Workload and Professional Performance among Medical Social Workers in Nairobi County, Kenya

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Abstract: Social work is a profession that empowers people to overcome barriers and dysfunctional socioeconomic systems, particularly for vulnerable groups like children, the poor, and the physically or mentally challenged. This study sought to determine relationship between workload and professional performance among medical social workers in Nairobi Kenya. The objectives were to determine the relationship between caseload and professional performance among medical social workers in Nairobi, Kenya, and to establish relationship between nature of work and professional performance among medical social workers in Nairobi Kenya. The study anchored by two theorie10.1s: the social learning theory, and the self-regulation theory. This study used mixed-methods descriptive sequential research design adopted, prioritizing qualitative data supported by quantitative data. The target population of 1,600 individuals included medical social workers, interns, and teaching staff, with a sample size of 400 derived using the Taro Yamane formula. Stratified random and purposive sampling techniques were employed. Research tools included semi-structured interviews and questionnaires, pre-tested for reliability and validity. Data analysis utilized SPSS for descriptive and inferential statistics. Ethical standards were rigorously upheld throughout the study. The findings indicated that high caseloads lead to burnout, stress, and diminished job satisfaction, which in turn negatively impacts service quality and effectiveness. Although certain workloads were found to be manageable, excessive demands adversely affect outcomes. Fostering supportive work environments, promoting teamwork, and implementing effective caseload management can improve performance. Complex cases elevate the risk of burnout, training and supervision. The study suggested maintaining balanced caseloads and providing continuous professional development to enhance productivity.

1. Introduction

The modern definition of social work is a relatively recent development, emerging alongside the collapse of feudalism and the rise of capitalism. Social work as a profession focuses on driving societal transformation, resolving issues in human relationships, and promoting empowerment and freedom to improve individual well-being. It operates at the intersection of individuals and their environments, drawing from human behavior and social systems theories. According to the International Federation of Social Workers (IFSW, 2020), social work is grounded in the principles of human rights and social justice. This person-centered profession addresses authentic psychosocial problems that arise from people's interactions with their surroundings. Institutions such as schools, hospitals, foster homes, and special care facilities are central to delivering these services.

Globally, the term "workload" refers to the quantity of work a person is expected to complete, while "work overload" involves having an excessive number of tasks, often beyond one's job scope. This overload leads to stress, exhaustion, and reduced motivation, affecting both the individual and their colleagues. Particularly in the healthcare and social work fields, professionals are often expected to perform under high-pressure conditions with long hours and constant emotional demands. These conditions not only compromise physical and mental health but also reduce job satisfaction and performance (He et al., 2023). Barpanda and Saraswathy (2023) argue that value-driven assessments and social structures guide social work practice in sectors such as public health. To achieve their goals, social workers must be well-versed in the principles of social justice and fairness and possess the skills, knowledge, and experience necessary to handle the challenges inherent in their roles. The intense nature of social work responsibilities often results in high stress levels, which can either motivate or discourage workers. Despite these challenges, social work is increasingly globalized, applied in diverse settings worldwide to benefit various populations.

Social workers frequently experience emotional, physical, and psychological fatigue, especially when working directly with clients in institutional environments. Environmental pressures and internal distress often cause them anxiety and stress. He et al. (2023) further highlight that negative aspects of the profession such as its low societal prestige, vague performance metrics, high client volumes, constant exposure to distressing situations, long hours, and poor compensation contribute significantly to staff burnout and turnover. These factors not only affect service delivery but also demonstrate how social work evolves in response to local socioeconomic dynamics. Historically, various global events have shaped the development of social work practices. Events such as slavery, the World Wars, widespread diseases, and poverty were instrumental in forming the roles and responsibilities of social workers in Europe and the United States (Jo et al., 2023).

These historical and contextual influences have played a significant role in defining the scope and practice of social work as a dynamic and essential profession. The role of medical social workers is integral to navigating clients through healthcare systems and community services. Their responsibilities are influenced by both internal factors, such as social recognition, and external organizational factors, like healthcare management practices (RuizFernández et al., 2020). During the COVID-19 pandemic, workload and stress escalated significantly, but organizational support such as provision of personal protective equipment helped mitigate psychological strain on healthcare professionals (Jo et al., 2023). As frontline workers, medical social workers faced increased psychosocial demands, emphasizing the urgent need to address workload and its impact on professional performance.

Workload can be positive when it provides opportunities for skill development and achievement. However, imbalance especially when work is inequitably distributed—can cause dissatisfaction (Sravani, 2018). For medical social workers, workload includes practical and cognitive tasks such as decision-making and memory-intensive duties (Destiani et al., 2020). Paramitadewi (2017) distinguishes between quantitative workloads, which refer to task volume, and qualitative workloads, which pertain to the difficulty and required skill level. Excessive quantitative demands, like long hours, often reduce job performance and well-being. Workload is influenced by the interaction between job demands, employee perceptions, and workplace conditions.

In a study in private Level Five hospitals in Nairobi, Gesare et al. (2024) found that manageable workloads enhance motivation and performance, while excessive workloads have the opposite effect. Mahawati (2021) highlights that targets, time management, and work conditions are core workload indicators. Johan and Satrya (2024) further confirm that high workload and stress diminish employee performance, with job satisfaction serving as a key mediator. Similarly, Surya and Rihayana (2024) report that motivation and satisfaction suffer under high workload unless mitigated by supportive work environments. Nevertheless, not all studies agree; some find no significant effect of workload on performance. Still, the National Association of Social Workers (NASW, 2020) asserts that social work provides a systemic, person-in-environment approach essential to health care systems.

In Australia, the Australian Association of Social Workers (AASW) developed a position paper to clarify the value of social workers in healthcare. It aims to demonstrate their contribution to patient-centered care, improved health outcomes, and alignment with governmental health priorities (Parker & O'Donnell, 2024; AASW, 2020). In Malaysia, workload is a growing issue among medical professionals, affecting mental and physical health, and exacerbating poor performance. This has led to staff resignations and healthcare shortages, particularly in East Malaysia (Tang, Alias, & Ibrahim, 2020; Shamsuddin, Ahmad, & Kassim, 2022; Lee, 2023; BERNAMA, 2016). Riny Candra (2017) notes that both extreme overwork and underutilization reduce efficiency and increase costs. In Ghana, although nurse-patient ratios improved from 1:1,251 in 2012 to 1:542 in 2016 (Ghana Health Service, 2017), nurses still face excessive demands, performing both clinical and nonclinical tasks like food delivery and housekeeping. This undermines quality care and increases burnout (Asamani et al., 2021; Agyemang & Osei, 2019). Uganda has introduced workload-based staffing norms to ensure equitable health worker distribution.

However, challenges like absenteeism and low morale persist. Decentralization has been cited as a factor in poor service delivery (HU, 2021). The WHO's WISN method is used to align staffing with workload demands, and Uganda is gradually phasing out assistant-level medical social workers (WHO, 2020). In Kenya, medical social work has expanded significantly, becoming one of many specialized social work areas, including school, forensic, digital, and correctional social work (Munyua, 2020; Wambua & Kariuki, 2021; Ngugi & Nzioka, 2019; Otieno et al., 2022). Medical social work integrates professional skills within healthcare, supporting holistic healing (Pink, Ferguson, & Kelly, 2022). However, public awareness of this role remains low, and misunderstandings about the profession persist (Dziegielewski & Holliman, 2019). Therefore, this study seeks to deeply examine the workload and professional performance of medical social workers in Nairobi County, Kenya.

