CHAPTER XII

PROBLEMS AND PROFESSIONAL NEEDS OF MEDICAL SOCIAL WORKERS

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An attempt has been made in this chapter to explain the problems faced while practicing medical social work and the professional needs of the medical social workers working in the hospitals in Western Maharashtra with the help of primary data available.

Status of Medical Social Workers

The status of medical social workers is directly related to the recognition by the people, the health team, the planners, the government, the non-governmental organizations, the social workers and social work education institutions. The role of medical social worker in India is not well recognized.

The Medical Council of India's report in 1973 on the minimum standard requirements for medical colleges for 100 admissions, has recommended that there should be six medical social workers in each of the Preventive and Social Medicine Departments, two at the college, two at the Rural Health Center and two at Urban Training Health Center. If these recommendations are implemented by all states, there would be requirement of more than 1000 medical social workers only for the Preventive and Social Medicine Departments of Medical Colleges all over the country. But development in this regard is meager. Response from the planners is also not encouraging as in many of the committee reports after Bhore Committee (GOI, 1946) such as Mudaliar Committee (GOI, 1961), Srivastava Committee (GOI, 1975) etc., the role and importance of medical social worker was neglected. However, the medical colleges and big hospitals in the metropolitan cities and other big cities have already started taking initiative in appointing medical social workers. Thus the numbers of medical social workers are increasing slowly but steadily.

Table No.12.1

Duties Defined at Appointment by Area of Specialization at MSW

			Area of Specialization at MSW							Total
			MPSW	FCW	URCD	PMLW	CCA	Generic	NA	
Duties Defined	Yes	Count	24	12	25	11	1	22	0	95
		% within Duties Defined	25.3%	12.6 %	26.3%	11.6%	1.1%	23.2%	.0%	100.0%
		% within Specialisation	50.0%	31.6 %	55.6%	45.8%	33.3%	53.7%	.0%	47.5%
		% of Total	12.0%	6.0%	12.5%	5.5%	.5%	11.0%	.0%	47.5%
	No	Count	24	26	20	13	2	19	1	105
		% within Duties Defined	22.9%	24.8 %	19.0%	12.4%	1.9%	18.1%	1.0%	100.0%
		% within Specialisation	50.0%	68.4 %	44.4%	54.2%	66.7%	46.3%	100.0%	52.5%
		% of Total	12.0%	13.0 %	10.0%	6.5%	1.0%	9.5%	.5%	52.5%
Total		Count	48	38	45	24	3	41	1	200
		% within Duties Defined	24.0%	19.0 %	22.5%	12.0%	1.5%	20.5%	.5%	100.0%
		% within Specialisation	100.0%	100.0 %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	24.0%	19.0 %	22.5%	12.0%	1.5%	20.5%	.5%	100.0%

Duties were defined by the authorities at the time of appointment to the 48 per cent of the respondents only while majority of them (53 per cent) were not clear about their duties and what is expected from them by the hospital management.

As compared to other specialization respondents who specialized in Medical & psychiatric social work (12 per cent)and Urban and Rural Community development (13 per cent) and generic (11 percent) were defined the duties to be performed at the time of appointment. While most of the respondents with specialization in Family and child welfare, Personal Management and Labor Welfare and Correctional & Criminal Behavior were not defined duties to be performed at the time of appointment.

Findings reveal that medical social workers are not defined the duties by the authorities at the time of appointment especially those who are specialized in areas other then Medical and Psychiatric Social Work, Urban and Rural Community Development and Generic.

This shows the possibility is that hospital authority were hopeful from the candidates who have specialized in Medical & psychiatric social work because since specilisation itself is from the same field so there is no need for the candidate to learn the tasks he is expected to perform so he/she were assigned the duties at the very time of appointment. Respondents specialized in Urban and Rural Community development were specially trained to work in the community, so authority must have clear planes to assign these respondents to work directly in the community on health issues because of there competency in community work.

Social workers with generic have the orientation of all the specializations. They are expected to work in any field though they are not the masters of that particular field. This may be the reason that authorities were clear about the duties to be assigned to them at the time of appointment.

But in case of respondents specialized in Family and Child Welfare the percentage of assigning the duties was very less which should not be so because this specialization orients the Medical social workers about the health issues of Women and children. In the case of specialization in Personal Management and Labor Welfare and Correctional & Criminal Behavior they do not have sufficient knowledge of medical social work so the percentage of defining the duties at the time of joining is very less because getting oriented to the subject is first needed before performing the duties.

