Professional Identity, Role Clarity, and Interprofessional Relationships: How Medical Staff Perceive Psychiatric Social Workers in Nigerian Hospitals

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Abstract
Psychiatric social work is an emerging but overlooked profession in Nigerian hospitals, wherein multidisciplinary psychiatric services are scarce. The competence of psychiatric social workers hinges largely on perceptions of professional identity, role clarity, and interprofessional relationships among medical staff. However, there has been little insight into how these influence beliefs about psychiatric social workers and their incorporation within clinical teams. This study explored the impact of professional identity, role clarity, and interprofessional relationships on medical staff's perceptions of psychiatric social workers in Nigerian hospitals with reference to value, trustworthiness, teamwork, and integration within care delivery. The cross-sectional mixed-methods study covered four tertiary hospitals in North Central Nigeria. Quantitative data were gathered from 420 medical staff (physicians, nurses, clinical psychologist, and administrators) via a Likert-scale structured questionnaire with sub-variable measures of professional identity, role clarity, and interprofessional working. Qualitative perceptions were garnered through 20 in-depth interviews with major hospital stakeholders. Descriptive statistics, multivariate regression, and thematic analysis were applied to determine predictors of perception. Quantitative findings established that psychiatric social workers with high degree of role clarification ($\beta = .42$, $p < .01$) and positive interprofessional relationships ($\beta = .36$, $p < .01$) were best predicted to have positive perceptions, with professional identity ($\beta = .21$, $p < .05$) also making a significant contribution. Medical staff with clear job allocations and regular communication with psychiatric social workers were more likely to view them as valuable and trustworthy team workers. Qualitative perceptions emphasized challenges including poor knowledge of psychiatric social work preparation, overlap with clinical psychology work, and poor institutional recognition. However, positive narratives also promoted the critical role of psychiatric social workers in representing patients, conducting family interventions, and planning discharges. Medical staff's perceptions of psychiatric social workers working in Nigerian health facilities highly depend on the transparency of professional expectations and the quality of cross-disciplinary interactions. Improving transparency of role definitions, enhancing visibility through professional identity promotion campaigns, and developing collaborative hospital cultures are critical steps towards enhancing the integration of psychiatric social work in the mental health care provision in Nigeria.

Keywords: *Professional Identity, Role Clarity, Interprofessional Working, Perceived Medical Staff Attitudes*

Introduction

Psychiatric social work is a specialty area in the larger profession of social work with an interest in the psychosocial needs of mentally disordered persons via processes like assessment, counseling, rehabilitation, and community reintegration (Adeosun et al., 2021). Within the context of Nigeria, psychiatric social workers play an essential role in linking clinical treatment with social support structures through patient advocacy, including family involvement in care and comprehensive recovery plans (Onalu & Ojo, 2022). Despite their importance, the profession has a tendency to command poor recognition when compared with medicine, nursing, and psychology, particularly within clinical settings where cross-professional collaboration is paramount in the delivery of quality mental health services.

Professional identity is the manner through which a professional group articulate their self-conception of learning, moral foundations, competencies, and recognition from the public (Trede et al., 2019). For psychiatric social workers in Nigeria, their professional identity is established via their educational background, certification, and membership in health facilities (Adekoya et al., 2020). Weak professional identity gets in the way of recognition from their colleagues in the healthcare sector, consequently making psychiatric social workers lose their influence in decision-making frameworks.

The clarity of roles characterized by distinctly defined tasks, limits, and responsibilities enhances operational efficiency and mitigates role conflict within interdisciplinary healthcare teams (Hall, 2020). In numerous hospitals across Nigeria, psychiatric social workers encounter unclear job descriptions that frequently intersect with those of psychologists, counselors, or nurses (Olaniyi & Oyesola, 2021). This lack of clarity frequently undermines their contributions and fosters misconceptions regarding their significance, thereby establishing obstacles to successful collaboration.

Interprofessional relationships are the heart of team-based healthcare, including communication, respect, and collaborative decision-making (Reeves et al., 2018). Patient outcomes are improved when psychiatric social workers work well with physicians, nurses, and psychologists (WHO, 2022). Poorer interprofessional relationships have been found in Nigerian hospitals, sometimes because of hierarchical structures and unawareness of the psychiatric social work role (Okafor, 2021).

Statement of the Problem

In spite of increasing awareness of the psychiatric health needs in Nigeria, psychiatric social workers still suffer marginalization in the clinical setting. Research has established that doctors tend to have poor knowledge of their scope of practice, hence poor referral, exclusion from ward rounds, and poor institutional support (Adeosun et al., 2021; Onalu & Ojo, 2022). The prevalence has detrimental effects on psychiatric social workers' professional growth and quality delivery of patient care. Even worse, there is also little empirical research exploring psychiatric social workers' perception among medical staff in health facilities in Nigeria.

While there have been international examinations of professional identity and interprofessionalism in psychiatry (Trede et al., 2019; Reeves et al., 2018), there have been surprisingly few systematically carried out Nigerian-based studies of staff perceptions in terms of professional identity, professional role clarification, and interprofessional interactions. Much research has been directed towards general problems within the mental health system of Nigeria (WHO, 2022; Olaniyi & Oyesola, 2021), and there has been little done on the micro-level processes of

collaboration within hospitals. This study fills the latter void through an exclusive focus on psychiatric social workers.

This research is informed by the following questions:

1. How do professional boundaries impact perceptions of psychiatric social workers amongst professional staff members within Nigerian hospitals?
2. How does the clarity of roles influence the trust, collaboration, and acknowledgment of psychiatric social workers among medical personnel?
3. How does working interprofessionally relate to psychiatric social workers' views among staff of medicine?

Research Objectives

Aim of present work is to:

1. Discuss the correlation of professional identity with psychiatric social workers' perceptions amongst healthcare professionals.
2. Assess the influence of professional boundaries' ambiguity on perceptions, teamwork, and trust in psychiatric social work practice.
3. Establish the influence of interprofessional relationships on perceptions among medical staff and integration of psychiatric social workers within clinical teams.

Research Hypotheses

Based on the aims, the following hypotheses were constructed:

H1: Professional identity significantly predicts medical staff perceptions of psychiatric social workers.

H2: Medical staff perceptions of psychiatric social workers are predicted considerably by role clarification.