Medical social workers seek to advance human rights by collaborating with individuals, families, and institutions to help people address their own problems according to International Federation of Social Workers (*Global Social Work Statement of Ethical Principles – International Federation of Social Workers*, 2018). Previous research in Malaysia, highlights the issue of workload among medical professionals has been raised from time to time because it affects physical and mental health. As a result, it will affect their performance during carrying out their duties. Ministry of Health reported that East Malaysia still has insufficient health personnel in the state (Tang, H. C., Alias, H., & Ibrahim, N. (2020).

Dziegielewski & Holliman, (2019) highlighted that dissatisfaction with work operations, particularly workload and long working hours, leads health professionals to spend less quality time with family and on personal interests. Similarly, over 40% of health workers intend to leave their current positions due to insufficient staffing and workload pressures. In the Kenyan context, however, reasonable workload levels remain undefined due to the lack of specific legislation regulating acceptable workload while adhering to professional norms (Wambua & Mwangi, 2020). Furthermore, recent studies indicate that fatigue negatively impacts the quality of patient care and worker well-being (Njagi et al., 2021).

Therefore, workload levels should be regularly monitored and aligned with employee performance, considering both individual capacity and organizational priorities (Kamau & Otieno, 2019). This is particularly important given strong evidence linking workload with employee performance outcomes. Complicating the issue, social workers and the general public often disagree on what constitutes "health care" social work, which affects role clarity and workload expectations (Dziegielewski & Holliman, 2019). To address Nairobi's rapidly growing population, the county government continues to explore strategies to reduce workload burdens on its staff, especially in healthcare services (Nairobi County Health Strategy, 2021).The aim of the study is to investigate workload and professional performance among medical social workers in Nairobi County, Kenya.

Objective & Hypothesis:

The Purpose of the Study was to investigate workload and professional performance among Medical Social Workers in Nairobi County, Kenya. The specific objectives are:
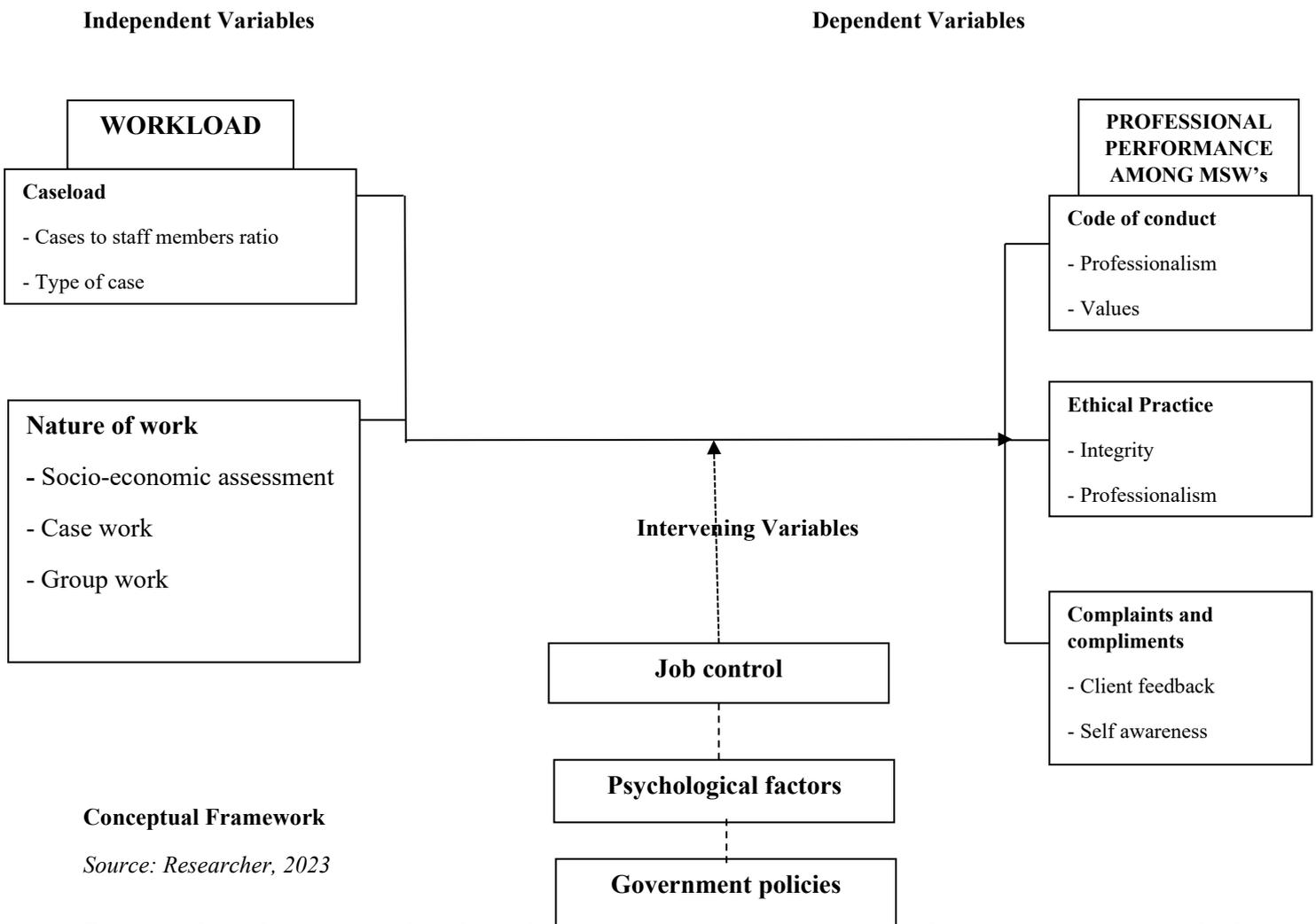
   i. To determine the relationship between caseload and professional performance among medical social workers in Nairobi, Kenya.
   ii. To establish relationship between nature of work and professional performance among medical social workers in Nairobi Kenya.

The study tests the following hypotheses:

   1) There is a relationship between caseload and professional performance among medical social workers in Nairobi, Kenya.
   2) There is a relationship between nature of work and professional performance among medical social workers in Nairobi Kenya.

Conceptual Framework

This section illustrates the relationship between dependent and independent variables as shown in Figure 1.

Independent Variables   **Dependent Variables**

WORKLOAD

Caseload
- Cases to staff members ratio
- Type of case

PROFESSIONAL PERFORMANCE AMONG MSW's

Code of conduct
- Professionalism
- Values

Nature of work
- Socio-economic assessment
- Case work
- Group work

Ethical Practice
- Integrity
- Professionalism

Intervening Variables

Job control

Complaints and compliments
- Client feedback
- Self awareness

Psychological factors

Conceptual Framework

Source: Researcher, 2023

Government policies

Figure 1. above demonstrates the relationship between workload and professional performance among medical social workers.

Conceptual and operational definition of variables

This section highlighting the meaning of abstract ideas and their functionality of variables. The variables included:

Caseload: The severity of job assignments is referred to as a caseload. Caseload is a ratio of cases to staff members that can be calculated for an individual caseworker, all caseworkers allocated to a specific type of case, or all caseworkers in a given area (Camargo et al., 2018). Camargo further emphasizes that caseload generally reflects the average amount of time it takes a case worker to: (1) accomplish the work required for each given case and (2) fulfill non-casework tasks.

