



DRUG ADDICTS' ATTITUDES TOWARDS THE ROLE OF CLINICAL SOCIAL WORKERS IN TAIF MENTAL HEALTH HOSPITAL, SAUDI ARABIA

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ABSTRACT

The Clinical Social Worker in the Mental Health Hospital in Taif work through the ways and methods of the medical social services and applies its policies. However, in spite of this, their professional relationship with patients is affected by a number of different factors that limit the treatment process. A problem addressed by the study was that of the stance of drug addicts towards the role of the social worker and his role and skills in a mental health hospital. This study aimed at attempting to understand patients' views on the role of the clinical social worker as a partner in the treatment process, and their preferred skills and characteristics. The social survey method was used to conduct this study and used a questionnaire to judge and measure its validity and reliability. The tools of this study consisted of 25 questions, with a sample size of 103 drug addict patients, both men and women in a mental health hospital. The results of the study revealed that patients' stance towards a large number of the roles of the Social Worker was positive such as his role to: help the patient form positive relationships, help solve patients' problems, social tracking, relationship with the medical team, conduct a social study, aftercare, direction and guidance, and health education. Whereas the patients were disagree and not sure towards other roles. In regard to the skills, they support the social worker that is educated, informed and trustworthy, as well as able to form positive relationships with the patient, and takes into account confidentiality in his work.

From this point, it can be said that the patient has a positive portrayal of the social work in the hospital, and accepts many of the roles, making him/her ready for social therapy. This study can be considered as a declaration of cooperation and agreement with the social worker in working together to overcome the situation. Consequently, this study recommends further in-depth research into the subject.

CHAPTER 1 STATEMENT OF THE RESEARCH PROBLEM Introduction

In recent years, Saudi society has undergone several social, political, economic and educational developments, which have resulted in a change in the concept of social care. In response to this change, integrated systems have been developed to support all aspects of life. The state encourages social care and provides it with the required support. It has created developmental plans to support

the industrial and urban sectors of society. Social work establishments have also been set up to provide citizens with care and social services (Al Saud 1996, 19).

The economic recovery of the Kingdom of Saudi Arabia (KSA) since the discovery of oil on 3 March (1928) has had a positive effect on local development and the system of social care. The discovery of oil provided the state with political and economic power, which enabled it to drive development in various fields. The discovery of oil was the beginning of civil reforms in Saudi Arabia. Since the signing of the agreement with Standard Oil of California in (1939), allowing it to explore for oil, the Saudi community has changed completely. A large number of Bedouins from the eastern region were employed by the Arabian American Oil Company, or ARAMCO (formerly Standard Oil of California), giving the Saudi workers regular income. This gave the Bedouins a more stable life. It also gave rise to new housing compounds in the eastern region, such as Dhahran, Baqeeq, Alkhobar and Ras Tanura. In addition, it contributed to the development of small cities into large ones, such as Dammam, Hofuf and Qatif.

The discovery of oil also led to improved health conditions because of the newly established hospitals with modern medical equipment. Health welfare covered various sectors, including prison patients and pilgrims. The agriculture sector also developed because of large agricultural projects, the use of modern agricultural methods and the construction of dams and canals. This led to the settlement of nomads in towns and villages, and the beginning of a new social life (Khaiyat 2003).

The developments in various aspects of Saudi society led to the need for a system of social care that would cover all sectors. Social work thus emerged as a science taught in Saudi universities, and as a profession practiced in various institutions. The scope of social work expanded to include the aspects of education, health, youth welfare and care for the disabled, family and patients.

Scope of the Study

Medical social work is one of the most important areas of social work because it provides the patient with an integrated therapeutic plan of social and health care. Medical social work is a specialised profession that uses scientific methods and technical mechanisms to achieve its aims in the different health institutions.

Clinical social work depends on the professional relationship between the clinical social worker and his patient. The clinical social worker must understand that the patient is a human being with individual characteristics that distinguish him from other patients, and must help him solve his pathological problems.

The Saudi Ministry of Health provides support for the development of clinical social work. The ministry created the Clinical Social Work Department in 1973, which is now integrated into Saudi hospitals. Clinical social workers work with the treating team (composed of the treating physician, nurse and psychologist) in the hospital to serve the patients. Clinical social workers deal with various patients in mental health hospitals, including drug addicts.

Psychosocial work seeks to achieve therapeutic and preventive mental health (Al-Khatib 2009). The role of the psychosocial worker is key; without him, the psychiatrist's therapeutic plan cannot be executed. A psychosocial worker performs common work to provide integrated services to psychiatric patients, particularly drug addicts. To be a social worker requires a certain level of skill, qualification and scientific knowledge. A professional relationship based on respect between the social worker and the drug addict will help in achieving the therapeutic aims. The attitude of the drug addict towards the social worker has also been found to have a significant effect on achieving the therapeutic aims (Basheer and Fahmi 1982, 38).

Background of the Problem

Clinical social workers at Taif Mental Health Hospital use medical social service methods and implement procedures and policies of medical social work that have been approved by the Saudi Ministry of Health. However, some difficulties prevent clinical social workers from carrying out their

role. Clinical social workers need more training on the methods and skills of medical social work to be at par with international standards. There is also a need to expand the methods of study, diagnosis and social treatment of patients to take the community into consideration. When determining the therapeutic plan, the clinical social worker needs to focus on improving the social and environmental situation of the patient, which is among the factors influencing drug addiction.

The social worker must possess clinical social work skills, since these are the tools through which the social worker can gain the patient's confidence and respect. These tools also help alleviate the patient's doubt, which often exists when the patient first interacts with the social worker. The drug addict's understanding of the social worker's role helps the patient accept treatment, and facilitates communication between them. Moreover, clinical skills enable the social worker to manage the meeting with the patient in order to reach to the best results in the shortest possible time (Aldamigh 2008).

Therefore, the drug addict's attitude towards the social worker is the main factor that determines the patient's response to the social treatment that accompanies the medical treatment. The more positive the drug addict's attitude towards the social worker is, the more benefits the patient will gain from the treatment.

Objectives of the Study

This study aims to describe the attitudes of drug addicts towards the role of clinical social workers at Taif Mental Health Hospital, and identify the qualities and characteristics favored by drug addicts in clinical social workers at Taif Mental Health Hospital.

Theoretical Framework

In this study, Taif Mental Health Hospital is the social system, and is an independent entity. It is a social system that was set up in order to help people and fulfil their requirements. It also has an interior identity, which distinguishes it from the outer community, and has relationships with other systems of the community.

The interior elements of the hospital as a social system include the human elements (drug addicts, patients, physicians, specialists, administrators) and the material elements (buildings, tools and equipment).

The functions of the hospital as a social system match the functions of the social system identified by Parsons. The hospital achieves its aims through the different roles of the hospital's members. The members also try to achieve their aims by organising the centres and determining the roles within each group. It is also necessary to clarify the required tools that will enable the hospital to achieve its aims.

The hospital also achieves the function of adaptation. It is a social subsystem that coordinates with the larger system, namely the community. The function of integration is manifested in the relationships that occur within the hospital. The fourth function of the hospital as a social system is carried out by the family as the primary social system, and its role in socialisation. The family performs preventive roles which support the social system and helps achieve cognitive integration with values and social systems (Morsi 2001, 74).

Social workers help the hospital achieve social balance as a health social system. They help the drug addict overcome his problem and enable him to accept the therapeutic process. This helps the patient achieve auto psychic compatibility. In this field, the social worker complies with the regulations of care, rehabilitation and reformation that are compatible with the remaining elements of socialisation. The social worker must cooperate with all parties who are responsible for the problem from which the patient is suffering (Al-Rahsedi 1991, 29).

Explanatory Theory for Study

Theory guides the social worker in analyzing the study problem, enabling the social worker to understand its causes (Aldamigh 2008). Social work uses a large number of theories and practice models, which were introduced to the field in the sixties and seventies by closely related specialties. Due to the large number of theories and theoretical models, social workers may have difficulty determining the appropriate theoretical or conceptual model for their intervention (Hassan 1983). Thyer (1987) claims that majority of social workers do not use a specific theory in their practice.

General Systems Theory

According to Hartman and Laird (1983), the system is “the all which consists of parts overlapping with each other and depending on each other.” General systems theory provides concepts suitable to the social and natural sciences. This theory can be applied to both social and non-social phenomena. The system depends on the interaction between individuals and their environment, as well as on the ability of the individuals to share energy, information and the rest of their available resources. Individuals are constantly changing because there is a mutual influence between them and their environment.

General systems theory is characterised by generality and universality. One of its disadvantages is the expansion of its generality to include everything in the universe—both what can and cannot be perceived. Hence, it is more than a theory, since characteristics of scientific theory include consistency, integration of concepts, and the ability to guide the professionals towards a specific branch of science (Alnohi 2005, 196).

Parsons identified several functions of the social system, which highlight the social structure of the organisation. These functions will be discussed in the following paragraphs.

The first function of the social system is to reach for the aim. Any effective person performing different roles within any social system seeks to achieve its aims by organising centres and determining roles within each community. These aims can also be achieved by clarifying the methods that provide the system with the ability to achieve its aims.

The second function of the social system is adaptation. Each subsystem inside the larger system should achieve compatibility and harmony with other subsystems in order to achieve their aims. These aims should not contradict those of the other subsystems. In addition, the function of the social subsystem should be integrated into the larger social system.

The third function is integration. This refers to the relationships that occur within the social system. Parsons states that studying the internal relationships between the system's individuals does not automatically lead to social cohesion; rather, flexibility, adaptation and culture distinguishes an individual from the rest of the living organisms.

The fourth function of the social system is support and managing stress. This focuses on family as a system in the socialisation of the individual. The family educates the children to achieve cognitive integration with the social values of the system. The family also fulfils the requirements of its members, thus reducing their tensions. This enables the family member to be an effective member of society. This also supports the interior state of the social system (Morsi 2001, 82).

Parsons stated that social systems tend to achieve continuous balance by removing pressures and tensions that disturb balance. He identified three main characteristics of the social system. First, the social system consists of parts that are integrated with one another. Second, the system has selfreinforcing components, because the elements reduce tensions in order to achieve full stability. Lastly, the social system changes due to internal dynamics or exterior factors (Morsi 2001).

Systems Theory in Social Work

Most forms of social work practice use terms derived from general systems theory. For example, ‘feedback,’ ‘client system’ and ‘helping system’ are common terms in social work. In addition, general systems theory serves as the theoretical framework for several current social work practices. In fact,

family therapy approaches are mainly based on the concepts of general systems theory, because these approaches deal with family, which is the most basic social system (Aldamigh 2000). Therefore, to apply the system theory in the social work practice, Pincus and Monahan (1973, 156) suggest an approach to social care that explicitly applies the principles of systems, and is based on their notion that people rely on social systems in their environment in order to achieve a satisfactory life. Therefore, social care must be based on these systems, and there are three systems that can help people, first informal and natural systems, such as friends or family; second formal systems, such as local communities or workers' unions; and third social systems, such as hospitals and schools. Social care tries to discover which of the interactions between patients and their environments lead to their problems. These are not necessarily problems in the patient or the environment, but in the interactions between them. The goal is to help people to perform the duties of life, alleviate stress, and achieve the goals and values important to them (Payne 2005).

Significance of the Study

Theoretical significance

This study focuses on the social problem of drug addiction, which affects a large part of the community, including the youth. The cooperation of all institutions from different sectors of society is needed to help drug addicts overcome their addiction and become active members in building the community.

Study findings on the relationship between the social worker and patients of drug addiction, particularly the drug addict's attitudes towards the role of the clinical social worker in the therapeutic process, can help improve the relationship between the social worker and the patient. This, in turn, will benefit the patient.

This study represents a new, practical addition to the medical library of the Ministry of Health. It can also be a resource for researchers and practitioners in the field of social work, particularly clinical social work.

Lastly, this study is a response to recommendations from a number of previous studies on the need for research on clinical social work.

Scientific Significance

Results of this study can serve as a guide in improving the performance of social workers, and in strengthening the role of social workers in therapeutic programs. Findings on the patient's attitudes towards the therapeutic process can help improve the process of diagnosis and can lead to better therapeutic and preventive programs.

The study will also determine the type of communication between theoretical and applied cognitive in clinical social work, and dealing with addicts. It will also provide scientific evidence on the importance of the relationship between the social worker and the patient in treating addiction.

Assumptions

This research assumes that the positive impression of the patient about the roles of Clinical Social Worker achieves a good and effective professional relationship. Positive professional relationship is important skill of clinical social work skills, stimulates the patient to confident in the clinical social worker, and generates positive interaction between the Social worker and the patient. It is also leads the patient to openness of talk with clinical social worker about his problem, and clarify secrets they contain, reveal his secrets. In this case, the social worker should be able to understand the problem, diagnosed it correctly, thus he can help to solve.

