (gender, class, lifestyle, culture, race and ethnicity). Even if medical care is not the main goal of the interaction, social workers assist those who are experiencing health problems. Whitaker and colleagues, 2006 The twenty-first century is predicted to bring about major changes to the

global healthcare system, including a sharp rise in the demand for and use of medical services. The nation's healthcare workforce is preparing for a problem that will impact the supply of social workers and other healthcare professionals as the "baby boom" generation ages. This problem is expected to go beyond the present nursing shortage (Wing & Salsberg, 2002).

The obstacles that many people have while trying to obtain health care disproportionately affect those with lesser incomes. Among nations of comparable socioeconomic standing, Pakistan has one of the lowest literacy rates worldwide. Inadequate funding, poorly managed and unmonitored budget allocation, and low program execution efficiency are some of the challenges facing Pakistan's health industry. Lack of funding is making it extremely difficult for the health sector to satisfy the needs of less fortunate individuals. In Pakistan, social, emotional, psychological, and economic issues have dramatically increased as a result of rising living expenses. Since most individuals live in joint homes, the situation becomes more problematic when one family member is admitted to the hospital due to a chronic illness. Like in other developing or underdeveloped nations, the average person cannot afford the exorbitant cost of health care in Pakistan.

Pakistan appears to lag behind other South Asian nations in terms of newborn mortality (63 per 1000 live births) and under-five-year mortality (86.5% per 1000 live births), according to health performance statistics. Poor eating habits, waterborne illnesses, fast population increase, and hunger are the primary reasons for these indicators' persistently high levels. In a similar vein, other studies on the nation's health status have been published. Burki, 2008; Lashari, 2004; WHO, 2010; Bhutta, 2011; Zaidi, 1988"Health of the Nation Present Status and

Future Prospects," a 1999 study by K.Z. Hasan, states that the nation's health status is "grim."

Rehmatullah S. (2002) claimed that generosity is deeply embedded in both personal and organizational values in Pakistan. This selfless attitude should be nurtured and recognized as a key path to success. To support underprivileged and economically disadvantaged hospital patients, medical social welfare officers are appointed. In Pakistan, medical social workers have played a significant role in establishing patient welfare organizations within hospitals, and securing financial support through collaboration with doctors, hospital administrators, and prominent philanthropists.

Additionally, the government offers financial assistance through Pakistan Bait-ul-Mal2 and the Zakat1 Fund. The first zakat deduction was introduced in 1980. Later, "transfer of receipt from tax, grants, from the federal, provincial, and municipal authorities, organizations, foreign agencies, voluntary gifts including Sadaqat, and Kahirat 3 (personal charity)" were used to build the Bait-ul-Maal system. The Islamic Public Assistance System's extensive and carefully thought-out infrastructure was created to facilitate medical social work at all levels. Social welfare officers provide two key types of services: direct patient care and indirect support. Direct services involve counseling and individualized casework, while indirect services are carried out on behalf of the same group of potential clients (Dubois et al., 2005).

In Pakistan, medical welfare services primarily aim to assist individuals, couples, and families in coping with the cultural, psychological, social, and physical difficulties resulting from illness, accidents, or other crises. Additionally, medical social workers play a crucial role in assisting patients with long-term care planning,

including guidance on advance directives. Psychosocial evaluation assesses an individual's emotional, developmental, coping, and problem-solving abilities in relation to their social and environmental circumstances. As previously mentioned, they make sure that patients' emotional and social needs in relation to their health are satisfied throughout their medical care.

· Additional offerings include therapeutic and educational group work;

· counseling services via casework, either individually or in groups;

By collaborating with the appropriate organizations, medical social workers help support and promote welfare initiatives. In addition to providing these services, they work closely with medical and allied health professionals to develop welfare programs and conduct psychological assessments. They also offer beneficial support, such as recommending trust funds for charitable endeavors or paying for medical bills. Establishing fundraising events for underprivileged patients and collaborating with philanthropists and other charitable trusts to supply medications to people in need are two examples of patient welfare initiatives. They occasionally plan leisure activities for their patients as well.

