

Social work intervention and management of indigent patients in government hospitals in Cross River State, Nigeria

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Abstract

Social work intervention involves the deliberate acts and processes of helping clients to achieve a functional state and to meet their needs. The services social workers render consist of assessing, diagnosing, caring for, and solving the various problems of patients or clients assigned to them. Social workers also help clients rebuild skills, cope with social situations, and reduce distress in everyday life. It is more worrisome that indigent patients in a health facility are neglected or abandoned by health practitioners such as doctors, and nurses just because of the unavailability of medical social workers. For this reason, they fail to provide optimum responses that would enable indigent persons to live meaningful existence and be socially functioning in society. This paper uses quantitative analysis and secondary data to examine the management of indigent patients and the place of the social work profession as a moving force in social engineering to help indigent patients achieve a balance. Data were collected through the administration of questionnaires and presented using frequencies and descriptive statistics. The results of the study revealed that social work advocacy, rehabilitation, counselling, and referrals have a significant influence on the management of indigent patients in CRS. The paper concludes that among indigent patients in government hospitals in Cross River States, social work practice has played enormous roles in their lives through advocacy, social work rehabilitation, social work counselling, and social work referral. The study therefore recommends among others that the governments of Cross River State should intensify efforts to ensure that social work advocacy service is well entrenched in all government hospitals so that the majority of patients including indigent patients will access and benefit from the services.

Keywords: Social work practice, indigent Patient, management, government hospital

Introduction

Though healthcare delivery has become one of the fundamental issues receiving attention by developed countries and the World Health Organization (WHO), most developing countries Nigeria inclusive are lagging far behind in the provision of healthcare services to meet the health needs of the populace, particularly the indigent ones. Many Nigerians today are unable to afford needed medical attention including the basic needs of life. This is due to a lack of policy implementation on catering to the unemployed and vulnerable members of society. The category of persons who cannot afford or sustain the cost of their medical treatment and services including basic needs of life such as food, clothing, and toiletries are referred to as indigent patients. According to Rastogi (2022), the provision of healthcare services is a fundamental human right, yet millions of people around the world do not have access to essential treatments and medications for many diseases due to their inability to afford medical expenses. These individuals commonly referred to as “indigent patients” represent a significant portion of hospital admissions in healthcare settings around the world (Obidimma & Obidimma, 2015).

The indigent patients often come from families with poor socioeconomic status, facing a myriad of psychosocial challenges such as unemployment, homelessness, food insecurity, and limited access to education. As a result, they are particularly vulnerable to health disparities and adverse effects on social determinants of health. Most indigent patients found in some government hospitals appear very unkempt; usually with a feeling of hopelessness especially when not attended to by the medical team. They are most times abandoned by their close relatives due to their inability to cater for them and meet up with the hospital bills. Although essential drugs and medical services

are available, affordable, and accessible to improve healthcare delivery and save lives globally (WHO, 2014), it becomes somehow worrisome that the indigent cannot access them.

Globally, the management of indigent patients has been one of the several contemporary challenges found in government hospitals. Abasiubong et al (2021) opined that in the last fifteen years in Nigeria, the number of persons with some kind of disability has increased from 32 percent in 2010 to 76 percent in 2020. In particular, the number of indigent patients in need of medical and psychosocial care in government hospitals is becoming high and generating concerns. This is mostly a result of poverty and traumatic experiences. Indeed, the challenges often faced by indigent patients are many and multifaceted. For instance, Nigeria's healthcare services in contrast to many other countries do not make provision for free healthcare services for certain categories of persons like indigent patients. In other words, Nigerian health care is neither free nor subsidized at either tertiary or secondary levels.

This is why healthcare institutions demand patients to pay or make a deposit before treatment is given even in case of emergency. Also, because of several problems related to resource mobilization, inadequate funding, and corruption, the accessibility of healthcare services by indigent patients is often a herculean task. It is indisputable that the underlying causes of many of today's healthcare problems in low-income countries are often associated with a lack of affordable drugs, surgical procedures, and other intervention resources.

The consequences of indigence are quite devastating to the victims and the society at large. Indigence is sometimes expressed as impoverishment without any justifiable reason. Most juvenile delinquent patients lack moral sense and standards, are unstable in their ways, and may not have enjoyed affection from others. Some of these indigent patients exhibit sorrowful behaviors and their mood changes at all times. It is generally observed these days that not a day passes without some media report of abuse of the fundamental rights of indigent persons in our society.