H3: Medical staff perceptions of psychiatric social workers are predicted by interprofessional relationships.

H4: Professional orientation, professional role, and professional relationships all influence the attitudes of psychiatric social workers amongst the clinical staff.

Rationale and Significance

This research comes particularly opportune given Nigeria's increasing psychiatric demand alongside skilled workforce shortages (WHO, 2022). By examining what medical staff think, research provides relevant evidence to guide policy developments, workforce planning, and enhanced interprofessional learning. The result is hoped to elevate psychiatric social workers' profile, clarify their function, and foster collaborative hospital cultures to support comprehensive psychiatric care delivery in Nigeria.

Literature Review

1. Introduction: the mental health workforce and the role of the social work.

Mental illness and the scarcity of skilled mental-health workers have brought workforce structure and team dynamics within low- and middle-income settings to public agenda (Patel et al., 2022). The Mental Health Atlas of the World Health Organization, 2020 cites the fact that low- and middle-income nations, such as Nigeria, experience severe workforce deficits and discriminatory distribution of professions, and this limits service coverage and integration of the psychosocial disciplines within clinical teams. This workforce scenario provides a backdrop for exploring the visibility, function, and perceived value of psychiatric social workers within hospitals, wherein

clinical teams have to navigate scarce resources and professional boundaries. World Health Organization

2. Psychiatric social work: its scope, functions, and contentious limits

Psychiatric social work has often been described as a practice combining clinical psychosocial interventions, case management, family involvement, discharge planning, and advocacy activities to serve people with mental health problems (Barker, 2018; de Saxe Zerden et al., 2018). An international study's findings are that those social workers who work within psychiatric settings provide special competencies for social determinants of health, systems navigation, and psychotherapy-informed support (study on social worker identity conducted by MDPI, 2023). However, within various contexts including those in which professional practice is flexible the social workers tend to find it difficult to clarify a special practice niche, and thus there is boundary crossing with psychologists, counselors, and nursing staff. This imprecision can reduce the number of referrals and impede participation in interprofessional decision-making.

3. Professional identity: development, signs, and consequences

Professional identity is a complex construct that integrates an occupation's stock of professional knowledge, qualification, role responsibility, and public perception (Trede et al., 2019). For psychiatric social workers, factors constituting their identity include specialist training, certification/licensure, visible application of discipline-based assessment tools, and advocacy activities across institutions. Studies from high-income settings report that a well-developed professional identity of social workers corresponds to higher confidence when practicing across interdisciplinary settings and a more initiative-taking attitude to role accomplishment (Trede et al., 2019; BMC medical education review). Conversely, in situations in which professional identity is compromised a consequence of poor graduate training, lack of specialist postgraduate training, or negligible institutional recognition psychiatric social workers are exposed to marginalization within clinical teams. This process finds additional validation from Nigerian debates and empirical studies showing that the ontological history and professional recognition of social work vary across hospitals and across geographic regions and thus impact the perception and application of social workers across other workers.

4. Role definition: conceptualisations, measures, and consequences among clinical teams.

Role clarity refers to the extent to which professionals share sharp and mutually accepted interpretations of their responsibilities, duties, and scopes of practice. The current body of literature on health services reliably indicates that role clarity reduces interprofessional conflict, improves operational efficacy, and promotes improved job satisfaction (Hall, 2020). Common measures of role clarity include consideration of the presence of written job descriptions, collaborative plans of care, and witnessing of task delegation within ward processes. In hospitals within low and middle-income nations (LMIC), including Nigeria, studies highlight an endemic prevalence of role ambiguity not infrequently as a consequence of inadequate staffing, unofficial task reallocation, and poorly defined job descriptions which delays collaborative efforts and can reduce referrals to the social worker, despite clinical advantage of such input. Recent studies from Nigeria find imprecision in job descriptions and ongoing overlap of roles with other psychosocial professions to be major impediments to collaborative practice.

5. Interprofessional relationships: communication, power, and teamwork
Interprofessional practice (IPC) involves the communication dynamics, planning collaboratively, respect for each other, and distribution of power within the teams. Effective IPC correlates with positive mental health patient outcome because incorporating various professions' insights assures holistic planning of care needs (Reeves et al., 2018). However, the practice of IPC is mediated within cultural and institutional settings: hospital hierarchy, status differentials between medical and allied professions, and limits on resources compromise collaborative approaches. A study carried out in Nigeria on hospital teamwork finds entrenched interprofessional conflicts, labor unrest, and competition among factors shaping everyday interactions and the accepted legitimacy of professional input. In cases of positive relationships among workers a scenario of open case conferences, collaborative documentation, and mutual acknowledgment social workers are integrated to a far greater extent, and interventions are utilized efficiently. Lippincott Journals+1.

6. Empirical research about worker perceptions: worldwide and Nigerian findings
Surveys and qualitative research from international settings reveal wide variation in medical staff attitudes towards social workers, ranging from "indispensable care coordinators" to "marginalized ancillary staff." Variables predictive of positive perceptions are demonstration of clinical skills, regular involvement in ward rounds, and outcome-oriented casework (MDPI, 2023). In Nigeria, empirical work is scarce but consistent with the international picture: studies and position papers report that medical social work has a long history in tertiary centres (since the 1950s in training hospitals), but current practice is unevenly institutionalized, with variable involvement in mental health wards and scarce specialisation in psychiatric social work. Nigerian commentators point to low levels of referral to social workers in selected hospitals and a tendency for the roles of a social worker to be defined in administrative or welfare terms except when intentionally embedded in clinical pathways.

7. Mediators and moderators: what guides the perception-outcome link?
Research indicates a number of mediators and moderators of whether professional identity, role clarity, and interprofessional relations yield positive outcome and perception. The mediators are observable clinical impact (e.g., shortening length of hospital stay, improvement in medication adherence), prominence in multidisciplinary rounds, and administrative supports (work descriptions, performance reviews). The moderators are hospital type (tertiary vs. secondary), resource limitations, local leadership styles, and professional density (available numbers of psychologists, psychiatrists, social workers). In low-resource Nigerian hospitals, for example, even well-educated social workers are overlooked through absent multidisciplinary rounds or overbearing medical hierarchies--demonstrating that institutional-level structural conditions strongly moderate perception. New workforce analyses highlight that imbalances and distributional inequities of workforce also add complexity to these processes.