In the hospital settings, in India, the qualifications, functions and duties of the doctor, nurse and other auxiliary personnel have been identified. But for the medical social worker, no function identified, and qualification recognized or established as yet. As a result, even after decades of functioning of medical social workers in the

hospital setting, the administrators, doctors, nurses, patients or the medical social workers themselves are not able to identify the role of the medical social worker in the team and his/her contribution to the care of the patient. Even the social workers themselves and the medical teams are not able to identify various roles of social workers in a medical setting. In a hospital, tangible results are of paramount importance, the result of the work of the medical social workers are often invisible as they deal with social and psychological aspects of the patients. Often the administrators and the medical team do not perceive their contribution properly. This prevents them from being sufficiently clear and aware of their true professional roles and functions.

Table No. 12.2

Adequacy of Field work Training by Opinion of Necessity of in Service Training

			Necessity of in Service Training		Total
			Most necessary	Sometime necessary	
FW Training	Adequate	Count	34	10	44
		% within FW Training	77.3%	22.7%	100.0%
		% within Necessity of in Service Training	19.5%	38.5%	22.0%
		% of Total	17.0%	5.0%	22.0%
	Adequate to some extent	Count	76	12	88
		% within FW Training	86.4%	13.6%	100.0%
		% within Necessity of in Service Training	43.7%	46.2%	44.0%
		% of Total	38.0%	6.0%	44.0%
	Not Adequate	Count	64	4	68
		% within FW Training	94.1%	5.9%	100.0%
		% within Necessity of in Service Training	36.8%	15.4%	34.0%
		% of Total	32.0%	2.0%	34.0%
Total		Count	174	26	200
		% within FW Training	87.0%	13.0%	100.0%
		% within Necessity of in Service Training	100.0%	100.0%	100.0%
		% of Total	87.0%	13.0%	100.0%

It is described in the above table about adequacy of Field work training imparted by Opinion of necessity of in service training.22 per cent of the respondents were of the opinion that field work training they received during the MSW course was adequate, 44 per cent said it is adequate to some extent and 34 per cent feel it is not adequate.87 per cent feel that the in service training is most necessary while 13 per cent feel that it is sometimes necessary.

It is found that though 22 per cent of the Medical Social workers were of the opinion that they got Fieldwork Training adequately but still majority of them (87 per cent) feel that in service training is most necessary.

It could be concluded that majority of respondents were not satisfied about the adequacy of field work training during MSW course and were of the opinion that in service training is most necessary through which professional knowledge, skills and attitude of the medical social workers will change and will help in performance. A hospital social work course only is not sufficient. What the medical social workers get in a post-graduate school of social work is only the basic minimum of theory and skills. They need to continue the process of learning, in order to add, improve and update their knowledge and skills even after they graduate from a school of social work and are employed as medical social workers. This could be made possible mainly by providing in service Training and also through seminars and workshops. But, many medical social workers do face the difficult problems in helping patients, where their knowledge and skills seem to be inadequate. It is essential for them to find some ways of increasing and improving their knowledge and skills. This could be met, to some extent, by organizing special training, seminars and workshops under the leadership of people who have long period of experience and greater knowledge. Hospital management can take lead for organizing such trainings for staff development.The schools of social work, who have competent staff to undertake such a responsibility or could get some people from other parts of the country, could organize such trainings, seminars and workshops from time to time. These could also be organized by the Social Work Associations. Medical social workers themselves could meet as a group periodically, at least in those places where there is a sizable number to organize a group and share mutual experiences and problems.