Nature of work: The type of work performed by an employee best defines the nature of work. This can relate to both the basic everyday roles performed as part of a job and any non-routine tasks that may be required. The features of these duties, when combined, define the nature of an employee's work. Performance is defined as a worker's output and accomplishments that are recognized by the organization or system in which he works.

Professional Performance: Professional performance is how an employee completes their work or obligations while adhering to the company's code of conduct. It is how effectively and efficiently things are completed (Pawar, 2019). Employee performance is critical to the success and growth of any firm; consequently, it is critical to ensure staff are well motivated in order for performance to be at optimal levels. Professional social workers have a solid knowledge basis, are well trained in both practice and theory, have a well-defined code of ethics, and have a well-defined sphere of social responsibility (Wairire, 2021). Professional performance is governed by sound knowledge, training, and theory, and it is fundamentally each professional's obligation to ensure they are appropriately equipped for the task at hand.

2. Literature Review

2.1 Theoretical Framework

2.1.1 Social Learning Theory

The Social Learning Theory, developed by psychologist Albert Bandura, posits that individuals learn through observation, imitation, and modeling of others' behaviors (Bandura, 2021). Social learning theory studies how learned behaviors occur via observation, modeling, and imitation of new actions reinforced by others or "models." Consequently, depending on social reinforcement or punishment, new behaviors either persist or cease (Zimmerman & Schunk, 2019). Bandura developed this theory as a response to earlier beliefs that aggressive behavior was solely due to innate drives. Through vicarious learning, social workers can gain valuable insights and strategies by observing peers who effectively manage their workload and achieve high professional performance (Allan, 2019). Bandura's Bobo doll experiments demonstrated that children exhibit increased aggressive behavior after observing adult aggression, supporting the theory's foundation (Bandura, 2021). Social learning theory thus provides a useful framework for understanding how medical social workers learn from their environment, peers, and role models, shaping their workload management and professional performance. Organizations can enhance performance and well-being among medical social workers by fostering a supportive learning environment and promoting positive role modeling (Li et al., 2020).

To support the relationship between supervisor support and job performance, (Javaid et al., 2018) claimed that supervisor support is not only important for job satisfaction and performance outcomes, but it also reduces the intention to leave. When employees feel satisfied with their supervisor, their level of self-confidence rises, which reduces their desire to leave and improves their job performance. Employees with poor self-confidence, on the other hand, put forth little effort. According to social learning theory, when upper-level management encourages their staff, performance outcomes improve. Furthermore, MentalHelp.net. (2021) emphasizes how both environmental and cognitive factors interact to influence human learning and behavior by introducing two distinct ideas: mediating processes occur between stimuli and responses, and behavior is learned from the environment through the process of observational learning.

Furthermore, because social learning theory is heavily influenced by behavioral theory, it is useful in understanding mannerisms and trends in the workplace by focusing on human interactions and how routine behaviors are shaped by the work environment. Social learning theory considers how environmental and cognitive factors interact to influence human learning and behavior. According to social learning theory, medical social workers learn from one another through observation, imitation, and modeling (Ormrod, 2020). Because it incorporates attention, memory, and motivation, the theory is often viewed as a bridge between behaviorist and cognitive learning theories (Bandura, 2021). Vygotsky's Social Development Theory and Situated Learning Theory are closely related

to social learning theory, as they both emphasize the importance of social interaction in learning (Moll & de Oliveira, 2019). Bandura posited that people learn by observing others' conduct, attitudes, and the consequences of their actions. The theory explains human behavior as a continuous reciprocal interaction between cognitive, behavioral, and environmental influences (Bandura, 2021). Medical professionals can observe and learn from experienced colleagues who serve as positive role models. By witnessing their expertise, professionalism, and effective communication skills, medical workers can acquire new knowledge and behaviors that enhance their own performance.

People witness behavior either directly through social interactions or indirectly through observation, according to Bandura's social learning theory (Bandura, 2020). Rewarded behaviors are more likely to be imitated, while punished behaviors tend to be avoided. Positive reinforcement refers to rewards given to employees, whereas negative reinforcement refers to penalties intended to discourage undesirable behaviors (Smith & Johnson, 2021). When social workers understand theory well, they can apply practice models effectively to address behavioral challenges in various settings (Tropeano, 2019). A social worker applying social learning theory may perform multiple roles and carry various titles within their practice. Identification, a key process in this theory, involves adopting the behaviors, values, beliefs, and attitudes of the observed individual (Bandura, 2020).

Social learning theory emphasizes observational learning, where medical workers learn by watching and imitating more experienced practitioners such as surgical techniques, patient consultations, or the use of advanced technologies thereby developing expertise and improving professional performance (Mugure & Ochieng, 2021). Bandura's outlined steps in observational learning include: Pay attention: Effective learning requires focused attention, and engaging or novel circumstances enhance this focus (Kolodziej, 2019). Retention: The ability to store and recall observed information is vital for learning. Retention depends on multiple factors but is essential for applying learned behaviors later (Kolodziej, 2019). According to social learning theory, behaviors that receive positive reinforcement, such as praise from supervisors, patients, or colleagues, are more likely to be repeated. In medical settings, this reinforcement can motivate practitioners to sustain high professional standards, including accurate diagnoses, effective treatments, and clear patient communication (Njoroge & Mwangi, 2020).

Moreover, reproduction: Once you have paid attention to the model and recalled the knowledge, it's time to put the behavior you saw into action. More practice of the learned behavior leads to advancement and improvement. Finally, in order for observational learning to be successful, you must be motivated to imitate the modeled behavior. Reinforcement and punishment are

essential motivators. While experiencing these motivators can be extremely effective, so can observing others undergo some form of reinforcement or punishment. T. Curran and colleagues (2020). For instance, if you notice another employee receiving a promotion for punctuality, you might start arriving a few minutes earlier each day. Social learning theory (SLT) will be used to investigate the link between the SLT and the variables of the study in order to determine whether workload can genuinely affect professional performance. The Social Learning Theory highlights the impact of observational learning on communication skills. Medical workers who observe effective communication strategies, empathetic patient interactions, and active listening from their colleagues are more likely to adopt these behaviors themselves. This can lead to improved patient satisfaction, better treatment adherence, and enhanced overall patient care. Finally, the Social Learning Theory gives a framework for comprehending how medical professionals can acquire new knowledge, skills, and behaviors through observation, imitation, and reinforcement. Medical institutions can use this idea to create a conducive working atmosphere, promote good role models, and facilitate collaborative learning opportunities, hence improving the professional performance of their medical staff. The greatest demerit is not all traits are exposed in an individual's behavior thus may not be seen to facilitate reinforcement or punitive measures.

2.1.2 Self-regulating Theory

In recent years, psychological and educational research has increasingly focused on self-regulation, recognizing it as a crucial component for fostering independence. Self-regulation (SR) involves managing behavior, thoughts, and emotions to avoid or detect errors and is defined as overriding or modifying behaviors guided by normative desirable responses (Baumeister, 2019). It encompasses selecting goals, developing plans, implementing strategies, and defending goals against competing demands (Ludwig et al., 2019). For example, setting a goal to exercise early in the morning and resisting the urge to skip it despite unfavorable weather reflects self-regulatory activity. SR is generally considered a process where individuals pursue goals independently by employing and adapting specialized strategies. The self-regulatory resource is "global," meaning all SR activities draw from the same resource pool; thus, managing emotional responses can affect unrelated self-regulatory tasks (Cranwell et al., 2019). Although widely used in psychology, the self-regulatory resource model faces challenges and critiques in explaining performance decline following mental exertion.

