

**RESEARCH PAPER**

A Qualitative Analysis of Resilience among Medical Social Officers in Lahore

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ABSTRACT

The objective of this research is to study resilience among Medical Social Officers in Lahore. It is evident from the literature that social workers face certain challenges in a stressful occupation. But no research has been found that encompasses prevalence of resilience among Medical Social Officers. This qualitative research was conducted by using interview guide and purposive sampling technique. It helped in data collection from nine MSOs working in DHQs of Lahore. Recorded interviews were transcribed to prepare transcripts. Collected data was analyzed by following data analysis method to reach the major themes. Major themes derived out of collected data were Institutional Support, Stressful Situations, coping mechanisms & Personal Skills and Resilience & Barriers. It was concluded that formal institutional support is required to develop resilience under stressful situations confronted by MSOs. It is recommended that resilience among MSOs can be developed and improved by conducting professional trainings on resilience.

Keywords: Resilience, Medical Social Work, Medical Social Officer, Qualitative Analysis, Barriers

Introduction

Medical social work is a specialized field of social work. It focuses on providing assistance, psychosocial support and advocacy to their clients, families and communities within healthcare settings. Medical social officers work in collaboration with other disciplines as well to address the social, emotional or any concerned need of the clients. Medical social work is defined as it involves in the utilization and application of principles and interventions of social work to address the psychosocial aspects of illness and health. It includes emotional support, crisis intervention, resource utilization, counselling and advocacy in medical settings like hospitals, clinics and rehabilitation centers (Reamer, 2023).

Medical social workers in Pakistan faces several challenges in their practice due to different factors such as limited resources, norms, culture and structural barriers. The challenges of medical social workers in Pakistan as in the health care system there are limited resources which includes insufficient funding, staff and limited access to the most needed services and equipment. In Pakistan, illness perceptions, help-seeking behaviors and attitude towards social services are influenced by the norms and culture. Medical Social workers face the cultural barriers and superstitious attitudes (Ahmed & Hassan, 2022)

Medical social work is an emerging and recognized profession in Pakistan. There is lack of formal training programs and opportunities for professional development for social worker working in healthcare setting. The slackness of professional training could hinder in the advancement and recognition of medical social work (Khan et al., 2016).

Another barrier is collaboration among healthcare professionals for holistic care. Medical social workers in Pakistan encounter the challenge of establishing effective

communication and collaboration with other members in health care system. This barrier is due to hierarchical structures and lack of awareness at the part of social workers (Mahmood et al., 2019).

The challenges and barriers faced by medical social officers in medical setting cause hindrance in good performance. Resilience as a personality trait is needed to perform effectively in this profession. It is described as the ability of social workers to adapt, cope and response back to adversity while providing support and care to patients within medical settings. It involves in developing professional tranquility, emotional stability and ability to turn complex and challenging situations in effective manner (Cleak et al, 2020).

Like other countries, Social Workers in Pakistan work in variety of professional settings like hospitals, urban and rural community development projects, child welfare organizations and women welfare organizations. It is evident from the literature that social workers face certain challenges being indulged in a stressful occupation. But no research is found that encompasses the prevalence of resilience among Medical Social Officers working in Social Institutions under Social Welfare and Bait-ul-mal in Punjab, Pakistan. The medical social officers working under the umbrella of Social Welfare and Bait-ul-Mal are playing integral role for the uplift and support of community.

Literature Review

Social worker is a beneficial profession for the clients, community and for social workers as well. This chapter recovers the review of literature which is already existing about the knowledge of resilience and how resilience is important for medical social officers and area of medical social work.

In order to explain the need of resilience Carson et al., (2011) describes that, in accordance to the issues in social work profession observed in past few years addressed the importance of work based resilience for social workers in their profession. Till yet, the process of adopting and developing resilience has not been well documented and informed in the literature of social work. The wisdom in practice and unspoken knowledge of professional social worker can possibly be used to develop resilience. The study reveals that work resilience could be understood as a product of learning in professional setting over time. Social work professionals can create or associate norms about the practice through assessment of an individual's situation against an evidence based practice.

A research given by Collins (2008) describes that, literature about stress in social work profession highlights the importance of organizational and structural context for social work. There is less attention on social workers who make themselves enable to deal with demands, finding satisfaction in job and rewards in their professional setting. Social workers need guidance to focus on resilience, positive emotions and optimism. There is much already written about resilience, children and young people but too less about resilience, adults and social workers. Resilience is a personality trait and adaptive state in social workers. Resilience is influenced by many factors such as culture. Positive emotions amongst negative events are important elements in developing resilience by social workers. Positive appraisal, problem-focused work and the infusion of ordinary events are the kinds of coping. Optimism is another trait of personality which is significant in social workers.