On the other side, lack of understanding the role of Social Worker lead to blurred in dealing with him, this makes the patient reducing the value and role of the clinical social worker, and would create a sense of deficit and ignorance. Generally, negative sentiment makes the patient not believer in

credibility of the therapeutic process, and expects incorrect expectations and hinder acceptance of the Social Worker.

Limitations of the Study

This study focuses on the role of clinical social workers at Taif Mental Health Hospital in KSA (which contains 690 bed), from the perspective of the drug addicts admitted to the hospital, they number was at the study time (550 Patients). The study was conducted in academic year 2011-2012.

Definition of Terms

1. Clinical Social Work

According to Aldamigh (2000), clinical social work is a professional practice where the social worker depends on a medical model known as a social work case. 'Clinical social work' is a relatively new term; it was adopted in the mid-eighties by the National Association of Social Workers. Clinical social work is defined as the professional application of social work theories and its methods in preventing psychological and social defects, disabilities and confusion that afflict persons, and try to treat or mitigate their effects including mental and emotional diseases. The perspective of prison-in-the environment is an essential element in clinical social work (NASW 1984).

Barker (2003) defines clinical social work as the professional application of theories and methods of social work in diagnosing, treating and preventing social and psychological problems. Ewalt (1979) adds that clinical social work involves ensuring compatibility between individuals, couples or small groups and professional intervention from larger social systems.

2. Clinical Social Worker

A clinical social worker interacts directly with the patient, diagnoses the patient and creates a curative and preventive plan using social work theories. A social worker must have a university degree in social work. He must also have other characteristics and skills that will help him provide professional help efficiently (Suleiman et al., 2005).

The clinical social worker plays the role of a specialised therapist who helps patients overcome their problems. He has the knowledge, experience and skills that help him do his job. He uses specific methods and resources in order to achieve his aim (Niazi 2000, 44). Goldstein (1979) describes clinical social workers as "assistants for people."

3. Professional Practice in the Medical Field

The professional practice of medical social work is a model of professional practice in which the social worker uses technical methods to solve the problems of beneficiaries of medical institutions, without applying a specific social work method. It takes into account the patterns of dealing with individuals, families, organisations and small communities, and depends on skill and cognitive basics (Abo Alma'ati 2005, 28).

4. Professional Relationship

According to Abdulkhaliq (1999, 84), the professional relationship of the social worker and customer, from the perspective of the social worker, depends on the verbal and nonverbal communication between them. This relationship will determine the type of assistance needed by the client. Holyos states that the professional relationship between the social worker and the client is the basis of treatment. She defines it as a method of communication between two persons who are sharing in an oriented interaction toward treatment.

CHAPTER 2 LITERATURE REVIEW Introduction

When we consider social care, in general we find that it has evolved from its initial appearance – which was overshadowed by a trend towards humanitarianism and philanthropy – to take its current form after a fundamental change. This change occurred when governments took over the organisation of the relevant areas and passed legislation governing them that works to care for members of the community and their wellbeing. The developments that have taken place in social care have contributed to the emergence of social work as a new profession based on appropriate scientific methods for treating people's problems. Therefore, social work is considered a scientific profession that emerged in the early twentieth century, passing through various stages until becoming a profession based on approaches methods (Shahrani, 2009, 74).

Professional Practice in Medical Social Work

The professional practice of social worker in the medical field is considered one of the practices that take a human face foremost. These practices of interest to all professionals in this field due to the roles performed by the social worker that complement the roles performed by other specialists in the hospital. It is also an important part of social care that constitutes a framework of objectives that society seeks to achieve based on the concept of humanitarian support of a psychosocial nature for patients, in order to contribute to an integrated treatment plan for them (medical-psychosocial). Usually to addresses the problems that are faced by patients through a good professional relationship between hospital staff and patients, aims to improve their social functioning and their capacity to perform their roles in the community (Misfer et al., 2009).

A professional practitioner is someone who works in one of the fields of the social work profession. A professional practitioner practises social work, regardless of the field and level of practice, directly with individuals, families, groups or communities (Aldamigh 1999), or indirectly by managing, planning and drawing social policies for large communities, organisations and establishments. Professional practitioners must be aware of the requirements of social work to perform their roles (Hepworth and Larsen 1990, 22).

There are non-practitioners who practise the social work profession. There may also be social workers who are working in fields other than social work; these social workers are not considered professional practitioners. Thus, every social worker who practises the profession of social work is a professional practitioner; however, not every social worker is a professional practitioner (Aldamigh 2000). National Association of Social Worker (NASW) announced a Code of Ethics for social workers in 1960, containing a reference framework codifying the delivery of humanitarian assistance. This charter has been reviewed and added until the current version in 2004 (NASW, 2008). This charter includes 15 articles relating to humanitarian values such as justice, respect for individual differences, confidentiality, and cooperation with other professions, enriching professional practice, helping communities by giving priority to public services, improving inter-organisational relationships, and contributing to humanitarian welfare programs. The charter also includes the responsibilities and duties of social workers.

Despite the efforts made by international organisations to establish this charter and enforce it to ensure the provision of social services, however this has not reduced the disparity between practitioners in their application of the values and ethical principles. This has led to the emergence of the concept of professional misconduct, meaning that a social worker makes a wrong decision during the provision of care resulting in physical, psychological, or social damage to those seeking assistance (Berliner, 1989).

The developed countries has made much progress in activating the legal mechanisms necessary to regulate professional practice of social work through legislation, whereas in developing countries we see a clear lack of legislation and mechanisms for implementing it. This in turn leads to a lack of awareness by social workers of the limits and ethics of assistance process (Misfer, 2003).

Social Work in Mental Health Hospitals

The development of psychiatric social work is linked to the development of social psychiatry. Mental treatment was originally based on the belief that mental disorders are linked to biological conditions. While medical treatment was the most common treatment for mental disorders, social work had no role in the care of psychiatric patients. After specialists realised the importance of medical social work in the field of psychiatry, psychosocial work became a tool to achieve psychological health and prevent mental disease (Pritchard 2006).

Therefore, the social work in mental health has a significant importance, taking an active role in helping drug addicts to solve their problems and reintegrate into society. From the most important roles of social work is help the addict to accept medical treatment, trying to understand the issues affecting the addict, and thereby to change them. Also interaction with the patient to discover his talents and develop them, and to deal with the patient in accordance with the principles and ethics of the profession of social work, hoping to return the addict as a beneficial individual to his community (Khatib 2007).

Social workers perform the process of social study, diagnosis and treatment for patients and their families by serving individual and organising the community. Social workers can help the individual directly or by holding a practical meeting. They can help the patient describe his personal relationships problems, and problems that he encounters while performing his functions (Bashir and Fahmy 1985, 104).

Social Therapy and Role of Social Worker

Because there is a reciprocal relationship between addiction and mental illness, addicts in hospital undergo mental (psychometric) tests and measurements, which reveal the patient's condition. Psychometric tests occur in conjunction with social study to include all of the information about the social and environmental conditions of the patient. Psychological and social therapy is undertaken through sessions and interviews with the patient to help him with stress reduction, thinking, obsessions, discharging latent desires (Aldamigh 2008).

Therefore, social therapy considered is the component of treatment that is carried out by the social worker as part of the patient's social rehabilitation. It is based on the reasons for the patient's addiction and it occurs in conjunction with medical and psychological treatment. Social rehabilitation begins the moment the patient is admitted to hospital; in the initial interview with the patient, the social worker gets to know him and explains the systems of hospital and what he can expect during the treatment programme. The social worker tries to gain the trust of the patient from the beginning of the treatment and answer all his questions.

Also from the duties of the social worker, conduct a social study (Case Study) to investigate the environment surrounding the addict (family, friends, economic situation and other social problems). This study is initiated after the end of the patient's withdrawal symptoms and takes place, with the patient's permission, through interviews and telephone calls with his family, colleagues and friends. The social worker also arranges for the patient to attend seminars and lectures to raise his awareness about health issues; the social worker also arranges for the patient to participate in a number of sporting and recreational activities. In addition, the social worker helps the patient's family resolve any problems they might have and prepares them to receive the patient after the treatment period is over. The social worker instructs the patient's family and colleagues about how to treat the addict during his treatment and after his recovery, and how to avoid causing setbacks. This side of the treatment also includes supporting the patient after his discharge from hospital by helping him find suitable work in coordination with government agencies, job centres and charities.

All these elements are part of responsibilities of the social worker in the follow-up of patients after their discharge and include counseling patients about the importance of following their treatment plan and medical appointments, so they can become useful members of society (Misfer et al., 2009).

General Social Work in Saudi Arabia

Social service is a community resource that helps people meet their needs and carry out their responsibilities. Individual attributes, social status and the nature of the problems determine the method of social work intervention. Social work began to draw the attention of experts and consultants of the United Nations in the fifties and sixties. Several courses and seminars on this topic have been conducted. Many recommendations on social work have been made, mostly on the importance of professional entrance to social work in terms of the practices and models applied (Gamr and Mabrouk 2009, 185).

Various factors led to the emergence of social work as a profession in the Saudi community. The first factor is the social and civil transformations in the Saudi community. This affected the individuals' behaviours, the nature of the relationships that bind them together, and the values, habits and patterns of their community. Thus, the emergence of social work was important to achieve balance between the moral and material aspects of these transformations.

The second factor that led to the emergence of the social work profession is the change in the social lifestyles of the Saudi community. As a result of these changes, the state had to replace the extended family, oversee social and economic developments, and set up social establishments that provide citizens with care and service. In addition, the state had to create an umbrella of social security.

The third factor is the economic and social programs of the state, which provide care for the various sectors of Saudi society and promote local development. The economic renaissance experienced by Saudi Arabia increased the need for more comprehensive programs and services on social care. Social work evolved from volunteer work to become a specialised profession, which plays an important role in caring for individuals, communities and societies (Alshahrani 2009, 328).

Health Sector in Saudi Arabia

The population of Saudi Arabia is increasing at an annual growth rate of 3.2 percent, exceeding the average global rate of 1.2 percent between 2005 and 2010. The population of KSA in 2011 was about 28.4 million, and is expected to reach 37 million by 2019 (Department of Statistics 2012).

High population growth puts pressure on government ministries, particularly those involved in the provision of direct services to the population, such as the Ministry of Health. The Ministry of Health faces many challenges in the fulfilment of the citizens' requirements and needs. One way to meet the citizens' needs is to expand the provision of curative services by increasing health coverage to include remote locations or by developing services to meet increased demand.

At present, the Ministry of Health provides two types of health care services. The first level is primary health care. This is main medical care, and is provided in primary health care centers that cover all the regions of KSA. The second level is specialised health care. This is provided in the hospitals of the ministry and their affiliated medical cities.

In 2010, there were about 2,086 primary health care centers, 244 hospitals with more than 34,000 beds, and about 240 thousand employees in KSA (Ministry of Health 2011).

Mental and Social Health Medical Services in Saudi Arabia

In most societies, social welfare rests on the belief that the rights of each citizen, including the right to obtain appropriate social care, must be maintained. The role of the social element in solving critical problems should not be forgotten, because pathological symptoms faced by human beings have social effects on the social environment. Social work is connected to the medical field because it can contribute to achieving the goals of health care (Abo Alma'ati 2005, 21). Therefore, the Saudi Ministry of Health gives special attention to Medical Social Work because it provides social care alongside medical treatment. On 26 December 1973, the Ministry of Health established the Department of Medical Social Work, under the General Department of Therapeutic Medicine, to monitor the performance of social workers, and develop the profession (Alshahrani 2009, 358-359).

In addition, Medical Social Work can be provided the patient with comfort and reassurance. It helps the patient achieve tranquility in cases where the patient is admitted to the hospital for a long period. It also hastens the healing process. In addition, medical social work helps the patient recover and return to work and other activities, so that the patient can become a productive member of the community.

Moreover, Mental Health Services in Saudi Arabia promotes the awareness of the nature of mental disorders and their causes, and provides mental patients with the required curative services via twenty mental health hospitals with nearly three thousand beds. These hospitals include three centers for treating drug addiction and 94 psychiatric clinics attached to public hospitals in various regions and governorates of KSA. In 2010, there were 627 Doctors in the Ministry of Health working in the field of mental and social health. These Doctors work in the centers of Al-Amal, Mental Health Hospitals and psychiatric clinics attached to public hospitals. In addition, there were 604 Psychiatrists, 724 Social Workers and 3,025 Nurses working in the field of mental and social health (Ministry of Health 2011).

