

**“A Study on Medical Social Work Practices in Hospital Setting in  
Western Maharashtra”**

**INTERVIEW SCHEDULE**

***Demographics Characteristics:***

1. Name : \_\_\_\_\_
2. Sex : Male / Female
3. Age : \_\_\_\_\_ Years.
4. Marital Status : Married / Unmarried / Widow / Widower / Divorcee / Separated.
5. Religion : Hindu / Christian / Boudha / Islam / Other \_\_\_\_\_
6. Languages Known : Written: Marathi / Hindi / English / Other \_\_\_\_\_  
Spoken: Marathi / Hindi / English / Other \_\_\_\_\_
7. Mother Tongue : Marathi / Hindi / Urdu / English / Other \_\_\_\_\_
8. Address (Residence) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Phone: \_\_\_\_\_ Email \_\_\_\_\_

9. Educational Qualifications

a) Graduation : B.A. / B.Sc. / B.Com. / B.S.W./  
Year: \_\_\_\_\_

b) Post-graduation : M.A./ M.S.W./ M.Sc. / M.Com. /  
Year: \_\_\_\_\_

c) Research Qualification : M. Phil. / Ph.D./ Post Doctoral  
Year: \_\_\_\_\_

10. Nomenclature of P.G. Degree :M.S.W./M.A.(SocialWork)/  
Other: \_\_\_\_\_

11. Specialization at M.S.W. : a) \_\_\_\_\_  
b) Generic

12. Whether following were : Research Project Yes / No  
Compulsory? : Block Placement Yes / No  
: Rural Camp Yes / No  
: Study Tour Yes / No

***Work Related Data:***

13. Name of the organization : \_\_\_\_\_

14. Address :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email : \_\_\_\_\_

15. Type of organization : Govt. Hospital / Private Hospital
16. Job title : Medical Social Worker / Social Worker /  
Head of Medical S.W. Dept. /Other
17. Experience : \_\_\_\_\_ Years.
18. Pay Scale : \_\_\_\_\_  
b) Gross Salary : Rs. \_\_\_\_\_.
19. Nature of appointment : Permanent / Temporary / Contract  
for a period.

***Training Programme:***

20. Have you attended any : Yes / No  
Non-degree programme?
21. If yes, Name the benefits : Updated the information / Refreshed  
the knowledge / Sharpened the skills.
22. Who organized this training? : Your Management / Outside agency  
/ School of social work / Hospital /  
NGO.
23. Do you feel that such training is necessary : Most necessary / Some  
times Necessary / Not  
necessary.
24. Whether field work training : Adequate / Adequate to some extent /  
given is adequate? Not Adequate.

**Work Facilities:**

25. Do you have the following facilities

- a) Independent Cabin : Yes / No
- b) Room shared with others : Yes / No
- c) Telephone facility : Yes / No
- d) Intercom facility : Yes / No
- e) Computer facility : Yes / No
- f) Facility of peon/ attendee : Yes / No
- g) Canteen facility : Yes / No
- h) Transport facility/allowance : Yes / No

26. Do you need clerical help? : Yes / No

27. If yes, how it is made available? : Given independent clerk / Common office clerk / No clerk facility.

28. Describe the geographical location of the department? : Near OPD / Near Ward / Near Admn. Office /other.

29. What are the other work facilities given to you? : \_\_\_\_\_  
\_\_\_\_\_

30. Are you happy with the existing work facilities? : Fully happy / Happy to some extent/  
Not happy

***Nature of Duties:***

31. Please, list your duties. :

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

32. Do you counsel the patients/ their families? : Regularly / Sometimes / as and when & required /Never.

33. If yes, which of the following tasks you do?

a) Investigating obstacles to treatment :  
1. Always  
2. Often  
3. Sometimes  
4. Never

b) Motivating patients to accept the  
Illness /disability :  
1. Always  
2. Often  
3. Sometimes  
4. Never

c) Motivating for cooperating in the  
treatment process :  
1. Always  
2. Often  
3. Sometimes  
4. Never

d) Motivate the family to accept the patients :