Self-regulation theory encourages medical professionals to establish clear, challenging, yet attainable professional growth goals, which enhance motivation and focus (Martin et al., 2020). It is also a branch of industrial-organizational psychology concerned with identity and

workplace behavior (Riggio, 2019). For social workers, self-regulation is vital to managing personal emotions that could undermine professionalism, in line with ethical standards (NASW, 2018). Education on self-regulation is especially critical for social work students who, due to inexperience, are more vulnerable to compassion fatigue from client interactions (Martin et al., 2020). Self-Regulation Theory (SRT) thoroughly explains the processes involved in choosing thoughts, feelings, words, and actions, particularly during decision-making. According to pioneers of SRT and self-efficacy theory, self-regulation is an ongoing, active process involving monitoring one's behavior, evaluating its impact and consequences, comparing actions to personal and contextual standards, and reacting accordingly (Baumeister, 2019).

While many medical education programs integrate elements of self-regulation, such as goal setting in problem-based learning, Cranwell et al. (2019) argue that a comprehensive theoretical model of self-regulation could better inform medical education if key processes like student goal orientation are emphasized. Successful learners tend to engage strategic thinking across all cyclical phases of self-regulation, whereas less successful learners focus narrowly on outcomes. Medical workers practicing self-regulation consistently monitor their performance and progress towards their goals, promoting continuous professional development.

This involves self-reflection, identifying areas for improvement, and assessing their strengths and weaknesses. By tracking their performance, medical professionals can identify any gaps and take appropriate actions to enhance their skills and knowledge. Participants who successfully completed the venipuncture on their first attempt reported setting process goals and plans, monitoring the process and their venipuncture techniques used during the task (performance phase), and assessing their level of success or satisfaction with their performance using process or technique related criteria (Ludwig R. et al., 2019). The philosophy of self-regulation emphasizes intrinsic motivation, which comes from within an individual. Self-regulated medical workers are motivated by an intrinsic desire to excel in their field.

Medical social workers often hold high standards for themselves and continually seek to improve their performance, leading to increased professionalism and dedication to their work. Recent studies consistently demonstrate that medical social workers who apply self-regulation skills tend to outperform those who do not (Martin et al., 2020; Cranwell et al., 2019). Since self-regulation skills can be cultivated through systematic training, self-regulation theory (SRT) offers a viable framework for medical education and professional development (Riggio, 2019). The integration of industrial-organizational psychology within SRT enables a focus on critical factors such as work environment, nature of employment, and caseload management among

medical social workers in Nairobi, Kenya (Njenga & Mwangi, 2021).

Self-regulation theory promotes adaptability and resilience when facing challenges. Medical workers practicing self-regulation are better equipped to respond effectively to unexpected situations, manage setbacks, and develop alternative solutions. They can quickly adjust strategies, learn from mistakes, and recover from failures, which ultimately enhances their professional performance (Martin et al., 2020; Cranwell et al., 2019). Moreover, self-regulation theory positively influences professional performance by encouraging goal setting, self-monitoring, self-motivation, emotional regulation, adaptability, resilience, continuous learning, and improvement. Incorporating self-regulation practices into professional life can improve medical workers' effectiveness, patient care quality, and overall job satisfaction (Ludwig et al., 2019; Riggio, 2019).

Social Learning Theory and Self-Regulation Theory complement each other in explaining and improving the professional performance of medical social workers, especially in complex, demanding contexts like Nairobi, Kenya. Social Learning Theory provides the foundation for acquiring new behaviors through role models, while Self-Regulation Theory ensures ongoing adaptation and personalization of these behaviors through reflection, goal setting, and motivation. Together, these theories offer a comprehensive framework for enhancing professional effectiveness by integrating external learning with internal self-management. This dual approach is particularly valuable in environments marked by fluctuating caseloads, emotional demands, and limited supervision, such as those encountered by medical social workers in Nairobi (Davis & Karanja, 2021; Martin et al., 2020).

2.2 Empirical Studies

2.2.1 Caseload and Professional Performance

Caseload relates to the severity of job assignments, whereas performance refers to the act, method, or way of performing or functioning (Wainwright, 2018). Besides performance as both behavior and outcomes. Medical social work, the third most practiced discipline of social work, is becoming more concerned about the impacts of burnout as their clientele get more severe and their caseloads, paperwork, and waitlists for treatment expand. One way to better support bilingual caseworkers is to provide appropriate supervision. According to Collins-Camargo et al. (2018), one major factor that distinguishes medical social workers from other social work fields is the fast-paced environment of the health care setting, which requires medical social workers to engage their clients, build a trusting relationship with their clients, assess the situation, and provide appropriate information, and counsel clients in a short period. Workers spend less time with clients and have less time

for decision-making; high caseloads may increase the likelihood of workers making errors, such as unjust sanctions; and workload was found to influence the weight given to client preferences. Caseload has a negative effect on one's motivation to respond to the demand of the other domains when they sense increased workload then that person would experience exhaustion and fatigue. Fatigue will have an impact on the quality of patient treatment as well as staff well-being. (Collins-Camargo and colleagues, 2018).

Furthermore, when medical staff are weary, errors that negatively impact patient outcomes are more likely to occur. Fatigued healthcare workers tend to question their judgment more frequently and double-check procedures, which slows down their workflow. Extended shifts and on-call hours contribute to sleep deprivation among physicians, adversely affecting their performance and patient safety. Burnout among medical staff can lead to increased stress, absenteeism, and reduced productivity, which can ultimately compromise patient care (Dyrbye et al., 2020). Research on healthcare providers' work hours indicates that long-duration shifts pose significant risks both to healthcare workers and their patients (Sparks et al., 2021). These seemingly contradictory findings can be interpreted in two ways. First, a reduction in caseloads does not necessarily guarantee that the additional time will be used effectively for patient care. Lower caseloads may be a necessary condition for higher performance but are not sufficient on their own. Second, the negative consequences of caseload size may only manifest once a certain threshold is exceeded (McFadden et al., 2019). These insights align with Lipsky's caution against placing too much hope in caseload relief alone to prevent burnout. Such relief may instead cause employee frustration and emotional exhaustion, indirectly contributing to interpersonal conflicts under work stress. Workers may protect themselves emotionally when facing such stress (Gleichgerrcht & Decety, 2020). One of the key contributions of street-level bureaucracy research is its investigation into how working conditions affect workers' performance and how workers exercise agency in managing those conditions (Brodkin & Marston, 2021). According to Lipsky's findings, workers can theoretically manage large caseloads in two ways, emphasizing their active role in coping mechanisms.

2.2.2 Nature of work and Professional Performance

The nature of work is best defined as the type of work an employee does (MentalHelp.net, 2021), which implies that this can refer to the basic daily roles performed as part of a job as well as other non-routine tasks that may be required; when these tasks' characteristics are summed up, the nature of an employee's work is formed. The social worker is a general practitioner of environmental principles in his interaction with the professional work team. This could be accomplished by rejecting traditional methods that concentrate on a medical or pathological perspective and regard the client as a bad person who

relies on others, particularly when the social institution seeks aid without considering environmental factors. In many places around the world, the job of a medical social worker has resulted in varying levels of pleasure and societal acknowledgment. In Asia, population social protection is one of the fastest-growing professions, reflecting significant career growth opportunities (Roh, Moon, Yang, & Jung, 2020). In China, the profession of social work and its work environment remain relatively new, and the public image of social workers is still developing (Jiang et al., 2019). This underdeveloped professional identity contributes to the low status and perceived inefficiency of social institutions. Social workers often report major job stressors including insufficient time, large caseloads, and challenging clients, which negatively affect professional performance and reduce productivity (Liu et al., 2021).