Taif Mental Health Hospital (Shehar)

Taif is a tourism city in the western region of Saudi Arabia, located in the Al-Sarawat Mountains. Taif has an area of 42,750 km. It has 2,200 villages and a population of 1.35 million. Taif is famous for its temperate climate and its seasonal fruits (Taif Municipality 2012). Taif City has twelve hospitals, of which there is only one specialised hospital and one mental health hospital. It also has 112 primary health care centres. In 1962 the Mental Health Hospital was created, the first specialist hospital and a benchmark in the field of mental and psychological health in Saudi Arabia, located in the neighbourhood of Shehar in Taif. This neighbourhood was chosen as its good climate is more suited to the conditions necessary for these patients. The Ministry of Health supplied the financial and technical means for specialist doctors, trainee doctors, nurses, and servants, and administrative apparatus, it was named 'Shehar Mental Illness Hospital' (Taif Health 2011).

One of the objectives of the hospital was the admission of patients with every type of mental illness. This includes patients who admit themselves to the hospital willingly, patients who are brought in against their will by their parents or relatives, patients transferred from other hospitals who are in need of mental help, and patients who have been sectioned for security reasons. The hospital in collaboration with the World Health Organization created an outline for an integrated development of these services and access to the required level. Serious work was begun on the implementation of the scheme in order to achieve its goal, namely the development of psychological services in Saudi Arabia, represented by the hospital, following the latest therapeutic methods, either drugs or ECT. Social workers, researchers, psychologists, and professional instructors were recruited in another step to confirm the new treatments work for patients, such as recreation and vocational rehabilitation, in order to return them to their community as active members. An earlier World Health Organization assessment of development of hospital services in its report issued in 1973 prompted the Saudi Ministry of Health to establish the General Administration of Mental and Social Health to begin the planning, organisation, and development of mental health projects in Saudi Arabia. In the meantime, the psychiatric hospital in Taif became an accredited centre to train doctors and nurses to fill the shortfall in the supply of professionals needed to develop those services throughout Saudi Arabia, which were required by the mental health hospitals the ministry had opened in its cities (Taif Health, 2012).

Each patient's medical team consisted of a consultant psychiatrist, a specialist psychiatrist, a resident psychiatrist, a social worker, a psychologist, a nurse, and sometimes a nutritionist. This team put in place a comprehensive treatment plan to cure physical, psychological, social, and behavioural problems in order to make changes and modifications appropriate to the patient, his family, and his outside environment, discover areas of social forces, and channel them constructively. The hospital

aims through the programs it offers to addicted patients to free the addict's body from the effects of drug or alcohol. Also to remove the effect of physical dependence on drugs to recover from addiction, ensuring no return and relapse after his return to society. They are treated in hospital, in either outpatient or inpatient departments, according to the patient's condition (Taif Mental Health Hospital, 2010).

Currently, at the time of study the bed capacity of the hospital was 690 beds, including 540 beds for men and 150 beds for women and the number of psychiatric patients whose addiction to drugs caused them to be afflicted with mental illness was 550 patients, 79% of the total patients in hospital at the time of the study. The number of social workers at the hospital was 18.

Drugs, Their Types

The phenomenon of drug abuse and the use of dangerous drugs have spread dramatically in recent times in societies; now represent a major threat to health and productivity. This phenomenon is no longer confined to any particular country, but included over the world. Drug addicts not only harm themselves but go beyond that to harm their family and other members of their community also. Drugs are more lethal than plague, war, and famine, because the harm they cause is serious and multi-faceted. A drug abuser is a poison in the body of his nation, and untreated his poison spreads to others and affects the whole body. Moreover, the problem of drug abuse is one of the dangerous social problems that affect the fabric of society and its members, as the resultant social, economic, and psychological effects and poor health. The seriousness of this problem is evident in the effects of the behaviour of the abuser or addict on the social, economic, and legal conditions of the society in which they live. Saudi Arabia is an integral part of this world, affected by it and interacting with it. As such, it has not escaped this phenomenon of drug abuse and is working hard to reduce its prevalence and prevent its spread. Statistics indicate that the most common drugs in Saudi Arabia are Cannabis, Heroin, Cocaine, Seconal and Captagon (Mokled, 1996, 47). Intoxicating substances such as alcohol, ether and benzene have been added to the classification of drugs due to their addictive effects and the way they affect the mind. Tobacco can be added to addictive substances due to the dependence it creates in the body on nicotine, in addition to the introduction to the body of toxic substances such as tar and arsenic, among others.

According to Antwan (2003, 39) narcotic drugs are drugs that have an effect on the central nervous system or cause hallucinations and fantasies. They can lead to addiction, which causes social and economic harm to the community and the individual. The World Book Encyclopedia defines drugs as materials that have a strong inhibitory effect on the central nervous system, which leads to the loss of feeling of pain, astonishment, sleep and coma, when used according to the recommended quantity (Faid 1994, 57).

Although there are diverse views on the classification of drugs, this study classifies drugs into natural drugs, manufactured drugs and synthetic drugs. Natural drugs are those derived from plants, herbs and trees. Manufactured drugs are materials derived from natural drugs, to which artificial changes are made or chemicals and colors are added. Synthetic drugs are originally chemical materials that are produced by inserting primary gases such as carbon, oxygen and hydrogen into other chemical materials. This results in a material similar to natural drugs in terms of effects (Shdevat 2006, 91).

Drug Addiction

Addiction has been defined in various ways; there is no single agreed upon definition of the term. Barber and James (2002) define addiction as an illness and as a behaviour gained through learning, experience and environment. The WHO describes it as a psychological condition or a relationship in which a person is controlled or manipulated by another who is affected with a pathological condition (Schilit and Gomberg 1991, 8).

Essawi (2000, 32) defines drug addiction as dependence on medical drugs and their effects, with a continuous demand to increase the dose. The addict experiences tension if he is prevented from using

drugs. Alfalih (1987, 16) describes drug addiction as a condition of chronic poisoning resulting from the repeated use of drugs. Its characteristics include the following: the urgent need and desire for drugs through any method; the continuous desire for increased doses; harm to the individual and community; subordination and physical and psychological dependence on the effects of the drug; and symptoms of withdrawal when stopping drug use.

Rabee (2001, 126) defines drug addiction as “the limit with which the social and professional life of the drug addict corrupts. He reaches to a complicated picture, which is characterised by the urgent desire for repeating addiction, attitude towards increasing the quantity and the negative effects on the individual and the social milieu.”

According to Alashmawi (1993, 47), some studies use the term ‘dependence’ in the same sense as addiction. The concept of dependence thus covers all types of drugs, whether the addiction resulted in physical dependence or not. Lauri (1968, 11) explains that dependence is a diplomatic term that combines the meanings of addiction and abuse.

The term ‘dependence’ emerged due to the controversy over the differentiation between addiction and familiarity among WHO experts in 1965. The committees decided to replace the terms ‘addiction’ and ‘familiarity’ with the term ‘dependence.’ This would combine the main elements of addiction and familiarity and prevent conflict between the two terms. To increase accuracy, the WHO decided that the term ‘dependence’ should be associated with the name of the intended material (e.g. morphine dependence).

According to the WHO (1987), dependence is characterised by the following: (1) A compulsive desire for drug abuse by any means and at any cost. (2) Clear tendency to increase the dose due to the habituation of the body to the drug, or the lack of access to the usual effect. (3) Need for psychological and physical abuse. (4) The occurrence of harmful and bad effects to the addict and to his social environment (Abu Ghararah 1990, 63).

Drug addiction is a social problem that has negative social, economic and health effects on the members of society and on the community as a whole (Barber 2002). It is a social disease phenomenon caused by several factors related to the individual, the family and the general social construction of community. The addicts’ behaviour has dangerous effects on their social, economic and legal positions in their communities. Their violations of the law require corresponding actions from the police and judiciary. Even if the drug addicts are able to participate in the labor force, their contribution will be poor, and will not aid community development (Abdullatif 1992, 103).

Drugs are rejected and prohibited by many communities and religions, including Islam. Islam fought relentlessly against drugs because of the harm that it inflicts on the brain, spirit and body (Alashmawi 1993, 34).

The Harms of Addiction

Drugs can cause social and moral harm to the individual and the community. Drug addiction robs an individual of his dignity.. This can lead to depression and bad behaviour towards family, friends, neighbors, and other members of the community. It can lead to the abuse of family and relatives, and tension and disagreement among family members. The drug addict may also resort to committing crimes in order to obtain drugs. Drug addiction can also harm the economic situation of the individual and the community. It can drain families’ resources and impoverish families. It can render drug addicts unable to contribute to the labor force. A high incidence of drug addiction also increases the burden of the state as it cares for drug addicts in hospitals (Mokled 1996, 58).

Drug addiction can cause a host of health problems. It leads to the deterioration of the individual’s general health. Drug addicts suffer from loss of appetite and poor digestion, as well as problems such as redness in the eyes, ringing in the ears, dry or sore throat and cough. Drug addiction can also lead to motor inactivity and decreased sexual ability. It also has negative effects on pregnant women and their unborn children, as it can cause defects and disability in the unborn child. Drug addiction can lead to depression, anxiety and amnesia, and may lead the addict to commit suicide.

Drug addiction can lead to respiratory diseases such as tuberculosis, emphysema and cancer. It can cause tachycardia, acute anemia and the reduction of white blood cells that protect the body from diseases. It also weakens the immune system, which can lead to infection from various diseases (Kuwaiti Ministry of Health 2012).

Causes of Addiction:

For the treatment and prevention of addiction, must identify and remove causes, identifying the conditions that lead to it (Gunning Schepers and Hagen, 1987) from the following reasons:

Firstly, psychological reasons: such as personality disorder, tension, anxiety, fear, and obsessions. Secondly, social reasons: such as bad friends, experimentation, curiosity, imitation of others, and the search for fun, and leisure. Thirdly, medical reasons: such as dependence on prescription drugs, and poisoning the body with drugs. Other reasons for addiction: such as non-adherence to religious and moral values, unemployment, and enforced drug use.

The Social Interpretation of Addiction:

Sociologists focus in their interpretation of addiction on the values, standards, subculture, and socialisation processes as factors motivating the individual to abuse and thus become addicted. They have put forward explanations for the phenomenon of addiction, amongst which the explanation based on social trickery, meaning the tricks or bluffs carried out by an addict because of his inability to adapt or fit in to the community. Such an interpretation of addiction was based on the fact that it does not meet the approved societal norms, and as such, addiction is a form of social deviance leading to addiction. One of the social interpretations of addiction was based on social conditions and trends. Underdeveloped social conditions and trends lead to drug abuse and are one of the causes of addiction. These explanations look at addiction as a form of social deviance, which means the addict's inability to cope with regular social norms determined by the community, so he resorts to drug abuse to deal with the feelings of failure and frustration (Mansour 1986, 76).

These interpretations confirm indications (Jaynes 1988, 18) that some of the factors leading to addiction are the addict's failure to fit in, poor social skills, a lack of moral and psychological support for children, a lack of closeness between family members, mental illness, and divorce. All of these factors are closely related to drug abuse.

Related Studies

This section reviews previous studies that are relevant to the current study. These studies were used to create the theoretical framework and design the methodology of the present study. The previous studies are divided into two groups: the first focuses on the role of the social worker in the medical field, and the second focuses on the role of the social worker in other fields.

The Studies that are focus on Role of Social Workers in the Medical Field

A study by Alrashedi (1991) examined the role of social workers from the perspective of drug addicts at Al-Amal Complex for Mental Health in KSA. It also identified the problems that hindered the patients' rehabilitation. The study found that the patients had an average understanding of the social worker's role. They had positive attitudes towards the methods used by the social worker to solve their problems, as well as the methods of treatment. The study recommended that the social worker focus on the patients' hobbies, so that the patients could make use of their spare time. It also recommended comparative studies on the attitudes of drug addicts towards the role of the social worker.

A study by Alqaoud (1993), meanwhile, focused on the role of social workers in King Saud University Hospital at Riyadh. The study determined the professional role of the medical social worker to achieve functional integration with the hospital staff's roles. It also identified the obstacles encountered by the medical social workers in the course of their work. The study found that the practitioner's actual and expected roles differ. It also found that some of the medical staff did not appreciate or accept the social

workers. Patients and officers-in-charge were not aware of the social worker's role, and the defect of the available potentialities. Lastly, the study found that there were an insufficient number of social workers, and that some of them were doing administrative work.

Al-Saud (1988) focused on social work with mental patients, and the role of the social worker in the psychological field. The study described the role of the social worker in different fields, as well as the requirements of social work and its role in supporting other occupations. The study highlighted the social workers' need for training and education in the field of psychological health.

A study by Alajlani (2005) evaluated the professional skills of social workers in the field of psychological health in KSA. The study found that social workers with more experience were more confident about their cognitive and interpersonal skills. Those who specialised in social work had better cognitive and interpersonal skills than those who specialised in sociology. Lastly, females also had better cognitive and interpersonal skills than males. The study recommended continuous training for social workers in the medical field. It also noted the need for improving the medical staff's knowledge on the role of social workers.