1. Always
2. Often
3. Sometimes
4. Never

e) Enlisting family's cooperation in the treatment :

1. Always
2. Often
3. Sometimes
4. Never

f) Helping patients through group therapy :

1. Always
2. Often
3. Sometimes
4. Never

34. What are the major obstacles in the process of treatment?

a) Physiological -difficulties in hearing, expression :

1. Always
2. Often
3. Sometimes
4. Never

b) Psychological- emotional disturbances, neurosis, Level of intelligence:

- :
1. Always
  2. Often
  3. Sometimes
  4. Never

c) Environmental-noise, invisibility, congestion :

1. Always
2. Often
3. Sometimes
4. Never

d) Cultural- customs, belief, religion, attitude : 1. Always  
2. Often  
3. Sometimes  
4. Never

35. Have you ever referred patients to any other services? : Yes / No

36. If yes, what are they? : Schools/Vocational Training centres / Residential institutions / other :

37. What type of contacts do you make with for your patients? : Charitable organizations / With schools / Employers / Training Institutions / other

38. Do you go for home visits? : Yes / No

39. If yes, how often? : Regularly / Sometimes / Rarely / As & when required

40. If no, give reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. Have you been involved in admitting patients? : Regularly/ Sometimes / Rarely/ As& when required / Never / Not applicable.

42. Have you been involved in discharging patients? : Regularly / Sometimes / Rarely / As & when required / Never / Not applicable.

43. Can you describe the tasks you : \_\_\_\_\_  
Perform while admitting and \_\_\_\_\_  
Discharging the patients? \_\_\_\_\_  
\_\_\_\_\_

44. How successful have you been : Fully successful / Successful to some extent /  
in the above tasks? Not successful / Not applicable.

***Administrative Tasks:***

45. What among the following tasks  
do you perform?

- a) Record keeping : Yes / No
- b) Preparation for discharge : Yes / No
- c) Planning of projects : Yes / No
- d) Budget preparation : Yes / No
- e) Other :Yes / No Specify:

46. Do you spend time for : Regularly / Sometime / Rarely / Never  
correspondence?

47. What type of correspondence it is? : Internal / External / General /  
No correspondence

48. Do you maintain the records books : Accounts books /Registration books /Stock  
of the department? registers/ Other:\_\_\_\_\_ / Don't Maintain.

49. Do you ever have to perform public relations tasks?

- a) Meeting donors : Regularly / Occasionally / Never
- b) Meeting visitors : Regularly / Occasionally / Never
- c) Attending public meetings : Regularly / Occasionally / Never



50. Do you prepare reports of these : Daily / Monthly / Quarterly / Six monthly /  
meetings and visits? Annually / All of these/ None of these.

51. Do you participate in the preparation : Yes / No  
of budget?

52. If yes, describe the level of participation.  
: Preparatory level / Final formation  
/Both

53. If no, give reasons. : \_\_\_\_\_  
\_\_\_\_\_

***Teaching / Training and Staff Development:***

54. Do you participate in any of the following teaching programme?

- a) Teaching social work students : Regularly / Occasionally / Never / N.A.
- b) Teaching medical students : Regularly / Occasionally / Never / N.A.
- c) Teaching Nursing students : Regularly / Occasionally / Never / N.A.
- d) Other \_\_\_\_\_ : Regularly / Occasionally / Never / N.A.

55. Do you participate in professional guidance & supervision?

- a) Of social workers : Regularly / Occasionally / Never / N.A.
- b) Of Social Work students : Regularly / Occasionally / Never / N.A.
- c) Of N.S.S. Volunteers : Regularly / Occasionally / Never / N.A.
- d) NGO functionaries : Regularly / Occasionally / Never / N.A.
- e) Other: \_\_\_\_\_ : Regularly / Occasionally / Never / N.A.