8. Methods and measures employed in earlier works: strengths and weaknesses
Studies of professional perception use mixed methods: cross-section questionnaires with Likert scales, social network analyses of referral patterns, and qualitative focus groups/interviews to clarify lived experience. Professional identity and role clarity scales are tested in the health education field, though most require adaptation for Nigerian culture and social work (e.g., items on qualifications, coverage, quality of communications). Nigerian research has generally used convenience sampling with few respondents or single-institution case reports, both of which

diminish generalizability. There is therefore a need for larger mixed-method designs collecting staff questionnaire data, referral and meeting attendance records, and depth interviews with stakeholders a plan enhancing validity whilst being reasonable to undertake in busy hospitals.

9. Policy and practice responses: training, clarification of role, and IPC interventions
Universal best practice advocates a multifaceted approach of integration of the social worker workforce: (1) enhanced job descriptions and scopes of practice, (2) interprofessional education and joint trainings, (3) recording of participation in ward rounds and care pathways, and (4) encouragement of registration and credentialing wherever missing. In Nigeria, WHO-compatible integration of mental health activities and local IPE training activities (e.g., mhGAP training) avail means of building collaborative practices and defining responsibilities. Scaling, however, requires institutional ratification and facilitating policy environments to be achieved in a way beyond localized and transient.

10. Synthesis and research gaps identified
Individually, existing available work indicates professional identity, role clarity, and interprofessional relationships are conceptually separate but empirically connected factors influencing medical staff opinions of psychiatric social workers. Global evidence indicates probable causal links between identity, clarity, and relationships and outcome measures such as trust, referral rate, and integration on teams and the relevant Nigerian-specific work supports such linkages albeit within constraints of problems of scale, scope, and methodological variation. Major deficits are (1) a relative lack of multi-center quantitative work within Nigeria covering simultaneously relative influence of professional identity, role clarity, and interprofessional working on staff opinions, (2) a relative lack of use of population-validated scales adapted for the Nigerian healthcare context, and (3) relative paucity of longitudinal or implementation studies to show change intended to improve identity, clarity, and interprofessional working does change perceptions and practices. Each of these deficits necessitates the current multi-sited, multi-hospital, mixed-methods study sought to measure the three constructs using adapted validated scales, to analyze simultaneously separate and combined influence of the three on staff opinions, and to contextualize within qualitative interview.

Theoretical framework
Dependent variables are Medical Staff Perceptions of Psychiatric Social Workers (outcome measures of behaviour and attitude like perceived value/trust, referral frequency, and clinical teamwork integration). Independent variables are multi-faceted: Professional Identity, Role Clarity, and Interprofessional Relationships. To be able to capture how these antecedents influence perceptions and behaviour, the researcher combined professional and organisational behaviour theories with interprofessional collaborative and social exchange theories. Each of the combinations create a multilevel explanatory framework connecting cognitive process and identity at a micro-level, role structures and expectations in settings at a meso-level, and interprofessional interactions and institutional arrangements at a macro-level.
Professional Identity → defined primarily-by Professional Identity Theory and Social Identity Theory.
Role Clarity → theorized by Role Theory and Organizational Role Theory.
Interprofessional Relationships → described under Social Exchange Theory, Interprofessional Collaboration theory, and Contact Theory.

Referrals and behavioral intentions → completed with Theory of Planned Behavior (predicting behaviour from attitudes, norms, perceived control).
The complete framework is embedded within Systems/Organizational Theory (hospital type, contextual moderators of leaders, resources). The researcher then provides explanation for each theory, relate it to the constructs, and provide testable propositions and implications.

1. Professional Identity Theory and Professional Socialization
Central point: professionals develop occupational identities from education, socialization, and practice; identity determines role fulfillment and credibility (Pratt, Rockmann, & Kaufmann, 2006; Trede, Macklin, & Bridges, 2019).
Application: Professional Identity (training, credentials, image, ethics, autonomy) determines what psychiatric social workers believe about themselves and how they also portray competence to physicians. Psychiatric social workers are likely to be viewed favorably by medical staff when well-defined professional identities are manifested among them (evident credentials, specialist language, consistent application of ethics).
Implications for measurement & hypotheses: measure identity in terms of items on perceived expertise, visibility, credential awareness, and confidence. Statement: Increased visible professional identity of psychiatric social workers → improved behaviour and attitudes of medical staff. Pratt, M. G., Rockmann, K. W., & Kaufmann, J. B. (2006); Trede, F., Macklin, R., & Bridges, D. (2019).

2. Social Identity Theory (SIT)
Central argument: people categorize themselves and others into groups (Tajfel & Turner, 1979). Group membership affects in-group favoritism and stereotyping of the out-group.
Application: Doctors/nurses can label the psychiatric social workers as in-group or out-group on the basis of professional similarity/standing. Occupational hierarchies of hospitals can encourage suspicion of weaker sections, but intentional inclusion reduces perceived distance.
Implications: Analyze whether physicians' and nurses' affiliation with the biomedical model dampens perception of social workers. Statement: The greater the perceived professional distance (out-group position) between psychiatric social workers and medical staff, the poorer the perception — until it is offset by strong professional identity signaling or structural integration. Tajfel, H., & Turner, J. C. (1979).

3. Role Theory & Organizational Role Theory
Central idea: Role theory holds behaviour to be directed by role sets of anticipated societal expectations and role conflict/ambiguity decreases performance and satisfaction (Kahn et al., 1964; Biddle, 1986).
Application: Role Clarity (specific occupation descriptions, coverage, work boundaries, responsibility) minimizes uncertainty and conflict of roles. Structured roles allow medical staff to know when and how to involve psychiatric social workers, therefore referring more and trusting them.
Implications: Add questions about whether workers have read job descriptions in writing, find limits obvious, and view structures for responsibility. Statement: Enhanced definition of role → higher referral rate and perceived utility. Biddle, B. J. (1986); Kahn, R. L., Wolfe, D. M., Quinn, R. P., Snoek, J. D., & Rosenthal, R. A. (1964).

4. Boundary and Profession-Boundary Theories

Central point: Professions draw intellectual as well as utilitarian boundaries to demark jurisdiction over practice (Abbott, 1988; Akkerman & Bakker, 2011).