Table No.12.3

Type of Obstacles in Communicating with Patients by Location of the Department

		Location of the Department				
		Near OPD	Near Ward	Near Administrative Office	Other	Total
Physiological	Always	23	2	0	0	25
		18.5%	7.7%	.0%	.0%	12.5%
	Often	24	5	7	1	37
		19.4%	19.2%	14.9%	33.3%	18.5%
	Sometimes	44	9	26	1	80
		35.5%	34.6%	55.3%	33.3%	40%
	Never	33	10	14	1	58
		26.6%	38.5%	29.8%	33.3%	29%
	Total	124	26	47	3	200
		100.0%	100.0%	100.0%	100.0%	100.0%
Psychological	Always	28	4	4	0	36
		22.6%	15.4%	8.5%	.0%	18%
	Often	35	5	15	0	55
		28.2%	19.2%	31.9%	.0%	27.5%
	Sometimes	49	14	25	2	90
		39.5%	53.8%	53.2%	66.7%	45%
	Never	12	3	3	1	19
		9.7%	11.5%	6.4%	33.3%	9.5%
	Total	124	26	47	3	200
		100.0%	100.0%	100.0%	100.0%	100.0%
Environmental	Always	19	3	3	1	26
		15.3%	11.5%	6.4%	33.3%	13%
	Often	35	5	9	0	49
		28.2%	19.2%	19.1%	.0%	24.5%
	Sometimes	52	10	21	1	84
		41.9%	38.5%	44.7%	33.3%	42%
	Never	18	8	14	1	41
		14.5%	30.8%	29.8%	33.3%	20.5%
	Total	124	26	47	3	200
		100.0%	100.0%	100.0%	100.0%	100.0%
Cultural	Always	21	5	5	0	31
		16.9%	19.2%	10.6%	.0%	15.5%
	Often	39	4	20	1	64
		31.5%	15.4%	42.6%	33.3%	32%
	Sometimes	49	13	16	1	79
		39.5%	50.0%	34.0%	33.3%	3.5%
	Never	15	4	6	1	26
		12.1%	15.4%	12.8%	33.3%	13%
	Total	124	26	47	3	200
		62%	13%	23.5%	1.5%	
		100.0%	100.0%	100.0%	100.0%	100.0%

It is seen that 62 percent of the Medical Social Workers said that the location of the MSW department is near OPD. 13 percent of the Medical Social Workers said that the MSW department is near ward. Remaining 23.5 percent expressed that the location of MSW department is near administrative office.

The location of social service department is very important. Surroundings of the department have an important effect and may sometimes cause a problem for delivering an effective service to the patients.

Physiological barrier may be associated with the loss of hearing, speech deficiency or any other disability of the patient .Location of department near administrative office or some other places could be physiologically difficult for the patient to approach because of his disability may be there is no facility of ramp for the physical disabled person or many other factors could be there. While OPD sections and ward sections are usually specially designed taking into consideration the needs of the disabled people. 12 percent of the respondents always faced a physiological barrier, 18 per cent had to face often and 40 per cent sometimes had to face physiological barrier while communicating with the patients in the hospital settings.It is found that majority of the respondents faced the physiological problem while 29 per cent never had such problem.

Location of social service department near the Out patient department or near the ward has its own merits and demerits. Merits that since if located near OPD section or near ward is that public utilizing the hospital services become aware about the existence of such department and patients in need can easily locate it and have an easy access to it. But at the same time visiting a social worker is not so accepted in our society. The patient has the fear of being observed by others and stigmatized(especially incase of HIV/AIDS disease) so develops a psychological barrier for utilizing the service of social service department located near OPD section or near wards. Psychological barrier involves fear, worry, stress, beliefs, attitudes, prejudices or other neurotic problems. 18 percent always experienced, 27 percent often experienced and 45 percent sometimes experienced the psychological barrier while communicating with the patients. It is found that majority of the respondents face psychological problem while 10 per cent never had the same.

Environmental barrier could be noise, lack of ventilation, congestion in space etc. Sometimes cabins of social workers are situated and accommodated in a very congested place with no proper ventilation or light. If they are very close to OPD

section then disturbance due to noise of outside patients is unavoidable. 13% respondents reported that they had to face environmental barrier always, 24.5% had often this problem and 42% had it sometimes. It is found that majority of the respondents face environmental problems while 20 per cent never had the same.

Indian Society is still very much under the influence of cultural limitations especially regarding the women and her sickness. Illiterate women from the village may feel shy to tell the social worker about her family and psychosocial experience especially if the social worker is male. Also reliving of any sexually transmitted diseases is not openly discussed by the patents because of cultural barrier. 15.5 % of respondents had cultural barrier always while 32 % faced it often while communicating with the patients. It is found that majority of the respondents face cultural problem while 13 per cent never had the same.

It could be concluded from the above facts and figures that location of the department do create obstacles while communicating with the patients depending upon the various factors such as physiological, psychological, environmental and cultural.