The interaction between clients and social workers sometimes referred to as customer-social worker interaction is focused on solving social problems, fulfilling human needs, and achieving social justice. Generalist practice, as described by Garven (2019), emphasizes using environmental patterns and technical methods over traditional social service models to address client needs. According to Maslow's hierarchy of needs, individuals strive to fulfill their potential when their basic needs are met, and lack of opportunities to fully utilize their skills can lead to dissatisfaction (Maslow, 2020). Cooper et al. (2020) found that medical officers in public hospitals face long hours and limited rest, resulting in high work pressure.

This nature of employment often leads to sleep problems, emotional distress, and impaired cognitive function. Sleep deprivation negatively impacts cognitive performance and can be fatal if prolonged (Garven, 2019). Social workers frequently face excessive caseloads, forcing them to process cases rapidly under high pressure. It is essential that medical social workers in Kenya recognize professional caseload limits to improve service quality, though there is a lack of clear guidelines on appropriate caseload sizes (Mwangi & Ochieng, 2022). Moreover, handling difficult clients presents significant stress, especially for those working in mental health. Ethical dilemmas frequently arise, causing social workers to feel powerless and frustrated, which adversely affects their professional behavior and performance (Cooper et al., 2020; Kim & Park, 2021).

3. Methodology

Research Design: The study adopted a descriptive sequential mixed methods design, integrating qualitative and quantitative approaches to explore the relationship between workload and professional performance among medical social workers in Nairobi County (Creswell & Poth, 2018). This design allowed for data triangulation through interviews and questionnaires, facilitating an in-depth analysis of attitudes, perceptions, and experiences without manipulating variables (McLeod, 2019).

Participants/Sample: The target population comprised 1,600 individuals, specifically including professional medical social workers, interns, and teaching staff from public hospitals in Nairobi (KEMSWA, 2023). To ascertain the suitable sample size, Taro Yamane's formula was utilized. However, to improve the study's statistical power and account for non-responses, the sample size was increased to 400 respondents. Stratified random sampling was employed to guarantee fair and proportional representation across all three subgroups: Professional medical social workers (were 900 individual), Interns (were 400 individual), and Teaching staff (were 300 individual). From each subgroup, a proportionate sample was extracted: Medical social workers: $900/1600 \times 400 = 225$; Interns: $400/1600 \times 400 = 100$; Teaching staff: $300/1600 \times 400 = 75$. Additionally, purposive sampling was utilized to select key informants (80 individuals) from level 5, level 6, and specialized hospitals, ensuring insights from senior and experienced professionals. Criterion sampling (Palinkas et al., 2019) was implemented to include only participants who had directly faced workload-related challenges, thereby ensuring relevance and depth in the qualitative dimensions of the study.

Data Collection and Analysis: Structured questionnaires and semi-structured interview guides were employed to collect both quantitative and qualitative data. Pre-testing of instruments at Kenyatta National Hospital confirmed their clarity and reliability, leading to minor adjustments. Validity was ensured through face and content reviews by experts (Taherdoost, 2016), while reliability was assessed using Cronbach's Alpha to evaluate the internal consistency and reliability of the research tool, the study produced satisfactory coefficients throughout all parts of the questionnaire. In particular, the overall Cronbach's Alpha coefficient was $\alpha = 0.83$, signifying good reliability (Nunnally & Bernstein, 1994). Each subsection of the tool achieved the suggested minimum of $\alpha \geq 0.70$, verifying that the items effectively measured the intended constructs in a consistent and reliable manner. This reliability assessment confirmed the instrument's appropriateness for data collection among professional medical social workers, interns, and faculty members. Data were analyzed using SPSS version 25; descriptive statistics summarized trends, while multiple regression determined relationships among work environment, workload, administrative roles, and professional performance. Ethical clearance was obtained from NACOSTI and relevant authorities, with all participants providing informed consent and confidentiality assured throughout (Israel & Hay, 2020; Resnik, 2020).

4. Results and Discussion

4.1 Relationship between caseload and professional performance among medical social workers in Nairobi.

Respondents were asked to indicate their level of agreement with the statements on whether the relationship between caseload and professional performance for medical social workers in Nairobi. Where SA = Strongly Agree, A = Agree, UD = Undecided, D = Disagree and SD = Strongly Disagree.

Table 1. Relationship between caseload and professional performance among medical social workers in Nairobi

Statements	SD		D		UD		A		SA	
	F	%	F	%	F	%	F	%	F	%
The size of my caseload often exceeds manageable levels.	37	9.25	120	30	189	47.25	30	7.5	24	6
I feel overwhelmed by my caseload, which affects my ability to provide quality care.	280	70	14	3.5	90	22.5	6	1.5	10	2.5
I have sufficient time and resources to meet the needs of my clients effectively.	315	78.75	21	5.25	64	16	0	0.00	0	0.00
My caseload has a negative impact on my job satisfaction and overall well-being.	62	15.5	109	27.25	188	47	23	5.75	18	4.5
I am able to maintain the quality of services I provide to clients despite a heavy caseload.	0	0.00	0	0.00	20	5	30	7.5	350	87.5
My caseload influences my ability to address the psychosocial needs of my clients adequately.	0	0.00	113	28.25	176	44	111	27.75	0	0.00
I believe that reducing my caseload would lead to improved professional performance.	0	0.00	90	22.5	221	55.25	89	22.25	0	0.00

Source: Researcher, 2023

The research results revealed that there is a connection between caseload and the professional performance of medical social workers in Nairobi. A significant portion of the participants, accounting for 47.25%, were uncertain about whether their caseload often surpasses manageable levels, while a small minority, representing 6%, strongly agreed with this statement. Moreover, (70%) strongly disagreed on the following subject, which says that I feel overwhelmed by my caseload, which affects my ability to provide quality care, with a minority of (1.5%) agreed on that. While (78.75%) strongly disagreed with the following statement, which says, I have sufficient time and resources to meet the needs of my clients effectively, with a minority of the participants with (16%) were undecided on the matter.

Additionally, (47%) were undecided that on the subject matter, which says, my caseload has a negative impact on my job satisfaction and overall well-being, with a minority of (4.5%) strongly agreed on that. (87.5%) strongly agreed with the following statement which says, I am able to maintain the quality of services I provide to clients despite a heavy caseload, while minority of the participants with (5%) were undecided on the subject matter. (44%) were undecided on the following matter, which says, my caseload influences my ability to address the psychosocial needs of my clients adequately, while minority with (27.75%) agreed on the same issue. Finally, 55.25% of the participants expressed neutrality

regarding the statement "I believe that reducing my caseload would lead to improved professional performance," whereas a smaller portion, 22.25%, concurred with the statement.

Therefore, the relationship between caseload and professional performance among medical social workers in Nairobi, workers spend less time with clients and have less time for decision-making; high caseloads may increase the likelihood of workers making errors, such as unjust sanctions; and workload was found to have an effect on the weight given to client preferences. Caseload has a negative effect on one's motivation to respond to the demand of the other domain when they sense increased workload then that person would experience exhaustion and fatigue. Fatigue will have an impact on the quality of patient treatment as well as staff well-being. (Collins-Camargo and colleagues, 2018).