It may also take other forms such as depriving a person of the necessities of life, and emotional deprivation among others. Indeed, indigence is obviously what appears to be eating deep into the fabric of many societies. This is indicative of society's failure to care for its members. According to the United States Department of Persons Protective Services (2023), more than one million persons are indigent in a year. An indigent person often exhibits aggressive tendencies, depression, fear, anxiety, sleep disturbance, and learning problems (Goodman & Rosenberg, 2017; Abala, 2016). It may also lead the victim to experience pathological stresses and fear including the fear of death. It is not uncommon for indigent persons to also develop intense rage and feelings of guilt, and be physically traumatized.

Social work practice involves the deliberate acts and processes of helping clients to achieve a functional state and to meet their needs. The services social workers render involve assessing, diagnosing, caring for, and solving the various problems of patients or clients assigned to them. Some of these practices include social work counseling, advocacy services, social rehabilitation, referral, sensitization, awareness creation, and education among others in a bid to improve the well-being of clients. Social workers also help clients to rebuild skills to cope with social situations and to reduce distress in everyday life.

In a medical setting, social workers are known as medical social workers. They are trained to provide support and psychosocial services to patients in need of care. It is unfortunate however that so many health facilities do not have medical social workers that can expertly care for indigent

patients. Even in some health facilities, the few hands available are unable to adapt their knowledge and skills to the demands of a variety of situations to care for indigent patients. It is more worrisome that indigent patients in a health facility are neglected or abandoned by health practitioners such as doctors, and nurses just because of the unavailability of medical social workers. For this reason, they fail to provide optimum responses that would enable indigent persons to live meaningful existence and be socially functioning in society. However, It is this gap that this paper intends to fill by investigating the impact of social work practice on the management of indigent patients in government hospitals in Cross River State, Nigeria.

Overview of social work practice and management of indigent patient

Social work practice involves the deliberate acts and processes of helping clients to achieve a functional state and to meet their needs. The services social workers render involve assessing, diagnosing, caring for, and solving the various problems of patients or clients assigned to them. Some of these practices include social work counseling, advocacy services, social rehabilitation, referral, sensitization, awareness creation, and education among others in a bid to improve the well-being of clients. Social workers also help clients to rebuild skills to cope with social situations and to reduce distress in everyday life.

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The medical social workers' care for indigent patients is different from the care given by other health care providers such as doctors or nurses. The difference is made manifest by the unique knowledge and skills they acquired, orientations received, and impacts they created. However, discrepancies often exist between how well the health professional and the medical social worker operate to help indigent patients. The resultant effect has also been the high level of indiscipline among some of these healthcare providers. According to Aitken (2014), most healthcare providers exhibit negative characteristics such as poor or dismissive attitudes towards indigent patients.

In the modern health care system, the most effective means of care is through social work practice. It is more often used to solve and resolve physical and psycho-social issues, and guide clients on how to become socially functioning (Adeoye et al, 2023). Indeed, the lapses identified in the healthcare system in some nations of the world, especially in developed countries use medical social work practice as the most effective means through which care is provided (Voogt & Thoma, 2016). According to Buldern and Manuel (2021), medical social workers provide care through psycho-social counseling, advocacy, sensitization, awareness creation, interviews, education, and referral services. Ideally, medical social work promotes a high level of health care for patients with mental, emotional, or psychological challenges such as depression, stress, psychosis, and distress (Sergiovanni, 2016; Arington et al (2017). As Soafers (2020) points out, some of these medical social work practices are more effective than others depending on the type of case. For example, the use of psychosocial counseling makes a client develop and maintain a

stable and supportive environment. It also helps the client to cope with difficult situations. It enables social workers to address issues such as past trauma, depression, and other emotional issues.

Social workers may also use rehabilitation services to restore clients who suffer some losses. They may do this through tutoring, mentoring, counseling, and provision of resources among others. Rehabilitation services can also be used to measure clients' recovery progress. Advocacy service is another social work practice that can be used in the care of indigent patients. Advocacy enables the social worker to mobilize support and resources from within and outside to care for the client. It also helps to create links for social support and versatility on behalf of the client.

Referral service is also very important in social work practice. It facilitates the transfer of a case or service from one facility to another. A client case that could not be managed appropriately may need to be taken to a more competent facility to be managed. Referral service can be used to synchronize cases and enhance collaboration between two or more service providers. Besides, with referral services, the interface amongst resource centers is enhanced and keeps them connected at all times.

Medical social workers today need to care for their clients using appropriate interventions with minimal cost (Durosaro, 2018). Indigent patient's needs require the medical social workers' intervention. More importantly, the complexity of the health care system caused by strict bureaucracies and approaches, clinical interpretation of cases, and more often than not the dismissive attitude of health providers as well as the cost implications for health care delivery makes the utilization of medical social work practice in the care of indigent patients inevitable.

