
Research Article

SOCIO-DEMOGRAPHIC PREDICTORS OF MEDICAL SOCIAL WORKERS' AWARENESS OF THEIR ROLES BEYOND ADVOCACY IN HEALTHCARE INSTITUTIONS IN LAGOS STATE, NIGERIA

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Abstract: Medical Social Work is essential in healthcare delivery especially in the management of social and mental aspects of health, encouraging social integration, and improving societal well-being. The study investigated the socio-demographic predictors of the awareness of the roles of medical social workers beyond advocacy in Lagos State, Nigeria. The study used a cross-sectional, descriptive survey design with 205 participants, including patients and medical staff from the chosen healthcare facilities. Data were gathered using a structured questionnaire with a reliability coefficient of 0.816 and a stratified sampling technique. The data was analyzed using an inferential statistical method (multiple regression analysis). The findings of the study indicated no significant relative influence of age, gender, level of education, and years of practice of the social workers on the efficiency of their skills ($R = .076$, $R^2 = .006$, $f(4,201) = 0.293$; $P = .882$). Additionally, 6.5% of the total variance in social workers' roles awareness beyond advocacy is accounted for by age, gender, level of education, and years of practice in the selected healthcare institutions in Lagos State. It is therefore, concluded that age, gender, education level, and years of practice often turn out to be poor predictors of awareness of medical social workers' roles (beyond advocacy) because awareness in this context is shaped more by structural, professional, and informational factors than by personal background characteristics.

Keywords: Assessment, Care coordination, Case management, Counselling, Crisis management, Healthcare institutions, Medical social worker

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1. INTRODUCTION

The responsibilities of medical social workers in a healthcare system are difficult to describe because they are multifaceted, wide, and varied, encompassing a wide range of responsibilities that resolve the psychosocial needs of patients. Their responsibilities within an integrated care framework involve evaluating the medical and social needs of service users and their families to guarantee their continued well-being (Heenan & Birrell, 2018). They are employed to assist patients who require psycho-social support (Afolabi, 2025). Acharya (2018) stated that psycho-social assessment is an intervention function of a clinical social worker through which he evaluates an individual's mental health state and social wellbeing. This assists the social worker to assess the self-perception of individual patients/clients to function well. They carry out this task by assessing the biopsychosocial

and spiritual needs of their clients (Afolabi, 2025). Rolland (2018) also described one of the key roles of MSW as offering emotional guidance and counselling to patients and their families, which includes helping patients cope with anxiety, depression, or trauma, and supporting family members who may be experiencing stress or burnout. According to Mbah et al. (2017) medical social workers offer supportive counselling and psychotherapy to improve the patients' functioning in society.

Alkhayri et al. (2024) emphasized the importance of the assessment of MSW. They stated that this in-depth enquiry helps the social worker to identify the precise practical barrier that could hinder the execution of a sound medical treatment plan. The medical social workers' assessment exposes the non-medical factors that could obstruct the care plan and also suggests practical ways to make the treatment plan feasible. MSW provides counselling for emotional guidance, supporting patients with post-traumatic stress disorder (PTSD). They employ cognitive-behavioral techniques, debriefing, grief counselling, and insight-oriented and talk therapy for victims (Yu et al., 2021).

Social workers in clinical settings, in addition to their counselling roles to patients, coordinate patients' discharge planning in the hospital, and also assist patients in obtaining health insurance and financial aid (Afolabi, 2025). According to the standards of the National Association of Social Work for social work practice in healthcare settings "social workers are to help patients and their families understand the emotions of a diagnosis and provide counseling about the decisions that need to be made" (Enemaku, 2024). Their key function is facilitating transitions of care and ensuring continuity across different healthcare settings; discharge planning to ensure that the transition is safe and supported (Al khayri et al., 2024).