Mohimid Sahli (2009) conducted a study on the assessment of the role of the social worker at the Alamal Mental Health hospital, Riyadh. This study aims to discover the professional role played by clinical social workers after noting the limitations of the role of social workers at the hospital, using a descriptive approach through the method of social survey. The researcher used two questionnaires: the first regarding social workers, and the second regarding the families of patients .

The most important results of this study was that there is a difference between the view of the social workers who believe they are fulfilling their proper role, and the view of the patients who believe that social workers sometimes perform these professional roles. The social workers indicate that there are no impediments to remember during the exercise of their work, and that there is a desire by specialists for the implementation of training programs for the development of their professional role. The study noted the need to identify the roles of social workers in line with the objectives of their specialisation and their dealings with the patient, and there is a need to increase awareness of the team role of the clinical social worker. The study also recommended the need to establish specialised centres to assess social workers in all sectors, as the study did not address the patients' views about the role of social workers.

Alafifi (1980) studied the factors affecting the social worker's performance on individual cases. The study highlighted the importance of training courses for social workers in professional practice to update their knowledge and skills. The study recommended that academic departments provide social workers with rehabilitation and technical programs.

Habeeb (1997) analyzed the effectiveness of a training program for social workers in civil defense.

Results showed that the training program was effective in improving the social workers' performance.

The Studies that are focus on the Role of Social Workers in other Fields

Alenzi (2005) discussed the role of social workers in dealing with the social problems of prisoners in the cities of Riyadh and Jeddah. The study found that most prisoners were unaware of the social worker's role. Most prisoners claimed that the meetings with social workers were not sufficient. Half of the prison administrators interfered with the work of the social worker. The study also found that the tasks of the social workers in jail were written tasks. The study noted the need for similar studies focusing on the role of the social worker in changing the behaviour of prisoners.

Alqahtani (2009) evaluated the role of social workers in reform institutions from the perspectives of social workers and prisoners. The study found that social workers faced many problems in correctional institutions. The tasks of the social worker were limited and ineffective, and there were no training programs for social workers in the community. Prisoners likewise perceived the social service programs as ineffective. The study recommended that equipment be provided for all social activities, and that the number of social workers be increased.

The studies reviewed in this section all focused on the role of the social worker. However, there is a lack of studies that address the attitudes of drug addicts towards social workers, as well as a lack of

studies that define the ideal role of the social worker in the social system. This study highlights the ideal role of the social worker within the organisational system of treating drug addiction. It aims to study the obstacles to the social workers' work with drug addicts. This study differs from previous studies because it focuses on the relationship between social workers and drug addicts in a mental hospital, and the nature of this relationship from the patient's point of view.

CHAPTER 3 METHODOLOGY Introduction

This chapter will review the research design, study questions and study population, the samples used, and how they were chosen, the tools that will be used in the study, the data collection procedures and the methods used in the analysis of the results. It will also discuss the ethical considerations that will affect the conduct of the study and protect the participants' rights.

Research Design

This exploratory study examined the position and opinions that a sample of drug addicts in the psychiatric hospital in Taif held towards the role, professional qualities and skills of social workers. This is a quantitative study designed to strengthen the professional relationship between social workers and drug addicts, and to understand a patient's impressions towards ways of provide social services. This study has been informed by the results of a number of previous studies that were used to develop its theoretical framework, while at the same time taking into account the privacy of the Saudi community and its customs and traditions.

This project made use of the social survey method, one of the important and widely used methods in social research, to describe the phenomenon studied (Shafik, 1998, 183). This approach serves the questions and objectives of the study by gathering data and facts that cannot be obtained through direct observation, and by exploring the attitudes and characteristics of the study population, who were patients who were admitted into a psychiatric hospital for drug addiction. It differs from other research methods in the social sciences, such as the historical method and the experimental method in that the descriptive method is used more appropriate to describe the studied phenomenon, and the existence of prior knowledge with information about the study population. (Abu Suleiman 2007, 33). As a quantitative study, this project aims to answer the research questions using a questionnaire consisting of 25 questions to gauge the views and attitudes of the respondents. The questions of questionnaire were written based on some important roles of social workers.

The study sample was selected using the simple random sample method. Since this study addressed participants in their native language (Arabic), the researcher took great pains to preserve accuracy and objectivity when translating the text in the wording of the questionnaire or the results of the research sources.

It is hoped that the results of this study will help researchers and service providers to develop clinical social services for drug addicts in psychiatric hospitals.

Research Questions

This study aims to answer the following questions:

- What is the attitude of drug addicts towards the role of clinical social workers at Taif Mental Health Hospital?
- What qualities and characteristics do drug addicts at Taif Mental Health Hospital favour in clinical social workers?

Study Population

The study population consisted of 550 out of 690 psychiatric patients (men and women) who were inpatients at the psychiatric hospital in Taif, and whose drug addiction was one of the contributing factors in their mental health issues.

Sample Population

After selecting the overall study population, a sample population was selected that consisted of patients who were psychologically and physiologically stable using the simple random sample method. In order to preserve homogeneity amongst the sample group, so that results of the study could be applied to the study population as a whole, the percentage chosen for the size of the sample group was 20% 110 patients of the current study population 550, including males and females from different nationalities. In order to determine the sample size, Suleiman and Hassan (1992, 134-135) determined the sample size in descriptive research, if the population is relatively small (a few hundred), the lowest sample size is 20% or 25% as a percentage of respondents, 10% if relatively large (a few thousand), and 5 % if very large (tens of thousands).

As such, the researcher prepared a list of the bed numbers of the psychologically and physiologically stable patients, excluding psychotic patients, patients who were still suffering from withdrawal symptoms and patients who were in the secure ward due to the security restrictions placed upon them.

Instrumentation

In this study, the researcher used a questionnaire consisting of 25 questions written in the language of the study participants (Arabic) (See Appendix A), for the original copy of the questionnaire in English (See Appendix B), which was designed to obtain the required data from the study sample. The researcher tried, as much as possible, to make the questions simple and easy to understand and not too long, so as to avoid causing the respondents to become bored.

The questionnaire was prepared using closed-ended questions that measure trends in the patients, followed by a listing of specific multiple-choice options from which the respondents were asked to choose an answer based on which of the responses most closely applied to their situation. The measure was chosen (Likert Scales) gradient quintet, (strongly agree, agree, neutral, disagree and strongly disagree). The focus of the study is to identify the drug addicts' opinions regarding the role of the clinical social worker, including which of the social workers personal qualities and professional skills are favoured by the drug addicts.

To ensure the validity and reliability of the study tool, a test was carried out to determine its face validity. The researcher presented the questionnaire in its initial form to a number of social specialists after briefing them about the objectives and questions of the study. Then they were asked to express an opinion on the questionnaire and the paragraphs, in terms of appropriate paragraphs valuate the sincerity disclosure of the information sought by the study, the coherence between each paragraph and the axis, the clarity and the accuracy of the paragraph.

The specialists expressed their views on the clarity and scope of the phrasing and suitability of the questionnaire and they made some general observations about the questionnaire. They also commented on the appropriateness of the five-response gradient that determines the participant's response for each point. In light of these observations, the researcher adjusted the wording of some of the phrases in the questionnaire in order to make them clearer and to insure that they more accurately reflected the data they were designed to measure.

The estimated consistency of the questionnaire was calculated using reliability Coefficient (Cronbach's Alpha). Cronbach's alpha is the most commonly used measure of reliability (i.e. internal consistency). It was originally derived by Kuder & Richardson (1937) for dichotomously scored data (0 or 1) and later generalized by Cronbach (1951) to account for any scoring meth.

Following the final design of the questionnaire, 10 patients have been selected randomly from study population to calculate reliability, and distributed questionnaires to them on two separate occasions, separated by seven days, under the same circumstances. After comparing the participants' responses to the questionnaire during these two periods, the reliability coefficient was shown to be 0.86, which confirms the consistency of the questionnaire, both its internal consistency and its relevance to the study in general. SPSS Output for Cronbach's Alpha:

N of Cases = 10

N of Items =19

The formula used to calculate the Reliability Coefficient is as follows:

$$\alpha = \frac{n}{n-1} \frac{V_{test}}{V_{total}}$$

V_{test} =

Where:

- n = number of questions
- V_i = variance of scores on each question (mean)
- V test = total variance of overall scores

Alpha = 0.86 Suggesting that the items have relatively high internal consistency.

The questionnaire was divided to three sections, first section is preliminary data, (Questions 1-6), which focus on personal information, (gender, age, marital status, level of education, number of times admitted to hospital, and patient's length of stay in the hospital). Second section is the drug addicts' opinion of the role of the clinical social worker. This section consists of 14 questions (Questions 7-20), which measure the position and opinion the patient has about the role of the clinical social worker as follows:

- Useful programmes and leisure activities,
- Awareness of the health risks related to drugs,
- Helping solve the patient's problems during the recovery period,
- Helping the patient understand the problems that he may encounter after his discharge from the hospital,
- Undertaking a social study of the patient,
- The nature of the relationship between the social worker and the medical team,
- Patient follow-up after hospitalisation,
- Making the patient aware of the document of patients' rights and his responsibilities,
- Pointing the patient towards social institutions that provide social services for him,
- Social worker's guidance in the patient's response to treatment,
- Social worker's guidance in modifying the patient's behaviour,
- Disclosure of patient's personal information,
- And helping the patient form a positive relationship with those around him, - The importance of social worker role in the medical team.

Third section is qualities and professional skills favoured by drug addicts in the social worker. This section consists of five questions (Questions 21-25), as follows:

- Nature of the professional relationship with the patient,
- The confidentiality of patient information,
- The amount of trust in the social worker, - The follow-up of health and social developments, - The social worker's ability to lead and persuade.

Data Gathering Procedures

After drafting the final version of the questionnaire and after the completion of the approval procedures, the patients signed informed consent forms and the questionnaires were distributed, with the help of the social workers in the hospital, equally amongst male and female patients who had agreed to participate in the study. After explaining to the patients how to answer the questionnaire and determining that they understood all the questions, they were asked to fill out in the questionnaire, which took between 10 and 15 minutes. For purposes of distribute questionnaires on females patients,

the researcher a request for assistance from females social workers, because they were in a special section for females, and prohibited the entry of men.

One of the difficulties faced by the researcher was the unwillingness of many of the female patients to participate in the study due to the customs and traditions of Saudi society.

Methods of Statistical Analysis

This study uses the SPSS programme to analyse the quantitative data, frequencies and percentages in order to describe the characteristics of the study sample. This programme was also used to calculate the arithmetic means and standard deviations to study the respondents' answers and to analyse and measure the statistical variance in the study variables. Conclusions were drawn from these analyses and the data was presented visually through tables and figures.

Protection of Human Subjects

To ensure the privacy of this study, especially considering that the participants are drug addicts at a psychiatric hospital, the researcher is committed to applying the criteria of the National Committee for Bioethics and Medical, which is an official body that oversees the ethics of scientific research in the Kingdom of Saudi Arabia.

That committee was established by order of the King of Saudi Arabia on 7 August 2001 under the supervision and management of the King Abdulaziz City for Science and Technology (<http://www.kacst.edu.sa>). Its mission is to ensure adherence to ethical and legal standards in medical research conducted by researchers and medical institutions, and to ensure that the researcher abides by a number of criteria designed to maintain the ethics of scientific research and the conservation of the ethical and legal rights of research participants.

This study also takes into account the measures of the Data Protection Act of the United Kingdom (1998), which applies to any individual or organisation dealing with the personal data of third parties. This imposes a number of ethical obligations on the researchers, which, to a certain extent, affect these data legally: the data must be used for specific purposes, it must be adequate, relevant and within the limits of the needs of the researcher, the data must be accurate and kept up-to-date. Excessive amounts of data should not be held and its storage must be secure. Data must not be taken to other countries without adequate protection (Bryman 2012, 137). This research was carried out with the approval of the Directorate of Health Affairs in Taif (See Appendix C), and the General Department of Research and Studies at the Ministry of Health.

All the participants in this research study were informed of the study's objectives and of its scientific importance. Furthermore, they were informed of all the procedures and potential risks involved. Their right to refuse to participate was guaranteed and each participant signed an informed consent sheet in Arabic (See Appendix D) for the original copy of the informed consent sheet in English (See Appendix E). That consent form also notes the researcher's commitment to confidentiality and privacy, and to using the results of the study for research purposes only and not sharing them with any third party.

It is also important to note that the researcher is committed to providing correct Arabic and English translations for all sources, including the translation of questionnaire phrases and the results of the data analysis.

Summary

This chapter covered the methodology of the study and the method of the design as being a type of exploratory quantitative study. It also reviewed the researcher's questions and identified the study population as well as the method of sample selection and size of the sample population. The questionnaire was defined as the tool that this researcher will use to conduct the study, and the data collection procedures and statistical methods used to analyse the data were explained. Finally, this chapter stated the procedures for protecting participants and the approvals necessary to conduct the research.