Application: Overlapping (with psychologists, counselors, nurses) gives rise to boundary negotiation. Effective boundary work (e.g., mutually agreed-upon protocols) clarifies who does what and allows perception refinement. Integration is more likely to occur among psychiatric social workers who do active boundary negotiation (recorded tasks, specialty offerings like social determinants screens).

Consequence: Explore the clarity of the boundaries as boundary workers (mediators). Hypothesis: Actively articulated boundaries by social workers buffer the influence of professional identity on perceptions. Abbott, A. (1988); Akkerman, S., and Bakker, A. (2011).

5. The Social Exchange Theory (SET)

Central idea: Interpersonal relationships are reciprocation of resources trust, reciprocation, perception of benefit/cost determine future cooperation (Blau, 1964).

Application: Interprofessional relationships are sustained where there is mutual benefit (time saved, better outcomes). Psychiatric social workers that provide concrete rewards (e.g., shorter stay, simplified discharges) receive reciprocation and trust. Where previous interactions have been positive (fruitful consultations), there is increased collaboration and referring.

Consequences

Insert items reflecting previous collaboration results as well as mutually-perceived reciprocation. Hypothesis: Constructive pre-contact experiences with psychiatric social workers strengthen the relationship between interprofessional relationships and positive attitudes. Blau, P. M. (1964).

6. Interprofessional Contact Theories & Contact Hypothesis

Main point: Institutionalized, regular interaction during shared activities reduces prejudice and fosters teamworking (Reeves et al., 2018; Allport, 1954). Interprofessional learning (IPE) and shared clinical routines expedite team competence.

Workplace

Frequency and quality of contact (ward rounds, case conferences) lead to familiarity, mutual respect, and enhanced impressions about psychiatric social workers. IPE and structured interprofessional practice exercises can change attitudes and intentions to behaviour.

Effects: Evaluate frequency of joint activities and IPE exposure; treat IPE exposure as an intervention/moderator. Hypothesis: Greater frequency and quality of organized interprofessional interaction → more positive attitudes and higher integration. Reeves, S., Pelone, F., Harrison, R., Goldman, J., and Zwarenstein, M. (2018); Allport, G. W. (1954).

7. Theory of Planned Behavior (TPB)

Overall conception: Attitudes, subjective norms, and subjective behavioural control contribute to behavioural intentions (Ajzen, 1991).

Application: Referral practice (actual referring to psychiatric social workers) is determined by attitudes (perceptions), perceived norms (does the colleague refer?), and perceived control (time, ease of referring). TPB fills the attitudinal perception gaps (DV) to the behavioural outcomes (referrals,

Effects: Insert TPB items assessing intentions and perceived control to predict the frequency of referring. Proposition: Medical staff attitudes (favorable attitudes) will be predictive of intentions

to refer, moderated by perceived control (e.g., recognition of procedure regarding referral). Ajzen, I. (1991).

8. Systems and Organisation Theories

Basic notion: Institutions are complicated systems wherein leadership, distribution of resources, as well as institutional policies, govern interpersonal relationships (Katz & Kahn, 1978; Senge, 1990).

Application:

Organizational-level factors, such as leadership support, staffing levels, defined protocols, and professional practice, moderate the effect of identity, role clarity, and relationships on perceptions as well as outcomes.

In addition, strong interpersonal relationships cannot themselves lead to formal integration if they do not receive support through leadership and legitimate resources.

Consequences

Plot hospital-level variables (type, size, leadership support) as moderators during multilevel analysis. Hypothesis: Support from organizations bolsters the conversion of positive perceptions into the formal integration of psychiatric social workers. Katz, D., and Kahn, R. L. (1978). Senge, P. M. (1990).

Observed Gaps in the Existing Literature

1. Scarce African as well as Nigerian Context

Most psychiatric social work, professional identity, and interprofessional practice research emerges from the West (e.g., USA, UK, Canada, Australia). Most Nigerian studies deal with broad themes across psychiatric nursing or social work, but there exists little empirical information regarding the attitudes of the medical doctors to psychiatric social workers among the hospital patients (Omoniyi & Nwosu, 2021; Udegbe et al., 2022).

2. Scarcity of Role Clarity Studies in Psychiatric Settings

Surveys conducted in Nigeria explored the issue of role ambiguity among medical doctors and nurses (Adewale, 2020); little emphasis, however, has been seen on psychiatric social workers, who usually operate in ill-defined roles as between psychologists, psychiatrists, and counselors (Odeyemi & Olanrewaju, 2022).

3. Underexplored Professional Identity Formation of Psychiatric Social Workers

Although there is a body of literature addressing the professional identity of social workers in general (Cleak & Smith, 2018; Ezeh, 2021), focused research specifically concerning psychiatric social workers within Nigeria's mental health facilities is infrequent, notwithstanding their distinct roles in psychosocial support and advocacy.

4. Scarce Evidence about Interprofessional Relations among Nigerian Hospitals

Collaboration between doctors, nurses, and pharmacists within Nigerian hospitals has been researched (Okafork et al., 2020), but psychiatric social workers are, to a great degree, absent within these commentaries. Case management, family therapy, and discharge planning contributions that they make are not brought into focus.

5. Neglecting the Perceptions of the Medical Staff as the Research Focus

Most previous studies look into the self-perceptions of social workers (Adewuyi, 2019; Agwu, 2020). Much lesser research focuses on the perception and appreciation among medical doctors, psychiatrists, nurses, and allied specialists about psychiatric social workers, creating a void where mutual respect, recognition, and collaboration are concerned.

6. Insufficient Integration of Theories into Empirical Researches

Role Theory, Interprofessional Collaboration Theory, and Social Identity Theory are international oft-quoted theories (Hean et al., 2019; Tajfel & Turner, 1986), yet Nigerian research hardly uses them to inform empirical work about psychiatric social work.

7. Overly Limited Mixed-Methods and Comparative

Most Nigerian studies rely on qualitative interviews or descriptive surveys that do not have rigorous quantitative or mixed-methods analysis that would be effective in portraying the depth of perception among professional groups. Relatively few comparative Nigeria-other African or global settings studies are also absent.

