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INTERNATIONALLY social problems abound. These include poverty in its various manifestations, the social treatment of ageing, mental and physical disability, HIV/AIDS, problems of refugees and displaced persons, street youths and adults and unemployment. These problems have a disastrous impact on the welfare and social functioning of victims, at the individual, family and community level and the magnitude of these problems is more severe in developing countries where resources both financial and material are scanty.

The publication *Group Work: Skills and Strategies for Effective Interventions*, clearly explains how groups can be employed to bring about the resolution of social problems and how the group work approach can be used to achieve therapeutic and action-oriented ends.

This is publication is relevant not only to group workers. It is required reading for social workers, community workers, sociologists, psychologists, residential care staff and managers, industrial relations practitioners and all academics in the social sciences and development studies. Group work is an appropriate approach in developing countries where the impact of social problems is more severe and the resources available to address them inadequate. In social work the overriding aim of the group work approach is to improve the functioning of group members through the establishment of purposeful relationships for enhanced self-awareness and belongingness.

Brandler and Roman describe the power and influence that groups have on members and the desire of human beings to belong to variety groups in their life pursuits. It is the forces within groups and individuals that make group work a potentially effective tool in addressing social problems. The authors explain how a group helps its members and outlines some of the growth-producing factors in groups such as mutual aid and support, catharsis, cohesiveness and the mastery of social skills.
Effective group work, however, requires informed and skilled intervention. As the authors point out, “our purpose is to provide a group environment that enables growth to exist and flourish” (4). Brandler and Roman take the reader through the different phases of group development. They show that the group worker must understand the expectations, problems and needs of individual members throughout the life of the group. Such an understanding helps the group worker to intervene appropriately and effectively at each of the phases. They show that the group worker needs to play a central role at the beginning and middle phases of group development but also work towards developing and capacitating group members to function independently. I have been privileged to read a number of group work books but I find this edition by Brandler and Roman really user-friendly. It is written in a refreshingly direct style and the authors use illustrations and examples covering group work skills areas that are easy to comprehend and to implement. In Chapter 5 the authors address issues to do with group planning. A group does not just come into existence: considerable amounts of prior planning must take place if the group is to be able to meet its objectives. The authors examine the factors that have to be taken into account in planning for a group and the steps to be followed. One criticism is that I would have preferred this chapter to have been placed earlier in the book, before reading about the initial phase of group work.

The aspect of group dynamics is also covered. Factors such as group size and composition, the timing and location of group meetings and programming are well described. These areas are critical in ensuring group effectiveness. The authors also address other special skills that a group worker needs to be equipped with. These include humour, communication and dealing with conflict.

This book is really essential reading for social work educators and practitioners, group and community workers and professionals in the human relations field.

REVIEWED BY JOTHAM DHEMBA, SCHOOL OF SOCIAL WORK
This book by Dorothy Mutizwa-Mangiza is an outcome of research for a PhD degree with the University of Warwick in the United Kingdom. The aim of this book is to determine the nature and extent of professional autonomy enjoyed by doctors employed by the government in post-colonial Zimbabwe. In determining autonomy the book focuses on the following areas:

- clinical autonomy
- economic autonomy
- regulation of medical education, licensing and medical discipline
- medical dominance.

The specific objectives of the book are given in the introductory chapter which provides in addition background information and gives an overview of the different aspects of professional autonomy. The chapter successfully sets the stage for the in-depth discussion of the substantive issues surrounding the notion of professional autonomy for government-employed doctors.

In Chapter 2 the author discusses the research process, including the process of gaining access to respondents, sampling respondents, data collection methods and data analysis. The chapter also discusses the problems and ethical dilemmas which the author encountered in the research process. The study was qualitative and was based on a sampling frame of 60 doctors employed full-time at the Parirenyatwa Group of Hospitals. The methodology was well thought-out and enabled the author to capture the relevant data.

Chapter 3 of the book gives an analysis of the historical development of health services and the medical profession during the colonial period. Of particular importance is the observation that health services were fragmented along racial lines with the white settler community benefiting disproportionately at the expense of the indigenous population. The author also observes that during the
colonial period, the medical profession emerged as a powerful profession which was well placed to influence health policy. Consequently, over the years the medical profession has developed entrenched interests which it continues to protect.

Chapter 4 focuses on post-colonial health policies during the period 1980–1994. The chapter systematically reviews post-colonial health policies and assesses their impact on medical autonomy. The author observes that some of the post-colonial health policies "had the potential of reducing some dimension of medical autonomy". Some of these policies included the introduction of free health care for those earning Z$150 or less per month, the introduction of a bonding contract, and the introduction of an essential drugs list as well as restricting private health care. Understandably, this was done in order to bring about equity in the provision of health care. This was in line with the government's socialist ideology which placed special emphasis on issues of equity, social justice and egalitarianism. It was therefore only natural that aspects of medical autonomy would be reduced in line with the demands of the new order.

In Chapter 5 the author begins to discuss the study findings. Chapter 5 specifically explores the extent to which clinical autonomy of doctors employed at the Parirenyatwa Group of Hospitals has been affected by the shift in health policies and by the general socio-economic and political changes that have occurred since independence. The author observes that doctors enjoy "considerable clinical autonomy". However, she is quick to point out that this clinical autonomy is compromised by lack of resources at hospital level and by the general state of poverty among patients.

The author also discusses the issue of economic autonomy which is the focus of chapter 6. In exploring the issue of economic autonomy, the chapter focuses on the extent to which state-employed doctors at the different levels are able to determine their remuneration and hours of work. The author concludes that in general government doctors in Zimbabwe enjoy a "higher degree of economic autonomy", a factor she attributes to the presence of a large private medical sector, shortage of doctors and the existence of employment opportunities in neighbouring countries among other issues.
In Chapter 7 the author analyses the notion of autonomy with respect to the regulation of medical education, registration and discipline. The author observes that there is inadequate regulation of medical education and ineffective monitoring and discipline of government-employed doctors. The author cites a number of cases which serve to highlight the fact that there is ineffective monitoring and discipline of government-employed doctors. The author argues that this emanates from the doctors' reluctance to report on each other. The last chapter gives the summary and conclusions. Of particular interest in this chapter is the proposal for a model of medical autonomy which reflects the realities of post-colonial states in Africa. The author observes that medical autonomy in Africa is shaped by factors such as pre-industrial cultural values, national economic crises and the influence of bilateral and multilateral donor agencies. The discussion is very pertinent and underscores the vulnerability of African states in the globalization process and how this impacts not only on the medical profession but other professions as well.

This is an incisive and refreshing publication that makes immense contributions to the sociology of the professions. The book is essential reading not only for those interested in the sociology of the professions but also for those in the health professions and policymakers as well.

REVIEWED BY EDWIN KASEKE, SCHOOL OF SOCIAL WORK. HARARE.