The poor management or non-recognition of indigent patients' needs has over the years been an issue of concern to social welfare administrators, humanitarians, religious organizations, and social policy designers. This is because indigent patients are human beings who deserve to be treated with dignity but instead, they are seen to be second-class citizens. In other words, they are seen to be misfits in society, and not able to justify why they even exist. Worse still is the fact that indigent patients cannot access modern health care services or attend schools not to mention social amenities that are far beyond their reach. Indigent patients exhibit symptoms such as frustration, lack and loss of capacity to be productive, apprehension and anxiety; low morale, feeling rejected by others, retardation of development, and lack of motivation. Thus, Yates et al (2017) opined that most indigent patients in government hospitals in Nigeria upon admission often present a myriad of psychosocial issues which affect them socially, emotionally, and psychologically, resulting in depression, anxiety, fear of the unknown, and poor interpersonal relationships.

According to Rastogi (2022), indigent patients in government Hospitals are held back sometimes for a long period for non-payment of health care bills. Some of the victims of medical detention tend to be the poorest members of society who have been admitted to hospital, for emergency treatment and this usually pushes them and their families into poverty. To a greater extent, this ugly trend has been blamed on various factors including poor healthcare planning poor policy implementations and spending or financial waste; and ineffective decision-making processes among others.

Various efforts have been made by government, hospital management, and health institutions to ensure that indigent patients are adequately managed and cared for. For instance, the

government has always motivated health facilities, especially primary and secondary healthcare facilities with incentives. The government in collaboration with non-governmental organizations had embarked on the training and development of healthcare providers such as doctors and nurses on the essence of ethics and codes of medical practice. Workshops and seminars were periodically organized for health care providers to deal humanly and with empathy with the less privileged in society. Also, the government has provided empowerment programs to cater to the needs of indigent persons in society. Despite all these efforts, it was observed that the trend where indigence is the increase in hospitals is continuous and persistent and tends to have no solution in view.

Essentially, social work practice is at the proper place to manage, enhance, and promote a relatively better standard of care to indigent patients. This is a result of the training and skills they have acquired to deal with issues involving social depravity, psychosocial issues, and impoverishment among others. Perhaps, the negligence or non-recognition of the role of social work practice towards solving the problems faced by indigent patients needed adequate attention. It is this knowledge gap that this study intends to fill by proposing the following objectives.

Objectives of the study

The main objective of this study is to examine social work practice and management of indigent patients in Cross River States, Nigeria. The specific objectives are to determine:

1. The influence of social work advocacy service on the management of indigent patients in government hospitals in Cross River States.
2. Whether social work rehabilitation services influence the management of indigent patients in government hospitals in Cross River States.
3. How social work counselling services influence the management of indigent patients in Government Hospitals in Cross River States.
4. The influence of referral services on the management of indigent patients in government hospitals in Cross River State.

Review of related literature

Social work advocacy and management of indigent patients

Social work advocacy is a systematic approach to social work intervention activities. Advocacy is a concept in social work practice that refers to actions that are carried out by the social worker with authority, influence, or expertise to advance or protect the interest of the client in need of help. Barker (2020) defines Social Work Advocacy as “the act of directly representing or defending others; “championing the rights of individuals or communities through direct intervention or empowerment”. It points out that advocacy is a basic obligation of the social work profession according to the NASW Code of Ethics. The National Association of Social Workers (NASW) Code of Ethics agrees to advocacy as a core pillar in direct social work practice. Advocacy services in social work practice are crucial to improving the lives of vulnerable persons, groups, or marginalized communities. Interestingly, the social work profession considers client advocacy an ethical responsibility and a primary function of social work practice. (William et al, 2015).

Advocating for the rights, protection, and social justice of medically indigent patients in hospital settings has been observed as one of the preoccupations of medical social workers in

hospice settings. A situation where a social worker could advocate for the patient is for instance if the patient is been medically neglected in the hospital or denied treatment for his/her inability to pay hospital bills, in such circumstances the social workers are seen at the forefront negotiating with the hospital management for needed attention and care for this category of patients. William et al (2015), asserts that clinical social workers advocate for clients to receive social services and gain access to other resources and they encourage clients to become their advocates. Ashley (2022), asserts that social workers play a very important role in helping the poor, the mentally challenged, and the vulnerable members of society. By providing advocacy services, such as acting as mediators or directly intervening with social services organizations or government agencies. Another example is when a client is denied public assistance; a social worker might intercede and ask for an exception or for more time for the client to qualify.

