

Social Work at Hamad Medical Corporation: Historical Perspective

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Abstract & Keywords: Understanding the historical context of social work is critical for providing insights into aspects that influenced the profession. The knowledge obtained will give valuable lessons in navigating the complex systems within which social workers practice. Despite the growing interest among researchers in recording the history of social work, there is still a gap in many societies and agencies. In this paper, we present a brief introduction concerning social service in the Hamad Medical Corporation (HMC), one of the leading institutions in Qatar. To explore historical social work issues, we spoke with a group of pioneering social workers in the field of social work, who have witnessed and even contributed to the beginnings of the development of social work. The participants talked about establishing social work in HMC and some of the narratives relevant to health, mental health, and cultural contexts.

Keywords: History; Social Work; Health; Mental Health; Qatar; Practice

Background

In this paper, we present a brief overview concerning social service in Hamad Medical Corporation (HMC), one of the leading institutions in the State of Qatar. To explore historical social work issues, we spoke with a group of pioneering practitioners in the field of social work who have witnessed and even contributed to the beginnings of the development of the profession.

Contrary to common belief, history is not merely a passive, inconsequential account of past events. It is a highly informative inquiry into the genealogy of current narratives, practices, and conflicts. The influence of earlier philosophical and theoretical developments still exists in many social work disciplines worldwide. Although more recent attempts have called for historical awareness in social work, the discipline remains largely anachronistic in its practical and theoretical endeavours (Ruth & Marshall 2017; Reisch, 2019; Danto, 2008). Research in the history of social work practice has been neglected in this field, as indicated by international literature (Fraser, 2017). Fisher, for example, writes that ‘history holds a marginal place in social work’ (1999, p. 191). Unfortunately, many practitioners, especially in developing countries, retire or leave work without recording their experiences or views. The gap in knowledge of history left new generations of social workers without enough understanding of how the services were developed. The historical development of social work in Arab countries is not well recorded.

It is precisely this lack of historical consciousness that the present study aims to address by analysing the testimonies of social work pioneers in Qatar. Exploring the history of social work is an important and vital aspect of understanding the context of practice, providing

insight into different roles and lessons about what worked well in the past (Ragab, 2016; Healy, 2008). Understanding the historical efforts validates the impact of the pioneers of social work who contributed to the profession's development.

Historical awareness can be instrumental for social work practitioners, students, and researchers, as it informs us on past developments that shaped the contemporary social work field. In turn, this can facilitate an understanding of the social determinants leading to the need for social work, encouraging adequate comprehension of social issues and how they might be addressed.

Historical literacy can also play a pivotal role in clarifying the profession's *raison d'être* by acquainting the social worker with the efforts and vision of early pioneers. This can determine within the social work practitioner/student a more profound comprehension of their professional position, therefore strengthening their 'social work identity'. In essence, the historical inquiry into social work's philosophical and epistemological roots can generate new perspectives on how we may address contemporary issues (Berringer, 2019). Historical awareness can aid in accurately assessing present issues in social work and in producing adequate action plans for improvement and future research. Therefore, viewing social work through a historical lens can enrich the knowledge base of the social work field and catalyse new efforts for the accomplishments of the profession's long-standing ethical mission. Understanding the history of social work in Qatar assists in identifying global impacts that may have shaped social work practices. It will also shed light on the interconnection of social issues within the broader international context (Fisher 1999; Ragab, 2016).

An illustrative lesson derived from studying the history of social work is the relevance of context and cultural awareness (Nadel, 2019; Ratliff, 2019). This suggests that social work theory and practice cannot be viewed as one-size-fits-all but requires adaptation to contextual distinctiveness. This is, particularly the case of social work in the Muslim Arab world, where the profession has long been informed by a Western perspective (Ragab, 2016; Al-Krenawi & Graham, 2003; Ragab, 1995).

Social work in Arabic countries was initiated in the 1930s and has been critical in addressing social and health issues in Middle Eastern regions (Soliman, 2013). The profession has been primarily informed by Western ideologies, as the first social workers were educated in universities of the United States and adopted the theoretical frameworks in an attempt to apply them in an Arabic Islamic context. As a result of this academic colonization, the Western lens on the nature of social issues still pervades social work in the Arab world (Ragab, 1990). However, due to social structure differences, social work approaches in this region have been deemed insufficiently adapted. This results from the incompatibility of Western-informed perspectives with the cultural and historical context of Middle Eastern social work issues and calls for a more precise adaptation. For example, the theory of social work is largely individualistic, contrasting with the collectivist nature of Muslim Arab nations, as well as other traditional cultures, where family and community are assigned particular importance (Al-Krenawi & Graham, 2003). Historically, there have been several endeavours by pioneer social workers to adopt some of the methods to suit traditional collectivist cultures, as some of the Western approaches were not relevant (Ragab, 1995).

