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NAVIGATING THE WORKING CONDITIONS OF THE MEDICAL SOCIAL WORKERS: THE CASE OF AMAI PAKPAK MEDICAL CENTER

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Abstract

This study investigated the lived experiences of Medical social workers in Amai Pakpak Medical Center, Marawi City, with particular focus on their working conditions, professional functions, challenges, and overall well-being. Despite the essential role that they play in healthcare delivery, their working conditions and psychosocial experiences remain underexplored. This research is anchored in Herzberg's Two-Factor Theory of Motivation, particularly applying the "Maximize Motivation" and the "Address Hygiene Factors" to determine the underlying reasons behind why the Medical social workers opted to stay in their work despite their experiences affecting their well-being. A qualitative research design employing a case study approach was utilized to gain an in-depth understanding of the experiences of the participants. Participants were selected through a purposive sampling procedure. Data were collected through in-depth interviews, key informant interviews, focus group discussions, and field notes. The data gathered were analyzed using thematic analysis, allowing key patterns, meanings, and themes to emerge from the participants' narratives. Findings revealed that Medical social workers face various challenges, including heavy workloads, emotional demands, limited

resources, and role strain within the hospital system. They highlighted the significance of their roles in patient advocacy, psychosocial assessment, resource mobilization, and interprofessional collaboration. The study further revealed that while the demanding working conditions impact their well-being, strong professional commitment, sense of purpose, and intrinsic motivation influence their decision to remain in the profession. This study recommends institutional support to sustain and strengthen medical social work practice.

Keywords: Medical Social Worker, Amai Paipak Medical Center; Herzberg Motivation-Hygiene Theory, Herzberg's Two-Factor Theory

Introduction

There is a growing demand for Medical social workers in medical settings as a result of the Philippine government's efforts to cater to its vulnerable indigent population. Upon the creation of Executive Order No. 578 in the year 1953, mandating all government hospitals with at least 50-bed capacity or more to establish a medical social service unit as part of the medical care programs of the hospital, and the Republic Act No. 11463 on July 22, 2019, also known as the Malasakit Center Act of 2019.[1] It mandates the creation of the Malasakit Program Office among hospitals under the DOH, and the opportunities for medical social workers have increased, and their roles and functions in the hospitals have been clearly delineated. Under Section 8 of the said law, it mandates the staffing of Medical social workers who will be assessing the eligibility of the patients. Furthermore, the Medical social worker enlightens the patients with different information about the types of medical assistance that they could possibly avail and how much the cost of medical bills and services they can freely avail. These different medical assistances are the different assistances provided by the different offices under the center.

The APMC, being one of the premiere hospitals in Mindanao, ensures patients access to quality health care. Adhering to this principle, the medical social service unit of this institution ensures that all clients classified as indigent receive medical assistance in the most accessible and possible way. In this institution, the Medical social workers study the family's financial capacity with the use of their intake interview and the Medical Social Service (MSS) form as basis for treatment and eligibility. They assess the level of social functioning of the patients–their ability to cope with the demands of their families.

[1] Supreme Court E Library, 2019.

The nature of the working conditions of the Medical social workers from Amai Pakpak hospital has been challenging. The admitted patients, emergency room patients, dialysis patients, and outpatients who need medical assistance especially the financially disadvantage individuals. The Medical Social Services in APMC are actively guiding and assessing the patients for their medical assistance, hospital bill, medicines, laboratory, CT-scan, x-ray, medical supply, ECG, and even the ambulance transportation for those who need to be transferred to other hospitals.

Theoretical Perspectives

This study is anchored on Frederick Herzberg's Motivation-Hygiene Theory. This theory focuses on factors that motivate employees and factors that can prevent job dissatisfaction.[2] Motivators in work setting include employee's achievement upon completion of his or her work tasks, duties and responsibilities; recognition of employee's good work by praising and acknowledging it by their supervisor; the work itself that imposes challenges yet a meaningful work; employee's responsibility that enhances engagement; and growth and advancement such as career development and promotions that encourage long-term motivation, all these are positive factors that drive job satisfaction and motivation. Basically, these motivators mentioned here are intrinsic factors which drive employees to engage in work harder.