CHAPTER 4 RESULTS Introduction

After completing the process of collecting and analysing the data through the data analysis programme, this chapter will present the results and indicators that this field of study has reached. In order to achieve the goals of this study, the opinions of drug addicts were identified in relation to the role of clinical social workers. The sample included both male and female inpatients at a mental health hospital whose mental state was stable, and had consented to their participation in this study. These patients' addiction to drugs was the reason for their mental illness. This chapter will illustrate the rate of response of participants to the questions of this study, as well as analyse the preliminary results of the participants. Additionally it will present the results of the first round of the study- that of the stance of drug addicts to the role of social workers. The second round will be to do with the necessary qualities and characteristics of social workers from the point of view of the patients.

Rate of Response

The following table shows the distribution of questionnaires between a sample of men and women and the percentage of valid questionnaires. 110 questionnaires were distributed which represented 20% of the study's population of 550 patients. Consideration has been taken to evenly distribute questionnaires between both men and women. Seven questionnaires were invalid or incomplete for analysis and have therefore been omitted. This has left 103 questionnaires valid for analysis, which represents 18.7% of the group in this study, and conclusions have been drawn from the results of this sample.

Table 4.1 Rate of questionnaires for men and women.

	Study Population	Sample 20%	Completed Questionnaires	Invalid Questionnaires
Men	446	89	85	4
Women	104	21	18	3
Total	550	110	103	7

Table 4.1 illustrates the rate of response from the sample of men was 95.5% from the total male sample. The rate of response for women for this study was 85.7% of the total female sample. Therefore, the overall rate of response for all individuals of the sample both male and female was 93.63% of the total group sample, and the overall rate of non-response was 6.73%. This rate will enable us to generalize our results from the study population - drug addicts in a mental health hospital in Al-Taif.

Table 4.2 Rate of response for men and women

	Sample Percentage	Response Rate	Percentage Lost
Men	80.9	95.5	4.5
Women	19.1	85.7	14.3
Total	100	93.63	6.37

After the process of collecting the results and analyzing them through the use of a statistical programme package for the social sciences (Statistical Package for the Social Sciences, SPSS), the following results have been reached.

Characteristics of the study sample (preliminary data)

This part will deal with the detailed presentation of the preliminary data. Questions one to six aim to gather personal information related to the subject of the study, that of the study of the demographic characteristics of the participants and its link to the conduction of this study. These questions were related to sex, age, marital status, education level, number of admissions to the hospital, and length of stay in hospital. The following is a descriptive analysis of the results through tables showing the relative frequency distributions as follows:

According to the data from the study samples, all participants answered the question relating to sex, as the following specific table indicates to participants in accordance to their gender. The number of male participants in the study was 85, and therefore formed 82.5% of the sample group, a greater number than that of the female participants. The number of female participants in the study was 18, their percentage therefore making up 17.5% of the total study sample of 103 individuals. This is due to the fact that the majority of patients are men and the small number of female patients in the hospital, as well as the unwillingness of many female patients to participate in the study due to the customs and traditions of Saudi society.

Table 4.3 Participants according to sex

	Variables	Frequency	Percent
Gender	Male	85	82.5
	Female	18	17.5

The results in table 4.4 clearly indicate the age of participants in the study. Participants under the age of 25 were the smallest percentage in the study with just five participants and therefore a percentage of 4.8%. Eight Participants were placed in the 25-30 age category and therefore were a percentage of 7.7%. The number of participants in the age category 31-35 was 11, and their percentage 10.6%. Participants whose age was between 36-40 were 17 and accounted for 16.5%, whereas participants whose age was 41-45 were 23 formed a percentage of 22.3%. However, the largest proportion of participants was those placed in the aged 46 and above category, which constituted 39 participants and a percentage of 37.8% of the total study sample. This indicates that the majority of patients in the hospital are of older age.

Table 4.4 Participants according to age category

Variables	Frequency	Percent
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Age	Less than 25	5	4.8
	25 to 30	8	7.7
	31 to 35	11	10.6
	36 to 40	17	16.5
	41 to 45	23	22.3
	46 and more	39	37.8

The following table shows the extracted results for the study sample in regard to marital status and indicates that married participants constitute the largest category, with 46 participants making up 44.7%. The category of single participants numbered 39 accounting for 37.9%. In third place comes the divorced participants numbering 11 and accounting for 10.7%. Lastly, widowed or widower participants amounted to seven, accounting for 6.8% of the total study sample of 103 participants.

Table 4.5 Participants according to marital status

	Variables	Frequency	Percent
Marital Status	Single	39	37.9
	Married	46	44.7
	Divorce	11	10.7
	Widower	7	6.8

The data in table 4.6 is in relation to participants according to their education level. Most participants held a secondary school certificate and amounted to 35 participants, accounting for 34%. In second place came the participants that held a primary school certificate, numbering 24 participants and accounting for 23.3%. Next were those who held a middle school certificate who amounted to 21 participants, accounting for 20.4%. After this were participants with a University certificate who were 11, and accounted for 10.7%. The number of participants who had not received any education was seven, accounting for 6.8%. The smallest percentage of participants was those who held a diploma, 4.9%, and numbered five participants from the total study sample. It should be noted that the majority of participants overall were of a low education level. This requires the social worker to make an extra effort in the field of providing health education.

Table 4.6 Participants according to education level

	Variables	Frequency	Percent
Educational level	Uneducated	7	6.8
	Primary School	24	23.3
	Middle School	21	20.4
	Secondary School	35	34
	College	5	4.9
	Graduate School	11	10.7

The following table points to the number of times a participant has been admitted to hospital. The greatest percentage of participants had been admitted to hospital only once, with a total frequency of

65 participants at 63.1%. Two admissions followed, with a frequency of 21 participants and their percentage amounting to 20.4%. In third place came multiple admissions to hospital, with three admissions to hospital having a frequency of 11, and a percentage of 10.7%. Lastly were the participants who had been admitted to hospital four times or more who numbered six, and whose percentage reached 5.8%.

Table 4.7 Participants according to number of admissions to hospital

		Variables	Frequency	Percent
Number of Entries	Once		65	63.1
	Twice		21	20.4
	Thrice		11	10.7
	Four or more times		6	5.8

According to the results extracted from table 4.8 showing patients length of stay in hospital since their admission, the largest proportion of participants in the study were inpatients that spent two months or more in the hospital and whose number was 39, and accounted for 37.9%. Ranked second were patients that had been admitted to the hospital for a month-and- a-half to two months, numbering 24, and accounting for 23.3%. Next were the patients whose length of admittance was between two weeks to less than one month, numbering 17 and accounting for 16.5%. Patients who had spent less than two weeks in hospital numbered 13 and accounted for 12.6%. Lastly were patients who had been admitted for one month to no less than a month and a half, numbering 10 and accounting for 9.7% of the total study sample. It should be noted that the majority of patients participating in the study were long-stay patients. This puts a burden on the hospital and increases the cost of patient care.

Table4.8 Participants according to length of stay in hospital.

		Variables	Frequency	Percent
Length of Hospital Stay	Less than two weeks		13	12.6
	Two weeks to less than one month		17	16.5
	One month to less than one and half month		10	9.7
	One and half month to less than two months		24	23.3
	Two months and more		39	37.9

Results related to the questions conducted by the first study

This stage contained the questions numbered seven to twenty. The aim of these questions was to find out the opinion and stance of the participants towards the role of clinical social workers. What is the role they envision for the social worker? Several roles and functions of the social worker were suggested to the participants, and their answers were analysed. In this way, frequencies, percentages, mean values, standard deviations and order of importance of responses by individuals in the sample were calculated. Following this the values of sequenced variables were encoded (table 4.9). Here the value “Strongly agree” took the value 5, “Agree” 4, “Not sure” 3, “Disagree” 2, and “Strongly disagree” 1. This was in regard to positive statements in the study.

Table 4.9 Encoding variable values

Value	Coding
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Strongly Agree	5
Agree	4
Not Sure	3
Disagree	2
Strongly Disagree	1

Table 4.10 shows the mean values, standard deviations, and statements of the questionnaire in descending order according to the mean values. Therefore the order starts from no.1 and descends according to the importance of statements to individuals. Analysis of the results will be made in light of this order.

Table 4.10 Proportion of standard deviation and importance of statements.

Statement	Mean	S.D.	Rank
I feel comfortable if the Social Worker helped me to form positive relationships with others.	4.13	0.763	1
The Social Worker should help patient to deal with problems during the hospitalisation.	4.10	0.774	2
It is important to the Social Worker has a good working relationship with the medical team.	4.08	0.882	3
The responsibility of the Social Worker follows up the patient since his hospitalisation.	4.07	0.963	4
	4.06	0.978	5
The Social Worker doing study patient's case is an effective way to diagnose the patient's social problems			
I would like the Social Worker instructs me to use social institutions that can provide social services and help me to communicate with them.	4.04	0.803	6
The Social worker should help the patient to understand the problems that can be encountered after leaving the hospital.	3.76	1.256	7
I think that the Social Worker's advices improve the patient's behavior for the better.	3.75	1.100	8
The Social Worker must explain the risks of drugs and its impacts on mental and physical health.	3.74	1.06	9
I feel that the Social Worker's instructions and advice improve the patient's response to treatment.	3.73	1.13	10
The duty of the social worker explains (Patient's Bill of Rights and Responsibilities) for every patient.	3.63	1.17	11
In my estimation that the Social Work must be has an influential role in the medical team.	3.55	1.02	12
Collect private information by the Social Worker about the patient and his family assists to development of a correct therapeutic plan.	2.93	1.47	13

The Social Worker should conduct programs and activities that help patients spend their free time purposefully.	2.69	1.62	14
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The results extracted from the study sample shown in table 4.11 specifically relate to patients satisfaction with the help provided by social workers in forming positive relationships with those around them. The majority of the sample population, 42, agreed to this statement, and felt satisfied that they could form positive relationships with others with the help of social workers, and accounted for 40.8%. Following this came 37 participants who "Strongly agree" with this statement, and accounted for 35.9%. The lowest number recorded was by 24 participants who were "Not sure" of the statement, and accounted for 23.3%. There were no participants who responded "Disagree" or "Strongly Disagree" with this statement. The mean value for this statement reached 0.763, which indicates the majority agree and desire for social workers to help them to achieve positive relationships with others. Therefore this statement takes first priority among the statements of this study in regard the individuals of the sample.

Table 4.11 Participants' responses to the statement "I feel satisfied that social workers can help me form positive relationships with others around me."

	Frequency	Percentage	Mean	S.D.
Strongly agree	37	35.9	4.13	0.763
Agree	42	40.8		
Not sure	24	23.3		
Disagree	0	0		
Strongly disagree	0	0		

The results of the study in the following table indicate that 39.8% of participants agreed that social workers help patients to deal with some of the problems that are faced during the recovery period. These participants numbered 41 and were the largest percentage of all participants. Secondly came 35% of participants who "Strongly agree" with the statement and numbered 36. Participants who were "Not sure" accounted for 25.2% and came in third place and numbered 26. None of the participants indicated that they "Disagree" or "Strongly disagree" with this statement. The mean value therefore reached 4.10, which indicates that individuals of the study sample consider this statement to be of high importance, and agree to this statement.

Table 4.12 Participants' responses to the statement "Social workers should help patients to deal with some of the problems faced during the recovery period."

	Frequency	Percentage	Mean	S.D.
Strongly agree	36	35	4.10	0.774
Agree	41	39.8		
Not sure	26	25.2		
Disagree	0	0		
Strongly disagree	0	0		

The data results indicated in the following table are in regard to the patient's opinion on the importance of there being a good relationship between the social worker and the medical team. According to these results, the largest percentage of participants' responded that they "Strongly agree" with this statement, with a percentage of 38.8% and whose frequency numbered 40 participants. After this comes 34% of participants who "Agree", with a frequency rate of 35. Third in order were 23.3% of participants with a frequency of 24 individuals that were "Not sure". The category "Disagree" had the lowest percentage with 3.9% and a frequency of 4 participants. The result was a mean value of 4.08, meaning we therefore conclude that the individuals of the study sample view it as highly important that there is a good relationship between the social workers and the medical team, and overall are in agreement with this statement.

Table 4.13 Participants' responses to the statement "It is important that social workers have a good relationship with the medical team."

	Frequency	Percentage	Mean	S.D.
Strongly agree	40	38.8	4.08	0.882
Agree Not sure	35	34		
	24	23.3		
Disagree	4	3.9		
Strongly disagree	0	0		

According to the results extracted from the study sample presented in table 4.14, the largest percentage of participants agreed that the responsibility of the social worker is to follow the patient from his/her admittance to hospital, with a percentage that reached 38% and a frequency of 40. Those who "Strongly agree" were 37.9% and had a frequency of 39. After this were 19.4% of participants in the category "Not sure" with a frequency of 20. The smallest percentage was 3.9% for the category "Disagree", with a frequency of 4. No response was recorded for the category "Strongly disagree". The mean value for this statement was 4.07, which indicates that it is of high importance to the individuals in the study sample, and that they agree to this statement.