While the Western social work narrative persists in contemporary times, it is increasingly challenged in favour of a more localized, culturally informed approach (Ragab, 2016; Asamoah et al., 1997; Henry et al., 1995). Although there are notable gaps in the literature

addressing social work concerning Muslim Arab countries, there is a significant movement towards transforming the profession beyond a ‘‘simple transplantation’’ from Western theory (Hakim Sarker et al., 1995, p. 373). It is now recognized that cultural and spiritual characteristics, can influence the effectiveness of social work in this region, such as spirituality, religion, traditional healing, and high levels of conservatism (Eltaiba & Harries 2015; Pirju, 2015). Perhaps the most notable of these features is the role of the Islamic faith, the guiding principles of which are driving a social work renaissance in the Muslim Arab World - relevant to psychosocial issues (Abdullah, 2002; Al-Krenawi and Graham, 2000).

Social work has been recognized as a profession in Qatar since the 1970s, while the Social Work Department started at Qatar University in the late 70s (Eltaiba & Ndoeye 2018). However, there is a notable literature gap concerning the Qatari social work practice. Therefore, we may infer the status of social work in Qatar, by appealing to its similarities with other Muslim Arab countries and analyzing its socio-economic situation. Our approach is grounded in the understanding that there are significant commonalities between Qatar and other Muslim countries regarding culture and religion (Al-Krenawi & Graham 2003). Islamic beliefs often inform how individuals conceptualize and communicate their emotional issues and how they perceive interpersonal relationships and medical treatment (Cinnirella & Loewenthal, 1999; Abdel-Khalek, 2011).

Context of the study

The Department of Social Services at Hamad Medical Corporation (HMC) consists of several specializations one of which is Mental Health. The Ministry of Public Health (MOPH) is the primary governing body for health care. The Department of Mental Health also has several outpatient clinics attached to the hospital. Other hospitals and centres are Aisha Bint Hamad Al Attiyah Hospital, Al Khor Hospital, Al Wakra Hospital Ambulatory Care Center, Communicable Disease Center, Hamad General Hospital, Hazm Mebareek General Hospital, and Heart Hospital. In most hospitals, a team of social workers was appointed, and their role was to support the medical interdisciplinary team. Currently, there are over 60 social workers in different hospitals. Most of them are social work graduates from Qatar University, and others come from various international backgrounds.

Qatar is characterized by its diverse society, hosting substantial expatriate groups who share a diverse context with many other global settings. Social workers in the HMC, like their counterparts worldwide, are mandated to consider diverse cultures and emphasise cultural sensitivity when engaging with varied backgrounds populations (Eltaiba & Ndoeye 2018; Eltaiba, 2016). Social workers in health settings in Qatar face distinctive challenges. Some of these are related to rapid population growth, unique demographics, and the evolving nature of the healthcare system. These legal and ethical frameworks are specific to Qatar and potentially different to those in other countries (Eltaiba, 2016).

Methodology

The study employs a qualitative approach drawing on the historiography (Danto, 2008), and case study methodology (Crowe et al., 2011). Qualitative research allows the researcher to explore complex cultural and social phenomena and provides holistic insights into the study and the analysis (Denzin & Lincoln, 2018).

The research aimed to compile the histories of individuals who worked at Hamad Medical Corporation (HMC). Our goal was to document the historical development of social work services at HMC in Qatar. To achieve this, we identified practitioners who played key roles in

establishing social work, and whose contributions are still evident today. The researchers approached retired practitioners, explaining the research's purpose, and everyone was eager to share their memories and experiences. To address questions related to the history of mental health services at HMC, we conducted semi-structured interviews. These interviews allowed participants to reflect on their experiences, offering a more in-depth understanding of their contributions and the evolution of services." (Ruslin et al., 2022).

The study was guided by the following research question: How did the social work facilities in mental health evolve at Hamad Medical Corporation, as described by the workers who worked there?