56. What are the methods of guidance? : Individual conferences / Group  
conferences/other: \_\_\_\_\_

57. Have you organized any of the following during past two years? :

- a) Case conferences : Yes / No
- b) Symposium : Yes / No
- c) Seminars : Yes / No
- d) Inter disciplinary meetings : Yes / No
- e) Other : \_\_\_\_\_ : Yes / No

**Referral Services:**

58. Is there any referral system in your hospital / health organization? : Yes /No

59. If yes, specify the same : \_\_\_\_\_

60. If no, give reasons : \_\_\_\_\_

61. Who refers the cases to you?

- a) Doctors : Regular / Sometimes / Never
- b) Nurses : Regular / Sometimes / Never
- c) Administrators : Regular / Sometimes / Never
- d) Volunteers : Regular / Sometimes / Never
- e) Patients themselves : Regular / Sometimes / Never
- f) Other: \_\_\_\_\_ : Regular / Sometimes / Never

62. Do you select cases on your own? Yes / No

63. If yes, how? : Ward rounds / other: \_\_\_\_\_

**Non-professional Tasks:**

64. Which are the non-professionals tasks you are required to perform? :

- a) Entertaining visitors : Yes / No
- b) Distribution of drugs : Yes / No
- c) Distribution of nutrition : Yes / No
- d) Helping doctors in maintaining records : Yes / No
- e) Raising funds with no specific purpose : Yes / No
- f) Other \_\_\_\_\_ : Yes /No

***Problems encountered while dealing with patients:***

65. As a social worker which of the following problems do you encounter with patients?

- a) Economic problems : Always / Occasional / Never
- b) Housing problems : Always / Occasional / Never
- c) Dealing with hospital procedure : Always / Occasional / Never
- d) Beliefs, values, superstitions : Always / Occasional / Never
- e) Lack of community resources : Always / Occasional / Never
- f) Personality problems : Always / Occasional / Never

66. Which of the following resources made available by your organisation?

- a) Financial resources : Always / Occasionally / Never
- b) Institutional resources : Always / Occasionally / Never
- c) Self help groups : Always / Occasionally / Never
- d) Volunteers : Always / Occasionally / Never
- e) Other : \_\_\_\_\_ : Always / Occasionally / Never

***Application of social work methods:***

67. As a social worker which of the following methods do you use?

- a) Social case work : Always / Occasionally / Never
- b) Social Group Work : Always / Occasionally / Never
- c) Community organization : Always / Occasionally / Never
- d) Social Action : Always / Occasionally / Never
- e) Social/work Research : Always / Occasionally / Never
- f) Social Welfare Administration : Always / Occasionally / Never

68. In case work do you follow any models? : Yes / No

69. If Yes, Please list. : \_\_\_\_\_

70. Do you organize group activities? : Yes /No

71. If yes, specify the types. : Group of patients / Group of relatives/Both/Other(specify)

---

72. Describe the nature of groups : Short term group / Long term group / Self help groups / Therapeutic groups / Discussion groups

73. Do you work with family groups? : Yes / No

74. Do you undertake research work? : Yes / No

75. If yes, what was it like? : Individual level / Team of social workers / Interdisciplinary team / Other\_\_\_\_\_

76. Whether the results of research were discussed and implanted?  
: Yes / No

77. Whether the method of Social Welfare Administration is implemented by you ?  
: Yes / No

78. Whether the skills and techniques learnt are useful in your administrative tasks?  
: Yes /No

79. Do you use the knowledge of community organization?  
: Yes / No

80. Have you done any of the following

a) Identified community problems : Yes / No

b) Mobilized community resources : Yes / No

c) Motivated community for health and hygiene of community : Yes / No

81. Do you work with community for  
community health?

: Yes / No

82. If yes, have you done any of the following?

- a) Identified health needs : Yes / No
- b) Provided health services : Yes / No
- c) Organized community : Yes / No
- d) Elicited community participation : Yes / No

83. Have you been able to work with  
community leaders?

: Yes / No

84. Have you been able to develop  
new community leaders?

: Yes / No

85. Have you organized any of the : Slide shows / Films / Nutritional demonstration  
/  
following in community? Exhibitions / Immunization / Health education /  
Other:

86. Whether you have started any of the: Balwadis / Sewing classes / Non-formal  
following activities? activities/ Adult education / Recreation  
clubs / other.