Similarly, McFadden et al., (2018) describes the stress in child-protection social work which has poor staff retention and high inexperience staff. The data for this research has been conducted by 162 social workers of Northern Irish. In this research resilience, burnout, emotional exhaustion, depersonalization, and work-load, community values, equity and control of workplace in the organization. Hierarchical linear regression along with subscales of control and values were used as tool of data collection. The results of the

research indicates that organizational interventions are needed to support resilience in social workers to maintain child protection service

In another research by Helton et al., (2022) highlights the efforts for the prevention of child abuse and negligence of family towards them due to poverty and psychological pathology of parents. Resilience models are focused to imply on family to adapt. Child-focused resilience is commonly used in child welfare but the resilience on social workers working with the families of oppressed children is the new practice. The mix method is used to see the resilience strategies in child welfare in which mothers are involved. The belief systems, organizational patterns and communication has been observed to combat the adversities. Survey from 129 mothers has been used to collect the quantitative data and follow-up qualitative phone interviews were used to collect qualitative data. Everyday adversities and coping towards adversity has been examined. The findings of the data shows that the mothers have no particular resilience towards children. The resilience strategies are at-risk for child welfare professionals.

A study presented by Rose (2021) defines the need and significance of creating culture of resilience for social workers. The need of emotional resilience is mainly focused on handling the hostile situations. Resilience can be observed in human beings but it is not in abundance and could fluctuate. Emotional resilience at work place have an important aspect of personal coping strategies. There is need to recognize the role of external factors which creates hindrance for resilience. Organizational culture is one significant factor in social work profession. The culture of organizations which cause turbulence are the key tensions which can increase stress and emasculate resilience of social workers.

Moreover, Zychlinski et al. (2023) expresses resilience is an important issue in social work practice. That is why it has wide area of research. The inconsistency in resilience among social workers still needs proper research attention. This study aimed to investigate the personal factors like gender, time period of work and experiences at workplace and environmental factors like violence, social support and social and economic exchange in the relationship between employee and organization. The tool to collect the data is structured questionnaires collected from 346 social workers. The findings of the study reveals the violence by clients is associated with low self-reported resilience.

To give the better understanding about importance of resilience for professional social workers, Masson (2019) states in the study that social workers working in police sector of South Africa either in occupational or in forensic capacity are at risk to counter the trauma. Social workers develop self-care practices to combat it. In last few decades, the resilience as a concept has significant attention especially in order to cope up from trauma. This study aims to explore resilience level in social work population who are working in stressed environment. Mix method research has been designed for this study. 128 social workers has participated in this research. The findings says that self-care practices of social workers need to strengthen and they have to build their own resilience while working in the challenging environment. The responsibility is on both social worker and on organization to deteriorate the effects of vicarious trauma.

The knowledge about resilience is beneficial for medical social officers to recognize the signs of burnout, fatigue and traumas. The study on resilience will focus on self-care techniques for professional medical social workers. The research on resilience will provide valuable insights for forming policies and organizational practices of social work institutions. The research will be integral to the effectiveness and positive results for medical social officers and their client. The better understanding of resilience in medical social officer will influence professional practice and organizational structures to contribute a resilient and considerate community of social work. Keeping all explained above in view, this article aims at studying the factors that brings hurdles in developing resilience among medical social officers.

Material and Methods

This article has investigated the resilience among Medical Social Officers in Lahore by following qualitative research and resilience theory. It is a part of a PhD study conducted in Lahore. An interview guide was developed based on the Eva Magnusson and Jeanne Marecek (2015) Model of designing the interview guide. It helped in data collection from nine MSOs working in DHQs of Lahore by following purposive sampling strategy. Recorded interviews were transcribed to prepare transcripts. Collected data was analyzed by following the data analysis method of Eva Magnusson and Jeanne Marecek (2015) too present the emerged themes.

Results and Discussion

Theme- I- Institutional Support and Workplace Environment

Dealing with clients of diverse cultural background is not an easy task for the MSOs, requiring the support system by the organization. It leads to the facilitating policies and management of the institution with regard to workplace environment. It can bring a hostile work environment which is helpful in settling down work stress or vice versa. When the respondents were asked about the institutional support towards their roles and responsibilities, respondents were of the view that other than responsibilities, this is a stressful job and said that,

We do receive some level of supervisory guidance from senior officers, and our colleagues within the Medical Social Services Unit often act as an informal support network — we share experiences, discuss difficult cases, and help each other find practical solutions.

Another opined that,

The atmosphere largely focuses on medical and administrative priorities, with limited emphasis on staff well-being. The hospital follows standard government service rules, ensuring job security, defined working hours, and access to basic facilities.

Others were of the view that other than institutional support, there is considerable amount of stress in their job and opined that,

The workload and constant interaction with clients often bring a considerable amount of stress into my daily routine as a Medical Social Officer— and as a social worker, I absorb much of that emotional distress while trying to remain composed and supportive.

For others, it is,

The pressure to balance multiple responsibilities — case documentation, coordinating with welfare agencies, responding to emergencies, and managing administrative work — often leads to fatigue and burnout.