Data Collection

To collect the data, we interviewed four retired social workers who had worked at Hamad Medical Corporation in the early stages of its development.

Hanim started her work at the hospital in 1979 – 2014.

Suad Al Hamad started in 1987- 2022.

Hayfa Al Hajri started in 2000- 2020.

Sahar started in the hospital in 1981- 1990.

We acknowledge that the sample is small despite our endeavour to locate more participants. Some of the early practitioners were from non-Qatari who returned to their home countries, making them difficult to trace."

Ethical Consideration

Informed consent was obtained from the participants prior to the interviews. The identifying information in the article is based on the participants' request to have their real names revealed in the content. The authors established that this did not raise any ethical concerns. The data and the research were consistent with ethical standards and requirements.

Data Analysis

The social workers who worked at HMC were asked questions related to the development of social work practices relevant to health facilities at the agency. Their responses were recorded, transcribed, and coded for content analysis. We read through the entire transcript to familiarize ourselves with the data and identify codes. The codes were categorised and the themes identified are presented in the results section (Minichiello, et al 2008). The process was validated through members and experts checking (Punch, 2013).

Findings

The participants reflected on their practice and experiences. The main themes that emerged were relevant to how the services were initiated and developed, the external consultation, the establishment of mental health services, the highlighting of the relationship with patients and families, the mental health and social work support, responding to disaster, training provided for social work and the future vision. In all these themes the participants incorporated their views about the challenges they encountered and the opportunities they had to develop the practice. The discussions were specific to Qatar with relevance to the international context.

1 The beginnings of social service

Social service at Hamad Medical Corporation began in the 1980s, gradually initiated by several social workers and Ministry of Health officials.

Hanim, one of the first female social workers who contributed significantly to establishing social service in Qatar, says:

“**In 1979** I was the head of the social committee and activities in the Qatari Red Cross. At the same time, Mr Abdul Wahid Al-Mawlawi was then Director-General of the Qatar Red Cross and was Director of Planning at the Ministry of Public Health. Dr. Abdul Wahid asked the Qatari Red Cross team and me to conduct a field visit to Doha Hospital (the first hospital in Qatar) and to write and submit a detailed report about the gaps in service at the hospital. We were a team of a medical doctor, a youth worker and me as a social worker.”

Hanim said,

“We found that the hospital was in a problematic state. As a social worker, I noticed that there were challenging cases at Doha Hospital; there were no social services to support children, the elderly, psychiatric patients or people with disabilities. Doha Hospital was assigned for chronic cases referred by Rumaila Hospital, which meant that chronic cases were transferred to Doha Hospital until they passed away. They were isolated from the outside world, the walls of the hospital were dark and uncomfortable, and there was a minimum of social care provided for them.

The team submitted a collective report on the situation, reflecting the evaluation of different specializations. As a result, the team presented a plan with some suggestions for change. As a social worker, I suggested establishing a garden in the hospital's backyard to create a pleasant atmosphere for the patients. We then coordinated with the authorities to change the colours of the walls to a nicer lighter colour, and they did just that.”

Hanim continued to talk about her earliest 1979 memories as a social worker at the Hospital by saying

“When I started my work, I examined each patient's file and assessed their needs. For example, I assessed the situation of some of the patients who come from different nationalities and were in the hospital due to work injuries and mental health issues. I remember that a couple of them were in the hospital for about 4-6 years. After evaluating their situation, we contacted their embassies coordinated with their sponsors, identified the disability through the Medical Committee and then presented it to the court. We assisted many in receiving their financial entitlement and supported them to return to their country with an escort to be handed over to their families.

We helped patients with special needs, coordinated with charities to provide some clothes and organized recreational programs outside and inside the hospital.

Based on these data, we requested to establish a social worker position in the Ministry of Health. As no Qatari was available at the time, I applied, and I was appointed as the first social worker in the Ministry of Health in 1980. I was then transferred to establish a social work department in Rumaila Hospital, another hospital that was assigned to helping the elderly, and people with disabilities”.

Hanim said that the authority in the Ministry of Health realized the importance of the profession of social work in hospitals. More social workers were needed to fill the created vacancies. Hanim said that she visited Qatar University and talked to students about social work in health and mental health. She reported that she was pleased to meet at Qatar University some of the teachers who taught her at Al Skandia University, as most lectures in the Social Work Program were from Egyptian universities. The Ministry of Health and Qatar University planned to provide students with internships and placements at the hospitals.