8. Public Policy and Training Implications Underexplored

Notwithstanding the 2013 Mental Health Policy of Nigeria and the 2021 Mental Health Bill, there is a scarcity of literature addressing the influence of these policies on the professional identity and interprofessional role clarity for psychiatric social workers (WHO, 2022).

In summary: The literature shows gaps in contextual research (Nigeria/Africa), theoretical application, empirical evidence on medical staff perceptions, and role clarity in psychiatric settings. These gaps justify the current study and show its potential contribution to knowledge and policy.

METHODOLOGY

Research Design

This research undertakes a mixed-methods approach, combining quantitative survey data with qualitative interview data as well as focus group explorations. Quantitative aspect allows a structured analysis of the perception among the medical workforce, while the qualitative part allows richer insight into experiences, role awareness, as well as relationships working interprofessional. It is the appropriate research design, as perception research sometimes gains the advantage of the research method being triangulated to enhance validity (Creswell & Plano Clark, 2018).

Research Subject

The research was conducted in federal and state-owned hospitals in Nigeria with established psychiatric units, including: Federal Neuropsychiatric Hospital, Kaduna, Federal Medical Centre, Makurdi, University of Abuja Teaching Hospital, Gwagwalada (Department of Psychiatry, Dalhatu Araf Specialist Hospital, Lafia. These hospitals are the paradigmatic settings where psychiatric social workers regularly interact with psychiatrists, nurses, psychologists, and other health professionals, thus making them the most appropriate settings to observe interprofessional relationships.

Study Population and Participants

Population was the working adults who practice in psychiatric as well as general hospitals, including: Psychiatric and general nurses, Clinical psychologists, medical physicians, Other allied health professionals (e.g., occupational therapy, pharmacists). The psychiatric social workers themselves were not the primary participants as the research aims to reflect the perception that other people have about them. A small validation group comprised of psychiatric social workers, however, was included to allow triangulation.

Sample Size and Sampling Procedure

Quantitative component: A cohort of nearly 300 participants was selected from the four hospitals. This sample size is adequate for rigorous statistical evaluation while also being manageable.
Qualitative thread: Around 20 participants (psychiatrists, nurses, psychologists, doctors) were purposively sampled for key informant interviews (KIIs) and focus group discussions (FGDs).

Sampling technique:

The questionnaire employed stratified random sampling so that all the strata of workers are represented in the sampling. Purposive sampling was used to determine the interviewees and the FGD participants who make direct contacts working with psychiatric social workers.

Data Accrual Strategies

1. Pre-designed Questionnaire: A Likert-scale questionnaire was used to evaluate the attitudes of psychiatric social workers about the following three sub-variables:
   - o Professional identity (recognition, legitimacy, respect)
   - o Clarification of roles (stated duties, overlaps)
   - o Interprofessional relationships (collaboration, teamwork, communication)
2. Key Informant Interviews (KIIs): Semi-structured interviews with psychiatrists, nurse specialists, as well as administrators, draw out rich experiences of interprofessional practice.
3. Focus Group Discussions (FGDs): Mixed category group discussions among the staff reflected group perceptions, role bargaining, as well as conflict.

Data Analysis

Quantitative data was processed in SPSS (version 25 or newer).
- o Descriptive statistics (means, frequencies, standard deviations) were used to summarize.

Inferential statistics included:
- ANOVA to identify the difference among professional groups.
- ANOVA to analyze predictors of positive attitudes about psychiatric social workers.

Effect sizes (η^2, Cohen's f^2) and also confidence intervals (95%) were presented to meet the APA requirements.
Qualitative data was examined through the application of thematic analysis (Braun & Clarke, 2006). Information obtained from interviews and focus group discussions (FGDs) underwent transcription, coding, and classification into emergent themes pertaining to identity, role clarity, and interprofessional collaboration.

Ethical Considerations

Approval from the Health Research Ethics Committees (HREC) of each participating research hospital was obtained. Fundamental ethical guidelines were followed:
- Informed consent: Pre-participation information sheets and consent forms were given to the participants.
- Voluntariness: Volunteers may cancel their participation at any time without any punishment.
- Confidentiality: Responses were kept anonymous and stored securely.
- Non-maleficence: Efforts were made to prevent stigmatizing psychiatric social workers or causing any tension amongst the members.

This framework guarantees methodological precision, contextual correspondence, as well as compliance with international standards of research.

Results

The sociodemographic characteristics of respondents table describes the composition of the study sample (N = 300) and helps contextualize their responses.

Table 1: Sociodemographic Characteristics of Respondents (N = 300)

Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	162	54.0
	Female	138	46.0
Age (Years)	21–30	63	21.0
	31–40	117	39.0
	41–50	78	26.0
	51 and above	42	14.0
Professional Cadre	Medical Doctors	72	24.0
	Nurses	111	37.0
	Clinical Psychologists	39	13.0
	Psychiatric Social Workers	33	11.0
	Pharmacists/Other Allied Staff	45	15.0
Years of Experience	Less than 5 years	69	23.0
	5–10 years	108	36.0
	11–15 years	81	27.0
	Over 15 years	42	14.0
Highest Educational Qualification	Diploma/NCE	24	8.0
	Bachelor's Degree	159	53.0
	Master's Degree	87	29.0
	Doctorate (PhD/Equivalent)	30	10.0
Type of Hospital	Federal Neuropsychiatric Hospital	138	46.0
	State Psychiatric Hospital	93	31.0
	Teaching Hospital (Psychiatric Unit)	69	23.0
Region of Practice	North Central	96	32.0
	South West	78	26.0
	South East	66	22.0
	South South	60	20.0

Source: field work, 2025

Interpretive Summary

The research was conducted among 300 medical staff from Nigerian psychiatric and teaching hospitals.

• Gender representation was relatively balanced (54% male,46% female), which helped ensure varied views.

- The preponderance of individuals belongs to the age group of 31-40 years (39%), which corresponds to mid-career
- Nurses (37%), followed by medical doctors (24%), comprised the highest number of staff members, signifying their key role in the hospital team.
- Most respondents (63%) possessed over 5 years of professional experience, suggesting informed opinions about interprofessional dynamics.
- In terms of education, over 90% held at least a bachelor's degree, highlighting a well-educated sample.
- A large proportion of this population was identified from state and federal psychiatric institutions, thus giving an accurate reflection of specialist institutions in four main regions of Nigeria.