87. Did you organize any training programmes for the volunteers in the community?  
: Yes / No

88. Did you educate the community on health related issues?  
: Yes / No

89. Are you aware/familiar with the work done by the National and inter- national  
organizations in the field of health?  
: Yes / No

Please, name them : \_\_\_\_\_

90. How do you perceive their work? : Very important / Some what important /  
Not important.

***Medical Social Work and Administrative Structure:***

91. At the time of appointment were :  
your duties defined? : Yes / No

92. Are you independent in planning :  
your work? : Yes / No

93. If yes, in which of the following do : Framing policy / Social work  
you exercise autonomy? intervention /  
Use of organizational resources /  
Planning /  
Funding / Use of Human Resources /  
supply of drugs to community / Use of  
funds/Other:\_\_\_\_\_

94. Do you represent in any of the  
Hospital Committees? : Yes / No

95. If yes, name those committees :  
\_\_\_\_\_  
:  
\_\_\_\_\_

96. Are you consulted before framing any policies and programmes? : Yes / No

97. Have you ever made any concrete suggestions in framing policies? : Yes / No

98. Name the policies related to the

Medical social work.

: \_\_\_\_\_

: \_\_\_\_\_

: No policies as such.

99. Name the policies of your orgn.

: \_\_\_\_\_

which affect your work adversely

: \_\_\_\_\_

100. In your hospital / health orgn.

: Easily approachable / Difficult to approach /

the authorities are Approachable

Approachable but they are indifferent / and

cooperative and supportive/

other: \_\_\_\_\_

101. Do you think that the social workers should be made available

in emergency whenever required?

: Yes / No

102. Will you be available for 24 hours service – shift wise, if required?

: Yes / No

***Job Satisfaction:***

103. What is the length of your service : Less than 5 years / 6 to 10 years / 11 to 15

in this organization?

years /16 to 20 years / 21 and more.

104. What is the present scale?

: Scale of pay \_\_\_\_\_.

105. Total gross salary?

: Rs. \_\_\_\_\_.

106. Are you satisfied with your salary?

:Fully satisfied / Satisfied to

some extent/Not satisfied / No response.

107. If not, what is the reason? :Not paid commensurate with qualification /Other professionals get better than you / Doesn't Help to maintain the minimum standard of life /Other:\_\_\_\_\_

108. Is there provisions of promotion? : Yes / No

109. If yes, what are the positions / :

Designations of promotions? :

110. Are you satisfied with the job? : Yes / No

111. If yes, what is the main reason? : Job is creative / Job is gratifying / Work recognized/ Management is supportive / Other \_\_\_\_\_

112. If no, what are the reasons? : Low status/No upward mobility / Routine Job / Wage increase is not related to performance / Unhealthy practices / Organizational climate / Other: \_\_\_\_\_

113. Is your workload heavy? : Very heavy / Somewhat heavy/Not heavy / No work.

114. Describe your present workload:

Administrative work : \_\_\_\_\_

Work with & individuals : \_\_\_\_\_

Work with Communities : \_\_\_\_\_

Counselling : \_\_\_\_\_

Liaison/Public relation work : \_\_\_\_\_

Total : \_\_\_\_\_



***Job Supervision:***

115. Is your job supervised? : Yes / No
116. Who supervises your job? : Head of medical social dept. / Head Medical Dept./AdministrativeOfficer/  
Other: \_\_\_\_\_.
117. What is the nature of supervision? : Through meetings and discussions / Personal discussion/ On the job supervision / Conferences / other : \_\_\_\_\_.
118. Whether supervision is needed? : Needed/Most needed/ somewhat needed/ not needed
119. If needed, is it useful? : Highly useful/ Useful to some extent/ not useful/ No responses/  
other : \_\_\_\_\_.

***Job Relationships:***

120. Do you have job contact with other professionals? : Yes / No
121. If yes, with whom? : Administrators/ Doctors/ Nurses/ Therapists/ Psychiatrists/Other:
122. How often do you come in contact with the sub staff? : Regularly/ Seldom/ Very rarely / No contact/
123. How is your work relationship with other colleagues? : Satisfactory/ Very satisfactory/ Moderate/ Indifferent/No response/  
other : \_\_\_\_\_.