Hanim continued to explain:

“In 1980 and 1981, an increased number of social workers were appointed to the hospital and the department's staff reached 5 employees.”

The establishment of formalized social work services in Qatar is recent compared to Western societies, aligning with the nation's accelerated expansion. The discussion demonstrates that the beginnings of social work in Qatar differ significantly from other societies due to the variation in historical, cultural, and societal settings. While social work in Western societies is deeply rooted in charitable organizations (Berringer, 2019; Fraser, 2017), social work services in HMC, were initiated by the government to address the complexities of societal needs and within the national priorities.

2 External consultations

Concerning external consultations with international services, HMC pioneers were open to learning from the experiences of other global contexts.

Hanim explained the following:

“In 1982, an Australian consultant medical team came to Qatar to develop a plan for Rumaila Hospital, especially concerning Rehabilitation and the Elderly. The team consisted of a doctor, a physiotherapist, and a social work consultant. A strategic plan for the elderly and rehabilitation was developed. Part of their plan was to establish a social work department at Rumaila Hospital.”

Hanim recalled, “I assisted the Australian Advisory Group for the Development of Social Services at Rumaila Hospital. The team included a consultant (Mr. David). My role was to coordinate meetings between Australian consultants and the authorities, such as the former Minister of Labor and Social Affairs, His Excellency Mr. Ali Al-Ansari, who welcomed and supported us.”

Hamad General Hospital was opened in 1982. Meanwhile, the Australian team supervised Rumaila and Hamad General Hospital. Some of the Rumaila sections were gradually moved to Hamad General Hospital. The Australian team stayed for nearly two years after they assisted in the development of a good strategy for the Rehabilitation and Elderly Department at Rumaila Hospital.

When Hanim was asked whether she encountered any challenges as a social worker during the presence of the Australian medical team, she replied that

“there were no difficulties, and everyone welcomed the team.”

She mentioned that the team's impact on the hospital was significant, and there had been marked improvements in the services.

Hanim ensured that the Australian team's efforts enhanced social work services by supporting the pioneer social workers in hospitals. This was reflected in the quality of services and increased numbers of social workers.

The Australian team demonstrated competency and experience in the welfare system, elderly care and rehabilitation. Gradually, all parts of Doha Hospital were transferred to Rumaila Hospital, and Doha Hospital was closed.

After the opening of Hamad General Hospital, some specialities were transferred from Rumaila to HGH. Rumaila Hospital became a rehabilitation hospital, with sections such as the Psychiatric Department, Rehabilitation of the Elderly, Special Needs Children, Work Injuries, Long-Term Cases, and Chronic Cases.

The number of Qatari social workers gradually increased in HMC. One of the first was Mr Naji Al Mannai, followed by Mr Mohammed Al-Quraini, Ms Suad Al-Hamad, and Mr Mohammed Abul-Enein.

Hanim and Suad said, "Some Qatari children with disabilities or certain psychiatric conditions were sent to other countries for treatment (such as Britain and Egypt) because, at that time, adequate rehabilitation or treatment was not available in Qatar. Gradually, after developing health services in Qatar, they returned and resided at the Rumaila Hospital. Some of them were discharged from the hospital after medical and social rehabilitation.

The rapid changes in recent decades in Qatar are reflected in social work in health settings. Social workers benefitted from the globalized experiences of social work in countries like Australia, the USA and the UK but kept the cultural identity and Islamic values to social work practice (Eltaiba, 2016; Al-Krenawi & Graham, 2003).

3 The establishment of mental health services

Mental health services were established in 1979, with psychiatrists Dr Fakher ElIslam and Dr Nadeem, in addition to Fadia, the first social worker in mental health.

Sahar was one of the first social workers to work in the hospital. She worked in the mental health section for about nine years, from 1982 to 1990. Sahar described the hospital in Ben Mahmoud saying

"It was an old palace consisting of two floors. The windows were made with iron bars. No garden or yard can be used for parking." She added, " The number of patients was 9 females and 15 males. Most of the guests were Qatari at that time; I still remember them all."

Sahar reported on the activities of the patients:

"The first day I visited the activity room in the mental health section, I managed to engage all the patients, and they were encouraged to participate in many of the activities. We used to do paintings and colouring with the patients jointly, and sometimes we played some games together. A year and a half later, they moved to

another building, at Rumaila Hospital I used to work as a social worker in a psychiatric hospital then.”