Adekunle and Tayebri (2015), assert that social workers can intervene in the management of indigent patients by playing an advocacy role, recommending to the hospital management for a waiver of their bills, mobilizing resources, soliciting for needed assistance for the patient via contacting charitable organizations, NGO, public-spirited persons or reaching out to the patients' church members. The social worker also ensures that the indigent patient is not denied needed medical attention due to the inability to pay for treatment. Importantly, the social worker educates the indigent patients as regards ways of improving his or her health and social well-being. A major preoccupation of hospital social workers is to ensure that the fundamental human rights of indigent patients are respected and not violated. According to Idyorough (2018), social work units in Nigerian hospitals solicit financial assistance for indigent and abandoned patients, one of the major services rendered by hospital social workers.

The Association of Medical Social Workers of Nigeria, (AMSWON) Lagos State Chapter, in one of its publications in the "The GUARDIAN Nigeria" dated August, 12, (2022) reports that as part of its advocacy services, the association was focusing more attention on ensuring that indigent patients have access to medical treatment including those categories of patients who are unable to offset hospital bills or are being abandoned by their relatives. McGregor and Cale (2019) conducted a study on the role of social work advocacy services in addressing workplace discrimination and harassment. The intervention included individual counseling sessions with a social worker, advocacy services to address complaints, and the development of policies and programs to prevent discrimination and harassment. Results showed that social work advocacy services can help employees address these issues and improve their well-being. Another study by Statham and Chase (2020), found that social work advocacy services were effective in addressing the conflicts faced by low-income workers in a production company and it resulted in decreased stress and increased safety among industrial workers. In addition, social work advocacy services can help vulnerable persons in society to address neglect and abuse, discrimination, incessant exploitation, and harassment, which can contribute to health problems and low self-esteem.

Social work rehabilitation services and management of indigent patients

Rehabilitation has been defined by many scholars and each definition seems to express the particular viewpoint of the person or organization offering it. Rehabilitation simply refers to a process of assisting the individual with a handicap to realize his particular goals physically, socially, mentally, and economically. Laima et al (2020). asserts that social work rehabilitation involves a process whereby a trained social worker takes into consideration the client's present disability and then engages clients who are willing to participate in an organized program or sessions aimed at restoring the client(s) to the fullest mental, social, vocational and economic

usefulness possible with a resultant integration into the society as a full and equal member. It is important to note that since each client has a different level of capability, any rehabilitation program designed must be individualized and not grouped.

However, in the field of social rehabilitation, Mackenzie (2019) opined that the concept of autonomy should not be taken for granted but considered, as social rehabilitation is intertwined with the need to balance the rehabilitation's vulnerabilities and agency. Social rehabilitation services for indigent patients would include but are not limited to counseling, education, cognitive behavioral therapy, hygiene care, mobility, motivation, safety management, domestic activities, coaching, resocialization, solving communication problems, recreational activities; and social skills training. Importantly, rehabilitation is highly person-centered, meaning that the intervention selected for each individual is targeted to their goals and preferences. In a study carried out by Morse et al (2020), it was observed that social workers can also use evidence-based interventions such as cognitive behavioral therapy and mindfulness-based stress reduction to help employees and vulnerable persons manage stress and other personal psychosocial issues.

Social work rehabilitation provides opportunities for clients to recover from loss or pain. Rehabilitation services involve the use of counseling, education, awareness creation, therapy, and provision of resources to restore a dysfunctional person to a socially functioning individual (Jayaraman et al, 2018). The crucial role played by social work rehabilitation services may also involve helping the patient or client regain himself from trauma, depression, and mental derangement (Jayaraman et al, 2018). Adamu (2021) posited that the purpose of rehabilitation services is to ensure a client recovers through the provision of resources and support. Shaikh (2023) stated that rehabilitation services comprise reintegration programs that are interlinked to manage indigent patients in a health facility. They further assert that rehabilitation can be effectively used by social workers to manage traumatic brain injury (TBI) and substance use disorders (SUD). On his part, Gage and Calixte (2016) affirmed that rehabilitation could be applied to handle rape and trauma cases. Social workers utilize rehabilitation services to handle substance addiction as well as severe social and mental health problems. They also reported that rehabilitation program was used to restore more than 3,510 youths who were addicted to substance use disorders. The report added that the rehabilitation program resulted in the recovery of 645 youths who experienced relapse. Reynolds et al (2014) reported that 455 groups of young men in Venezuela who suffered from mental depression were successfully rehabilitated using person-centered and psychosocial counseling therapy. They further assessed the recovery experiences of youths who indulge in alcoholism in Ghana and it was found that the experiences were diverse depending on individual needs and circumstances.