In reality, studies show that there has been a long-time issue and conflict regarding the medical social workers' roles in Federal and State institutions in Nigeria; their roles being wrongly perceived and misunderstood by other health professionals (Abdulgafar et al., 2022). According to Enemaku (2024) "social workers in clinical settings have not been adequately utilized, they have not been well equipped and supported to cater for patients who walked into the hospital with multiple psycho-social issues or treat cases involving homelessness, chronic unemployment, lack of income and health insurance coverage, history of incarceration and substance misuse problems; All of which hinder effective recovery of patients". In Most Nigerian hospitals, accessing financial aid is the major role mostly assigned to the medical social workers, and when there are no available funds to assist the patients, medical social workers lose motivation to carry out other functions they are capable of (Enemaku, 2024).

Owing to the lack of clarity on the functions of social workers in clinical settings, hospitals hire unqualified individuals with little or no knowledge of the social work profession to perform in their position; there are no standards to measure the performance of social workers, and the professional social workers are saddled with "ordinary" tasks outside their domains (Enemaku, 2024). Enemaku (2024) observed discrimination by other healthcare professionals in hospitals against MSWs and the undermining of their relevance. Sometimes, social workers do not receive referrals when clients can afford their medical costs; this impedes efficient patient care management and discharge planning and, over time, reduces the demand for and employment opportunities for MSWs in Lagos State.

Few studies have investigated the roles of medical social workers (MSWs) among healthcare professionals and patients, and most have been conducted in public healthcare institutions outside Lagos State. Chukwuemerie et al. (2024) examined the knowledge and perceptions of the relevance and roles of MSWs among the outpatient community at University College Hospital, Ibadan, Nigeria. Okoye (2019), in her submissions on the global perspective of social work in healthcare, submitted that in Nigeria, social workers are readily employed by health facilities owned by federal and state governments, such as those of Lagos, Ekiti, and Kaduna states. According to Bichi (2015), "It is rare for social workers to be employed by privately owned facilities" (Bichi, 2015). Given Lagos's teeming population, the absence of high-quality social welfare services exposes citizens to various social

dysfunctions. Research has shown that healthcare professionals and patients in Lagos State often misunderstand the role of social workers, and they are poorly recognized (Okoye, 2019; Agwu & Okoye, 2021; Afolabi, 2025). This lack of awareness and understanding has led to the underutilization of social workers' skills, prevented them from providing standard and complete care, and hence prevents them from contributing to the best of their ability. Okoye (2019) worked on healthcare social work in Nigeria; Agwu and Okoye (2021) worked on social work and COVID-19. There is limited empirical research examining predictors of social workers roles' awareness beyond advocacy. Therefore, this study examined the socio-demographic predictors of the awareness of the roles of medical social workers beyond advocacy in Lagos State, Nigeria.

2. OBJECTIVE

The major objective of this study is to assess the socio-demographic predictors of the awareness of the roles of medical social workers beyond advocacy in Lagos State, Nigeria. The specific objectives of this study are to:

- 2.1 Investigate the significant relative influence of age, gender, level of education, and years of practice of the social workers on the efficiency of their skills in the selected healthcare institutions in Lagos State.
- 2.2 Explore the relative influence of age, gender, level of education, and years of practice on social workers roles' awareness beyond advocacy in the selected healthcare institutions in Lagos State.

3. HYPOTHESES

H01: There is no significant relative influence of age, gender, level of education, and years of practice of the social workers on the efficiency of their skills in the selected healthcare institutions in Lagos State.

H02: There is no significant relative influence of age, gender, level of education, and years of practice on social workers roles' awareness beyond advocacy in the selected healthcare institutions in Lagos State.

4. RESEARCH METHODOLOGY

4.1 Research Design

This study employed a descriptive cross-sectional survey design. This approach as a standardized survey ensures consistency across multiple hospital sites while providing the anonymity necessary for participants to be candid about their perceptions of MSWs roles beyond advocacy.

4.2 Population of the Study

The study population consisted of 425 hospital workers (Doctors, Nurses, Medical Social workers, Pharmacists, Psychologists, Laboratory scientists, and Hospital administrators) working at the selected healthcare institutions, and patients who patronize the selected healthcare institutions between December 2025 and March 2026.