4.2 Caseload and professional performance of medical social workers

The study sought to establish the level at which respondents agreed with the statements relating to the caseload and professional performance of medical social workers in Nairobi County.
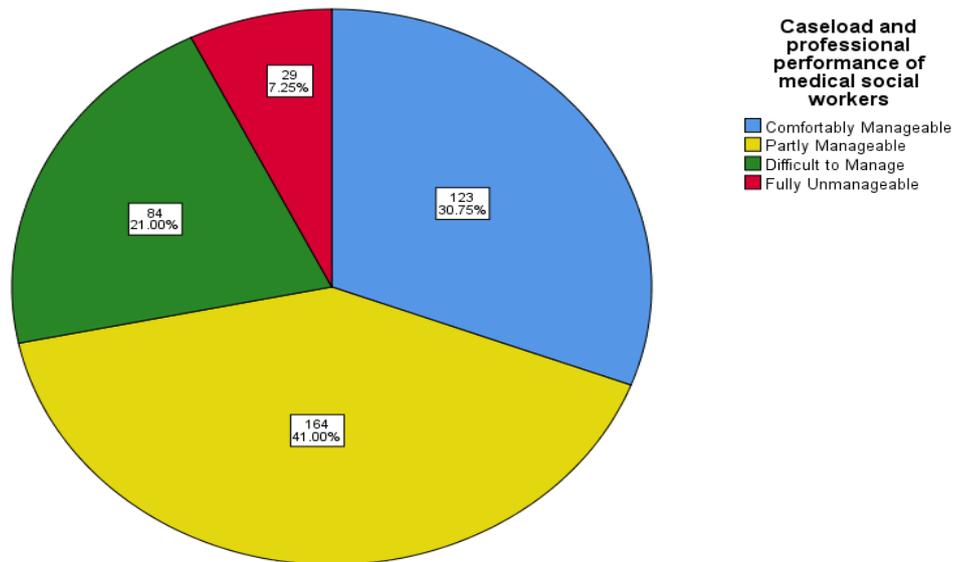
Source: Researcher, 2023
Figure 2. Caseload and professional performance of medical social workers

The findings in figure 2 indicated that majority with (41%) said that caseload and professional performance of medical social workers in Nairobi County, were partly manageable, while (30.75%) said that its comfortably manageable, (21%) said that it's difficult to manager, and (7.25%) said that its fully unmanageable. Finally, its evidence above that majority of the respondents indicated that caseload and professional performance of medical social workers is partly manageable, which implies the rationale work of medical social workers in Nairobi County in a daily work.

4.3 Is there relationship between caseload and professional performance among medical social workers in Nairobi, Kenya.

Yes in most of the cases, a large workload can have a detrimental influence on social workers' quality of service, job satisfaction, intervention efficacy, client outcomes, and organizational impact. Rushed assessments and interventions can occur, and fatigue and job discontent can have an impact on performance. Smaller caseloads can give more thorough care, whereas larger cases can result in increased turnover and lower quality of service. To ensure professional performance, organizations should check their caseloads.

For social workers, a high caseload can have a detrimental impact on their quality of care, workload, stress, time management, professional boundaries, and development. It can cause burnout, weariness, low job satisfaction, and difficulties achieving deadlines.

Furthermore, it may limit options for professional advancement, such as attending training or participating in supervision. As a result, managing a large caseload is critical for maintaining and developing professional abilities.
Source: Interviewers, 1-5, 18-25 (Dec 2023)

Finally, a study by Lockley et al., (2016), noted that long-duration work shifts are hazardous to both health care workers and patients. These contradictory findings have been interpreted in two ways. For starters, decreased caseloads do not ensure that spare time for clients is utilized effectively. Lower caseloads, in other words, may be a prerequisite for higher performance but do not ensure it. Second, the negative impacts of caseload size may arise only if a certain caseload size threshold is exceeded.

4.4 What does your caseload imply at your workstation as a medical social worker

The caseload at the workspace encompasses counseling, emotional support, assessment, advocacy, resource referral, education, care coordination, crisis intervention, and documenting and reporting. It entails collaborating closely with patients, families, and healthcare team members to provide comprehensive care that meets both medical and social, emotional, and practical needs. This includes coordinating care, offering crisis intervention, and keeping accurate records of patient contacts and interventions.

Most of the time a heavy caseload can cause stress, burnout, and decreased job satisfaction. Managing each case needs good time management, which has an impact on the quality of care delivered to clients. Maintaining professional boundaries can be difficult, even resulting in burnout. Job satisfaction varies; some social workers thrive in a fast-paced atmosphere, while others are overwhelmed. Finding a balance is critical for successful caseload management.

Source: Interviewers, 1-17 (Dec 2023)

4.5 How do you manage your caseload during your professional performance.

I managed my caseload through the following sections: assess case requirements, prioritize them, manage time effectively, communicate often, keep detailed case records, cooperate with colleagues, manage self-care, remain current on advancements, and be adaptable. This can help you manage your caseload, deliver better services to clients, and keep up with the newest advances in your profession. Following these guidelines will allow you to efficiently manage your caseload and provide better services to customers in Nairobi, Kenya.

I managed a caseload via, time management, client relationships, professional boundaries, and professional development. It enables focused, tailored care, effective time management, improved client relationships, and the capacity to maintain professional boundaries. It also encourages continued professional growth, which improves skills and knowledge.

Source: Interviewers,14-26 (Dec 2023)

4.6 Relationship between nature of work and professional performance among medical social workers in Nairobi.

Regarding the relationship between nature work and professional performance among medical social workers in Nairobi. Participants were ask to indicate their agreement on the aforementioned subject. Where SA = Strongly Agree, A = Agree, UD = Undecided, D = Disagree and SD = Strongly Disagree.

Table 2. Relationship between nature of work and professional performance among medical social workers in Nairobi.

Statements	SD		D		UD		A		SA	
	F	%	F	%	F	%	F	%	F	%
The nature of my work as a medical social worker aligns well with my professional skills and training.	0	0.00	0	0.00	102	25.5	164	41	134	33.5
Does the complexity and diversity of the cases you handle positively challenge you and contribute to your professional growth.	4	1	12	3	151	37.75	142	35.5	91	22.75
Does the variety of tasks and responsibilities in your role as medical social worker contribute to your job satisfaction and overall professional performance.	0	0.00	63	15.75	54	13.5	162	40.5	121	30.25
Please indicate your level of agreement with the following statement: "The nature of my work allows me to make meaningful impact on the well-being of my clients and their families."	0	0.00	21	5.25	182	45.5	81	20.25	116	29
Do you often feel that your work provides opportunities for creativity and innovation in addressing the unique needs of your client.	39	9.75	78	19.5	218	54.5	51	12.75	14	3.5
Rate your agreement with this statement: "The nature of my work as a medical social worker is fulfilling and aligns with my professional goals".	0	0.00	72	18	65	16.25	142	35.5	121	30.25
Can better alignment between the nature of your work and your professional skills and interests would lead to a noticeable improvement in your professional performances d job satisfaction.	20	5	73	18.25	195	48.75	82	20.5	30	7.5

Source: Researcher, 2023

The study findings in table 2 indicated that majority of the respondents with (41%) agreed that the nature of my work as a medical social worker aligns well with my professional skills and training, with a minority of (25.5%) were undecided. While (37.75%) were undecided on the following statement, which says the complexity and diversity of the cases you handle positively challenges you and contribute to your professional growth, with a minority of (1%) strongly disagreed. (40.5%) agreed on the following, does the variety of tasks and responsibilities in your role as medical social worker contribute to your job satisfaction and overall professional performance, with a minority of (13.5%) being undecided.