Babalola and Fatusi (2016) conducted a study to determine the effectiveness of social rehabilitation programs on the restoration of indigent individuals. It was revealed that the rehabilitation program was successfully implemented to bring about the social functioning of victims of indigence. The indigent individuals were taught coping strategies to survive and were also introduced to skill-acquisition businesses. The rehabilitation program was also effectively applied to reduce the relapse rate among the victims. It further indicated that the rehabilitation program had a positive effect on stress management among indigent individuals. Babalola further reported that rehabilitation services are a dimension of treatment. Ibekwe (2020) submitted that rehabilitation programs for indigent patients, encompass physiotherapy, occupational therapy, and psychotherapy. Effective rehabilitation programs more often than not result in improvements in aerobic capacity, muscle strength, dynamic balance, independence in daily activities, pulmonary

function, physical performance, cognitive capacity, mental health, and quality of life. According to Ibekwe (2020), a multidisciplinary rehabilitation program involves clinical, psychosocial, physical, social, religious, and psychological dimensions and is best applied to cases of mental depression, emotional stress, and trauma. Yubia (2021) noted that rehabilitation services enhance sufficiency, and accommodation and fosters reintegration. Social rehabilitation contributes to a person's reintegration into society, and to an enhanced quality of life. According to Yubia (2021), social work rehabilitation programs are used to enhance an individual's coping skills. Yubia (2021) also stated that a rehabilitation program is usually used to support those with mental and psychiatric challenges. Rehabilitation programs are designed to support persons with traumatic experiences in a bid to enhance their social functioning.

Social work counselling services and management of indigent patients

Counseling has been identified as a potential solution to address a myriad of psychosocial issues faced by men, women, and children in society. According to the American Counseling Association (2020), counseling is a professional relationship that allows individuals, groups, and families, from diverse socio-economic or socio-cultural backgrounds to accomplish mental health, wellness, education, and career goals. Through counselling a client is being empowered to strategize on how to resolve or address personal challenges or problems. Counseling services in hospital settings play a critical role in assisting patients and their families to cope, adjust, and resolve the emotional and physical dimensions of their health problems and then achieve more suitable and possible results (Adele, 2020).

Okoye (2019) asserts that in Nigeria, healthcare social workers have been saddled with the responsibility of counseling patients who are depressed and poor and to help them return to normal functioning. She further explains that counseling in the Nigerian medical setting tends to be demanding and requires social workers to be extremely competent and knowledgeable of the values and principles of the profession. Social work counseling is carried out through a systematic, planned, and organized therapeutic session with the social worker engaging the client via talk therapy. The talk therapy session begins with the one-on-one interaction which is targeted at achieving a goal. (Jamal, 2016).

Legbel et al (2021) assert that counseling services are a tool for sustainable youth education in any given society, with the potential to help them identify and understand their potential.

A study carried out by Peter et al (2021) reveals that counseling is better than usual general practitioner care in improving mental health outcomes in the short term, although the advantages are modest. People who receive counseling from a trained counselor or social worker are more likely to feel better immediately after treatment and be more satisfied than those who receive counseling from general practitioner care.

Zacheus and Omonigho (2014) assert that for social work counseling services to be effective in Nigeria, they must require and be accompanied by a positive behavioral approach from the counselor. Farington et al (2017) stated that medical social work counseling service is designed to improve psychosocial health care through monitoring and preventive health check-ups. Social work counseling service is meant to encourage clients to change as an obligation to improve their lives and reduce deprivation and vulnerability (Levy & Ohls, 2017). Regular use of counselling services is a significant and integral part of advanced generalist psychotherapy. Evidence abounds from Latin American experience that counseling and psychotherapy are combined to ensure that clients promote their physical, social, and emotional well-being. According to Behrman et al

(2015), social work counseling aims at the development and maintenance of a stable and supportive environment for the client. Social work counseling in Mexico is so effective that people make regular visits to social work centers to seek counselling on physical, social, economic, and health issues bordering them (WHO, 2022). In Jamaica, there is a significant effect of social work counseling on the preventive health care visits by the people, for it makes them socially functioning (Rabarer & Ubiog, 2023).