4.3 Sample Size and Sampling Technique

The sample size was made up of two hundred and twenty-seven (227) respondents from selected private hospitals in Lagos State, Nigeria. The Taro Yamane formula (1967) was used to determine the sample size of the study. A Stratified sampling method was used to attain the study population, consisting of healthcare professionals and patients. The population was divided into two subgroups: healthcare professionals and patients. The sample was drawn through the use of a stratified sampling

technique because it gives a good representation from the subgroups of healthcare professionals (Doctors, Nurses, Medical Social workers, Pharmacists, Psychologists, Laboratory scientists, and Hospital administrators) and Patients. The number of participants selected was relative to the total number of healthcare professionals and patients available in each hospital. In the first hospital, 23 healthcare professionals and 133 patients were selected while in the second hospital 18 and 53 healthcare professionals and patients were selected respectively. The selection was done in such a way that the sample size of the hospital (healthcare professionals and patients) was proportionate to its size in the overall population. For ethical issues, the names of the selected hospitals are codified.

It should be noted that two hundred and twenty-seven (227) respondents were estimated, while only 205 volunteered to participate and participated in this study.

4.4 Research Instrument

The questionnaire titled “The awareness of medical social workers’ roles beyond advocacy among selected health institutions in Lagos state” was used in the study. The questionnaire has three sections.

Section A: This section deals with the respondents’ demographic information such as age, gender, educational background, area of specialization, and years of practice.

Section B: This section explores the awareness of the roles (assessment and counselling, care coordination, discharge planning, case management, and crisis management) of MSWs. This section explores the role of a medical worker in finding a client’s strengths, problems, and needs, as well as facilitating their growth, developing treatment strategies, implementing interventions, managing patient care, ensuring continuous support, organizing case data, monitoring progress, and intervening in situations when patients are faced with threats to their safety. To acquire responses from the respondents, a four-point Likert scale was used where 4=strongly agree (SD), 3=agree (A), 2=disagree (D), and 1=strongly disagree (SD). This section has a total of twenty items.

Section C: This section is termed the efficiency of medical social workers’ skills. This section finds out the ability of MSWs to effectively utilize their knowledge, skills, and experience to assess patient needs, develop and implement plans to address patient needs, and provide supportive interventions. To acquire responses from the respondents, a four-point Likert scale was used where 1= Never (N), 2 = Sometimes (S), 3=Often (O), and 4 = Almost (A). This section has a total of 6 items. Respondents were given the questionnaire and asked to respond to the degree of their agreement with each phrase.

4.5 Method of Data Collection

With a letter of introduction from the Department of Social Work at Babcock University, Ilishan, Ogun State, and a letter of ethical approval or clearance from the Babcock University Health Research Ethics Committee (BUHREC), the researcher visited the two healthcare facilities chosen for the study. The letters were delivered to the healthcare facilities’ authorities in order to obtain authorization to conduct the research there. The administration of the instrument and data collection took place over a period of five weeks.

The administration of the instruments to the respondents of this study was done by the researcher and two other research assistants. Postgraduate students from the University of Lagos served as the research assistants. An orientation on the research and how to administer the questionnaires was provided for the research assistants. This specialized training aided the smooth administration of the questionnaire. This was accomplished in the first week set aside for data collection. The administration of the instrument took place within the next two weeks. The questionnaire was administered at the first chosen healthcare facility on Tuesday and Wednesday of the second week. The second chosen healthcare facilities in Lagos State used Wednesday and Thursday of the fourth and fifth weeks. Under the researcher’s guidance, the research assistants administered the instrument. The same day was used for both administration and collection.

4.6 Method of Data Analysis

Descriptive statistics, including frequencies, percentages, means, and standard deviations were employed to provide an overview of the respondents' socio-demographic traits and the research questions. These descriptive metrics assisted in providing a summary of important elements such as case management, crisis management, care coordination and discharge planning, assessment and counseling, and the effectiveness of medical social workers' skills.