One of the key responsibilities of medical social workers in developing countries like Pakistan is assisting patients who cannot afford prescription medications or lack health insurance. By arranging for operations or giving away free prescription medications, the primary goal is to assist and empower individuals who are less fortunate. Medical social welfare officers often formed patient welfare organizations in hospitals with the assistance of physicians, hospital management, and prominent donors. They also collected funds from Bait-ul-Mal, also known as the Zakat fundi. One of the most

significant duties of social workers is patient education. The education program's primary goals are to enlighten patients about their conditions, their impacts, and their doctors' plans while also promoting health and a high quality of life.

Medical social workers are assigned to hospitals and clinics to assist patients and their families in managing the difficulties associated with illness or disability. They provide timely psychosocial interventions and play a vital role as part of a multidisciplinary clinical team. Their work helps bridge the gap between medical care and social services, facilitating community rehabilitation and patient recovery. Essential skills for this role include:

- Intake and Screening
- Casework and Socioeconomic Assessment
- building a relationship between the patient and the physician;
- organizing and arranging care after discharge;
- psychotherapy and counseling;
- psycho-education;
- facilitating medication;
- understanding illness management strategies; and
- evidence-based treatment
- Continuous supervision and professional competence through continuing education.
- Financial support, domestic violence intervention, suicide assessment and treatment,

As they help people with health issues, medical social workers carry out a variety of duties and positions in the healthcare industry. Due to a lack of funding, medical social services initiatives at hospitals such as Civil Hospital are not operating. It's important to remember, nevertheless, that the private sector in the nation provides superior health care services than the government. To meet the needs of poor and

underprivileged patients, a small number of private hospitals in Karachi use non-professional or medically qualified social welfare or medical professionals to provide social welfare assistance services. Financial assessments are frequently carried out to assess patient satisfaction or the incapacity to provide or pay for counseling services.

Sind's medical social work profession has seen several changes and challenges, and it has been demonstrated that a variety of non-financial limitations have significantly influenced the poor performance of social welfare officers working in the field. When their interests diverge, they lose motivation and become sidetracked from their work. Their performance in the health sector is negatively impacted by a number of issues, including inadequate governance, an imbalance in human resources, unequal service delivery, a lack of social safety nets, and inadequate regulatory implementation, especially in the private sector, which is typically unregulated. Although highly challenging, this profession addresses all aspects of a patient's needs. Medical social workers play a crucial role in the community by assessing patients' requirements and coordinating staff to deliver programs and services that meet those needs. They also educate individuals on illness prevention and management, raise awareness of societal contributions to well-being, and highlight the socioeconomic factors influencing health.

In Pakistan, medical social work has the potential to impact the healthcare system through the development of innovative practice-based evidence models and the strategic use of research-driven evaluation and intervention methods. However, medical social work—often referred to as casework management—faces significant challenges, largely due to minimal government

investment in the health sector. The profession struggles with various issues, including insufficient on-the-job training, financial limitations, lack of awareness about counseling services, low motivation, limited recognition from senior professionals, and inadequate appreciation for dedicated efforts. Given the complexity and scope of these challenges, urgent action is required. Social welfare training institutions have been largely overlooked by both the government and other key stakeholders. It is essential to prioritize and implement social welfare initiatives across the country, particularly in hospitals—both public and private—to strengthen the role of medical social work in the healthcare system.

Recommendations

Policymakers and healthcare institutions should prioritize integrating Islamic principles into training and practice to enhance the effectiveness of medical social work in Pakistan's healthcare system. Developing specialized training programs for social workers that emphasize the ethical values of adl (justice), rahmah (compassion), and ta'awun (mutual cooperation) can contribute significantly to this goal. Strengthening collaboration among social workers, healthcare professionals, and community organizations can further improve efforts to address social determinants of health. Additionally, ensuring adequate funding and institutional support for medical social workers would allow them to better serve marginalized communities, fostering a more equitable and compassionate healthcare system.