Table 4.14 Participants' responses to the statement "It is the responsibility of the social worker to follow the patient from his/her admittance to hospital."

	Frequency	Percentage	Mean	S.D.
Strongly agree	39	37.9	4.07	0.963
Agree Not sure	40	38.8		
	20	19.4		
Disagree	4	3.9		
Strongly disagree	0	0		

The results of the study shown in the following table are specific to the statement that social workers should undertake a social study of the patient, and that this is an effective way to diagnose the patient's social problems. It indicates that the largest percentage was registered by participants that "Strongly agree" with the statement at 40.8%, and a frequency of 42. The category "Agree" had a percentage of 34% in third place and with a frequency of 35. The next percentage was 15.5% for the category "Not sure" and had a frequency of 16. The smallest percentage was 9.7% for category "Disagree", with a frequency of 10. The mean value therefore reached 4.06, and indicates to the importance of this statement as well as that overall, individuals of the study sample agree with it.

Table 4.15 Participants' responses to the statement "Social workers should undertake a social study of the patient. This is an effective way to diagnose the patient's social problems."

	Frequency	Percentage	Mean	S.D.
Strongly agree	42	40.8	4.06	0.978
Agree	35	34		
Not sure	16	15.5		
Disagree	10	9.7		
Strongly disagree	0	0		

The results of the study sample responses to the statement "I would like social workers to guide me to, and help me communicate with social authorities that provide social services", indicate that the largest percentage, 41.7% of participants, "Agree" with this statement, with a frequency of 43. Second in order came the category "Strongly agree", with a percentage of 32% and a frequency of 33 in regard to the statement. After this came 24.3% for the category "Not sure" with a frequency of 25. The percentage of participants that expressed their disagreement was 1.9% being a frequency of 2. There were no responses of "Strongly disagree" in relation to this statement, and therefore the result was a mean value of 4.04. This indicates that this is an important statement for individuals of the study sample, and that overall they agree with it.

Table 4.16 Participants' responses to the statement "I would like social workers to guide me to, and help me communicate with social authorities that provide social services."

	Frequency	Percentage	Mean	S.D.
Strongly agree	33	32	4.04	0.803
Agree	43	41.7		
Not sure	25	24.3		
Disagree	2	1.9		
Strongly disagree	0	0		

The results of the study sample in the following table indicate that the largest percentage, 34% of participants, "Strongly Agree" that social workers should help patients to understand the problems that might be encountered after leaving hospital, and had a frequency of 35. Secondly was 33% for the "Agree" category of this statement, with a total frequency of 34. After this was the category "Not sure" with a percentage of 17.5% and a frequency of 18. The category "Strongly disagree" was next with a percentage of 9.7% and a frequency of 10. Finally the lowest percentage was the category "Disagree" with 5.8% and a frequency of 6. The mean value result was 3.76, and therefore indicates that overall individuals in the study sample agree with this statement.

Table 4.17 Participants' responses to the statement "Social workers should help patients to understand the problems that may be encountered after leaving hospital."

	Frequency	Percentage	Mean	S.D.
Strongly agree	35	34	3.76	1.256
Agree	34	33		
Not sure	18	17.5		

Disagree	6	5.8		
Strongly disagree	10	9.7		

According to the results extracted from the following table about patients' opinions to the statement that social workers' guidance helps to improve the behaviour of patients for the better, the majority of participants agree to this statement with a percentage of 35% and with a frequency of 36. The second largest percentage was for the category "Strongly agree", with a percentage of 30.1% and a frequency of 31. After this came 20.4% for the category "Disagree" with a frequency of 21. The lowest percentage of participants' responses was for the category "Not sure" with 14.6% and a frequency of 15. Therefore the mean value result was 3.75 and indicates to the medium importance of this statement and the participants' overall agreement to it.

Table 4.18 Participants' responses to the views of social workers' direction in encouraging an improvement in patients' behaviour for the better.

	Frequency	Percentage	Mean	S.D.
Strongly agree	31	30.1	3.75	1.100
Agree	36	35		
Not sure	15	14.6		
Disagree	21	20.4		
Strongly disagree	0	0		

Table 4.19 indicates that the greatest percentage of the sample population was in agreement with the statement that one of the social worker's duties is to explain to patients the social and health damages of drug use, with a percentage of 37.8% and a total frequency of 39. Following this was 27.1% of participants who "Strongly agree" with the statement, and who numbered 28. Next were 17.4% of participants who were "Not sure" of this statement, numbering 18. After this was 16.5% of participants who "Disagree", and numbered 17. The lowest percentage was 0.97% for the category "Strongly Disagree", with a frequency of 1. The mean value therefore is 3.74, which indicates that the individuals of the study sample agree to this statement as well as show that it is an important statement to them.

Table 4.19 Participants' responses to the statement "One of social workers' duties is to explain to patients the social and health damages of drug use."

	Frequency	Percentage	Mean	S.D.
Strongly agree	28	.271	3.74	1.06
Agree	39	37.8		
Not sure	18	.174		
Disagree	17	16.5		
Strongly disagree	1	0.97		

According to the results extracted from the following table showing participants' responses to the statement "I feel that social workers' advice and guidance help patients to respond to treatment", the largest response ratio was 34% of participants who agreed with the statement, with a total frequency of 35. A rate of 30.1% of participants "Strongly Agree" with the statement, and had a frequency of 31. Following this 17.5% of participants "Disagree", with a total frequency of 18. Participants who were

“Not sure” of this statement were 16.5% with a total frequency of 17. The lowest ratio of responses to this statement was from participants that expressed their view as “Strongly disagree”, with a percentage of 1.9% and a frequency of 2. The resulting mean value is therefore 3.73, and indicates that overall, the study sample agrees to this statement.

Table 4.20 Participants' responses to the statement “I feel that social workers' advice and guidance help patients to respond to treatment.”

	Frequency	Percentage	Mean	S.D.
Strongly agree	31	30.1	3.73	1.13
Agree	35	34		
Not sure	17	16.5		
Disagree	18	17.5		
Strongly disagree	2	1.9		

The results of the study sample indicates that the largest ratio, 30.1% of participants, “Agree” that one of the social workers' functions is to explain the “document of patients' rights and responsibilities” to every patient upon his/her admittance to hospital, with a total frequency of 31. 29.1% of participants identified with the “Strongly agree” category in regard to this statement, with a frequency of 30.

21.4% of the ratio was for the category “Disagree”, with a frequency of 22. 17.5% of the ratio was for the category “Not sure”, with a frequency of 18. Finally the category with the lowest ratio was “Strongly Disagree” with a percentage of 1.9% and a frequency of 2. The mean value result of 3.63 indicates that overall, individuals of the study sample agree with this statement.

Table 4.21 Participants' responses to the statement “It is one of the social workers' functions to explain to every patient the “document of patients' rights and responsibilities” upon his/her admission to hospital.”

	Frequency	Percentage	Mean	S.D.
Strongly agree	30	29.1	3.63	1.17
Agree	31	30.1		
Not sure	18	17.5		
Disagree	22	21.4		
Strongly disagree	2	1.9		

According to the results extracted from the study sample, and of which the following table explains in regard to the statement “The social worker's role should be to influence the medical team”, the majority of patients were “Not sure” of the statement, with a ratio of 32% and a frequency of 32. In second place, the ratio of patients who agreed with this statement was 28.2% and numbered 29. After this came the patients who strongly agreed with the statement, their percentage being 22.3% of the study sample and totalled 23. The percentage of patients who did not agree was 17.5%, numbering 18. This percentage represents the lowest rate of response. The mean value result was 3.55 and indicates to the overall agreement of individuals in the study sample to this statement.

Table 4.22 Participants' responses to the statement "The social workers' role is to influence the medical team."

	Frequency	Percentage	Mean	S.D.
Strongly agree	23	22.3	3.55	1.02
Agree	29	28.2		
Not sure	33	32		
Disagree	18	17.5		
Strongly disagree	0	0		

The results of the study in relation to the statement "The release of patient's data to the social worker helps to put in place a correct treatment plan." have found that the greatest ratio of participants was equally split between the categories "Strongly agree" and "Strongly disagree" with each category having a percentage of 21.4% and a frequency of 22. The category that followed in number was the "Disagree" category with 25.2% and a total frequency of 26. The "Agree" category came next with 18.4% and a frequency of 19, and after this was the "Not sure" category with 13.6% and a total frequency of 14. The mean value was 2.93 and indicates that this result, with a lack of agreement among individuals of the study sample in regard to this statement, has a reduced importance.

Table 4.23 Participants' responses to the statement "The release of patient's data to the social worker helps to put in place a correct treatment plan"

	Frequency	Percentage	Mean	S.D.
Strongly agree	22	21.4	2.93	1.47
Agree	19	18.4		
Not sure	14	13.6		
Disagree	26	25.2		
Strongly disagree	22	21.4		

According to the results extracted for the study sample shown in table 4.24, the greatest share of the number of participants "Strongly disagree" with the social worker undertaking programmes and activities to help patients benefit from their free time. This ratio was 41.7% of the study population and numbered 43 patients. Secondly came the participants who agreed to this statement with 22.3% and who numbered 23. After this were the participants who strongly agreed with the statement with a ratio of 18.4%, and who numbered 19. Participants who were "Not sure" of the statement came in at 10.7% and numbered 11. The ratio of those who did not agree was 6.8% with a number of 7 participants. The mean value was 2.69, and from this, we conclude that the individuals of the study sample did not agree with the statement and therefore has a low importance to them.

Table 4.24 Participants' responses to the statement "Social workers should undertake programmes and activities to help patients benefit from their free time."

	Frequency	Percentage	Mean	S.D.
Strongly agree	19	18.4	2.69	1.62
Agree	23	22.3		
Not sure	11	10.7		

Disagree	7	6.8		
Strongly disagree	43	41.7		

Results related to the questions conducted by the second study

This stage included the questions numbered 21 to 25. The aim of these questions was to obtain the opinions of the participants in regard to personality traits they believe clinical social workers should possess. Several statements were presented to the participants specifying personality traits of social workers and their responses have been analysed. In order to answer the question of this stage of the study, frequencies, percentages, mean averages, standard deviations and order of importance of responses from individuals in the study sample will be calculated, as shown in table 4.25. The order of statements starts from no.1 and descends according to the importance of statements to individuals.

Table 4.25 Proportion of standard deviation and ordering of statements of the second stage according to importance.

Statement	Mean	S.D.	Rank
Better if the Social Worker knowledgeable about health and social developments.	4.40	0.732	1
I see that confidence in the Social Worker helps the patient to create a good relationship with him.	4.26	0.816	2
In my opinion that the Social Work should be able to form a strong occupational relationship based on mutual respect with the patients.	4.21	0.788	3
I think that the Social Worker should be keep patients data confidential and secure.	3.96	1.120	4
It is necessary for the Social Worker to be able to lead and persuade.	3.42	1.47	5

According to the results extracted from table 4.26, the largest percentage of the study sample, 54.4%, strongly agreed that it is preferable that the social worker has knowledge of, and is informed of health and social developments, with a frequency of 56. A percentage of 31.1% agree with the statement with a frequency of 32. The lowest percentage, 14.6%, was the category "Not sure", and had a total frequency of 15. No responses were recorded for "Disagree" or "Strongly disagree". The result is a mean value of 4.40, which indicates that individuals of the study sample strongly agree with the statement, and therefore takes highest priority in this stage.

Table 4.26 Participants' responses to the statement "It is preferable that the social worker has knowledge of, and is informed of health and social developments."

	Frequency	Percentage	Mean	S.D.
Strongly agree	56	54.4		
Agree Not sure	32	31.1		
Disagree	15	14.6	4.40	0.732
Strongly disagree	0	0		

The results of the study sample in the following table relating to the statement concerning confidence in the social worker to help patients form good relationships with them, indicates that the vast majority of individuals of the sample strongly agree with the statement at 49.5%, and with a frequency of 51. Secondly come 27.2% of participants who "Agree" with a frequency of 28. 23.3% was the lowest

percentage of responses, and came from individuals of the study sample that were "Not sure". There were no participants that disagreed or strongly disagreed. The mean value was 4.26, which indicates a high importance, and that individuals of the study sample agreed to the statement.

Table 4.27 Participants' responses to the statement "I am confident that social workers help patients form good relationships with them."

