***TRANSCRIPT 1***

**Researcher:** So, in general, what is your understanding of public health?

**Participant A**: My understanding of public health is health services that are rendered to the community by public health facilities such as clinics and hospitals and what we call basic services are rendered free of charge.

**Researcher**: Okay because now, I hear you speak of services, what are those specific services that are rendered within the public sector?

**Participant A**: We have emergency services, we do have child and maternal services reproductive health, gynaecology and now in gynaecology we have termination of pregnancy. Yes, we have HIV and AIDS and TB services which are rendered here in ART clinic, and we have internal medicine and mental health.

**Researcher**: Okay. Thank you for sharing that, so amongst those services which ones do you provide specifically as a social worker?

**Participant A**: I am based in the ART clinic, I am therefore here on day to day, to see patients who come to either test for HIV or screen for TB or those that have been diagnosed with HIV or TB, and I render adherence counselling to those patients.

**Researcher**: And then do you...amongst those services you render as a social worker in your clinic how would you describe them. How would you say these are most important, these are the ones that I render on daily basis?

**Participant A**: What I consider the most important is adherence counselling. Because even AIDS has been here for many years, there has been a lot of misinformation. So, adherence counselling includes HIV education. So, I need to know whether patients know, what HIV is, how is it transmitted and whether they understand the importance of adherence. Because some of our patients take it for granted that once they are diagnosed and they are on medication, they don't use protection, so those are basic step and features that I am in

**Researcher**: That sounds like a lot of work. Because now you have to convince someone that this is important, this is important. So, I hear you, so what legislatives or what policy frameworks do you regulate public health services in our country.

**Participant A**: We do have, especially our constitution. The bill of rights states very clearly that everybody has a right to healthcare, and nobody can be denied especially the emergency services. There is also those who are vulnerable, they need to be taken care of, speaking of children, speaking of the elderly, pregnant women and people with disabilities and mental healthcare users.

**Researcher**: Okay thank you for that. And how I understand, within the social work profession there are specific approaches and interventions that help us e guide in how we render services to our clients or our patients. I understand you are working in the ART clinic, what are the most profound approaches that you mostly use when you do your interventions. What guides you in your interventions?

**Participant A**: When I first came into health department, I was introduced to the biopsychosocial model as the approach that we mainly use. And it helps me as a social worker not only to address the needs of the patient but also to liaise with my multidisciplinary team members to be able to give a comprehensive report at the end of the day and to look at the patient’s needs in a holistic way.

**Researcher**: Okay. With biopsychosocial is the most used now in our profession. So now jumping to your other experience, understand you are in the public health, but have you worked within NGOs or in the private sector before this?

**Participant A**: yes, before I came here, I worked at an NGO.

**Researcher**: Okay and how was that experience for you?

**Participant A**: It was a youth development organisation where we dealt with...though there was a component of healthcare, we raised awareness especially to learners about domestic violence about gender issues and domestic violence as well as drug and substance. Crime prevention was also part of the program.

**Researcher**: Okay so now, how would you say now in the NGO sector where you work directly at the grassroot level, preventative measure which is important. How would you say now, between what you are doing now in the clinic in the health sector and what you did in the NGO. How would you distinguish between the two or say this was more important or viable than the other one?

**Participant A**: I think the experience that I learned got me where I am because aim able to especially when it comes to young people. I was never comfortable with young people before, but that experience prepared me to work with young people, especially those who have been diagnosed with HIV because they go through a lot of challenges some do not have parents. So, I am able to engage with them, to reach out to them. Sometimes clients are brought to me I am told by the doctor that this patient we cannot reach out to them because they are not able to speak but for some reason when they come here, I am able to make them comfortable so that they can open up so that I can know what challenges they are dealing with.

**Researcher**: Thank you for that you mentioned on the biopsychosocial, you mentioned MDT within your clinic, do you work with MDT, do you work with other professionals closely.

**Participant As**: Yes

**Researcher**: And how long have you been working with them

**Participant A**: Foor as long as I have been here.

**Researcher**: The 9 years that you have worked here? Great.

**Participant A**: Yes

**Researcher**: Uhm Can you just specify the professionals that are involved within your team.

**Participant A**: We have nurses and doctors, we used to have a permanent dietician but now we longer have a permanent dietician. These are the ones we have in ART.

**Researcher**: Okay

**Participant A**: But that doesn't mean that I only liaise with professionals within ART, I am part of the bigger team of the hospital so from time to time I do liaise with other professionals not only within ART, but within the hospital as well.

**Researcher**: So now you are in a team with different professionals, some of which may not understand really your role specifically as a social worker. What could you say are your biggest role within this MDT helping a patient in care to ensure that your team its continuing to be viable?

**Participant A**: I participate in health talks from time to time to talk about the services that we render as a social worker. I sometimes have to mediate between a patient and a doctor. When it comes to ART sometimes they have to change their medication because they are not responding well to treatment, but the reasons are different not all patients will ,...those who adhere they will respond well to treatment, the doctor will want maybe to change them because the viral load is not suppressed , sometimes you need to talk to the doctor not to rush into making this decision and to prioritise a patient’s wellbeing.