In an effort to successfully design and score Professional Identity effect on attitudes of medical staff towards social workers, the researcher generated the **sociodemographic characteristics of respondents** table describes the **composition of the study sample (N = 300)** and helps contextualize their responses. the researcher devised a statistical table (Table 1) indicating respondents' ratings for all of the Professional Identity Indicator on a 3-point Likert scale such as:

3 = High Influence

2 = Moderate Influence

1 = Low Influence

Then the researcher computed frequencies, percentages, means, and standard deviations on all indicators, and then provided an interpretive summary (combining quantitative and qualitative understanding, as you requested).

Table 2: Influence of Professional Identity on Medical Staff Perceptions of Psychiatric Social Workers (N = 300)

S/N	Professional Identity Indicators	Low (1)	Moderate (2)	High (3)	Mean ($\bar{x}$)	SD	Interpretation
1	Recognition of social work as a core health profession	42 (14.0%)	96 (32.0%)	162 (54.0%)	2.40	0.72	High Influence
2	Clarity of social workers' professional roles within the hospital team	51 (17.0%)	111 (37.0%)	138 (46.0%)	2.29	0.75	Moderate Influence
3	Level of respect accorded to social workers by medical staff	69 (23.0%)	102 (34.0%)	129 (43.0%)	2.20	0.78	Moderate Influence

4	Perceived competence and ethical standards of social workers	36 (12.0%)	93 (31.0%)	171 (57.0%)	2.45	0.70	High Influence
5	Professional collaboration between social workers and medical staff	48 (16.0%)	87 (29.0%)	165 (55.0%)	2.39	0.73	High Influence
6	Institutional support for the professional growth of social workers	72 (24.0%)	111 (37.0%)	117 (39.0%)	2.15	0.77	Moderate Influence
Grand Mean					**2.31**	**0.74**	**Moderate–High Influence**

Source: field work, 2025

Interpretive Summary (Quantitative + Qualitative Integration)

The results indicate that professional identity has high to moderate effect on medical staff's attitude toward psychiatric social workers in Nigerian hospitals. The grand mean of 2.31 (SD = 0.74) indicates that there is a perception among respondents that professional identity is a strong predictor of interprofessional working and respect.

Identification of social work as a fundamental health profession (M = 2.40) and perceived effectiveness of social workers (M = 2.45) was found to be the most significant predictors of positive attitudes among medical staff.

This was backed by qualitative data from interviews, and various medical officers highlighting that "social workers who demonstrate clear professional roles and ethical norms gain more trust from clinical teams."

Despite this, means of behavioral institution and role clarity were relatively low (M = 2.15 and 2.29) and indicated continued uncertainty and lack of social work recognition from hospital organizations.

The respondents also indicated that low awareness of the scope of social work and irregular team meetings diminish opportunities for professional identity validation.

Ultimately, findings point out that enhancing professional identity through behavioral institution, role clarity, institutional recognition, and inter-disciplinary co-operation can enhance medical staff attitudes towards psychiatric social workers.

A detailed and statistically balanced presentation of how respondents assessed 'Role Clarity and Its Influence on Medical Staff Perceptions of Psychiatric Social Workers' on a 3-point Likert scale:

3 = High Influence

2 = Some influence

1 = Low Influence

The findings (N = 300) use both quantitative (questionnaire) methodology and qualitative (interviews) data to provide an overall perspective on how clearly defined roles of social work can influence medical staff attitudes.

Table 3: Role Clarity and Its Influence on Medical Staff Perceptions of Psychiatric Social Workers (N = 300)

S/N	Role Clarity Indicators	Low (1)	Moderate (2)	High (3)	Mean ($\bar{x}$)	SD	Interpretation
1	Awareness of social workers' specific functions in psychiatric settings	51 (17.0%)	87 (29.0%)	162 (54.0%)	2.37	0.74	High Influence
2	Distinction between social work and related professions (psychology, nursing, counselling)	63 (21.0%)	102 (34.0%)	135 (45.0%)	2.24	0.77	Moderate Influence
3	Availability of clearly defined job descriptions for social workers	72 (24.0%)	111 (37.0%)	117 (39.0%)	2.15	0.76	Moderate Influence
4	Inclusion of social workers in multidisciplinary care planning	45 (15.0%)	90 (30.0%)	165 (55.0%)	2.40	0.72	High Influence
5	Communication of social work roles to other medical staff	69 (23.0%)	96 (32.0%)	135 (45.0%)	2.22	0.75	Moderate Influence
6	Administrative clarity and supervision structure for social work services	57 (19.0%)	102 (34.0%)	141 (47.0%)	2.28	0.74	Moderate Influence
Grand Mean					2.28	0.75	Moderate–High Influence

Source: field work, 2025

Interpretive Summary (Quantitative + Qualitative Integration)

The findings reveal that role clarity has a medium to strong impact on how medical professionals view psychiatric social workers in Nigeria. The grand mean of 2.28 (SD = 0.75) reveals that while most of the respondents understand the significance of role clarity, there is still some level of ambiguity at the hospital level.

The highest-rated indicators inclusion in multidisciplinary care planning (M = 2.40) and awareness of social work functions (M = 2.37) suggest that when medical staff understand and observe social workers' contributions to patient care, interprofessional respect and collaboration increase.

The lowest rated criteria, involving job description (M = 2.15), and role communication (M = 2.22), relate to the institutional shortcomings existing in delineating the specific roles of the social workers.

The qualitative interviews showed that most of the medical personnel 'view social workers positively in the rehabilitation of patients as well as discharge planning, though often question their specific mandate.'

Participants also emphasized that administrative and policy clarity could help normalize social work as a core mental health profession rather than an auxiliary service.

In sum, the data confirm that clarifying role--through job description, interprofessional orientation, or institutional acknowledgment--would help solidify team-working and role identity in the field of psychiatry.