Additionally, 45.5%) were undecided that the nature of my work allows me to make meaningful impact on the well-being of my clients and their families, with a minority of (5.25%) disagreed. Nonetheless, (54.5%) were undecided on the following statement which says, do you often feel that your work provides opportunities for creativity and innovation in addressing the unique needs of your client, with a minority of (3.5%) strongly agreed on the same matter. (35.5%) agreed that the nature of my work as a medical social worker is fulfilling and aligns with my professional goals, with a minority of (16.25%) were undecided on the same matter. Finally, (48.75%) were undecided that can better alignment between the nature of your work and your professional skills and interests would lead to a noticeable improvement in your professional performances d job satisfaction, with a minority of (5%) strongly disagreed on the same matter.

In China, a study by Jiang et al., (2019), noted that the public image of social work has not yet developed, and the professional identity of a social worker has an unfavorable status, which contributes to the profession's low rating low efficiency in social institutions. Social workers report that major work-related stressors included insufficient time to do their job, large number of cases, and dealing with challenging clients. This factors brought by the nature of work have impacted negatively on outcomes in the area of professional performance as it may inhibit productivity of the case worker.

4.7 What is the relationship between nature of work and professional performance among medical social workers in Nairobi Kenya.

Within the Nairobi County medical social workers experiences the work environment, job expectations, training, work-life balance, and ethical issues all have a substantial impact on medical social workers' professional performance in Nairobi City, Kenya. A positive work environment, effective management of job expectations, and ongoing training can all

help to improve skills and knowledge. Balancing work and personal life is critical for performance and following ethical rules is necessary to sustain professional conduct.

Sometimes medical social workers experience heavy workloads can cause stress, burnout, and decreased job satisfaction, affecting the quality of social workers' services. Complex cases necessitate specific skills and resources, limiting the effectiveness of solutions. A supportive work environment, tools, and opportunity for professional development can help social workers perform better.

Source: Interviewers, 13, 22-31, 40 (Dec 2023)

4.8 How would you depict the impact of the nature of work and professional performance of a medical social worker in Nairobi Kenya.

Medical social workers in Nairobi City encounter numerous problems, including heavy patient loads, limited training opportunities, and cultural hurdles. However, their professionalism and ethical standards can improve patient care. Their work has a direct impact on patient outcomes, and they are important partners in community health programs. Despite these limitations, many medical social workers find their profession satisfying because it allows them to positively touch patients and families. The nature of their work and performance can have serious consequences for individuals, communities, and health-care systems.

Medical social workers in Nairobi County work in a variety of locations, including hospitals, clinics, community health centers, and non-profit organizations, which impacts their access to resources and services. They treat a wide range of patients, including those suffering from infectious infections and chronic disorders. Their approach is culturally sensitive, with a regard for the beliefs and values of the communities they serve. They frequently work with other healthcare professionals to meet patients' social, emotional, and financial needs. Continuous professional development is necessary for their advancement.

Source: Interviewers, 2-14, 26-40 (Dec 2023)

4.9 Would you depict the impact of nature of work and professional

performance of a medical social worker on duty in Nairobi Kenya.

Medical social workers in Nairobi City encounter numerous problems, including heavy patient loads, limited training opportunities, and cultural hurdles. However, their professionalism and ethical standards can improve patient care. Their work has a direct impact on patient outcomes, and they are important partners in community health programs. Despite these limitations, many medical social workers find their profession satisfying because it allows them to positively touch patients and families. The nature of their work and performance can have serious consequences for individuals, communities, and health-care systems.

The nature of employment has a considerable impact on the professional performance of Nairobi County's medical social workers. High workloads, difficult cases, and long hours can all contribute to burnout. Access to resources, such as training and supervision, would also be impacted. The scope of practice, which includes counseling and advocacy, also influences professional effectiveness. Addressing the needs of different client populations, such as those suffering from HIV/AIDS and poverty, is critical.

Source: Interviewers, 1-16, 21, 40 (Dec 2023)

4.10 Diagnostics Regression Analysis

In this study, a multiple regression analysis was conducted to test the relationship among independent variables on project performance. The researcher used statistical package for social science (SPSS V, 27) to code, enter and compute the measurements of the multiple regressions.

Table 3. Regression Analysis Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.989[a]	.977	.976	.12655

Source: Researcher, 2023

The multiple linear regression analysis modelled the relationship between the dependent variable, which was professional performance among MSW'S, and the independent variables, which are caseload, work-environment, nature of work, and administrative roles. The correlation coefficient (R) and coefficient of determination (adjusted R^2) depicted the degree of association between workload and professional performance among medical social workers. The study findings indicated that there was a strong positive relationship (R= .989[a]) between caseload, nature of work, and the dependent variable which was professional performance among MSW'S. The R squared .977 indicated that 97 % of the changes in caseload, work-environment, nature of work, and administrative roles, and the dependent variable, which was professional performance among MSW'S, at 95% confidence level.

Table 4. Regression Analysis ANOVA

ANOVA[a]					
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	255.792	26	9.838	614.341	.000[b]
	Residual	5.957	372	.016		
	Total	261.749	398			

Source: Researcher, 2023

The ANOVA data in the table above show a p-value of.000[b], indicating that the model does not fit well overall. The number computed from the study findings was 614.341, which corresponded to the critical value on the t-test of 400 respondents. The mean square of the regression shows 9.838, while the mean of residual shows .016. The estimated value exceeded the critical threshold (614.341<000), indicating that the independent variables explain the relationship between workload and professional performance among medical social workers in Nairobi County, Kenya.

Table 5. Regression Analysis Coefficients

Model		Coefficientsᵃ				
		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-1.761	.326		-5.396	.000
	Relationship between caseload and professional performance among medical social workers in Nairobi, Kenya.	.031	.029	.031	1.048	.295
		.039	.030	.030	1.267	.206
		.073	.104	.033	.702	.483
		.025	.040	.015	.625	.532
		-.120	.049	-.111	-2.423	.016
		-.319	.038	-.263	-8.443	.000
	Relationship between nature of work and professional performance among medical social workers in Nairobi Kenya	.546	.036	.516	15.245	.000
		-.001	.032	-.001	-.042	.966
		.087	.043	.110	2.013	.045
		.017	.034	.019	.501	.617
		-.037	.052	-.034	-.700	.484
		.107	.043	.140	2.506	.013
		.059	.039	.062	1.519	.130

Source: Researcher, 2023

The study determined that holding, professional performance among MSW's explain the relationship between caseload and professional performance among medical social workers in Nairobi, Kenya at 1.048. While the relationship between nature of work and professional performance among medical social workers in Nairobi Kenya was at 15.245. This indicates a factor of -5.396. All other factors remaining constant.

4.11 Chi-square and Descriptive statistics

The chi-square (χ^2) test is widely used to identify a significant connection between two categorical variables. It compares the observed frequencies of several categories to the expected frequencies if there were no relationship between the variables. Descriptive statistics provide a quick overview of a set of data to discover trends, which may represent the entire population or a subset of the population. Descriptive statistics include spread or dispersion measurements, as well as central tendency indexes. The mean, median, and mode are central tendency measurements, while kurtosis and skewness, standard deviation, variance, and the minimum and maximum variables are dispersion measurements.