To improve patient care standards and the overall health of Pakistan's population, the study recommends several measures for key stakeholders. The Sindh government should establish a clear vision and deploy medical social workers in public hospitals across all District Headquarters Hospitals, aligning with the

practices of other Pakistani provinces. Additionally, reforms in the employment system and policy enhancements are necessary for the future of medical social work. The professional designation should be updated from "medical social work" to "medical social work practitioner" to reflect the role more accurately. Moreover, social welfare officers should implement social casework strategies to strengthen their clinical skills. The government should also consider establishing a regulatory body for social workers to ensure ethical and professional conduct, introduce social work licensing, and oversee compliance with standard operating procedures and ethical codes. Social workers, like their counterparts worldwide, should be held accountable to professional standards.

Further evaluation research is needed across various healthcare settings to assess the effectiveness of medical social work practices at the national level. Implementing a well-structured institutional framework is essential for the successful practice of medical social work in Pakistan. The study also suggests that medical social welfare officers receive in-service training to enhance their capabilities both locally and internationally. The Federal Ministry of Health, the Provincial Health Departments, and the Ministry of Social Welfare should take the lead in implementing these recommendations. Finally, revising or formulating a new National Social Welfare Policy is crucial to improving the current situation.

Conclusion

In conclusion, there is a special chance to fulfill the intricate healthcare requirements of Pakistan's populace by incorporating Islamic concepts into medical social work. Social workers may significantly contribute to the advancement of equitable healthcare and the reduction of social disparities by upholding the fundamental ideals of

justice (adl), compassion (rahmah), and mutual collaboration (ta'awun). The healthcare system in Pakistan has enormous potential to better serve disadvantaged populations by enhancing the role of medical social work, despite the major obstacles that healthcare professionals confront, including a lack of resources, administrative obstacles, and social stigmas.

The results of this study demonstrate how crucial it is to include Islamic ethical frameworks into social work procedures in order to guarantee that patient treatment not only satisfies their physical requirements but also promotes their social and emotional wellbeing. It is crucial to increase funding for medical social workers' professional development and foster better cooperation between healthcare organizations, legislators, and community leaders as Pakistan continues to face changing healthcare issues. By doing this, Pakistan may advance toward a healthcare system that is more equitable, caring, and inclusive, in line with the principles of Islamic teachings and everyone's fundamental human rights.

One may conclude that social work is one of the most diverse occupations and that it is applied in a wide range of settings. There have been several advancements in this area. By enacting laws and procedures that support and encourage social work perspectives and methods in the search for new chances for a better and healthier society, the state must significantly support the medical social work profession.

The collaboration of healthcare providers must be highly valued while providing services to patients. More significantly, the lack of a professional group of affiliated social workers and a mechanism for professional or quality licensing necessitates the creation of an Association of Professional Medical Social Work

Practitioners. This will enable social workers to effectively and professionally manage their professional identities and make decisions about professional tactics and challenges pertaining to their area. Medical social workers in Pakistan must be up to date on the most recent findings about professional ethics and best practices. In addition, they must be professionally accredited and hold clinical practice licenses.

References

Alston M (2001). Social Work in Health Care settings, Social Work Fields of Practice, Oxford University Press, Australia, page: 99.

Ather H. Akbari, Wimal Rankaduwa, and Adiqa K. Kiani (2009) Demand for Public Health Care in Pakistan, The Pakistan Development Review; 48(2):141–153.

August 2018.

Bhutta Z.A. (2011). National Nutrition Survey. Islamabad: Ministry of Health, Pakistan.

Burki T. (2008). New Government in Pakistan Faces Old Challenges. Karachi: Tropical Medicine Symposium, Aga Khan University and the Royal Society of Tropical Medicine.

Cabot, R.C. (1928). Hospital and Dispensary Social Work. Chicago: University of Chicago Press.

Closing the gap in a generation: Health equity through action on the social determinants of health: (CSDH) WHO, 2008. https://www.who.int/social_determinants/thecommission/finalreport/en/ Accessed on 14-

Commission on Social Determinants of Health (CSDH) (2008). Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health (SDOH). Geneva: World Health Organization. Available online at:

http://www.who.int/social_determinants/thecommission/finalreport (accessed 21 August 2018).