	Frequency	Percentage	Mean	S.D.
Strongly agree	51	49.5	4.26	0.816
Agree	28	27.2		
Not sure	24	23.3		
Disagree	0	0		
Strongly disagree	0	0		

The results of the study indicate that the largest percentage, 43.7%, was from participants who expressed that they strongly agreed with the statement that the social worker should be able to form positive relationships with patients, built on confidence and mutual respect. The total frequency for this percentage was 45. Second place in order was the category "Agree" with 34% and a frequency of 35. The lowest percentage of responses was from participants who identified with the category "Not sure" with 22.3% and a frequency of 23. No participants answered "Disagree" or "Strongly disagree". The mean value was 4.21, and this indicates that individuals of the study sample strongly agree with the statement, and therefore it has a high importance.

Table 4.28 Participants' responses to the statement "The social worker should be able to form positive relationships with patients, based on confidence and mutual respect."

	Frequency	Percentage	Mean	S.D.
Strongly agree	45	43.7	4.21	0.788
Agree	35	34		
Not sure	23	22.3		
Disagree	0	0		
Strongly disagree	0	0		

According to the results extracted from the study sample shown in the following table, the largest number of participants strongly agreed to the statement "I believe that confidentiality is an important requirement in the social workers work", with a percentage of 39.8% and a number of 41 participants. After this came 35% of participants, a frequency of 36, who "Agree" with the statement. Following this was those who did not agree with the statement with 14.6% of the ratio and a frequency of 15. The percentage of those "Not sure" was 8.7% with a frequency of 9. The lowest percentage of participants strongly disagreed with the statement, with 1.9% and a frequency of 2. The mean value result was 3.96 and indicates that individuals of the study sample agree with the statement and that it is important.

Table 4.29 Participants' responses to the statement "I believe that confidentiality is an important requirement of the social workers work."

	Frequency	Percentage	Mean	S.D.
Strongly agree	41	39.8		

Agree	36	35		
Not sure	9	8.7	3.96	1.120
Disagree	15	14.6		
Strongly disagree	2	1.9		

Table 4.30 indicates that the largest percentage of participants strongly agreed to the necessity of the social worker's ability to lead and persuade, with 34% and a total number of 35. In second place was the "Agree" category with a percentage of 21.4% and a frequency of 22. Third came participants who did not agree, 18.4%, and whose numbers amounted to 15. The smallest percentage of responses was from those who were "Not sure" at 11.7% and a frequency of 12. The mean value was 3.42. This result indicates the importance of the statement, as well as that overall, individuals of the study sample agree with it.

Table 4.30 Participants' responses to the statement "It is necessary that social workers are able to lead and persuade."

	Frequency	Percentage	Mean	S.D.
Strongly agree	35	34		
Agree	22	21.4		
Not sure	12	11.7	3.42	1.47
Disagree	19	18.4		
Strongly disagree	15	14.6		

Patients' comments on the questionnaire regarding hospital services have been added to the results, and regard meals provided to them, the level of hygiene, as well as observations on dealings with the medical team. These comments numbered 16, and have been discussed with the hospital management for consideration. Comments that specify social workers and their way of working with patients were four. One was a request from a patient to implement outside trips and visits to entertain patients. Another comment was a request for the social worker to attend him at any time at his demand. The other two comments were statements of thanks to the physician and social worker and their role in service of the patient. The comments regarding the social worker were presented to the other social workers in the hospital for discussion, and in order to make them aware of them.

CHAPTER 5 DISCUSSION Introduction

This introduction includes an analytical summary of the data collected from this study. This study aimed to identify the stance of drug addict patients concerning the role of the social worker at a mental health hospital in Al-Taif. The study also aims to find out the qualities and professional skills that a social worker should possess from the patients' point of view. This chapter will further include recommendations in light of the results of this study.

Discussion

The preliminary data of this study indicates that the percentage of males, 82.5%, is greater than that of females, 17.5%. Although the study's questionnaires were distributed in equal proportion between the two sexes, this discrepancy is due to the large number of male patients and the few number of female patients in the hospital, as well as the unwillingness of many female patients to participate in the study. This goes back to the habits and privacy of Saudi society.

The results of the study relating to the age of patients indicate that the vast majority of the study's participants were aged 46 and above, with a ratio of 37.8%. This demonstrates that a large number of patients in the hospital are of older age, and this therefore requires the providing of treatment and social services appropriate for such patients.

In regard to social status, the majority of patients were married, accounting for 44.7%, and the highest percentage of patients had a low level of education, with 34% having reached a secondary education. This therefore requires the social worker in the hospital to take this aspect into account, and make extra effort in the area of health awareness. The largest percentage of patients was those who had been admitted to hospital only once, at 63.1%. From the results it is also indicated that the largest proportion of patient's length of stay in hospital was two months or more, accounting for 37.9% at the time of this study. This refers to the fact that patients in the hospital are typically long-stay, and do not need medical care. This in turn is a burden on the hospital and increases the cost of care for the patient. Upon their exit from hospital, its role turns from one of treatment, to one of residency.

In answer to the question of the first statement of this study, "What is the stance of drug addicts to the role of the social worker in the Ta'if mental health hospital", we find that the majority of responses from individuals in the sample to the first statement in regard to importance (table 4.10), were in agreement, and supportive of the role of the social worker. This is both in helping them to form positive relationships with others, as well as that they felt comfortable in receiving help from him. In this way, the majority of responses from individuals were positive, accounting for 40.8%, and also indicates that the patients see the social worker's undertaking of this role as very important.

The analysis results of the patients' questionnaires for the second statement of the study, "Should the social worker help the patient to deal with some of the problems encountered by the patient during the recovery period", shows that more than a third of the study sample, 39.8%, agreed to this role and supported its importance. This result is a positive indicator that patients realised this is an important task for the social worker.

The third statement was to identify the patients' perception towards the importance of there being a good relationship between the social worker and the medical team. More than a third of patients, 38.8%, strongly agreed with this role, assuming that there should be a positive relationship between the social worker and members of the medical team. This is a good indicator of the patient's perception towards the consistency in provision of integrated treatment.

Analysis results from the responses of individuals of the sample to the fourth statement, regarding their opinions on the responsibility of the social worker to follow the patient from a social perspective, indicate that there is a positive trend among more than a third of patients. 38% expressed their agreement to the importance of this role.

Analysis results of the fifth statement, regarding the social worker undertaking a social study of the patient as an effective way to diagnose the patient's social problems, indicated that the largest percentage of patients, 40.8%, registered their strong agreement to this role. This is a clear indication that the patient realises the social circumstances that accompany the illness affects them, as well as the treatment process.

As is evident from the sixth statement regarding the patient's wish to be guided to, and helped to communicate with social authorities that provide social services by the social worker, the largest percentage of patients, 41.7%, answered that they agreed this is one of the social worker's roles. This result supports the social patterns theory, which in turn explains this study. This theory states that the hospital takes the format of a social sub-system. This achieves the role of adaptation as one of the system's roles in accordance to what has been indicated by (Mursi 2001), by way of a harmonious sub-system, with the largest system being society. Both are subject to a mutual influence upon each other in order to achieve a system of social functions.

The data for the seventh statement, that of the social worker helping the patient to understand the problems that may be encountered after leaving the hospital, indicates that a third of the study population, 34%, agree strongly to this role.

The eighth statement regarding guidance and advice being a positive influence on the behaviour of the patient has been agreed upon among the largest number of patients, 35%, to be true. Patients therefore see this as the social worker's role.

More than a third, 37.8% and the largest percentage of patients, also agree to the ninth statement, that the social worker should explain the social and health damages of drug use. This is therefore considered one of the social worker's roles according to patients.

The tenth statement, regarding the patients' opinion to the social worker's guidance helping them to accept treatment, saw the highest percentage of participants' responses, 34%, in agreement to this role.

The eleventh statement was in regard to the task of the social worker being to explain to every patient the document of patients' rights and responsibilities upon the patients' admission to hospital. Almost a third of the study sample, 30.1% and the largest percentage of participants, identified with the "Agree" category. This is therefore in favour of the social worker's role in the area of health awareness.

In regard to the twelfth statement that specifies the role of the social worker as one to influence the medical team, the largest proportion of individuals in the sample were not sure of this role at 32%. This in turn shows a lower importance for patients towards the suggested role. It further shows that patients regard medical and psychological treatment to be of greater effect than social therapy.

The highest two groups of patients, 21.4% each, were split between those who strongly agreed, and strong disagreed to the release of patient's data to the social worker to help to put in place the correct treatment plan. This shows how different patients determine the validity of this role of the social worker, as well as a disparity in the level of trust between patients towards the social worker. The fourteenth, and last statement of the first stage of study, is in relation to the validity of the social worker undertaking programmes and activities to help patients benefit from their free time. The largest proportion of patients strongly disagreed, 41.7%, to what was stated. This therefore is a clear indication that patients do not see the importance of specifying this as one of the social worker's roles. In respect to the second stage of the study, this part aimed to answer the question regarding the personal qualities and skills that patients prefer in a clinical social worker. It found that the greatest proportion of the study sample, 54.4%, strongly agreed that it is preferable for the social worker to be knowledgeable of, and informed of social and health developments. Consequently this quality is very important and should be possessed by the social worker.

Almost half of the patients view it as of high importance that the social worker be trustworthy with 4.95% strongly agreeing. This helps the patient to have confidence in the social worker and to accept his role based on a positive professional relationship to benefit the patient, as well as to serve in the treatment process.

The majority of patients, 43.7%, prefer the social worker to possess the quality of being able to form positive relationships with the patient, built on confidence and mutual respect. It can therefore be seen that patients expressed their strong agreement to the necessity of this skill. This is a positive indicator that shows that patients are ready to accept the clinical role if this skill is available in social practice. The largest number of patients strongly agreed to the necessity of the social worker's confidentiality, with 39.8% of the study sample reporting so. This therefore points to the importance of confidentiality being a quality and skill that the social worker should possess.

The percentage of patients who believed in the necessity of the social worker's ability to lead and persuade was 34% in total. This was the largest proportion, and represented patients who strongly agreed with this skill.

Recommendations

In light of the results that the study has reached, the following recommendations can be offered:

- To undertake further in-depth research to encompass the aspects that affect social therapy, and to widen the attempt to understand the trends of addicts towards the social worker's professional practice and clinical skills.

- To undertake further research directed at the social worker's ideal role among addicts in a mental health hospital, as well as to concentrate on the demands and expectations of implementing this role.
- Assistance and support for social workers to develop a positive image of their roles among patients, and to correct their view on the negative roles.
- Guide social workers to concentrate on getting to know patients and their families as part of the nature of social therapy, as well as to integrate their role with the treatment team to form an effective unit.
- To work on initiating the role of the social worker to include the undertaking of programmes and leisure activities with the patients for them to benefit from their free time.
- Implementation of the role of the social worker with long-stay patients and to work towards the creation of specialised recovery centres to house mental health patients that have finished their treatment period and are not in need of medical care.
- Encourage social workers to develop practice skills according to modern scientific methods, and attempt to codify and determine the basic skills needed to practice within the social services profession.

Conclusion

In conclusion, of this review, we deduce that this study has revealed a number of important aspects regarding the perception of drug addicts in a mental health hospital towards the role of the social worker. The results of the study report evidence that patients have an appropriate understanding, and positive perception towards a large number of the social worker's roles. The patients have further shown sufficient awareness about the nature of the professional relationship and its charge over them. The majority of patients support the social worker undertaking the noted tasks, and this is considered the first step towards defining the problem and its effects, as well as implementing a treatment plan. This study also has revealed patients' feelings towards some of the social worker's professional qualities and skills that can be utilised to form a common understanding with the patient and towards a positive relationship. This positive aspect enhances the efficiency of the professional intervention process, in addition to its establishment according to the ways and methods of medical social services and professional ethics. Therefore, the clinical social worker can perform his professional role towards the client faithfully and efficiently.

On the other hand, there were few roles that patients did not support or consider to be the specialism or task of the social worker. The method and style of the social worker's intervention is considered something that can be accepted or rejected by the patient. In this regard, in-depth research must be carried out into the nature of the role and its effect upon the result of social therapy. In this way, it is important for patients to be educated on the nature and goals of social services, as well as to undertake outreach and education work within the hospital. Furthermore, social workers should activate their roles fully and continually evaluate them in order to consolidate their strengths. From this point, it can be said that the patient has a positive and acceptable portrayal for a number of the social worker's roles, which makes him prepared for social therapy. This can be considered a declaration of cooperation and agreement with the social worker to work together to overcome the situation.

APPENDICES

Appendix A

عزيزي المريض ،

هذا الاستبيان عن موضوع:

(موقف المرضى من دور الاخصائي الاجتماعي الإكلينيكي بمستشفى الصحة النفسية بالطائف)

رأيك سوف يساعد على تطوير دور الأخصائي الاجتماعي، ويساعد على تقديم الخدمات المناسبة لكافة المرضى .

أجابتك سوف تعامل بسرية تامة ، ولا تستخدم إلا لأغراض البحث العلمي فقط.