Social work counseling in Jamaica accelerates the reduction in morbidity and mortality by using ‘psychotherapy techniques’ to help poorer families to overcome economic hardships; and by assisting the elderly and vulnerable to access social security programs (Betting et al, 2020). The hallmark of social work counseling concerns is a behavioral change towards a client coping with difficult situations. In the USA, social work counselors provide parents with the obligation to examine their thoughts and feelings over issues disturbing them (Coady et al, 2014). The establishment of social work counseling units in health care centers is to help patients x-ray their thoughts and feelings to ascertain if it is connected to their ailments. Many cases have shown that the problem some persons are having is associated with their thought processes and feelings (Garba et al, 2019). In Nigeria, social work counseling services are being thwarted as most clients fail to meet regular counseling sessions (Danvers, 2020).

Referral services and management of indigent patients

According to Schultz (2014), the use of referral services helps to correct healthcare deficiencies that are identified in a health facility. Parko et al (2018) assert that a social worker may appraise a case and then decide to refer it to another facility or resource person where it can be managed with skilled hands. He further noted that referral service enhances quality care towards the wellness of a client. On their part, Sánchez et al (2015) stated that the health system evaluates referral services as able to actualize patients’ health outcomes if properly managed. They added that the referral service evaluation process successfully matches patient’s health needs with the needs, goals, values, and priorities of the modern health care system. Nwoye (2023) reiterated that clients who were referred from one facility to another by a social worker actively seek feedback and information about where they are referred to before giving their consent. Nwoye also added that the performance of referral service lies on consent from the client or relatives. This enables both the social worker and the client to agree on where a case has to be referred to. Nkwede (2014) asserts that referral services helped in the placement of clients in the care of better hands to meet their personal or social needs.

Berg and Kalleberg (2020) stated that referral services help to change clients’ narratives and have a substantial effect on their views about the quality of care delivered by various social work centers. Vanilla and Ofera (2014) noted that clients who went through referral were susceptible to evaluating the services rendered by different social workers or agencies and would be able to make decisions that meet their care needs and those of their family and friends. Mauzner and Synderman (2019) also noted that the performance of social work referral service depends largely on the motivations of the social worker, especially when the particular unit or facility where the case was initiated does not have the infrastructure or competent hand to handle it. Also, Lovel (2023) opined that the performance of a social work referral service could be based on distance to a resource facility or demographic variables such as age, occupation, sex, education, and religion. Lovel further observed that socio-cultural factors may influence the referral of a client and perhaps, could be viewed in the same platform with knowledge, availability of resources, and personal

reasons. He further noted that referral service is very essential in the sustainability of quality care because it forms the elementary reason for social work practice.

Theoretical framework

Empowerment theory by Julian Rappaport (1981).

The term empowerment originates from American community psychology and is associated with the social scientist Julian Rappaport (1981). The concept of empowerment is concerned with the welfare of individuals including their mental health. Oladipo (2019) posits that the empowerment theory is focused on issues of gaining power and control over decisions and resources that determine the quality of one's life. The term and concept associated with empowerment include self-strength, control, self-power, self-reliance, own choice, a life of dignity following one's values, being capable of fighting for one's rights, independence, own decision making, being free, having a right to say and a right to have a say, to mention only a few.

Empowerment has to do with such concepts as self-esteem, self-efficacy, competency, locus of control, choices, etc (Ugiagbe, 2018). At the core of the concept of empowerment is the idea of power. The theories of empowerment include both processes and outcomes, suggesting that actions, activities, or structures may be empowering and that the outcome of such processes results in a level of being empowered. Page and Czuba (1999) posit that in the process of empowerment, individuals and communities are fundamentally connected. Pigg (2020) argues that three dimensions of empowerment exist and are interdependent; "self-empowerment through individual action, mutual empowerment that is interpersonal, and social empowerment in the outcome of social action. The basic traits and propositions of empowerment theory are in tandem with the core social work values and philosophy. These include but are not limited to the following:

- That all human beings are equal and entitled to the resources of the land.
- The vulnerable groups in society including women, children, the physically challenged, the aged, minorities, aliens, and illiterates are worst hit with powerlessness.

These groups suffer a lot of injustice and neglect as a result of their powerlessness and helplessness hence are the main concern of empowerment in advocacy and other intervention strategies.

This theory is relevant to this study. The role of social workers in empowerment cannot be overemphasized. Social workers are the rallying point for empowerment by ensuring that there is equity, justice, and fair play in wealth distribution and other social processes. This theory explains further that the remote cause of problem faced by indigent patients in hospitals is their level of poverty which leads to their inability to access and have access to needed and timely healthcare services.

Social support theory by Cohen and Wills (1985).