In 1981, the first Qatari social worker was employed - Mr. Abdul Ghani Al-Haddad. Following this, Mr. Jaber Amer Al-Dahabeeb became head of the department for a long time, and Mr. Mohammed Rashid Al Kubaisi became Assistant to the Head of the Department. Also, Ms Fayza Darwish was appointed as the first female Qatari social worker. The social work department was gradually expanding in the hospital.

Sahar reflected on her initial experiences with working in the psychiatric department by saying:

“I was appointed in 1982 and trained as a social worker by Fadia, a social worker from Egypt. She had a diploma in social work, and she was the first to train social workers in mental health. I learned from Fadia how to write professional reports because one of the most essential skills needed for a social worker is to describe the patient's problem and talk to their family. Doctors believed then that such a report helped in diagnosing the illness.”

Sahar added:

“Of course, some psychiatrists – such as Dr. Shawki al-Akbawi and Dr. Nadim - did not consider the roles of the social worker. Dr. Nadim did not believe in talk therapy, he thought that improvement could only be achieved through medicine and Electrocortical treatment. After working for four years, Dr. Nadim told me, ‘I swear, you changed my mind.’ He later wrote me a thank you letter and praised me for my role in providing social service.”

Sahar further described that “some psychiatrists were unaware of the role of a social worker. They thought this role was limited to creating programs such as playing, coloring, and drawing with patients.

But then there was an interest in our role, and some doctors supported the social work job. For example, during doctor rounds, which start at 7 a.m., we were invited to participate and be involved in the case study. Our contribution and the information we shared were seriously considered in the diagnosis.”

She adds,

“The psychiatrist (his name is missing) praised us. We felt the importance of our role. The exposure to the psychiatrists’ experiences has helped us think scientifically.”

Suad, who worked in the psychiatric department in the year 1987, remembers how she had the chance to learn from some psychiatrists who shared some of the important experiences in the social work role:

“I remember a distinguished psychiatrist, Dr. Khalil Fadel, who arrived from Britain. He was the first to teach us about group therapy and the importance of working with patients by providing counselling in addition to social support.

We learnt the importance of linking physical and psychological aspects, such as the impact of psychological factors on migraines.

Collaboration with psychiatrists was very successful, and they often taught us about mental illness and the treatment. We would study the case and record the social and psychological aspects of the patient. We also interacted with the family and conducted home visits to get information to assist in diagnosis and treatment and provide social support.”

The participants highlighted the notion that social workers became essential affiliates of interdisciplinary mental health teams in HMC. Social workers played roles in assessment, therapy, and case management. There was diverse input from psychiatrists who were educated in the West, brought their experiences to Arabic countries, and influenced the development of social work in HMC. Social workers learnt from mental health professionals' experiences and adapted these practices to the cultural Islamic context. Developing a culturally sensitive practice in mental health that responds to the stigma associated with mental illness was one of the aims of the pioneers.

While the role of social work in mental health settings is common globally, some critical cultural considerations influence how the services are structured (Abdel-Khalek, 2011). In the West, mental health is predominantly delivered within a secular, individualistic framework to accommodate various belief structures (Eltaiba & Harries 2015). In contrast, Qatar, like the rest of the Islamic Arabic countries, embraces more Islamic values towards mental health and help-seeking approaches. The characteristics of mental health services in Qatar are that they are more centralized and provided by the government with special emphasis on community mental health centres.

4 The relationship with patients and families

As for the role of the family, Hanim said:

“At the time, some families used to bring the patient and not visit them in the hospital.”

This is due to social burdens or due to fear of stigma related to disabilities or mental health problems. She further said

“I remember one of the patients for whom the hospital was her shelter, I can't describe how it was for her - as a prison or hospital,” Hanim said.

“From the very beginning, we realized the importance of connecting the family with the patient, and we made efforts to confirm this,” says Suad, who was as mentioned earlier, one of the first to work in the hospital since the early 1980s, until she became the director of social services at the foundation. Suad adds, “Gradually, the role of the social worker had become more apparent in the involvement of the family in treatment, and in many cases, we have visited the family at home to support them and to encourage them to care for the patient and to raise awareness about mental disorders.”

Sahar says,

“People often avoid us because of their fear of the stigma of mental illnesses and the psychiatric clinic you may meet a mother who pretends not to know you even if the problem is a simple behavioural problem like bedwetting. Yet some people used to hug us even though their patients might have schizophrenia. But generally, we managed to build a good rapport with the families while maintaining professional boundaries at the same time.”