4.7 Method of Data Analysis

The Babcock University Health Research Ethics Committee (BUHREC) granted ethical approval for this investigation.

5. RESULT

Table 1

Summary of the regression analysis on relative influence of age, gender, level of education, and years of practice on social workers' efficiency

Model	B	Std. Error	Beta	t	Sig.
(Constant)	14.055	1.981	—	7.095	.000
Age	-.096	.391	-.022	-.246	.806
Gender	-.590	.702	-.060	-.841	.401
Level of education	-.057	.594	-.007	-.097	.923
Years of practice	.171	.325	.046	.527	.599

ANOVA ^a					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	30.778	4	7.695	.293	.882 ^b
Residual	5277.610	201	26.257		
Total	5308.388	205			

Note. R = .076, R² = .006, Adj. R² = .004, SE = 5.124. a. Dependent Variable: Skill Efficiency. b. Predictors: (Constant), Years of practice, Level of education, Gender, Age.

The relative contributions of the predictor variables (age, gender, level of education, and years of social work practice) to the variance in the efficiency of social workers' skills in the selected healthcare institutions in Lagos State were not significant. Therefore, age ($\beta = -.022$), gender ($\beta = -.060$), level of education ($\beta = -.007$), and years of practice ($\beta = .046$) were found not to be potent factors influencing social workers' efficiency of their skills beyond advocacy in the selected healthcare institutions in Lagos State. Furthermore, social workers' efficiency of their skills beyond advocacy yielded a coefficient of multiple regression (R) of 0.076 and a multiple correlation square of 0.006. This indicates that less than 1% of the total variance in social workers' skill efficiency beyond advocacy is accounted for by age, gender, level of education, and years of practice. The Table also indicates that the analysis of variance of the multiple regression data produced an F-ratio value not significant at the 0.882 level ($R = .076$, $R^2 = .006$, $f(4,201) = 0.293$; $P = .882$). Therefore, the hypothesis that stated no significant relative influence of age, gender, level of education, and years of practice of the social workers on the efficiency of their skills in the selected healthcare institutions in Lagos State was retained.

Table 2

Summary of the regression analysis on the relative influence of age, gender, level of education, and years of practice on social workers' roles awareness beyond advocacy

Model	B	Std. Error	Beta	t	Sig.
(Constant)	62.370	3.679	—	16.952	.000
Age	-1.906	.726	-.223	-2.626	.009
Gender	2.536	1.303	.135	1.946	.053
Level of education	-.431	1.103	-.027	-.391	.696
Years of practice	.302	.603	.042	.501	.617

ANOVA^a

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	1273.866	4	318.466	3.516	.008 ^b
Residual	18207.183	201	90.583		
Total	19481.049	205			

Note. R = .256, R² = .065, SE = 9.518. a. Dependent Variable: Awareness. b. Predictors: (Constant), Years of practice, Level of education, Gender, Age.

The relative contribution of each predictor variable (age, gender, level of education, and years of practice of the social workers) to the variance in the awareness of their roles in the selected healthcare institutions in Lagos State revealed no significant relative influence except for age ($\beta = -.223$ and t -value = -2.626). Therefore, gender, level of education, and years of practice were found not to be potent factors influencing social workers' roles' awareness beyond advocacy in the selected healthcare institutions in Lagos State. Furthermore, social workers' roles' awareness beyond advocacy yielded a coefficient of multiple regression (R) of 0.256 and a multiple correlation square of 0.065. This shows that 6.5% of the total variance in social workers' roles' awareness beyond advocacy is accounted for by age, gender, level of education, and years of practice. The Table also indicates that the analysis of variance of the multiple regression data produced an F-ratio value significant at the 0.008 level ($R = .256$, $R^2 = .065$, $f(4,201) = 3.516$; $P = .008$). Therefore, the hypothesis that stated no significant relative influence of age, gender, level of education, and years of practice on the social workers' roles' awareness beyond advocacy in the selected healthcare institutions in Lagos State was partially rejected.