**Researcher**: That sound big because now we having to challenge the other professions to say you know what, I don't think this is the time or whatever the case from my own perspective can be a little bit difficult. So, tell me, how are you perceived, how are your roles perceived in this team?

**Participant A**: It differs from one person to the other, people will not receive you the same way and I can't answer for them. But I believe my services are very valuable. Otherwise, they would not be referring patients to me.

**Researcher**: Okay and then in terms of now your line of communication, you just mentioned referrals, how does it go about?

**Participant A**: Here we don't usually fill in the referral to social Worker, unless I'm not in the office that when I ask someone to complete the form, the referral to social worker form, but on a day-to-day basis, if a patient is to come to me as long as they have their file, I do the work, I liaise with the patients and I give feedback via a patient’s file as well. That’s how the communication goes.

**Researcher**: So, in a case where for instance a patient has been seen by a nurse or a doctor, they can be like oh go and see a social worker and they come directly

**Participant A**: yes

**Researcher**: Thank you for that. Now we are going to drop to your training as a professional. I understand that as a social worker we have all received the undergrad training, which is 4 years, a bachelor's degree. Do you think the training you have received in 4 years has equipped you to be able to practise in the health care sector. For instance, you have graduated and its four years later and you were ready to work in healthcare, or you came into health care, and you felt oh this training was sufficient for me to work in the health care setting?

**Participant A**: No, I think our training is more generic it's not industry on sector specific, so you learn on the job, so I don't think the training that I got prepared me for the public health sector. I think it was just more generic and then even when I was getting a job, I was not specific where I want to be, I was prepared to go where there is an opportunity. So, I think I'm only, I became comfortable with working, and I found the health care sector a bit more enticing, maybe 5 years later. Thats when I felt like yes, I think I can work here I think this is what I can do, I think I'm becoming passionate of this job. So, the more you learn on the job, the more you understand, the more learn, you are able to overcome some of the challenges.

**Researcher**: So, I'm understanding that most of the things you have learnt in the job. But is there any other skill that you feel like okay this one from school I still upheld. This day we have specific ethics like upholding specific social work skill. Do you think there are some specific social work skills that you say this one I learnt it in 2nd year or third year of varsity?

**Participant A:** Professional values and ethics in social work which I think are so broad that you can apply them in every sphere outside of social work. MDT interpersonal relationships with groups, with families. I think social work there has given us a strong mandate on professional ethics and values. So, they are coupled in every service that I render.

**Researcher**: Okay thank you for that apart from your undergrad, is there any other training it could be a short course, it could be your postgrad that you have done to help you render your services better in the health care

**Participant A**: I have attended 2 or 3 workshops since I came here and hen postgrad, I did an honours degree in development studies.

**Researcher**: So that also added to your skills and all of that

**Participant A**: Yeah, and I am currently doing my master's in social work in health care.

**Researcher**: Okay. Now we gonna talk about your specific roles. We talked about services in general, spoke about training. Now we gonna jump into your specific roles that you play within your ART clinic. So, what is your understanding of the social worker roles in the healthcare, so if one says social worker you work in a clinic or hospital what do social workers do in a hospital or clinic. How would you respond to that?

Participant A: I would say my role is to in general is to help patients navigate the system, because just ART in itself has a lot of levels that a patient needs to go through. We have patient admin, counselling, we have vitals, its consultations, its social worker, its TB screening, it's a dietician its seven steps and outside this they still have to go for blood tests, have to go to pharmacy, sometimes they are referred to OPD if there are other ailments that are not treated here. So mostly we help patients navigate the system. A patient will go to pharmacy and will come back, and you think they know what they are doing, or they understand, only to find out that they don't. we get reports from time to tie from our community-based resources to say we went to this patient’s home, and we found out of this medication, the patient will only take 1 of each. They gave him 3 packs, she is supposed to take 1 this month, so they either overdosing or underdosing. So mostly our services are about educating patients.

**Researcher**: And then I would assume correct me if I'm wrong that psychoeducation is the most viable role that offer

**Participant A:** Yes

**Researcher:** Okay thank you. For this, what specific skills do you think you need to always psych educate and advocate for your patients in this clinic. D

**Participant A:** I think HIV has always been a lot of research around HIV and like you said trend are changing the time I was not here, I was told that there was a service provider apparently, the government has appointed a new service provider for TB. now they emphasise the importance of MDT and I feel like I don't always attend their trainings therefore as it is I am behind; I don't know everything maybe if they can improve on that to always accommodate us in their training. I can gain a lot and more if they can improve stakeholder involvement.