The Social Support Theory is a theoretical framework propounded by Cohen and Wills (1985) to explain how social support can help individuals cope with stress and improve their wellbeing. The theory suggests that social support can act as a buffer against the negative effects of stress by providing emotional, informational, and tangible support. In applying this theory to the study, the social worker is expected to be well informed about operational processes i.e. rules, policies, and programs, to be able to link the client to the needed agencies that would effect changes in clients' problems. For example, social workers can work with employers to establish employee

assistance programs, peer support programs, and mentorship programs. More so, social workers can advocate for patients' assistance programs, peer support programs, and mentorship programs. The social worker can also provide support to the client by playing an enabling role, comforter role, teaching role, organizing role, mobilizer role, etc. This will go a long way in reassuring the client and helping the client to improve his or her self-esteem and also build confidence in the therapeutic relationship.

Methodology

Research design

The research design used for this study was the cross-sectional survey design. The cross-sectional survey design is appropriate for the study because it allows for drawing inferences. It enables inferential statistical analyses to discover the data's trends, patterns, and correlations.

Study area

The area of study is Cross River States, Nigeria. Cross River is a state in the South-South geopolitical zone of Nigeria. Its center is Calabar, and it shares borders with Cameroon on its eastern boundary and borders with Ebonyi and Abia states to the west, Benue state to the north, and Akwa Ibom state to the southwest.

Study population

The study population comprises all male and female charity care patients in the selected hospitals in Cross River State. All the charity care patients identified and certified by the management of the hospitals were four thousand three hundred and forty (4,340) without prejudice to sex, age ethnicity, or other social demographic characteristics.

Sample size and sampling technique

The sampling technique used for the study was the stratified sampling technique and the simple random sampling technique in selecting the respondents (indigent patients) from the selected hospitals and LGA's for the study. The proportionate sampling technique was also used in arriving at the sample-by-sample distribution of each sample in each hospital and LGA's. To determine the sample size, the Taro Yamane formula $n = N/(1+N(e)^2)$ was used and it arrives at a sample size of 383 indigent patients.

Sample by sample distribution of respondents by senatorial districts, local government areas, and government hospitals

State	Senatorial districts	Local Govt Areas	Government hospitals	Sample
Cross River	Southern	Calabar South	Neuro-psychiatric hospital	68
		Akamkpa	Gen. Hospital	66
	Central	Yakurr	Gen. Hospital	62
		Ikom	Gen. Hospital	68
	Northern	Ogoja	Gen. Hospital	57
		Obudu	Gen. Hospital	62
	<u>Total</u>			<u>383</u>

Instrument for data collection

The sources of data collection for this study were the primary and secondary sources. The primary source consists of first-hand data obtained from respondents during the administration of the questionnaires. The secondary source of data consists of a review of the works of other scholars especially information on the major variables of the study. Gazette materials, textbooks, magazines, journal articles, newspapers, records of the archives of the selected hospitals, and the internet formed a significant source of secondary data.

Method of data analysis

Data obtained through the questionnaire were analyzed using frequencies, percentages, and descriptive statistics.

RESULTS

TABLE 1: Socio-demographic characteristics of respondents

Characteristics of subjects	Categories	Frequency	Percentage%
SEX:	Males	220	57.4
	Female	163	42.6
	TOTAL	383	100
AGE:	Below 29	60	15.7
	30-39	150	39.2
	40-49	129	33.7
	50 and above	44	11.5
	TOTAL	383	100
MARITAL STATUS	Single	44	11.5
	Married	309	80.7
	Divorced/ separated	12	3.1
	Widowed	18	4.7
	TOTAL	383	100
EDUCATIONAL STATUS	No formal education	238	62.1
	Primary education	120	4.2
	Secondary education	16	31.3
	Tertiary education	9	2.3
	TOTAL	383	100
NDIGENT	Unemployed	96	25.1
OCCUPATONAL STAUS	Public servant	32	8.4
	Farming	192	50.1
	Business	63	16.4
	TOTAL	383	100

Source: Fieldwork, 2023

Table 1. shows the demographic characteristics of respondents. Analysis of data about the sex of respondents indicates that 220 (57.4%) respondents were males while 163 (42.6%) were female. This means that there were more male respondents than female. The age of respondents shows that 60 (15.7%) respondents were below 29 years; 150 (39.2) respondents were between 30 and 39 years; 129 (33.7%) respondents were between 40 and 49 and 44 (11.5%) respondents were found in the range of 50 years and above. This means that the majority of the respondents were between the ages of 30-39 years. The marital status of respondents shows that 44 (11.5%) were single; 309 (80.7%) were married; 12 (3.1%) were either divorced or separated and 18 (4.7%) were widowed. This therefore suggests that married men and women formed the bulk of the sample.