Meanwhile, Hygiene factors include job security which makes employees feel secure in their roles; work conditions having clean, safe and comfortable environment; salary and benefits that is fair and competitive, a reasonable pay that prevents dissatisfaction; company policies that are transparent and fair that contribute to a positive environment; supervision where supportive managers help employees perform better; and interpersonal skills that cultivate positive relations with colleagues which reduce workplace stress. These hygiene factors are extrinsic factors which prevent dissatisfaction, but they do not necessarily boost motivation[3]

Herzberg's Two-Factor Theory outlines that humans are motivated by two things: Motivator Factors and Hygiene Factors. These two factors are both critical to motivation. Motivator Factors encourage job satisfaction while Hygiene Factors prevent job dissatisfaction. Motivator Factors are factors that are related to workplace satisfaction. They cover intrinsic needs

[2] Frederick I. Herzberg, Bernard Mausner, and Barbara B. Snyderman, The Motivation to Work, 2nd ed. (New York: John Wiley, 1959).
[3] Ibid. and see Holistique Training, 2025

such as achievement; recognition; growth and advancement; the work itself; and responsibility. Motivator Factors allow employees to be content in their jobs and promote growth.

Hygiene Factors are factors that are not related to workplace satisfaction but must be present in the workplace to prevent dissatisfaction. Hygiene Factors cover extrinsic needs such as pay or salary grade and benefits; workplace policies; job security; work conditions; supervision; and interpersonal relationships with their peers.[4]

Research Questions

This study has navigated the working conditions of the Medical social workers in Amai Pakpak Medical Center in Marawi City. The following research questions guided the inquiry of this study.

1. What are the working conditions of the Medical social workers in the three (3) units of Amai Pakpak Medical Center, particularly, the Main office, the Out-Patient Department (OPD) Office, and the Satellite Office?
2. How do the Medical social workers in the said three (3) units perform their functions?
3. Why do the Medical social workers opt to stay in their work in Amai Pakpak Medical Center?
4. How do the experiences of APMC's Medical social workers affect their well-being?

METHODOLOGY

Qualitative Research

This Case Study research used Qualitative research. These methods allow researchers to collect detailed, descriptive information about participants' perspectives, experiences, and contexts.[5] It is an iterative process in which improved understanding of the scientific community is achieved by making significant distinctions resulting from getting closer to

[4] Kurt, S. 2021. "Herzberg's Motivation-Hygiene Theory: Two-Factor." Updated October 17, 2022. Accessed 2025. https://educationlibrary.org/herzbergs-motivation-hygiene-theory-two-factor/.

[5] Nick Jain, "What is Qualitative Research Design? Definition, Types, Methods and Best Practices," July 7, 2023.

the phenomenon studied.[6] It also emphasizes the trustworthiness, exploring complex and context-rich phenomena.[7]

Case Study Design

Case study research design is popularly utilized by different disciplines, especially those in the social sciences fields. It studies the particularity and complexity of a phenomenon. According to Miles, et al.,[8], case study research involves acquiring detailed information about a particular situation, event or social unit and intensively analyzing them with the use of multiple sources of information for evidence.

Research Setting

The study was conducted at Amai Pakpak Medical Center (APMC), Marawi City, Lanao del Sur. The APMC is ISO certified and became Lanao del Sur's premier medical center.

Sampling Procedures and Research Participants

The researchers employed purposeful sampling to select participants based on the study's specific needs.[9] The selection criteria cover conditions of Medical social workers, the performance of their functions, the reasons behind influencing them to stay in their work, and lastly, their experiences affecting their well-being. There were four (4) female Medical social workers who participated in the In-depth Interview (IDI). Four (4) participants who participated in Key Informant Interviews (KII). And there were three (3) Medical social workers who participated in the Focus Group Discussion (FGD).

Data Gathering Procedures and Data Collection Procedures

This research used primary sources and secondary sources. This research used semi-structured interviews, focus group discussions, key informant interviews, in-dept interviews and observations.

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[6] Aspers, Patrik, and Ugo Corte. 2019. "What is Qualitative in Qualitative Research." Qualitative Sociology 42 (2): 139–160.

[7] Lincoln, Yvonna S., and Egon G. Guba. Naturalistic Inquiry. Newbury Park, CA: SAGE Publications, 1985.

[8] Miles, Matthew B., A. Michael Huberman, and Johnny Saldaña. Qualitative Data Analysis: A Methods Sourcebook. Thousand Oaks, CA: SAGE Publications, 2014.

[9] Patton, Michael Quinn. Qualitative Research and Evaluation Methods. 3rd ed. Thousand Oaks, CA: Sage Publications, 2002.

Data Analysis

In this study, the qualitative analysis involved systematically examining interview transcripts, observation notes, and other non-textual materials to understand the phenomenon. The process included coding guided by Saldaña's.[10] Thematic analysis was utilized to identify themes in the data, going beyond summarization to interpret and clarify phenomena. The data were analyzed using the Hyper-Research software to determine the codes, categories, and themes.