Suad further describes the stigmatization of mental illness:

“Through my experience, I found that many families do not accept mental illness. They were not convinced of the existence of mental illness, and they called the hospital (Mustashfa Al Majaneen) “madhouse”.

These were significant problems, which may still be, but less prevalent because of awareness campaigns by hospital staff.

The pioneer emphasised that the role of the family and community historically plays a central part in mental health practice for social workers in HMC. Family plays a significant part in Qatari culture, and treatment decisions often require family involvement. This contrasts with most health systems in Western societies which tend to be more individualistic, emphasizing autonomy and privacy. Policies in Western health societies stress the right of individuals to make decisions and choices rather than the collectivist context (Eltaiba & Harries 2015; Al-Krenawi & Graham, 2000).

The early practitioners in HMC were aware of the importance of including the family and worked on adapting their interactions with the service users based on the unique dynamics of family involvement.

5 Mental health and social work support across other sections

Suad describes what she considers one of the most critical activities in the beginning,

“I worked with many patients who suffer from different mental disorders. I worked with women with postpartum depression I provided counselling sessions, and other social workers did that, too. It is worth mentioning that these services continue to be successfully received by patients”. We have noted that some professionals tend to rush to prescribe medicine only, although these women need psychological counselling sessions.”

Many women say talk therapy is urgently needed, but doctors never have enough time to provide this kind of support for patients. Counselling and group work are still carried out by social workers Emily, Zahra, and others in the women’s hospital.

It should be noted that the role of social work is not limited to the mental health department and that social workers have an essential role in all departments in responding to mental disorders resulting from trauma and diseases that may be affecting individuals and families. Social workers have an important role in working with those who experience postpartum depression, and in responding to women who undergo abuse in their relationships. These women and children receive counselling and are directed to resources within HMC or the community for further support. Social workers are also trained to respond to the mental health needs of patients and families at the Cardiology and Cancer Hospital on mental health issues and individual and family counselling. Social workers receive continuous training to improve their skills and knowledge of psychological aspects.

Hayfa, who was appointed in 2000 and later was one of the managerial team for the social work department, mentions that they started a weekly social worker meeting where they discussed the social and psychological aspects of one of the cases in terms of its evaluation and appropriate professional intervention. This training contributed to the development of social workers in terms of the practical application of theoretical knowledge of social work

and highlighted the evidence-based practice in the hospital. This is congruent with the international efforts to highlight evidence-based practice in social work. Globally, social workers are calling for research-based interventions and approaches. The pioneers valued collaboration among the team to develop collectively. Professional development is central to practitioners.

Suad reflected

“Since the beginning, we considered cultural values when working with women, children, families, and communities. We incorporated religion and spirituality and put more emphasis on privacy, especially with women, due to their sensitivity to specific social and psychological problems. Every day, we learnt new things that we shared with our colleagues. We worked with diverse health professionals, and our duty was to ensure they were aware of patients’ cultural values. Integrating religion and spirituality into practice is integral to ethical conduct.” (Canda & Canda, 2019).

6 Responding to disaster

One of the psychosocial support services provided by HMC social workers was during the Villaggio fire disaster. Suad testifies on the organization's response to this disaster and the psychological and social support provided to families of the Villaggio fire victims:

“On the morning of 28/5/2012, at approximately 10:56, a fire broke out at a sports shop in the Villaggio mall due to an electrical failure in the light fixtures, ignition of its plastic components, and its fall on flammable materials.

The staff and the security at the mall failed to control the fire, which caused the flames that spread fast and caused a cloud of smoke that sadly reached the nursery. The disaster was exacerbated when we got an update about the death of some children and some of the nursery workers. 19 cases were transferred to Hamad General Hospital (13 children under the age of five, 4 teachers and 2 firefighters). After 4 hours, the victims' families started to arrive at the hospital to check on their loved ones.

At about 2 pm, after learning about the fire and the victims' families arriving at the hospital, I went to Hamad General Hospital emergency to lead a team of social workers who were supporting the victims' families. But when I arrived, I saw the victims' families sitting in a particular room in the emergency department. They were very fearful, waiting to hear about the fate of their children.

A few social workers and some nurses were with them, trying to support them. No one knew the fate of the children and whether they survived or not. This was the first disaster of its kind that the social work team experienced.