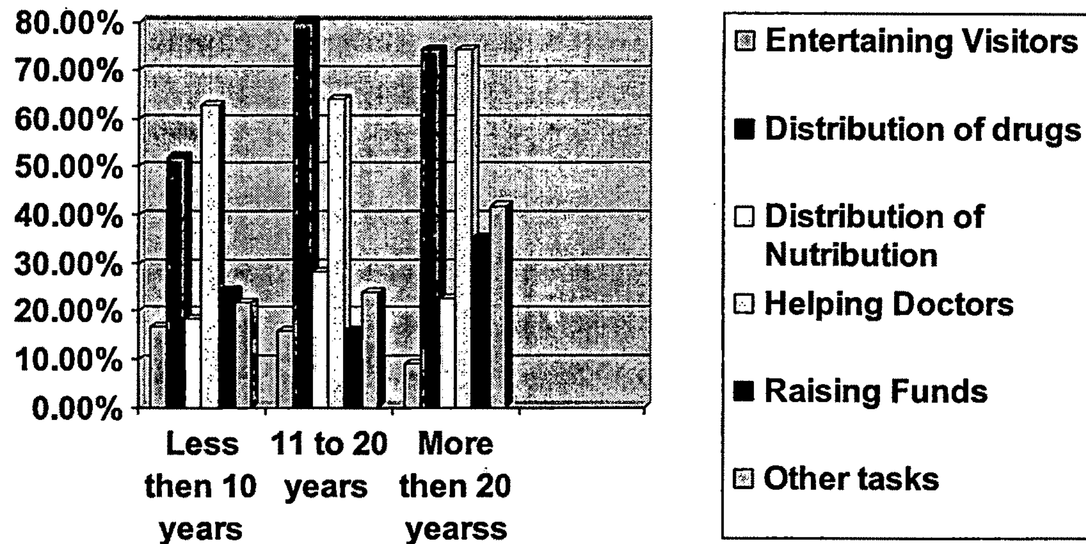
Table No.12.4

Involvement in Non- Professional Activities by Years of Experience

		Experience			
		Less than and equal to 10	11 to 20 years	more Than 20 years	Total
Entertaining Visitors	Yes	20	8	9	37
		16.8%	16.0%	29.0%	18.5%
	No	99	42	22	163
		83.2%	84.0%	71.0%	81.5%
	Total	119	50	31	200
		100.0%	100.0%	100.0%	100.0%
Distribution of drug	Yes	62	40	23	125
		52.1%	80.0%	74.2%	62.5%
	No	57	10	8	75
		47.9%	20.0%	25.8%	37.5%
	Total	119	50	31	200
		100.0%	100.0%	100.0%	100.0%
Distribution of Nutrition	Yes	22	14	7	43
		18.5%	28.0%	22.6%	21.5%
	No	97	36	24	157
		81.5%	72.0%	77.4%	78.5%
	Total	119	50	31	200
		100.0%	100.0%	100.0%	100.0%
Helping Doctors in Maintaining Records	Yes	75	32	23	130
		63.0%	64.0%	74.2%	65%
	No	44	18	8	70
		37.0%	36.0%	25.8%	35%
	Total	119	50	31	200
		100.0%	100.0%	100.0%	100.0%
Raising Funds with no specific purpose	Yes	29	8	11	48
		24.4%	16.0%	35.5%	24%
	No	90	42	20	152
		75.6%	84.0%	64.5%	76%
	Total	119	50	31	200
		100.0%	100.0%	100.0%	100.0%
Other tasks	Yes	26	12	13	51
		21.8%	24.0%	41.9%	25.5%
	No	93	38	18	149
		78.2%	76.0%	58.1%	74.5%
	Total	119	50	31	200
		100.0%	100.0%	100.0%	100.0%

Graph No. 12.1

Chart depicting Involvement in Non- Professional Activities by Years of Experience



19 per cent of the respondents were entertaining the visitors in which 17 per cent from the category of experience less then 10 years, 16 per cent from experience between 11 to 20 years and 29 per cent from group more then 20 years of experience were involved in entertaining the visitors.

62 per cent of the total respondents were involved in distribution of drugs to the patients. Nearly half of them (52 per cent) were from the respondents with less then 10 years of experience. Majority of respondents doing this non professional work also belonged to the respondents having more then 11 years of experience.

Distribution of nutrition was considerably in less percentage(21 per cent) irrespective of the years of experience.