Regarding the educational qualification of respondents, data shows that 238 (62.1%) respondents did not attend any formal education; 120 (31.3%) respondents went through primary education; 16 (4.2%) respondents went through secondary schools while 9 (2.3%) went through tertiary education. Regarding the occupational status of indigents, data shows that 96 (25.1%) respondents were unemployed; 32(8.4%) respondents were public servants; 192(50.1%) respondents were farmers while 63(16.4%) were in businesses.

Table 2: Responses of respondents on the objectives of the study.

Objectives	Responses			
	Yes		No	
	Freq.	%	Freq.	%
▪ To examine the Influence of advocacy services on the management of indigent patients in government hospitals in CRS.	250	64.9	133	35.1
▪ To examine the Influence of rehabilitation services and management of indigent patients in government hospitals in CRS.	280	74.9	103	25.1
▪ To examine the Influence of counselling services and management of indigent patients in government hospitals in CRS.	213	56.9	170	43.1
▪ To examine the Influence of referral services and management of indigent patients in government hospitals in CRS.	247	66.0	136	34.0

Results in Table 2 revealed that 250 (64.9% %) respondents agreed that social work advocacy service has a significant influence on the management of indigent patients in Government Hospitals in Cross River State, Nigeria, but 133 (35.1%) respondents have a different opinion about the influence of advocacy services on the management of indigent patient. 280 (74.9%) respondents believe that social work rehabilitation services have a significant influence on the management of indigent patients in government hospitals in CRS, but 103 (25.1%) disagree with that fact. Also, 213 (56.9%) respondents agreed that social work counselling services have a significant influence on the management of indigent patients in CRS, however, 170 (43.1%) disagree. And finally, 247 (66.0%) respondents believed that social work referral services influence the management of indigent patients in government hospitals in CRS, but 136 (34.0%) have a different opinion.

Discussion

The first finding of this study revealed that social work advocacy service has a significant influence on the management of indigent patients in Government Hospitals in Cross River State, Nigeria. This finding supports (William et al, 2015) who reported that social work advocacy service is a catalyst for saving indigent patients who may not know where and how to get support for their challenges. This finding was highly consistent with Uzonwanne (2021) who also stated that most people, especially the poor are assisted by agencies such as NGOs, religious bodies, philanthropic organizations, and government agencies.

The second finding suggests that social work rehabilitation services significantly influence the management of indigent patients in government hospitals in Cross River State, Nigeria. This finding corroborates with Reynolds et al (2014) who argued that social workers generally use rehabilitation services to restore clients who experienced psychosocial challenges.

The third finding revealed that there is a significant relationship between social work counselling and the management of indigent patients in Government Hospitals in Cross River State. This finding agrees with Obidinma and Obidinma (2015) who noted that social workers facilitate clients' social functioning through counseling processes. This finding also agrees with

Azuogu et al (2021) who stated that clients who experience psychosocial problems such as trauma, depression, distress, drug addiction, and substance abuse were successfully counseled by social workers.

The fourth finding revealed that referral service significantly influences the management of indigent patients in Government Hospitals in Cross States Nigeria. In other words, the finding shows that the practice of referring patients to other health facilities was very high and encouraging. The study equally supports Ikemefuna (2020) who found out that social workers' compliance with referral practice was generally high in government hospitals in Nigeria.

Recommendations

1. The governments of Cross River State should intensify efforts to ensure that social work advocacy service is well entrenched in all government hospitals so that the majority of patients including indigent patients will access and benefit from the services.
2. The government of Cross River State should be more committed to training and retraining social workers on the effective way to render rehabilitation services because of its laudable objective of restoring individuals.
3. The government of Cross River State should be seen as making provisions for social workers to be efficient in using social work counseling services to solve and resolve problems no matter how simple or complex they may be.
4. The government of Cross River should formulate adequate health sector and social work policies that ensure the effective practice of referral services by all health care providers and social workers at all levels.

Conclusion

This paper investigated the role of social work practice in the management of indigent patients in government hospitals in Cross River State. Among the indigent patients in government hospitals in Cross River States, social work practice has played enormous roles in their lives. In other words, social work services in the form of social work advocacy, social work rehabilitation, social work counseling, and social work referral have impacted their well-being. This was because although indigent patients experienced impoverishment, lack and want and in some cases abandonment or neglect, their only succor was social workers' interventions. These social work intervention measures assisted most indigent patients to recover from hardship and pains and to become socially functioning. It was these social work services that enabled these indigent patients to survive in the hospitals and to have hope of sustenance. Consequently, it was discovered that social work practice was critical to guarantee the well-being of indigent patients in government hospitals in both Cross River States.

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