Scope and Limitations

Due to time and financial constraints, this research involved eight (8) Medical social workers in Amai Pakpak Medical Center (APMC) as participants.

The case of working conditions of Medical social workers in a medical center involved the following themes: 1) Organizational Support and Workplace Environment, 2) Work Related Challenges and Constraints; 3) Professional Role in Service Delivery; 4) Sense of Achievement and Fulfillment, and 5) Impact on Quality of Life.

The findings indicated that Medical social workers generally perceive the hospital as a moderately safe working environment. Most participants reported that safety protocols, such as the presence of security personnel and institutional policies for managing aggressive patients, contribute to their sense of protection while performing their duties. However, incidents involving emotionally distressed, angry, or uncooperative patients and relatives were commonly cited as sources of stress and perceived risk. While security assistance is available, some Medical social workers expressed that it is not always immediately accessible, particularly during peak hours or emergency situations.

The findings revealed that physical facilities have a significant impact on the efficiency and effectiveness of Medical social workers' tasks. Participants noted that limited office space, lack of privacy for client interviews, and low internet connections often hinder their ability to provide quality psychosocial services. In some cases, social workers had to share offices or conduct sensitive conversations in non-private areas, which compromised confidentiality. Despite these limitations, participants demonstrated adaptability by maximizing available resources. The results

[10] Johnny Saldaña, The Coding Manual for Qualitative Researchers . Thousand Oaks, CA: SAGE Publications, 2021.

highlight the importance of improving physical facilities to support professional practice and uphold ethical standards.

The results indicated that Medical social workers report varying degrees of job satisfaction. Many participants described a deep sense of fulfillment from assisting patients and their families in managing medical, emotional, and financial concerns. This meaningful aspect of their work enhances overall satisfaction, even in the presence of heavy workloads. Nevertheless, challenges such as high caseloads, inadequate resources, and multiple roles demand as sources of dissatisfaction. In general, job satisfaction is primarily rooted in intrinsic motivation and dedication to service, while improvements in extrinsic factors, including workplace conditions and organizational support, are necessary to promote sustained professional well-being.

The findings revealed that Medical social workers are significantly affected by the high number of patients they serve daily. Participants reported that excessive caseloads limit the amount of time they can devote to each patient, resulting in increased pressure to prioritize urgent cases. This situation often led to emotional exhaustion and reduced opportunities for comprehensive psychosocial assessment and follow-up. Participants emphasized that the continuous increase inpatient admissions have intensified their workload. The growing demand for social services, particularly from patients requiring financial assistance and psychosocial support, has exceeded the available manpower. Medical social workers expressed concern that the rising patient volume compromises service quality and contributes to work-related stress.

Medical social workers frequently encountered hassles in their daily work, including complex documentation requirements, time-consuming administrative tasks, and coordination difficulties with other hospital departments. These challenges disrupt workflow efficiency and reduce the time available for direct patient interaction, adding to frustration and fatigue. Feelings of disappointment emerged when Medical social workers were unable to meet patients' needs due to institutional limitations. Participants shared that the inability to provide adequate assistance—particularly financial aid—caused emotional distress and a sense of professional inadequacy. This disappointment was often directed toward systemic constraints rather than personal performance.

On the other hand, the inadequate funding represents a significant challenge for Medical social workers. Participants shared that obtaining financial support for patients is often difficult due to constrained budgets, stringent eligibility requirements, and delays in the release of funds. These limitations impede prompt intervention and adversely affect patient outcomes as well as the morale of Medical social workers. Medical social

workers described the hospital working environment as poor in terms of physical space, privacy, and available facilities. Overcrowded offices, lack of private areas for counseling, and inadequate equipment were reported to affect confidentiality, efficiency, and overall job satisfaction. Such conditions further compound work stress and contribute to feelings of dissatisfaction.

Medical social workers play a crucial supportive role for patients, families, and the healthcare team. Participants described providing emotional support, counseling, and guidance to patients and their relatives as a core part of their responsibilities. Medical social workers often act as advocates, helping patients understand hospital procedures, cope with illness-related stress, and access available assistance. This supportive role extends to collaboration with doctors and nurses by facilitating communication and addressing patients' psychosocial needs, thereby contributing to holistic patient care. Medical social workers follow structured routine processes in the delivery of services. These routines include patient intake and assessment, case documentation, coordination with hospital departments, facilitation of financial assistance, and follow-up interventions. While these routine processes help maintain order and accountability, participants noted that repetitive administrative tasks can become time-consuming and may limit opportunities for direct patient engagement.