Some respondents said that their environment intensifies stress and opined that,

There are also aspects of the socio-cultural environment that can intensify stress rather than reduce it. In our setting, emotional resilience is often expected rather than nurtured — staff are praised for endurance but rarely encouraged to talk openly about their emotional struggles. Additionally, hierarchical norms sometimes make it difficult to express burnout or request flexibility, especially for junior staff.

Broadly speaking, the hospital management focuses on maintaining an environment that supports patient care and administrative efficiency. However, when it comes to the

well-being of staff, including Medical Social Officers, there are limited formal policies in place. For instance, there are no structured programs for stress management, staff welfare, or psychological support for employees handling emotionally demanding cases. The emphasis remains on clinical efficiency and service delivery rather than the human aspect of the professionals providing those services.

Theme- II- Stressful Situations, Coping mechanisms and Personal Skills

In any institution, when the employees feel stressful situations, there is a formal system to deal with such situations. But the formal support system for Medical Social Officers in public hospitals is quite limited. While the administration and senior staff are generally cooperative on a personal level, there is no structured institutional mechanism specifically designed to support our emotional well-being or help to manage work-related stress. Most of the time, so they rely on own coping strategies or informal peer support to get through challenging days. When the respondents were asked about their coping mechanism in stressful situations, they were of the view that,

Each stressful encounter teaches me to regulate my emotions better, prioritize cases more efficiently, and seek support from colleagues when needed. At the same time, these experiences have also helped me build resilience and emotional awareness over the years. I try to remind myself that while I cannot eliminate stress completely, I can manage my reaction to it.

Another respondent said,

The culture and social norms in our society strongly influence how I deal with stress at the workplace as a Medical Social Officer.

Another respondent opined that,

Due to cultural expectations, we do not express our struggles and think that talking about stress or fatigue might be seen as our personality flaws.

Others were of the view that,

My family plays a vital role in helping me during stressful situation as there is no other source.

Some other had similar opinion like,

There comes stressful situations, but in the absence of some formal coping mechanisms I have no way rather to use my personal skills. Sometimes it works or I have to deal with stress and stressful situation and feel it as a barrier for resilience.

In medical social work profession, stressful situation is an everyday routine while working with diverse individuals. In such situations, MSOs need to use certain coping mechanisms. But in the absence of any formal mechanism, they rely on personal skills or their family to deal with it.

Theme- III- Resilience and Barriers

While discussing resilience and barriers, the MSOs are of the view that,

We get involve with our client and their problems, due to which we cannot move towards resilience soon.

Many of them opined that

Our organizational duties are one of the major barriers for resilience after stressful situation.

Others were of the view that,

There are internal and external barriers to our resilience. Internally social worker is empathetic towards clients and externally work burden and stress are barriers for resilience.

Some other said that

There are overlapping problems of personal and professional work life balance, our own stresses, job pressures and long working ours are barriers for resilience.

Medical social officers play a vital role in patients' welfare in the district headquarter hospitals. Working in organizational set up requires a constant support for the active working and efficiency of the officers. But working with the human problems and their certain behaviors, there is a need of more hostile working atmosphere. During passage of official life, there come stressful situations, requiring coping mechanisms. At this time there is a need of resilience among Medical Social Officers but due to certain barriers they hardly acquire resilient atmosphere.

Conclusion

The Medical Social Services Units in Punjab operate under the Department of Social Welfare, usually within public sector hospitals at the district and teaching level. Each unit typically consists of one Medical Social Officer and supporting staff, though in smaller hospitals, sometimes only a single officer manages the entire setup. The main structure revolves around collaboration with medical teams to address the social, emotional, and financial issues of patients. Our work involves coordinating with welfare organizations, zakat committees, and NGOs to arrange financial assistance for poor and deserving patients. The structure, though functional, is often limited in manpower and resources, which makes it challenging to meet the growing needs of patients.

Working as a Medical Social Officer has been both rewarding and challenging for MSOs. Over the years, encounter a wide range of cases — from patients struggling with poverty and terminal illness to families torn by social and emotional crises. One of the most of their experience is being able to bridge the gap between medical care and social reality. Many patients who come to public hospitals cannot afford even basic treatment, and helping them through welfare funds or referrals gives a deep sense of purpose.

Ultimately their job brings emotional strain. With face heavy caseloads, limited resources, and bureaucratic hurdles, which can be frustrating, especially when urgent cases get delayed due to procedural issues. Despite these difficulties, the collaboration with doctors, nurses, and welfare organizations has been helpful to grow professionally. It teach them to stay composed in high-pressure situations, make quick yet compassionate decisions, and maintain resilience when faced with human suffering on a daily basis.

Recommendations

Keeping in view the findings of this research, it is hereby revealed that the MSOs face stressful situations with poor coping mechanisms in their job. Hence it is recommended that their institutions can give better support to Medical Social Officers by adapting policies that foster a supportive and inclusive work environment. This includes establishing employee

assistance programs, peer supervision models, and safe spaces for emotional debriefing after handling traumatic cases.

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