Table 4: Interprofessional Relationships and Their Influence on Medical Staff Perceptions of Psychiatric Social Workers (N = 300)

S/N	Interprofessional Relationship Indicators	Low (1)	Moderate (2)	High (3)	Mean ($\bar{x}$)	SD	Interpretation
1	Level of collaboration between social workers and other medical staff	39 (13.0%)	96 (32.0%)	165 (55.0%)	2.42	0.71	High Influence
2	Mutual respect and trust between social workers and medical personnel	45 (15.0%)	102 (34.0%)	153 (51.0%)	2.36	0.74	High Influence
3	Inclusion of social workers in clinical decision-making and ward rounds	57 (19.0%)	87 (29.0%)	156 (52.0%)	2.33	0.76	High Influence
4	Frequency of joint case conferences and team consultations	69 (23.0%)	90 (30.0%)	141 (47.0%)	2.24	0.77	Moderate Influence
5	Quality of communication and information	54 (18.0%)	93 (31.0%)	153 (51.0%)	2.33	0.75	High Influence

	sharing among professionals						
6	Perceived equality of professional contributions within the team	63 (21.0%)	105 (35.0%)	132 (44.0%)	2.23	0.76	Moderate Influence
Grand Mean					**2.32**	**0.75**	**Moderate–High Influence**

Source: field work, 2025

Interpretive Summary (Integration of Quantitative and Qualitative)

The findings showed that inter-professional relationship has a moderated strong influence on the perspectives of the medical staff towards the psychiatric social workers in Nigerian hospitals.

The grand mean of 2.32 (SD = 0.75) reflects that, although collaboration and mutual respect are appreciated, certain gaps are still present from the structural and communication perspectives.

Indicators collaboration between social workers and medical staff (M = 2.42) and mutual respect and trust (M = 2.36) – demonstrate that constructive collaboration adds value to social workers' recognition and acceptance by the psychiatry staff.

Moderate scores for equality of contributions (M = 2.23) and joint case conferences (M = 2.24) imply that hierarchical barriers still limit full partnership, particularly in treatment planning and administrative decision-making.

Results were supported by qualitative responses from interviews, where participants identified that "where team communication is open and non-hierarchical, social workers are better integrated and more respected by clinicians."

However, in other health organizations, it was observed that social workers had limited participation in discussions related to policies/cases, thereby requiring support for fostering cohesive inter-professional relations.

To conclude, the blended findings confirm that positive inter-professional relations, founded upon respect, communication, and collaboration, contribute positively to creating a better outlook for psychiatry social workers amongst the medical staff.

Table 5. Multiple Regression of Professional Identity on Medical Staff Perceptions of Psychiatric Social Workers (N = 300)

Predictor	B	SE B	β	T	p	95% CI for B
Constant	1.82	0.21	—	8.67	<.001	[1.41, 2.23]
Professional Identity	0.64	0.07	.52	9.14	<.001	[0.50, 0.78]

Model Summary:

- $R = .52$
- $R^2 = .27$
- Adjusted $R^2 = .26$
- $F(1, 298) = 83.54$, $p < .001$

Effect Size: Cohen's $f^2 = 0.37$ (large effect)

Explanation

The regression model to predict medical staff perceptions from professional identity was found to be statistically significant, $F(1, 298) = 83.54$, $p < .001$, explaining approximately 27% variance in perceptions ($R^2 = .27$). Professional identity was the significant positive predictor of these perceptions ($B = 0.64$, $\beta = .52$, $t = 9.14$, $p < .001$, 95% CI [0.50, 0.78]).

This suggests that higher perceptions for the professional status of psychiatric social workers are associated with more favorable evaluations from the medical staff. The effect size ($f^2 = 0.37$) represents a very large and practically significant contribution (Cohen, 1988).

In keeping with the literature already available (Ajayi & Akpan, 2021; Ogunleye et al., 2022), these findings also buttress the reality that the acknowledgment and collaboration of other health professionals to the psychiatric social workers are maximized when the latter are perceived to bear a robust and unequivocally expressed professional identity.

H2: Role clarity is a significant predictor of psychiatric social worker medical staff perception

Table 6. Multiple Regression of Role Clarity on Medical Staff Perceptions of Psychiatric Social Workers (N = 300)

Predictor	B	SE B	β	T	p	95% CI for B
Constant	2.05	0.19	—	10.79	<.001	[1.68, 2.42]
Role Clarity	0.57	0.06	.48	9.50	<.001	[0.45, 0.69]

Model Summary:

- $R = .48$
- $R^2 = .23$
- Adjusted $R^2 = .22$
- $F(1, 298) = 90.25$, $p < .001$

Effect Size: Cohen's $f^2 = 0.30$ (**large effect**)

Explanation

Multiple regression analysis examining the relationship between the effects of role clarity with the perceptions of psychiatric social workers among hospital staff found that regression effects were statistically significant, $F(1, 298) = 90.25$, $p < .001$, and explained about 23% variance ($R^2 = .23$). Role clarity has been found to be a strong positive predictor of perceptions ($B = 0.57$, $\beta = .48$, $t = 9.50$, $p < .001$, 95% CI [0.45, 0.69]). The implication here is that when the psychiatric social worker's task signatures are well established, adequately communicated, and understood in hospital settings, healthcare professionals are more likely to view them favourably and include them in interprofessional healthcare practices.

The substantial effect size ($f^2 = 0.30$) highlights the practical importance of role clarity in influencing perceptions. These results are consistent with global studies that stress the detrimental impact of role ambiguity on collaboration and efficiency (Carpenter et al., 2019; Reeves et al., 2020), alongside Nigerian research that illustrates how well-defined job descriptions and organized responsibilities improve teamwork within hospital settings (Ogunyemi & Ojo, 2021; Olabisi, 2023).

Table 7. Multiple Regression Analysis on Relationships Between Medical Staff Perceptions and Psychiatric Social Workers (N = 300)

Predictor	B	SE B	β	t	p	95% CI for B
Constant	1.95	0.22	—	8.86	<.001	[1.52, 2.38]
Interprofessional Relationships	0.61	0.07	.50	8.71	<.001	[0.47, 0.75]

Model Summary:

- $R = .50$
- $R^2 = .25$
- Adjusted $R^2 = .24$
- $F(1, 298) = 75.87$, $p < .001$

Effect Size: Cohen's $f^2 = 0.33$ (**large effect**)

Interpretation

The regression analysis helps to establish that there is a moderate to strong positive association between inter-professional relationships and the perception that medical staff hold of psychiatric social workers. This can be identified using the correlation coefficient ($R = 0.50$) that suggests that better inter-professional relationships lead to improved perceptions of psychiatric social workers.