Council on Social Work Education (2006). Educational policy and accreditation standards [Online]. Retrieved from http://www.cswe.org

Dastur, R., (1974), Quarter Century of Medical Social Work, Social Welfare; legend and legacy, Silver Jubilee Commemoration Volume of Indian Council of Social welfare. Edited; B. Chatterjee & S. D Gokhale. Bombay Popular Prokashan.

Diedrich J. and Spivak C (2015). Professional group calls for background checks on social workers. Milwaukee Journal Sentinel, 17 June 2018 www.jsonline.com /watchdog/watchdogreports/professional- group-calls-forbackground-checks-on-social-workers-b99520971z1-307988751.html (Accessed on 19 June 2018).

Dubois, Brenda and K.M.Karle,(2005).Social Work: An Empowering professional, fifth edition, Pearson. Allay and Bacon: pp.51-52.

Gehlert S, Browne T, editors. Handbook of Health Social Work. 2nd ed. Hoboken, NJ: Wiley; 2012. pp.3-19

Gitterman A. & Germain C.B. (2008). The life model of social work practice: Advances in theory and practice, (3rd ed.). New York: Columbia University Press.

Government of Pakistan (1993). Planning Division, Islamabad, 8th Five Year Plan (1993-98); p.377-379.

Government of Pakistan (2001). Ministry of Health, An Overview of the Health Sector: The Way Forward. Islamabad, Pakistan: Multi Donor Support Unit; 20

Government of Pakistan (2009). PSLM- 2004-05, 2007-08—Pakistan Social and Living Standards Management Survey. Islamabad: Federal Bureau of Statistics.

Government of Pakistan (2010). Health Facts. Islamabad: Ministry of Health.

Hawk, M., Ricci, E., Huber, G., & Myers, M. (2015). Opportunities for social workers in the patient centered medical home. Social Work in Public Health, 30, 175–184.

Hepworth, Dean H., Ronald H. Rooney, Jo Ann Larsen.(2002), Direct social work practice : theory and skills, (6thed) Australia; Pacific Grove, CA: Brooks/Cole-Thomson Learning, p 45.

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2961766- 8/abstract (Retrieved on October 2018)

https://www.basw.co.uk/system/files/resources/Social%20Work%20Regulation%20-

https://www.jstor.org/stable/30011927?seq=1#page_scan_tab_contents (Accessed on Nov 2018)

Hutchison, Elizabeth D., (1987) Use of Authority in Direct Social Work Practice with Mandated Clients: Social Service Review, Vol. 61(4), pp. 581-598

Jaros, Stephen. (2007). Meyer and Allen Model of Organizational Commitment: Measurement Issues. ICFAI Journal of Organizational Behavior. 6. 7-25.

Keefe, B., Geron, S. M., &Enguidanos, S. (2009). Integrating social workers into primary care: Physician and nurse perceptions of roles, benefits, and challenges. Social Work in Health Care, 48, 579–596.

Keefler., J. Duder, Lechman, C.,(2001); Pridicting length of stay in an acute hospital; the role of psychosocial problems.Soc Health Care 33:pp 1-16

Khurshid Khowaja (2009). International Perspectives: Healthcare Systems and Care Delivery in Pakistan, Journal of Nursing Administration, Volume :39 number 6 pp:263-265.

Lashari, T (2004). Pakistan's Health Policy Quest for a vision. Islamabad: The Network.

Leung, J. (2001). Hong Kong Social Workers Registration Board: code of practice for registered social workers. Developing professional social work registration/licensing and education, Asia-Pacific Social Work Regional Conference, Singapore.

Lim, S.S., Vos, T., Flaxman, A.D., Danaei, G., Shibuya, K., Adair-Rohani, H., Amann, M.(2012) 'A Comparative Risk Assessment of Burden of Disease and Injury Attributable to 67 Risk Factors and Risk Factor Clusters in 21 Regions, 1990–2010: A Systematic Analysis for the Global Burden of Disease Study 2010', The Lancet 380 (9859):2224–60.

Malik and Sarfaraz (2012). Pakistan Journal of Commerce and Social ScienceVol. 6 (1), pp. 210-215.

Marmot, M. (2010) 'Fair Society, Healthy Lives'. Available on http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review (accessed 21 August 2018).