**Researcher**: And within your role what support do you receive

**Participant A**: Support in what way?

**Researcher**: It can be your superiors from the institution, profession.

**Participant A**: In government specifically, mostly you learn to do things by yourself, mostly you learn to be self-reliant because if I were to seek help, I go to my colleague to find help, you find that the very person does not have what I am looking for. So, we basically try to empower ourselves, so I survive by empowering myself.

**Researcher**: Okay. So, in our profession mostly, they emphasise on supervision which I understand are one of the most important roles of our supervisors. So, do you have supervision within your department that will be your social work department within your institution?

**Participant A:** No, we don't have.

**Researcher**: Is it like that for every person there or for you

**Participant A**: The supervision that I get is only when I need, especially for reports. When I need to process a report. When I'm sending a report to an external service provider, that's when I seek my supervisors.

**Researcher:** Okay, it's more of an admin

**Participant A:** yes, that one is an administrative supervision.

**Researcher:** Now we gonna jump into challenges very quick. So, you have mentioned a lot about working with other professions, working on your own, how much you render services to your patients. So, I want to know what challenges you encounter or have you experienced in providing your services or in performing your roles within the MDTs.

**Participant A:** Working with a team of 6 or 7 nurses and you are the only social workers sometimes you become overshadowed. Sometimes you feel like you don't get the recognition.

**Researcher**: And how does that happen. Can you please elaborate on that?

**Participant A:** Some decisions are made without you being consulted. Sometimes those decisions affect you and the work that you do. So sometimes when people feel that they can decide on your behalf without consulting you.

**Researcher:** And I would assume that uhm it does affect the holistic patient care

**Participant A:** Yes

**Researcher:** Okay. What are good experiences or benefits of working within the MDT?

**Participant A:** Sometimes you learn...I learnt things from other people that are not necessarily the duties or responsibilities of a social worker by observing what a nurse within the TB focal point does by observing what the nurse in vital signs does, by knowing that there is triage. When people come in, we need to check those who are pregnant, those who are the elderly and so on. So, sometimes by observing what other professionals do that can be empowering.

**Researcher:** Okay. So, in the challenges that you have mentioned. What do you think contributes to that. Like you have mentioned that sometimes decisions would be taken without consulting with you of which you are part of the MDT and You are focusing on the social part, which is an important aspect of the patient, what do you think contributes to that. Why would another professional, just knowingly this can affect the social part of this patient, however, I'm not gonna consult with the social worker. I’m gonna continue making this decision what do you think makes them to do that?

**Participant A:** I think within the MDT there is a challenge of professionals thinking that their jobs are more important than others. Yes, there is that challenge.

**Researcher:** Okay

**Participant A:** They also tend to come up with a hierarchy that maybe there is a doctor and there is someone else and a social worker is at the bottom. So, I think it’s our perception about other people’s professions that make us do such things.

**Researcher:** And then when having these challenges in this case, how do you address them. Do you ever address them?

**Participant A:** Yes. It depends with the platform, but I think in meetings usually that where conflicts arises that when people are able to raise their concerns and their issues, then you are able to say I was confronted with this situation on such a date and I did not appreciate it or it affected my work this way that I was not able to render the services to the patient. So, in our staff meetings, stakeholder meetings, we do and when I have an issue, I will address it.

**Researcher:** Okay and hopefully its well received.

**Participant A:** Yes. It has to be. If it affects the work that I do, I have to say it. I have to put it across.

**Researcher:** Is there anything that you would like to add in everything that you have shared?

**Participant A:** I don't think so. I think the questions, they covered the scope of what I do here in ART.

**Researcher:** Just in closing what are some suggestions that you have towards the provision of public health services uhm in the future, what is that we can change?

**Participant A:** I think health care social work needs to be out there I think social work students need to be exposed to healthcare social work. I don't think many social workers are enticed by the hospital to come and work in a hospital environment, we can take our services out to the university students and educate them and raise awareness about healthcare in social work and I think maybe boost the profession in way.

**Researcher:** So apparently for social workers who are already in the industry meaning that the public health sector, say they are not planning to further studies, what is it that can be done to help them improve their skills and adequately provide services within the public health sector.?

**Participant A:** My suggestion is that maybe social work we need to go ack to the drawing board and allocate positions of responsibility with qualifications.

**Researcher:** Okay for an example?

Participant A: I cannot be a social work manager without a master's degree or a postgraduate, maybe that if we can attach the level of education to a position within social work, that way social workers will be encouraged to upgrade their skills and empower themselves. But as things stand yes, I can just move with the hierarchy with my bachelor's degree. If I can even be a chief director of social work services, I'm with my 4-year degree, why should I bother.

**Researcher:** There is lack of motivation

**Participant A**: Yes, if our level of education can be aligned to the job responsibilities of the positions then I think that can encourage social workers to empower themselves.

**Researcher:** Okay thank you so much for sharing all of that it was valuable, and I have learnt a lot. I hope that this research contributes to the bigger scope of changing in research and literature within our scope of work.

**Participant A**: Thank you so much for engaging me. It’s good to engage in research you get to know what other people are thinking about our profession.