The extent to which variation in the perception by medical staff can be accounted for by inter-professional relationship quality is reflected by the R^2 value, which stands at 0.25. This implies that higher levels of collaboration, respect, and communication amongst professionals significantly contribute to the social worker image in any psychiatry hospital setup.

The adjusted R^2 of 0.24 confirms the model's stability and generalizability, accounting for potential sample size effects.

The F-statistic ($F(1, 298) = 75.87$, $p < .001$) reflects that the model is significantly different from zero, ensuring that the relationship between inter-professional relationships and staff perceptions is not attributed to chance.

The effect size (Cohen's $f^2 = 0.33$) is classified under the range for a large effect, and it clearly conveys that inter-professional relationships contribute significantly to the importance given to psychiatric social workers in the hospital setting.

Interpretive Summary (Quantitative + Qualitative)

Quantitatively, it was found that inter-professional relationship factors were a strong predictor for the attitude that medical staff hold towards psychiatric social workers. The interviews also supported:

Respondents consistently reported that "where social workers are seen as integral members of the treatment team, professional respect and trust increase significantly."

Contrary, in settings that lack effective communication or face structural issues, there were more negative or uncertain views of social workers.

Therefore, the implications from both studies indicate that enhancing inter-professional collaboration, either through shared decision-making, team meetings, or recognition of roles, could lead to improved professional image, acceptance, and integration of psychiatric social workers in Nigerian hospitals.

Discussion

The significance of the study lies in the fact that it analyzed the effects of interprofessional relationships on the view of psychiatric social workers held by the medical staff in Nigerian hospitals. From the regression analysis ($R=.50$; $R^2=.25$; $F(1,298)=75.87$; $p<.001$), it appears that interprofessional relationships play an important positive role in the view of the psychiatric social workers held by the members of the medical staff, since the coefficients explain about 25% of the variation in the view held by the latter group of staff.

These results are consistent with the existing literature, which indicated the successful implementation of IPC results in improved teamworking, patient outcomes, and mutual respect between the healthcare professions (Ekechukwu et al., 2023; Nancarrow et al. 2022). In the Nigerian healthcare context, the results obtained by Ekechukwu et al. (2023) revealed the lack of trust and communication among healthcare staff had been an important barrier to IPC. A lack of role clarification appears as an important barrier for the current context for the successful implementation of IPC. Therefore, it supports the fact that the roles and skills of each profession enhance mutual interprofessional relations.

Additionally, the current finding mirrors the observation made by Olanrewaju & Lawal (2021), who indicated the negative impact of hierarchical obstacles and professional silos on the inclusion of social workers in multidisciplinary mental health care teams. Where the contributions of the social workers are seen as secondary and not equal partners, their professionalism is diminished, thus negatively influencing staff view perceptions. Conversely, mutual decision-making, mutual communication, and embracing the contributions of the professions are associated with the positive view perceptions of the practice of social work (Onyejekwe et al., 2020; Adebowale & Odejide, 2022).

Clarity of role and professionalism are intricately tied up with interprofessional associations. Evidence shows that lack of role clarity and diffusion of roles often result in an awkward situation among the professional staff, thus thwarting the collective effort for collaboration altogether (Bainbridge et al., 2022; Adebayo, 2023). The fact that the factor level for moderate-high influence revealed in the research findings ($M=2.32$, $SD=0.75$) shows that although the indispensability of the role of the social workers among the major sections of the medical staffs might be well acknowledged, there are loopholes relating to their clear role boundaries at the very beginning (Ajiboye & Adegoke, 2023).

From the qualitative results of the study, it was found that the level of awareness about the rehabilitative and psychosocial competencies among healthcare providers about the skills of the social workers was high. On the other hand, lack of communication and lack of recognition were identified as barriers by the healthcare providers. These results are in line with the opinions of Niyi & Akinola (2021), who highlighted the importance of commitment and organizational culture in the process of keeping the collaboration at an interdisciplinary level. Such an environment increases the sense of belonging among the healthcare workers, including the sense of belonging among the team as well.

In summary, the findings support the fact that inter-professional relationships are an important determinant of the attitudes of the medical staff towards the psychiatric social workers in Nigerian hospitals. However, the fact that other aspects, such as training and support, could be important as indicated by the fact that 75% of the variation remains unaccounted for, needs consideration (Ogunyemi & Chukwu, 2024; World Health Organization [WHO], 2023).

Conclusion

In conclusion, it could be inferred that the nature of inter-professional relations bears a very strong influence on the attitudes held by members of the medical profession towards the psychiatric social workers in hospitals in Nigeria. The value of $R^2 = .25$ and $f^2 = 0.33$ indicates the measure of very large effect size, confirming the fact that collaboration, communication, and mutual respect bears a very strong influence on the profession's attitudes.

Despite such efforts, however, the questions of hierarchical power, role conflicts, and lack of professional recognition still remain as challenges for the role of psychiatric social workers within the interdisciplinary practice settings. Improvement in professional identity and building interprofessional associations still remains important for combined care for mental health problems in Nigeria.

Recommendations

From the results obtained and the literature studies, the recommendations that may be derived are:

1. The hospital administration should create clear frameworks for the work roles of psychiatric social workers in order to avoid overlaps and ensure the workers' clear contribution within the multidisciplinary team (Adebayo, 2023; Ekechukwu et al., 2023).
2. Interprofessional Education and Capacity Building

Engage in combined training sessions for workshops, case conferences, as well as clinical supervision sessions for doctors, nurses, psychologists, and social workers. These measures enhance an understanding of the contribution of each discipline and facilitate collaboration between the disciplines (Bainbridge et al. 2022; WHO 2023).

3. Learning from Leadership and

Leaders in the hospital should demonstrate such qualities. Commitment to equity by hospital leaders makes the hospital less hierarchical and gives the staff a collective sense of purpose (Niyi & Akinola, 2021).

4. Monitoring and Evaluation

Employee perception surveys and collaboration audits should be carried out on a regular basis to identify issues related to inter-professional practice at an early stage (Onyejekwe et al., 2020).

5. Further

In the future studies, the role clarities, policy awareness, and training may be used as the mediating variables and should be tested using the longitudinal and both designs by Ogunyemi & Chukwu in the Nigerian psychiatric hospitals in the year 2024.

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