124. Have you experienced conflict? : Yes / No

125. If yes, with whom? :Colleagues/Doctors/Nurses/Administrators/  
Patients

126. What effect it had on your relationships? : Adverse effect/ No effect/ other:

127. Whether teamwork encouraged : Fully encouraged/ Encouraged to some extent/  
Never encouraged/  
other: \_\_\_\_\_

128. How do you place your grievances? : Formal ways/ informal ways/other/Don't  
place

129.Are you member of employees/ Officers union? : Employees Union/Officers  
Union/Professional Body/  
No union exist/ No  
member/  
Other:\_\_\_\_\_.

130. Do you have medical social workers union? : Yes/ No/

131. If yes, are you member? : Yes/ No

132. If no, do you feel it is necessary? : Most necessary/ Necessary but not  
possible/Not necessary.

***Record Keeping:***

133. Do you maintain records? : Yes/ No
134. If yes, what type of records? : General Records/ Records related to job/  
Records of other professionals/  
other: \_\_\_\_\_.
135. How maintain the job records? : Intake forms/ Registers/ Cards/  
Other \_\_\_\_\_.
136. Does your record reflect the following information?
- a) Reason for social work intervention : Yes/ No
  - b) Patient data : Yes/ No
  - c) Evidence of collaboration with other  
with other health professionals : Yes/ No
  - d) Problems to be worked on : Yes/ No
  - e) Records of action taken : Yes/ No
  - f) Proposed actions : Yes/ No
  - g) Follow up activities : Yes/ No
137. Do you think that record keeping is essential? : Essential/ Essential but not  
possible/ Essential to some  
extent/ not essential.

***Professional Practice and Growth :***

138. Do you have any definite method of  
measuring your job performance? : Yes/ No
139. If yes, please specify : Self-appraisal/ Appraisal by H.O.D/ Appraisal  
by medical professionals/ By Administrators/  
Other: \_\_\_\_\_.

140. If no, give reasons : \_\_\_\_\_  
\_\_\_\_\_.

141. Are there any refresher courses : Yes/ No

142. If yes, do you attend the same? : Yes/ No

143. Are you member of professional organization?: Ordinary Member/ Life Member/  
G.B.member/Founder  
Member/ No Member

144. If you are not member, what is the main reason?: No professional organization/  
not interested/Interested but Mgt.  
Doesn't allow/ Fees are very high/ Don't  
find useful/ No response/No time/Other  
\_\_\_\_\_.

145. How often do you participate in :Regularly/ Occasionally/ As and when  
the activities of the organization? invited/ As and when time permits/  
No member/ No organisation.

146. Do you participate in the seminars : Yes/ No  
Conferences/workshops etc?

147. In last two years how many seminar:  
Conferences have you attended? :

148. Have you been any of the following : Organizer of the conference/ Read  
scientific in last 2 years? paper/ Chaired a session/  
Resource person/ Observer/  
Other: \_\_\_\_\_

149. How often do the social workers of : Annually/ Half yearly/ Quarterly/ Monthly/  
your organization meet? Fortnightly/ Never/ No other social workers.

150. For what purpose do you meet? : Personal/ Professional/ Social/ Casual get  
together.

151. Do you meet social workers : Yes/ No  
of other organizations?

152. Does your Organisation have Library? : Yes/ No

153. Are you allowed to make use of Library? : Yes/ No

154. Do your organisation allocate definite  
Budget for professional Literature? : Yes/ No

155. Is the budget sufficient for the books and periodicals? : Yes/ No

156. Do you read any social work journal? : Yes/ No

157. Do you read any social work books? : Yes/ No

158. If yes, how often do you read? : Yes/ No

159. Could you mention your : \_\_\_\_\_  
professional contribution in the : \_\_\_\_\_  
field of health setting? : \_\_\_\_\_

160. What are your suggestions for the  
growth of social work in health : \_\_\_\_\_  
setting? : \_\_\_\_\_  
: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Respondent