5. DISCUSSION OF FINDINGS

The outcome of this study revealed no significant relative influence of demographic factors (age, gender, level of education, and years of practice) on skill efficiency and role awareness among social workers in selected healthcare institutions in Lagos State. This finding suggests that "Role Performance," the actual execution of professional duties, is standardized within the Lagos State healthcare system. These results align with the findings of Okoye (2013), who argued that in Nigerian clinical settings, the technical skills of social workers are often dictated by systemic resources and institutional protocols rather than the personal attributes of the worker. Additionally, when professional expectations are rigid and institutionalized, individual characteristics like age or gender become secondary to the "script" provided by the organization (Biddle, 1986).

The outcome of the second hypothesis revealed that 6.5% of the total variance in social workers' roles awareness beyond advocacy is accounted for by age, gender, level of education, and years of practice. However, no significant relative influence of age, gender, level of education, and years of practice was found on the social workers' roles' awareness beyond advocacy in the selected healthcare institutions in Lagos State. The non-relative influence socio-demographic on social workers' roles'

awareness beyond advocacy is in tandem with Bronstein (2003) who identified “Professional Role Clarity” as a core component of effective collaboration.

However, age was found to be significant in this study. The result suggests that while age does not make a worker more “efficient”, it significantly enhances their awareness of their multifaceted roles. Older social workers may possess a deeper understanding of the “newly created professional activities” that Bronstein (2003) describes as essential for interdisciplinary success. Relating to the Ecosystems Theory (Person-in-Environment), the significance of age highlights the “Chrono-system” (the dimension of time) (Bronfenbrenner & Evans, 2000; Guy-Evans, 2020). As social workers age within the ecosystem of Lagos healthcare, their cognitive map of the system expands. They move beyond mere advocacy to a broader awareness of their role as mediators and navigators within the complex hospital environment. Interestingly, the level of education and years of practice were not significant predictors in either model. This suggests that the baseline social work education in Nigeria provides a uniform foundation, but the specific healthcare environment in Lagos levels the playing field for all practitioners. The retention of the first hypothesis and the partial rejection of the second (due to the age factor) indicate that while demographic traits are poor predictors of how well a social worker performs a task, age is a critical factor in how well they understand the scope of their profession.

7. LIMITATIONS OF THE STUDY

The study has a few limitations.

1. The study was conducted in two private healthcare institutions due to the limited availability of healthcare institutions with medical social workers.
2. Public healthcare institutions were not included due to the incessant industrial action of the health workers as at the time the study was conducted.

8. RECOMMENDATION

The following recommendations are proposed to enhance medical social work practice in Lagos State:

1. Healthcare administrators should develop and implement clear, standardized job descriptions that distinguish the clinical roles of MSWs from nursing and administrative duties. This would reduce the “role ambiguity” identified in multidisciplinary teams and prevent MSWs from being relegated to purely financial or clerical tasks.
2. Given that age is a significant predictor of role awareness, hospital social work departments should establish formal mentorship programs. Experienced MSWs should guide younger practitioners in navigating the “person-in-environment” complexities of the Lagos healthcare ecosystem.
3. The Lagos State Government should invest in community-based social support systems. This would enable MSWs to move from “crisis-driven” discharge planning to a proactive model of care coordination, reducing hospital readmission rates.
4. To improve the utilization of social work services, hospitals should conduct internal awareness campaigns for patients. These campaigns should highlight the benefits of psychological support to help mitigate the cultural stigma associated with seeking mental health and social services.

8. CONCLUSION

Medical Social Work is essential in healthcare delivery especially in the management of social and mental aspects of health, encouraging social integration, and improving societal well-being. The findings indicate that socio-demographic characteristics, including age, gender, educational attainment, and years of professional practice, are not significant predictors of social workers' awareness of the

broader roles of medical social workers beyond advocacy in Lagos State, Nigeria. It is therefore, concluded that age, gender, education level, and years of practice often turn out to be poor predictors of awareness of medical social workers' roles (beyond advocacy) because awareness in this context is shaped more by structural, professional, and informational factors than by personal background characteristics.

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