Majority of the respondents irrespective of the years of experience involved in helping the doctors in maintaining their records.

Raising of funds was considerably in less percentage (24 per cent) irrespective of the years of experience.

Table at glance shows that respondents irrespective of years of experience majority of the medical social workers are involved more in non professional work like distribution of drugs and helping the doctors in maintaining the records. While involvement in entertaining the visitors, distribution of nutrition and fund raising are

in considerable percent.

Professional tasks are those for the effective performance of which professional training is required. Professional tasks are generally linked to theoretical knowledge. Non- professional tasks can be learned through common sense, self-learning and practice.

Every professional has to do certain things which are non-professional and which anybody else can do. It is unrealistic for any professional to expect to do only professional tasks but the issue is how much time one spends on the so called non-professional tasks. In this study, it was found that the roles and functions of professional social work are not clearly understood by the other professionals working in the hospital setting. Social work is still associated with charity, collecting funds, distribution of food items. Any help is considered as social work. There still exist an ambiguity about the role of professional social worker in the hospital setting and hence respondents were involved in non-professional.

Table No.12.5

Non Professional Work by Specialization of the Respondent.

		Specialization at MSW							
		MPSW	FCW	URCD	PMLW	CCA	Generic	NA	Total
Entertaining Visitors	Yes	9 18.8%	6 15.8%	7 15.6%	9 37.5%	1 33.3%	5 12.2%	0 .0%	37
	No	39 81.3%	32 84.2%	38 84.4%	15 62.5%	2 66.7%	36 87.8%	1 100.0%	163
	Total	48 100.0%	38 100.0%	45 100.0%	24 100.0%	3 100.0%	41 100.0%	1 100.0%	200
Distribution of drugs	Yes	24 50.0%	26 68.4%	30 66.7%	11 45.8%	1 33.3%	32 78.0%	1 100.0%	125
	No	24 50.0%	12 31.6%	15 33.3%	13 54.2%	2 66.7%	9 22.0%	0 .0%	75
	Total	48 100.0%	38 100.0%	45 100.0%	24 100.0%	3 100.0%	41 100.0%	1 100.0%	200
Distribution of nutrition	Yes	10 20.8%	9 23.7%	11 24.4%	2 8.3%	0 .0%	11 26.8%	0 .0%	43
	No	38 79.2%	29 76.3%	34 75.6%	22 91.7%	3 100.0%	30 73.2%	1 100.0%	157
	Total	48 100.0%	38 100.0%	45 100.0%	24 100.0%	3 100.0%	41 100.0%	1 100.0%	200
Helping doctors in maintaining records	Yes	32 66.7%	21 55.3%	26 57.8%	20 83.3%	3 100.0%	27 65.9%	1 100.0%	130
	No	16 33.3%	17 44.7%	19 42.2%	4 16.7%	0 .0%	14 34.1%	0 .0%	70
	Total	48 100.0%	38 100.0%	45 100.0%	24 100.0%	3 100.0%	41 100.0%	1 100.0%	200
Raising Funds with no Specific Purpose	Yes	6 12.5%	11 28.9%	13 28.9%	8 33.3%	0 .0%	10 24.4%	0 .0%	48
	No	42 87.5%	27 71.1%	32 71.1%	16 66.7%	3 100.0%	31 75.6%	1 100.0%	152
	Total	48 100.0%	38 100.0%	45 100.0%	24 100.0%	3 100.0%	41 100.0%	1 100.0%	200

The table tries to clarify the type of non professional work done by the respondents with the area of specialization.

Less then one fourth percent of the respondents irrespective of the specialization were entertaining the visitors.

50 per cent of the respondent specialized in medical; and psychiatric social work were distributing the medicine. Respondent with specialization in FCW, URCD and generic are considerably (more then 65 percent) were distributing the medicine to the patients.

Distribution of nutrition is not done in considerable percentage by the respondents irrespective of the area of specialization.

Majority of the respondents irrespective of the specialization are helping doctors in maintaining the records.

This helps us to conclude that majority of the respondents irrespective of the specialization are doing the non professional work especially distribution of the drugs and helping the doctors in maintaining the records. Medical and Psychiatric Social Work course is specially designed for social workers to work professionally in hospital settings but still they are found to do the non professional tasks in spite of professional training imparted to them.