Table 6. Descriptive Statistics

Descriptive Statistics					
	N	Mean	Std. Deviation	Minimum	Maximum
PROFESSIONAL PERFORMANCE AMONG MSW's	399	2.0251	.81096	1.00	3.00
Relationship between caseload and professional performance among medical social workers in Nairobi, Kenya.	399	2.8045	.81868	2.00	5.00
	399	2.3308	.63470	2.00	5.00
	399	2.1604	.36744	2.00	3.00
	399	4.8296	.48705	3.00	5.00
	399	3.0000	.75021	2.00	4.00
	399	3.0000	.66876	2.00	4.00
Relationship between nature of work and professional performance among medical social workers in Nairobi Kenya	399	4.0877	.76666	3.00	5.00
	399	3.7193	.79027	2.00	5.00
	399	3.8571	1.02096	2.00	5.00
	399	3.7343	.93755	2.00	5.00
	399	2.9073	.74275	2.00	5.00
	399	3.7845	1.06505	2.00	5.00
	399	3.1253	.85027	2.00	5.00

Source: Researcher, 2023

The standard deviation is a summary measure of the variances between each observation and the mean, whereas the mean is the average for all variables. The descriptive data revealed that professional performance among MSW's ranged from 1.00 to 3.00, with a mean of 2.0251, and standard deviation of .81096. While, the relationship between caseload and professional performance among medical social workers in Nairobi, Kenya, ranged from 5.00 to 2.00, with standard deviation of .72702, and a mean of 3.8922. The relationship between nature of work and professional performance among medical social workers in Nairobi Kenya ranged from .500 to 3.00, with a mean of 4.0877 and a standard deviation of .76666. The standard deviations for the variables range from extremely high to zero, indicating that the values are concentrated above the mean.

Table 7. Chi-Square Test Statistics

Chi- Square Test Statistics	Chi-Squire	df	Asymg sig
PROFESSIONAL PERFORMANCE AMONG MSW's	556a	2	.757
Relationship between caseload and professional performance among medical social workers in Nairobi, Kenya.	217.872[b]	3	<.001
	544.208[b]	3	<.001
	184.063[c]	1	<.001
	531.534[a]	2	<.001
	19.895[a]	2	<.001
	87.338[a]	2	<.001
Relationship between nature of work and professional performance among medical social workers in Nairobi Kenya	14.090[a]	2	<.001
	149.201[b]	3	<.001
	78.644[b]	3	<.001
	137.752[b]	3	<.001
	240.368[b]	3	<.001
	42.815[b]	3	<.001
	143.281[b]	3	<.001

Source: Researcher, 2023

Its evidence from table 4.7, where Chi-Square Test Statistics, implies that professional Performance among MSW's, with 556a chi-square, and Asymg sig .757 respectively. The independent Variables indicated as follows; The first variable which is the relationship between caseload and professional performance among medical social workers in Nairobi, Kenya, shows a chi-square of 217.872b, and Asymg sig of <.001. The second variable which is the relationship between nature of work and professional performance among medical social workers in Nairobi Kenya indicated a chi-square of 14.090a Asymg sig of <.001.

4.12 Discussion

Interpretation: The study findings reveal that both caseload and the nature of work significantly influence the professional performance of medical social workers in Nairobi County. High caseloads are associated with increased stress, burnout, reduced job satisfaction, and diminished service quality. While some respondents felt equipped to manage their workloads, others reported rushed interventions and emotional fatigue, indicating a delicate balance in managing performance expectations. Similarly, the nature of work characterized by diverse cases, limited resources, and emotional demands was found to impact social workers' ability to deliver effective care. Respondents appreciated the meaningful impact of their roles, but also highlighted how complex and demanding cases can affect their professional growth and efficacy.

Comparison with Previous Studies: These findings align with prior research emphasizing that excessive workloads compromise service delivery and staff well-being (Munson & Jaccard, 2020). The link between high caseloads and burnout supports the conclusions of Kim and Stoner (2008), who found that excessive work demands negatively affect job performance and morale among human service professionals. The study's insights into the value of meaningful work echo conclusions by McGregor (2019), who reported that medical social workers derive job satisfaction from helping vulnerable populations despite systemic challenges. Moreover, the importance of supportive work structures, including adequate supervision and manageable client loads, reflects the findings of Lloyd et al. (2002), highlighting the need for structural reforms in human services.

Limitations and Future Research Directions: The study is limited by its reliance on self-reported data, which may introduce bias or inaccuracies in participants' responses. Additionally, external factors such as staffing policies, organizational culture, or government regulations were not deeply examined, although they could influence caseload management and job performance. Future research should consider longitudinal designs to capture the evolving nature of workload and performance over time, and qualitative case studies to uncover deeper personal and institutional dynamics. Further studies could also explore the impact of digital case management systems, supervisory support models, and policy reforms aimed at improving work-life balance for social workers in urban health systems. Cross-county or regional comparisons could help identify whether these challenges are localized to Nairobi or reflective of national trends.

5. Conclusion and Recommendations

5.1 Conclusion

This section presents the conclusion made by the study, which supported the research findings. The study explored the complex relationship between caseload, work environment, nature of work, administrative roles, and professional performance among medical social

workers in Nairobi. The study concluded that majority of respondents believe their caseload is partly manageable, but a large workload can negatively influence their quality of service, job satisfaction, intervention efficacy, client outcomes, and organizational impact. A balanced approach to managing caseload is essential for maintaining and developing professional abilities, as it can lead to stress, burnout, and decreased job satisfaction.

Nonetheless, the study concluded that a supportive work environment is crucial for medical social workers, as it promotes better teamwork, communication, and collaboration. Factors such as workload, organizational support, supervision, and access to training can influence these professionals' professionalism. A stressful work environment with insufficient resources and a weak organizational culture may impair these professionals' professionalism and job satisfaction. The nature of work also plays a significant role in professional performance among medical social workers in Nairobi. High workloads, difficult cases, and long hours can contribute to burnout, while access to resources like training and supervision can be impacted. The scope of practice, including counseling and advocacy, also influences professional effectiveness. Addressing the needs of different client populations, such as those suffering from HIV/AIDS and poverty, is critical. Finally, the study highlighted the importance of managing caseload, work environment, nature of work, administrative roles, and administrative roles in the professional performance of medical social workers in Nairobi. Therefore, by addressing these challenges, organizations can ensure the continued growth and development of their professionals.

5.2 Recommendations

This segment presents ideas made by the review upheld by the discoveries and the goals:

- *Regarding the relationship between caseload and professional performance:* The study recommends implementing policies that promote balanced and manageable caseloads among medical social workers in Nairobi to reduce burnout and maintain quality service delivery. Establish support groups focused on monitoring workload and providing psychosocial support. Regular assessment of caseloads should be conducted, alongside ongoing training in time management and case prioritization techniques to optimize performance.

- *Regarding the relationship between nature of work and professional performance*: Clear role definitions and job clarity are essential for medical social workers in Nairobi to fully understand and execute their responsibilities. Flexible working hours and provisions for personal health care encourage a healthy work-life balance. Job variety is important to maintain

engagement and prevent monotony. Furthermore, equipping social workers with the necessary skills and resources will enhance positive client outcomes.

5.3 Suggestion for Further Studies

The current study examined the workload and professional performance of Medical Social Workers in Nairobi County, Kenya. As a result, by investigating these areas, future study can contribute to a more complete understanding of the factors influencing medical social workers' professional performance and aid in the development of policies to support their critical role in hospital settings in Kenya.

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