At that time, some of the hospital's administrators and officials were in the morgue section, others were in Hamad Hospital's public library, and some social workers were also there.

Here, I remembered the courses I had taken in disaster management. I learned that in any disaster, you must first work as a team and agree on a work method.

After the list of victims in the morgue was complete, we were asked to bring in the families for them to identify their children (or relatives)’. Here, I was ready to support my team and other professionals.

Social workers did an amazing job and collaborated in assisting the families. Each specialist accompanied one of the victims' families to the morgue to identify their child. After providing the necessary support, they were taken out another door, respecting their privacy and grief.

Some social workers stayed in the morgue to meet the families and provide support to them. They worked side by side with some administrators and doctors. Through the team's collaboration, we provided support to all families. As a team, we tried to keep calm, and all the team members managed to remain strong because, in such situations, we had to stand up and be sympathetic but cautious.

The medical team, consisting of a psychiatrist, nurses, the hospital administration, and the social work team, met later in the day to formulate a plan to deal with the disaster. I remember the head of the emergency nursing department bowed to me respectfully and said, 'Thank you for your team efforts.' Looking back on the situation, I can see that the social workers did great and excellent work.

It is worth mentioning that some social workers asked me how I did not cry when I saw the victims' families and the victims themselves. Here, I said I had to hold myself composed and focus on responding to the disaster. I told them then, 'I admit that I went home feeling very sad. I cried, and I was affected like everyone else. I remained affected for several days, but I was asking Allah to give us strength to deal with the effect of the trauma. I was very proud of my team. We learnt a lot about dealing with crises as a team. I do not wish for something like this to happen again.'

We later coordinated with the Qatar Red Crescent, the Psychological Support Department, to provide the team with psychosocial support training because I found that they needed the support after being overwhelmed working with a highly traumatising event.

The story told by Suad demonstrates how new emergent traumatic events can bring innovation into practice.

7 Training in health and mental health

All social workers agreed that the Hamad Foundation has an important role in training many social workers from Qatar University and Doha Institute for Postgraduate Studies.

Hanim says about the beginnings of training in 1980:

"I started supervising social work students at Qatar University at Rumaila Hospital. The parents of some students did not accept that their daughters had their internship at the hospital; some of them accompanied their daughters on the university bus. After that, the parents accepted the ideas after learning about the role their daughters were undertaking in the hospital. The idea gradually became more familiar."

Sahar says she was one of the first to receive training in mental health:

"I was in the sixth batch of the social work program, and I was eager to help people. I received my final field education placement in the psychiatry department. I was in the first batch who undertook their placement in the psychiatry department. I was trained by Fadia, an Egyptian social worker. This training was in 1982."

Sahar said about her later role in supervising female students.

“We had to rely on female social workers students to undertake tasks because of the lack of employed social workers. We have trained social work students in the field of mental health. Among them is Kultham Al-Kuwari, a leader in mental health and social work. She works at Qatar University and has written many papers on mental health.”

We continued to train students in mental health for several years until the social service program at Qatar University was suspended in 2000. It was reopened in 2010 again, and many female students were trained each year in HMC.”

Haifa Al-Hajri, who used to be one of the administrative officials of the social workers at the Hamad Foundation, mentioned:

“In our training plans, we focus on qualifying social workers at the beginning of their appointment by providing workshops on the policies, work ethics, and the most important theoretical knowledge and skills. These workshops continue periodically, with many specialists worldwide being invited. These meetings are also an opportunity for social workers to share their experiences in dealing with the social and psychological problems of patients and their families.”

Hayfa continued, “The role of the social worker in the organization is focused on examining the patient's condition and cooperating with the parents to help the patient overcome the psychological illness. Among the services offered by the social worker is cooperation with the medical team to provide integrated treatment. As for patients from different countries, the social worker coordinates with embassies and the Ministry of Foreign Affairs to ensure protection and care, especially if it is necessary to transport the patient out of the country or return him to his family.

The training provided by HMC for social workers varied and linked to the international development of theoretical frameworks, skills and experience.

8 Future vision

There has been notable progress in presenting HMC's social service. As mentioned, social service started with a few social workers and developed into a department consisting of several hospitals—all of which are affiliated with HMC—with multiple roles and policies.