Table No.12.6

Independence in Planning Work by Activities Exercising Autonomy

			Activities Exercising Autonomy					Total
			Social Work Intervention	Use of Organizational Resources	Supply of Drugs to Community	All	NA	
Independence in Planning work	Yes	Count	69	2	24	5	0	100
		%within Independence	69.0%	2.0%	24.0%	5.0%	.0%	100.0%
		% within Activities Exercising Autonomy	100.0%	100.0%	100.0%	100.0%	.0%	50.0%
		% of Total	34.5%	1.0%	12.0%	2.5%	.0%	50.0%
	No	Count	0	0	0	0	100	100
		%within Independence	.0%	.0%	.0%	.0%	100.0%	100.0%
		% within Activities Exercising Autonomy	.0%	.0%	.0%	.0%	100.0%	50.0%
		% of Total	.0%	.0%	.0%	.0%	50.0%	50.0%
Total		Count	69	2	24	5	100	200
		%within Independence	34.5%	1.0%	12.0%	2.5%	50.0%	100.0%
		% within Activities Exercising Autonomy	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	34.5%	1.0%	12.0%	2.5%	50.0%	100.0%

The above table explains the involvement of medical Social workers independently in the different activities of the hospitals.

It is seen from the table that the medical Social workers who were involved in the Social Work intervention activities independently were of 35 percent where as 1 percent of the medical Social workers were independently acting in using the Organisational resources. It is seen that 12 percent of the respondent were involved in independent supply of drugs to community.

It is found that a majority of the respondents were not involved independently in the various activities of the organisations. More particularly the medical Social workers were not involved in the policy formulation, planning and fund raising activities. Independence in using organizational resources is very poor amongst the medical social workers in our study.

It is concluded that a great majority of the medical social workers in the hospitals in western Maharashtra were not independently involved in the top-level organisational activities. It is also concluded that their independent involved in the social work activities is also not up to mark.

Table No.12.7

Authority doing Job Supervision by its Frequency

Authority doing Job Supervision	Frequency	Percentage
Head of Medical Social Work Dept	21	10.5%
Head Medical Dept	102	51.0%
Administrative Officer	56	28.0%
All	2	1.0%
No Supervision done	19	9.5%
Total	200	100.0%

Graph 12.2

Pie diagram depicting Authority doing Job Supervision by its Frequency

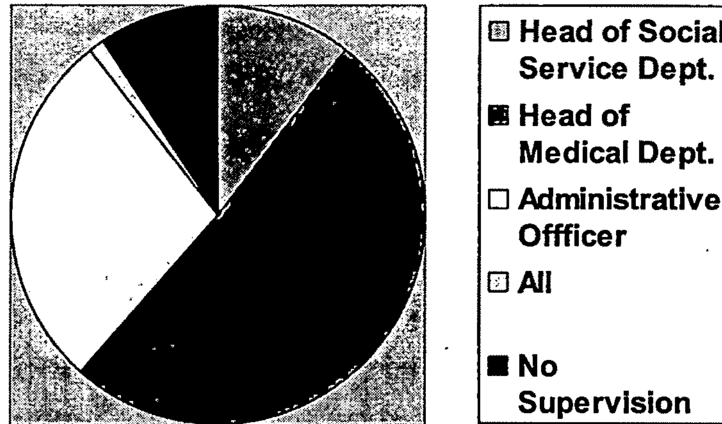


Table shows that Authority who supervises the work of Medical Social workers is mostly the medical Professionals (51 per cent) followed by the Administrative officers(28 per cent).Percentage of Head of Medical Social Work department is very less (10 per cent).

Findings reveal that majority of the authority supervising the medical social workers are the personnel belonging to medical profession followed by Administrative officer. This concludes that the authority who supervises the work of Medical Social Workers belongs to Non Social Science background that may not be aware of the roles and functions of the medical social work practice. In most of the hospitals, a medical social worker functions as a single worker. Administratively, he is directly responsible to the head of the institution. If there are number of medical social workers working in a hospital, they are attached to different departments like medicine, pediatrics, surgery, psychiatry, cardiac and so on. In our country, because of the early stage of development and since in most cases, only one social worker is employed, the advantage of supervision by senior worker is almost absent. The work of medical social worker is supervised by other professional like medical personnel or Administrator. There is no professional hierarchy such as head medical social worker, senior or junior medical social workers and so on in most of the hospitals. As a result medical social workers fail to project their image as professionals in the team, as the other members of the team have their own intra-disciplinary hierarchy systems. Another problem that arises in this situation is that the medical social workers are not

able to get the professional supervision or consultation they would need from time to time. Moreover, their professional interests cannot be safeguarded, especially when they are loaded with monotonous, routine non-professional duties. This hampers their motivation to function efficiently