- الرجاء الإجابة بما تراه مناسباً ويعبر عن رأيك بصراحة ووضوح.
- الرجاء عدم كتابة الاسم أو أي معلومات شخصية.
- الرجاء وضع علامة (√) أمام الإجابة المناسبة.

القسم الاول : المعلومات الشخصية:

(1)	الجنس:	<input type="checkbox"/> (1) ذكر	<input type="checkbox"/> (2) أنثى
(2)	العمر:	<input type="checkbox"/> (1) أقل من 25	<input type="checkbox"/> (2) من 25 إلى 30
		<input type="checkbox"/> (3) من 31 إلى 35	<input type="checkbox"/> (4) من 36 إلى 40
		<input type="checkbox"/> (5) من 41 إلى 45	<input type="checkbox"/> (6) من 46 وأكبر
(3)	الحالة الاجتماعية:	<input type="checkbox"/> (1) أعزب	<input type="checkbox"/> (2) متزوج
		<input type="checkbox"/> (3) مطلق	<input type="checkbox"/> (4) أرمل
(4)	المستوى التعليمي:	<input type="checkbox"/> (1) لا يقرأ ولا يكتب	<input type="checkbox"/> (2) الابتدائية
		<input type="checkbox"/> (4) الثانوية	<input type="checkbox"/> (5) دبلوم عالي
		<input type="checkbox"/> (3) المتوسطة	<input type="checkbox"/> (6) جامعي وما فوق
(5)	عدد مرات دخولك المستشفى:	<input type="checkbox"/> (1) مرة واحدة	<input type="checkbox"/> (2) مرتان
		<input type="checkbox"/> (3) ثلاث مرات	<input type="checkbox"/> (4) أربعة مرات وأكثر
(6)	مدة بقائك في المستشفى:	<input type="checkbox"/> (1) أقل من أسبوعين.	<input type="checkbox"/> (2) من أسبوعين الى أقل من شهر.
		<input type="checkbox"/> (3) من شهر إلى أقل من شهر ونصف.	<input type="checkbox"/> (4) من شهر ونصف إلى أقل من شهرين.
		<input type="checkbox"/> (5) شهرين وأكثر.	

القسم الثاني : رأيك حول دور الاخصائي الاجتماعي الإكلينيكي:					
غير موافق تماماً	غير موافق	غير متأكد	موافق	موافق تماماً	العبارات
					(7) ينبغي أن يقوم الاخصائي الاجتماعي بعمل البرامج والأنشطة التي تساعد المرضى على قضاء أوقات فراغهم بما يفيدهم.
					(8) من واجبات الاخصائي الاجتماعي أن يشرح للمريض أضرار المخدرات الصحية والاجتماعية.
					(9) ينبغي أن يقوم الاخصائي الاجتماعي بمساعدة المريض على التعامل مع بعض المشكلات التي يواجهها خلال فترة التعافي.
					(10) الاخصائي الاجتماعي يقوم بمساعدة المريض في فهم المشكلات التي يمكن أن يواجهها بعد الخروج.
					(11) قيام الاخصائي الاجتماعي بعمل دراسة إجتماعية للمريض، هي إحدى الطرق الفعالة في تشخيص مشاكل المريض الاجتماعية.
					(12) من المهم أن يكون لدى الأخصائي الاجتماعي علاقة جيدة مع الفريق الطبي.
					(13) من مسؤوليات الاخصائي الاجتماعي أن يتابع المريض منذ دخوله المستشفى.
					(14) من مهام الأخصائي الاجتماعي أن يشرح لكل مريض (وثيقة حقوق ومسئوليات المرضى) عند دخوله الى المستشفى.
					(15) أرغب أن يرشدني الاخصائي الاجتماعي إلى المؤسسات الاجتماعية التي تقدم خدمات إجتماعية وطريقة التواصل معها.
					(16) أشعر أن توجيهات الاخصائي الاجتماعي ونصائحه تساعد في إستجابة المريض للعلاج.
					(17) أرى أن توجيهات الأخصائي الاجتماعي تشجع في تحسن سلوك المريض للأفضل.

Appendix B

Survey Questionnaire	
<p>Dear Patient,</p> <p>I am conducting a survey about patients' attitudes towards the role Clinical Social Workers in Taif Mental Health Hospital in Saudi Arabia. Your feedback will help improve the Social Workers' performance and the services that they provide for the patients. Your answers will be kept strictly confidential and will be used for this study only.</p> <ul style="list-style-type: none"> • Please give us your honest point of view. • Please do not write your name. • Please answer all questions by ticking the box (✓) next to the appropriate answer. 	
PART I: BACKGROUND CHARACTERISTICS	
1:	<p>Gender:</p> <p>A. Male..... <input type="checkbox"/> B. Female..... <input type="checkbox"/></p>
2:	<p>Age:</p> <p>A. Under 25 <input type="checkbox"/></p> <p>B. 25-30..... <input type="checkbox"/></p> <p>C. 31-35..... <input type="checkbox"/></p> <p>D. 36-40 <input type="checkbox"/></p> <p>E. 41-45 <input type="checkbox"/></p> <p>F. 46 and above <input type="checkbox"/></p>
3:	<p>Marital Status:</p> <p>A. Single..... <input type="checkbox"/></p> <p>B. Married..... <input type="checkbox"/></p> <p>C. Separated/Divorced..... <input type="checkbox"/></p> <p>D. Widowed..... <input type="checkbox"/></p>
4:	<p>Educational level:</p> <p>A. Uneducated <input type="checkbox"/></p> <p>B. Primary School <input type="checkbox"/></p> <p>C. Middle School..... <input type="checkbox"/></p> <p>D. Secondary School..... <input type="checkbox"/></p> <p>E. College..... <input type="checkbox"/></p> <p>F. Graduate School..... <input type="checkbox"/></p>
5:	<p>Number of entries to the mental health hospital during your life :</p> <p>A. Once <input type="checkbox"/> C. Thrice..... <input type="checkbox"/></p> <p>B. Twice..... <input type="checkbox"/> D. Four or more times..... <input type="checkbox"/></p>

Questionnaire in English

6:	length of hospital stay: A. Less than 2 weeks..... <input type="checkbox"/> B. 2 weeks to less than 1 month..... <input type="checkbox"/> C. 1 month to less than 1 ½ month..... <input type="checkbox"/> D. 1 ½ month to less than 2 months..... <input type="checkbox"/> E. 2 months or more <input type="checkbox"/>				
PART II: ATTITUDES TOWARDS THE ROLE OF SOCIAL WORKERS					
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
7:	The Social Worker should conduct programs and activities that help patients spend their free time purposefully.				
8:	The Social Worker must explain the risks of drugs and its impacts on mental and physical health.				
9:	The Social Worker should help patient to deal with problems during the hospitalisation.				
10:	The Social worker should help the patient to understand the problems that can be encountered after leaving the hospital.				
11:	The Social Worker doing study patient's case is an effective way to diagnose the patient's social problems				
12:	It is important to the Social Worker has a good working relationship with the medical team.				
13:	The responsibility of the Social Worker follows up the patient since his hospitalisation.				
14:	The duty of the social worker explains (Patient's Bill of Rights and Responsibilities) for every patient.				
15:	I would like the Social Worker instructs me to use social institutions that can provide social services and help me to communicate with them.				
16:	I feel that the Social Worker's instructions and advice improve the patient's response to treatment.				

17:	I think that the Social Worker's advices improve the patient's behavior for the better.					
18:	Collect private information by the Social Worker about the patient and his family assists to development of a correct therapeutic plan.					
19:	I feel comfortable if the Social Worker helped me to form positive relationships with others.					
20:	In my estimation that the Social Work must be has an influential role in the medical team.					
PART III: SOCIAL WORKER CHARACTERISTICS						
21:	In my opinion that the Social Work should be able to form a strong occupational relationship based on mutual respect with the patients.					
22:	I think that the Social Worker should be keep patients data confidential and secure.					
23:	I see that confidence in the Social Worker helps the patient to create a good relationship with him.					
24:	Better if the Social Worker knowledgeable about health and social developments.					
25:	It is necessary for the Social Worker to be able to lead and persuade.					
Additional comments:						
Thank you very much for your time and participation.						

Informed Consent Sheet

إستمارة الموافقة المستنيرة

عزيزي المريض: أنت مدعو للمشاركة في البحث أدناه، يرجى قراءة المعلومات التالية بدقة وتأتي والتوقيع أدناه في حالة الموافقة على المشاركة في البحث.
عنوان البحث: موقف المرضى من دور الاخصائي الاجتماعي الإكلينيكي بمستشفى الصحة النفسية بالطائف
إسم الباحث الرئيس ومكان العمل والكادر الوظيفي: نواف الثمالي-الشنون الصحية بالطائف-اخصائي اجتماعي

- **التعريف بالبحث:** هذا البحث هو محاولة لمعرفة موقف المريض من دور الاخصائي الاجتماعي، وهل تعتبر مهام الاخصائي الاجتماعي بالمستشفى واضحة ومعلومة للمرضى، وماهي الصفات الشخصية التي يفضلها المريض في شخصية الاخصائي الاجتماعي، مما يعزز التواصل بين المريض والاخصائي الاجتماعي ويساعد في تطوير أداء الاخصائي الاجتماعي، ويخدم أهداف العملية العلاجية لفائدة المريض .
- **دور المشارك في البحث:** الإجابة بصدق ووضوح على اسئلة الاستبيان.
- **فوائد البحث :** تعزيز العلاقة بين الاخصائي الاجتماعي والمريض ، تعريف المريض بالدور الصحيح للأخصائي الاجتماعي، الاستجابة الصحيحة لتوجيهات الاخصائي الاجتماعي ، مساعدة المريض على حل مشاكله، تعزيز ثقة المريض واحترامه لدور الاخصائي الاجتماعي، مع العلم انه بإمكان المريض الاطلاع على نتائج الدراسة بعد إجراءها.
- **المخاطر المتوقعة حدوثها:** لا يوجد.
- **سرية المعلومات:** يضمن الباحث سرية المعلومات التي يتم الحصول عليها من المشارك في هذا البحث وان هذه المعلومات لن تستخدم إلا في الأغراض البحثية والعلمية فقط.
- **الانسحاب من البحث:** المشاركة في هذا البحث اختيارية. ويمكن قبول المشاركة أو الانسحاب من البحث بعد المشاركة دون أن يؤثر ذلك على نوع أو كفاءة الخدمة الصحية التي يتم تقديمها له.
- **التكاليف المادية :** لن يترتب على مشاركة الفرد في هذا البحث أي تكاليف أو أعباء مادية .
- **المدة الزمنية المتوقعة للمشاركة في البحث:** عشرة دقائق.
- **الاستفسارات :** في حالة وجود أي استفسار يمكن الإتصال بـ :

الإسم: نواف الثمالي
جوال: 0555548747
البريد الإلكتروني: nwstm@hotmail.com

☐ أوافق على المشاركة في البحث

إسم المشارك أو ولي الأمر: _____
التوقيع _____
التاريخ / / 14هـ

إسم الباحث الرئيس: نواف الثمالي
التوقيع _____
التاريخ / / 14هـ

Dear Patient:

You are invited to participate in the research below, please read the following information carefully and sign below if you agree to participate in the research.

Research Title: The opinion of patients of the role of a clinical Social Worker at the Taif Mental Health Hospital

Name of Head Researcher, Place of Work and Profession: Nawaf Althumali - Health Affairs in Taif - Social Worker

- **Definition of Research:** This research is an attempt to discover the opinion of patients of the role of social worker, their consideration of the tasks of social workers at the hospital, clear information for patients, what personal qualities are favoured by the patient in their personal Social Worker, improving communication between the patient and the Social Worker, helping in the development of social worker performance, and serving the objectives of the therapeutic process for the benefit of the patient.
- **Participant's Role in the Research:** answer truthfully and clearly to all questions in the questionnaire.
- **Benefits of the Research:** strengthening the relationship between the Social Worker and the patient, informing the patient of the proper role of Social Workers, correct response to Social Worker's guidance, helping the patient solve problems, enhancing the patient's confidence and his respect for the role of Social Worker, knowing that he can access the results of the study after they have been made.
- Expected Risks: none.
- **Confidentiality of Information:** the researcher ensures the confidentiality of all information obtained from participating in this research and that this information will be used for research and scientific purposes only.
- **Withdraw from the Research:** participation in this research is optional. The patient can accept to participate or withdraw from the search after participating without affecting the type or the efficiency of the health service that is offered to him.
- **Material Costs:** the individual's participation in this research will not result in any material costs.
- Expected Duration of Participation in the Research: Ten minutes.
- **Inquiries:** If you have any questions please contact:

Name: Nawaf Althumali

Mobile: 0555548747

Email: nwstm@hotmail.com



I agree to participate in this research.

Name of participant or guardian:

Name of head researcher: Nawaf Althumali

Signature:

Signature:

Date:

Date:

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