One of the most critical points discussed concerns the importance of social workers clarifying their roles to the medical team. A recent social worker at HMC was trying to present her role to the medical team by speaking to them in lectures or during meetings (Eltaiba, 2016). She said

“There is sometimes a lack of awareness of our role in terms of our work and psychological support for the patient and the family. I have to raise awareness. This will contribute to the activation of our professional role.” she said.

Policies are informed by existing global policies but adapted to suit Qatar's culture. This is done through continuous development and discussions within the social workers' team.

There is an ethical code that stems from the ethics of the social service profession and is taught to social workers at the beginning of their work and during their training in social work in the medical field. This charter is referred to if a moral problem occurs while working with people with mental illness or their parents. However, social workers communicate well within

the team. Moral dilemmas are discussed through weekly meetings, in which a trading case is presented to reach an appropriate moral decision.

Social workers need to be trained in how to deal with the patient's families in the context of cultural diversity. This is also the case when facing the issue of non-acceptance from the patient's family towards the patient's situation, as this can affect the treatment plan. These community development programs must focus on addressing the stigma associated with a mental disorder since this may sometimes be a barrier to mental health.

Specialists in the psychological field need ways to manage cases of interrupted communication between the patient and the social worker after the patient is discharged from the hospital. This issue is significant, as it can impact the continuity of treatment.

Proper training in social work might be challenging, as much of the current content and curricula are not considered adequate for meeting the particularities of the profession in Qatar or the country's cultural specifics and diversity. Therefore, there is a need for training appropriate to the cultural context of the Qatari community.

Suad al-Hamad and Haifa al-Hajri, the previous administrative staff of Hamad's social service department, say that despite the increasing number of social workers in the institution, there is still an urgent need for additional staff to address the psychosocial needs of patients and parents.

9 Discussion

Social work in HMC developed as a result of the role of the pioneers. Social workers, in Qatar or global societies, share a commitment to a holistic approach, addressing the interrelation of individual welfare and broader social aspects. Social work assumes a human rights perspective, aiming to endorse the dignity and the rights of individuals and communities.

The main impact of this study lies in addressing the notable research gap concerning social work developments in Qatar. Drawing on the testimonies of early social work pioneers, the findings of this paper illustrate the state of the profession in its incipient stage. Due to the holistic nature of the information gathered in this study, the impact can potentially extend in multiple directions. For example, the personal testimonies of social workers can appeal to contemporary social work students and practitioners, by educating them on early challenges and opportunities within the social work profession. In turn, this can enhance present social workers' perspectives on their professional mission and identity and instil a sense of appreciation for the work of pioneers. The historical perspectives presented in this paper can thus provide meaningful contributions towards social work education, as these narratives contain valuable lessons on personal and professional challenges and achievements within the field. The social work student may find in these accounts a journey towards the consolidating and clarifying of the social worker's role and responsibilities.

From an organizational point of view, this study reveals early efforts to establish social work practice in Qatar. The interviewees report the early absence of institutional support and organizational preparedness necessary to accommodate the social work profession and its clients. Concerning this issue, the period illustrated by the respondents is marked by an effort to identify the requirements for establishing the social work practice and clarifying its responsibilities and institutional presence. Furthermore, the study reveals key lessons on

organizational function at the incipient level by underlining key strategies for development - continuous training, inter-ministerial coordination, inter-organizational collaboration, and the use of international expertise.

The present study has an impact on academic endeavours related to social work. One relevant finding includes the effort towards breaching the gap between social work theory and practice by establishing cooperation with higher educational institutions. By suggesting internship opportunities, the early pioneers have disseminated the concept of social work towards academia while providing the potential for an increased workforce. Furthermore, the findings in this study can inform further research to address the knowledge gap concerning social work in Qatar. For example, a series of cross-sectional studies can deliver additional insight into the state of contemporary social work practice in Qatar. This can potentially establish whether similar issues pervade the profession today and could reveal opportunities for further improvement of the field in both theory and practice. One such example regards the recorded avoidant health-seeking behaviour of mental health patients and the overall stigma associated with mental pathology. An additional point of inquiry concerns the contextual particularities of Qatar's religious and social structures and how these might interact with the mission of social work. Social work in HMC in Qatar has an exceptional opportunity to expand and build partnerships with international agencies to respond to the growing needs of the population.

While the historical paths of social work in Qatar and global countries vary. Most contexts involve ongoing efforts to enhance the well-being of individuals and communities through professional social work services. Understanding these historical backgrounds is critical for shaping effective, culturally sensitive practices in various contexts.

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