Table No.12.8

Nature of Supervision by its frequency

Nature of Supervision	Frequency	Percentage
Through Meetings	75	37.5%
Personal Discussions	30	15.0%
On Job Supervision	75	37.5%
All types of Supervision	1	0.5%
No Supervision Done	19	9.5%
Total	200	100.0%

Table shows that 37 percent of the supervision is done through meetings, 15 per cent is done through personal discussions, 38 per cent do on job supervision while in case of 10 percent of the respondents no supervision is done at all.

It is found that the nature of supervision is mostly through meeting, personal discussion and on job supervision (75 per cent).While considerable percentage of the medical social workers (10 per cent) was not supervised at all by any of the authority.

It is concluded that supervision nature followed in hospitals for medical social workers is mostly on job supervision and supervision through meetings followed by personal discussions. While some hospital authority do not supervise the medical social workers at all.

Table No.12.9

Opinion of Need of Supervision by its Usefulness

			Usefulness of Supervision				Total
			Highly useful	Useful to some extent	Not useful	No response	
Need of Supervision	Needed	Count	47	34	0	0	81
		% within Need of Supervision	58.0%	42.0%	.0%	.0%	100.0%
		% within Usefulness	69.1%	31.8%	.0%	.0%	40.5%
		% of Total	23.5%	17.0%	.0%	.0%	40.5%
	Most Needed	Count	17	11	0	0	28
		% within Need of Supervision	60.7%	39.3%	.0%	.0%	100.0%
		% within Usefulness	25.0%	10.3%	.0%	.0%	14.0%
		% of Total	8.5%	5.5%	.0%	.0%	14.0%
	Somewhat Needed	Count	4	61	9	5	79
		% within Need of Supervision	5.1%	77.2%	11.4%	6.3%	100.0%
		% within Usefulness	5.9%	57.0%	69.2%	41.7%	39.5%
		% of Total	2.0%	30.5%	4.5%	2.5%	39.5%
	Not Needed	Count	0	1	4	7	12
		% within Need of Supervision	.0%	8.3%	33.3%	58.3%	100.0%
		% within Usefulness	.0%	.9%	30.8%	58.3%	6.0%
		% of Total	.0%	.5%	2.0%	3.5%	6.0%
Total		Count	68	107	13	12	200
		% within Need of Supervision	34.0%	53.5%	6.5%	6.0%	100.0%
		% within Usefulness	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	34.0%	53.5%	6.5%	6.0%	100.0%

The above table illustrates the opinion of the respondents about the need of supervision by extend of its usefulness.

It can be seen from the table that exactly 40 percent of the respondents were of the opinion that there is a need of supervision of the jobs of the Medical Social workers out of which 23 per cent say it is highly useful and 17 per cent say it is useful to some extend.

Around 14 percent of the MSWs expressed that it is most needed factor in order to get the better results out of which 8 per cent say it is highly useful and 6 per cent say it is useful to some extend.

About 40 percent of the respondents were of the opinions that the job supervision is needed to some extent out of which 2 per cent say it is highly useful and 30 per cent say it is useful to some extend, 5 per cent say it is not useful and 3 per cent gave no response to the question of its usefulness which indicates that they may be of the opinion that supervision is not so useful so needed to some extend only. Remaining 6 percent expressed that it is not at all needed.

This shows that majority of the respondents (53 per cent) feel that supervision is useful to some extend and 34 per cent feel that it is highly useful.

The respondents were working in the hospital settings. The majority of these settings were bureaucratic in structure. In bureaucratic structure certain administrative processes are used for the efficient functioning of the organization. Supervision is an administrative function and a process consisting of planning of work, assignment and guidance of work and evaluation of work after it is done, supervision facilitates the process of implementing organizational objectives. Therefore the respondents were asked about the need of supervision and its usefulness.

It is concluded that an overwhelming majority of the respondents were of the opinion that the jobs of the Medical social workers need to be supervised and supervision is useful to get better outcome from them.