McNabb, D. J. and M. Connolly (2017). "The relevance of Global Standards to social work education in Australasia" International Social Work,http://journals.sagepub.com/doi/abs/10.1177/0020872817710547 (Accessed on 10 July 2018)

Mikkonen, J & Raphael D, (2010). Social Determinant of Health :The Canadian Fact http://thecanadianfacts.org/the_canadian_facts.pdf

Ministry of Finance, Government of Pakistan (2012) Economic Survey of Pakistan (ESP) 2011-12.

Mohammad Khalid (1982). The Study of Social Work in Pakistan. Karachi. Kifayat Academy.pp.1-13.

Mohammad Khalid (2011), Social Work Theory and Practice: with Special Reference to Pakistan, 7th Edition, Kifayat Academy, pp.34-36.

Moniz, C., & Gorin, S. (2010). Health and mental health care policy – A Biopsychosocial perspective. 3rd edition. Boston, MA: Allyn & Bacon. Part 5 New direction for health and health policy

Morley D. G. or Glicken M. D.(2007). Social Work in the 21stCentury:An introduction to social welfare , social issues, and the profession, Sage Publications, Inc. California, United State of America .p.g:33.

Mossialos, E., A. Djordjevic, R. Osborn, and D. Sarnak (eds.), International Profiles of Health Care Systems, The Commonwealth Fund, May 2017.https://www.commonwealthfund.org/sites/def ault/files/documents/media_files_publications_fund _rep ort_2016_jan_1857_mossialos_intl_profiles_2015_v7. pdf(Accessed on Sept 20 2018)

Nayor, R. (2001). Developing professional social work registration/licensing and education. Social Work leadership and development workshop, Sinagpore, IFSW Asia Pacific Region.

New Dehli, India.p.g:12

Okoye, U. O. (2013). Trends and challenges of social work in Nigeria. In Becoming a social worker: global narratives. V. E. Cree. Abingdon, England. Routledge: 149 onwards.

Sachiti, R. (2012). "Zimbabwe: Cracking whip on unregistered social workers" The Herald, (23 February 2012).http://allafrica.com/stories/201202230226.ht ml(Accessed on 28 February 2018).

Shariff KM. (2001). Pakistan Almanac 2001-2002. Essential Data on Pakistan. Pakistan: Royal Book Company, p.g: 201-213.

Siddiqi S., Hamid S., Rafique G., Chaudhry S.A., Ali N., Shahab S. & Sauerbon R. (2002). Perception practices of Public and private health care providers in Attock District Of Pakistan, International journal of planning and management.Vol:17 pp:23-40.

Talentia (Finland) (2016). "Professional practice rights for social welfare professionals". www.talentia.fi/en/talentia/news/professional_practice_rights_for_social_welfare_professionals.8548.news (Accessed on 18 April 2018).

UNICEF (1996). The state of the World Children 1996.Bellamy C eds. Oxford University Press

Volland P., Berkman, B., Phillips, M., & Stein, G. (1997). Social work education for health care: Addressing practice competencies. Social Work in Health Care Journal, 37(4), 1- 17.

Whitaker, T., Weismiller, T., Clark, E., & Wilson, M. (2006). Assuring the sufficiency of a frontline workforce: A national study of licensed social workers. Special report: Social work services in health care settings. Washington, DC: National Association of Social Workers. pp. 4.

Whitaker, T., Weismiller, T., Clark, E., & Wilson, M. (2006). Assuring the sufficiency of a frontline workforce: A National Study of Licensed Social Workers. Special Report: Social work services in health care setting. Washington, DC: National Association of Social Workers, pp. 9.

WHO (2010). The Country Profile, Pakistan, Geneva:WHO.

Wilkinson, R., & Pickett, K. (2009). The Spirit Level: Why More Equal Societies Almost Always Do Better. London: Allen Lane.

Wing P. & Salsberg E. (2002). How trends shape the work force today and tomorrow. Journal of AHIMA, 73(4), 38-45.

World Bank (1998). Raising a healthier population, South Asia Brief.49-54:27(1)

Zaidi S.A.(1988)."Health System of Pakistan'. The Research Forum:3:pp,110-133