Nevertheless, adherence to established procedures ensures consistency, compliance with institutional policies, and continuity of care. Medical social workers are actively involved in delivering and coordinating support services within the hospital. These services include psychosocial counseling, crisis intervention, discharge planning, referrals to internal and external agencies, and assistance with medical and financial resources. Participants emphasized that support services are essential in addressing patients' non-medical needs and promoting recovery and adjustment. However, the effectiveness of these services is influenced by the availability of resources, interdepartmental cooperation, and institutional support.

Social workers recognize the importance of participating in career development sessions, such as trainings, seminars, workshops, and continuing professional education. Participants reported that these sessions enhance their knowledge, improve professional skills, and help them stay updated with current practices, policies, and ethical standards in medical social work. However, they noted limited opportunities to attend such sessions due to heavy workloads, staffing shortages, and scheduling constraints.

Despite these challenges, Medical social workers expressed a strong desire for more institutional support to encourage continuous learning and

professional growth. The preparation and compilation of reports constitute a significant part of Medical social workers' responsibilities. Participants described regularly completing case documentation, utilization reports, financial assistance records, and compliance reports required by hospital administration and external agencies. While these reporting tasks are essential for accountability and program evaluation, participants indicated that they are time-consuming and add to their workload. The need to balance administrative reporting with direct patient services was identified as a challenge, often requiring extended working hours or multitasking to meet deadlines.

Sense of contentment in their professional roles despite the challenges of hospital work. Participants expressed satisfaction derived from meaningful interactions with patients and families and from witnessing positive outcomes of their interventions. This sense of contentment is often rooted in the perceived value and impact of their work rather than in external rewards or working conditions. Reveal a strong dedication to service among Medical social workers. Participants described a deep commitment to advocating for patients' welfare and providing continuous support, even in demanding situations. This dedication motivates them to persist despite heavy workloads, limited resources, and emotional strain, reflecting a strong professional identity and sense of responsibility toward patients and the healthcare system.

Intrinsic rewards play a significant role in sustaining Medical social workers in their hospital practice. Participants identified personal fulfillment, a sense of purpose, and emotional satisfaction from helping others as key motivating factors. These intrinsic rewards help buffer work-related stress and contribute to resilience, allowing Medical social workers to remain engaged and committed to their profession despite external challenges.

Participants reported frequent exposure to patients' suffering, critical illnesses, death, and family distress, which often result in emotional strain. Managing patients' and relatives' anxiety, anger, and grief requires sustained emotional labor, leading to feelings of exhaustion and compassion fatigue. Despite maintaining professional boundaries, Medical social workers shared experiences of internalizing patients' struggles, which sometimes affect their emotional well-being. However, participants also noted that peer support, personal coping strategies, and a strong sense of purpose help them manage these emotional demands. Participants described crowded spaces, lack of privacy for counseling, high noise levels, and fast-paced clinical settings as factors that hinder effective service delivery. Inadequate physical facilities and limited resources were reported to increase stress and reduce work efficiency. Additionally, the emotionally charged atmosphere of hospitals,

characterized by urgency and high patient turnover, contributes to pressure and fatigue. These environmental conditions influence both job performance and emotional well-being, highlighting the need for a more supportive and conducive workplace environment.

Participants reported stress, anxiety, and mental fatigue arising from heavy workloads, emotionally demanding cases, and constant exposure to patients' suffering and crisis situations. Prolonged engagement with complex cases, including terminal illness, abuse, and financial hardship, was associated with feelings of burnout and emotional exhaustion. Some participants shared difficulties in achieving work–life balance, as work-related concerns often extend beyond duty hours. Despite these challenges, Medical social workers rely on personal resilience, professional commitment, and informal peer support to manage psychological strain, although the findings suggest a need for more structured mental health support within the institution. Additionally, societal stigma related to illness, mental health conditions, and social welfare support was identified as a challenge that affects patient engagement and outcomes. These findings highlight the role of Medical social workers as advocates who navigate not only clinical concerns but also complex social realities affecting patient care.

These findings are aligned with Herzberg's Motivation Factors Theory. This implies that medical social workers are motivated because of their responsibility. This marks the strong dedication of the Medical social workers to their work despite the challenges they faced. This also implies that work conditions are the top reasons that prevent dissatisfaction among the Medical social workers to carry on their functions, tasks, duties and responsibilities, while salary and benefits come next that prevent dissatisfaction among Medical social workers in their work and workplace.

Conclusions

Based on the findings of this qualitative case study, conclusions were drawn from the participants' in-depth experiences within APMC setting. The research questions guided the exploration of the case and directly addressed the primary issue of the study, ensuring that the conclusions were grounded in the participants lived realities.

Frederick Herzberg's Motivation-Hygiene Theory (1959) focuses on factors that can motivate employees and factors that can prevent dissatisfaction. Motivators in work setting include employee's achievement upon completion of his or her work tasks, duties and responsibilities; recognition of employee's good work by praising and acknowledging it; the work itself that imposes challenges yet a meaningful work; employee's responsibility that enhances engagement; and growth and advancement such

as career development and promotions that encourage long-term motivation. Together, these factors drive job satisfaction and motivation which are intrinsic factors which drive employees to engage in work harder.

Hygiene factors include job security which makes employees feel secure in their roles; work condition having safe and comfortable environment; salary and benefits that is reasonable pay that prevents dissatisfaction; company policies that are transparent and fair that contribute to a positive environment; supervision where supportive managers help employees perform better; and interpersonal skills that cultivate positive relations between and among colleagues and top management which reduce workplace stress. These hygiene factors are extrinsic factors which prevent dissatisfaction which do not necessarily boost motivation (Herzberg, 1959 & Herzberg et al.,1959, & Holistique Training, 2025).

This study explored the complexities of conditions, work, performing of functions, and experiences of the Medical social workers in APMC and applied the Frederick Herzberg's Motivation-Hygiene Theory (1959).

The motivators in work setting among the APMC Medical social workers are their achievement upon completion of their challenging work tasks, duties and responsibilities; the recognition of their accomplished job praised and acknowledged by their supervisors as directed in a monthly meeting; their work itself that challenges them yet a meaningful work for them; their responsibilities which enhance their job engagement; and their growth and advancement such as career development and promotions that encourage a long-term motivation, all these are positive factors that drive job satisfaction and motivation of the APMC Medical social workers.

Hygiene factors of APMC Medical social workers include job security which makes them feel secure in their roles specially when their status is permanent; the work conditions of APMC having clean safe and comfortable environment; salary and benefits that is fair and competitive pay that prevents dissatisfaction among APMC Medical social workers; the APMC policies that are transparent and fair that contribute to a positive environment among APMC Medical social workers; the APMC's supervision where supportive managers and supervisors help the APMC Medical social workers perform better; and interpersonal skills between and among the APMC Medical social workers and their supervisors that cultivate positive relations with colleagues reduce workplace stress. These are positive hygiene factors which make the APMC Medical social workers stay and keep up their job despite the physical, mental, emotional and environmental stresses which they are exposed to, having or experiencing from.

To keep the workers to stay in their work, their motivations must be maximized, and their Hygiene Factors must be addressed as this study emerged backed by Frederick Herzberg's Motivation-Hygiene theory.

Recommendations

Based on the findings and conclusions, the following recommendations are proposed:

1. Hospital heads/president may strengthen workplace safety measures by providing and maintaining a 24 hour security for the physical safety of the patients, medical workers, physicians, clients, watchers and the people visiting or inside the vicinity of the hospital for their physical security.
2. Hospital administrators may improve the hospital physical facilities to create a more supportive work environment.
3. Hospital administrators may address the heavy workload concerns through adequate staffing, resource allocation, and recognition of Medical social workers' contributions. The Human resource management may recruit Medical social workers as additional workforce to address the overwhelming works and multi-tasks of the Medical social works.
4. For Medical social workers in the top management, they may see to it that there is interdepartmental coordination and collaboration to support holistic and efficient patient care.
5. Hospital heads may see to it that there is an administrative process that may be streamlined, and greater institutional support should be provided for career development and continuing professional education among the APMC's Medical social workers.
6. Hospital heads may have a comprehensive well-being program that should be implemented to address the emotional, psychological, and societal challenges faced by Medical social workers.
7. Future studies may include multiple stakeholders and diverse hospital settings to further enrich understanding of medical social work practice.
8. The top management, unit heads, administrators, and human resource office may strive to maximize motivations, and address hygiene factors so that Medical social workers stay in their work and keep their work.

Limitations

Variations in hospital policies, resources, and organizational structures limit the generalizability of the results. The study focused solely on the perspectives of Medical social workers of a center.

Despite these limitations, the study contributes meaningful knowledge by highlighting both the challenges and intrinsic rewards experienced by Medical social workers in hospitals. The findings underscore

the need for improved workplace safety, organizational support, professional development opportunities, and holistic well-being programs. Overall, this study provides a contextualized understanding that can inform future research, policy development, and practice improvements aimed at strengthening the role and well-being of Medical social workers in hospital settings.

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