

## THE STATUS OF SOCIAL WORK ACTIVITIES AT SOME HOSPITALS IN HANOI 2024

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### ABSTRACT

**Objectives:** Describe the status of social work activities at some hospitals in Hanoi 2024.

**Methods:** A cross-sectional descriptive study on medical staff working at several hospitals in Hanoi. Data were collected through a toolkit developed based on Circular No. 43/2015/TT-BYT dated November 26, 2015 of the Minister of Health, regulated the tasks and forms of organization of social work in hospitals.

**Result:** Health workers performed the most activities such as reception (63.6%), communication guidance (44.6%), and hospitalization (43.8%), while home treatment consultation had the lowest rate (22.3%). Service connection was highest for diagnosis and financial support (47.1%), while emergency support had the lowest rate (13.2%). Popular activities included support for discharge procedures (43.8%) and follow-up visits (43%), while the reception rate was lowest (23.1%). At the three hospitals National Cancer, Bach Mai, and National Children's Hospital, the rate of staff who had participated in social work training programs was 39.7%, while 60.3% had not participated. In addition, 64.5% of staff wanted to continue further education, and 35.5% had no need for further education.

**Conclusion:** Medical facilities need to strengthen the organization of intensive and long-term training programs, with special attention to monitoring and counseling for patients after discharge to improve the quality of care. At the same time, it is necessary to add social work graduates to departments and rooms and develop a post-discharge support system to improve the effectiveness of social work in hospitals.

**Keywords:** status, activities, social work, hospital.

### 1. INTRODUCTION

Hospital social work plays an important role in providing psychological and social support to both patients and healthcare workers. However, training and development of social work skills remains limited globally. In the book *Social Work Skills: A Practical Handbook* by Pamela Trevithick (2000), published by the Open University, a study by Marsh and Triseliotis (1996) was found that 51% of students felt that they received too little training in social work skills in their courses and recommended that more case studies be used [1].

In Vietnam, according to a 2022 study of 634 medical staff at Pham Ngoc Thach Hospital, the results showed that only 20.98% of staff had average knowledge of social work, 4.89% had good knowledge, while 74.13% had low knowledge. Although knowledge of social

work was limited, positive attitudes towards social work in hospitals accounted for 52.21%, and 51.29% of staff had behaviors appropriate to the social work profession. Notably, more than 50% of staff thought that social work and volunteering were the same, nearly 78% thought that the role of social work was to do volunteer work, and nearly 52% thought that social work was just organizing entertainment activities and supporting medical staff in difficult circumstances [2].

Currently, the hospital has not conducted any survey on the need for social work training, and therefore, this study is the first step to determine the direction for developing social work activities at the hospital. The goal of the study is to provide the best services to patients and staff in difficult circumstances, and at the same time create a premise for further studies on the need for

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social work training in hospitals. That is the reason why we conducted the study "The status of social work activities at some hospitals in Hanoi 2024".

## 2. METHODS

### 2.1. Research subject

Medical staff working at some hospitals in Hanoi (focusing on medical staff because this is the group that has the most time in contact and direct interaction with social workers).

Selection criteria: Medical staff agreed to participate in the study. Medical staff with at least 6 months or 1 year of experience working in the hospital in a department/ward. Staff working are in the hospital during the study period

Exclusion criteria: Employees on maternity leave, long-term leave, unpaid leave, long-term study.

### 2.2. Study duration and location

Duration: From October 2023 to October 2024.

Location: Selected departments of some Hospitals in Hanoi (Bach Mai hospital, National Cancer Hospital, Viet Nam National Children's Hospital)

### 2.3. Study design

The cross-sectional research method.

### 2.4. Sample size and sampling method

$$n = Z^2_{1-\alpha/2} \frac{p(1-p)}{d^2}$$

n: Sample size of the study

$Z^2_{1-\alpha/2}$ : Confidence coefficient, corresponding to 95% confidence, the confidence coefficient is 1.96  $p = 0.5$  (To maximize the sample size, choose  $p = 0.5$ )

d: Allowable deviation between the proportion of the study sample and the implementation proportion ( $d = 0.1$ ).

- Applying the above sample size calculation formula, the basic sample needed for the study is calculated as  $n = 97$ , with a 10% sample loss reserve and the actual rounding to 121.

- Intentionally select 3 hospitals with active social work departments: Bach Mai hospital, National Cancer Hospital, Viet Nam National Children's Hospital.

- Randomly select 3 departments with the highest proportion of medical staff. The sample of 121 people is divided according to the proportion of medical staff at the 3 hospitals (hospitals with a large number of medical staff are selected higher than hospitals with a smaller number of medical staff).

### 2.5. Evaluation tools and techniques

The toolkit is built based on Circular No. 43/2015/TT-BYT dated November 26, 2015 of the Minister of Health regulating the tasks and forms of organization of social work implementation in hospitals; Decision No. 32/2010/QĐ-TTg of the Prime Minister approving the "Project on developing the social work profession in Vietnam, period 2010-2020" [3][4].

### 2.6. Data analysis and processing

Data was processed and analyzed using Excel software. The study used descriptive statistics to determine percentages and evaluate differences with  $p < 0.05$ .

### 2.7. Research ethics

The study is only at the level of observers and interviewers, not directly intervening in the work process of medical staff at the hospital. Research participants can conduct interviews and answer questions for medical staff participating in the self-filled questionnaire via google form. Feedback to the Hospital/Department/Office Management Board after the study.

## 3. RESULT

### 3.1. Describe general information about the research subject

**Table 1. Socio-demographic and occupational characteristics of the study subjects**

Characteristic	Frequency (n)	Proportion (%)
<b>Gender</b>		
Male	29	24
Female	92	76
<b>Age</b>		
Mean (Min-Max)	34.5 (22-65)	
<b>Workplace</b>		
National Cancer Hospital	34	28.1
Viet Nam National Children's Hospital	45	37.2
Bach Mai Hospital	42	34.7
<b>Number of years of work</b>		
Under 1 year	14	11.6
1 to 2 years	13	10.7
2 to 5 years	20	16.5
5 to 10 years	32	26.4
Over 10 years	42	34.7

Characteristic	Frequency (n)	Proportion (%)
<b>Number of years working in social work</b>		
Do not participate the social work	40	33.1
Under 1 year	27	22.3
1 to 2 years	16	13.2
2 to 5 years	18	14.9
5 to 10 years	15	12.4
Over 10 years	5	4.1
<b>Work position</b>		
Doctor	37	30.6
Nursing	39	32.2
Social worker	36	29.8
Nutritionist	5	4.1
Public health	2	1.7
Activities direction	1	0.8
Researcher	1	0.8
<b>Major of graduation</b>		
Sociology	1	0.8
Social work	7	5.8
Public health	7	5.8
Preventive medicine	2	1.7
General practitioner	30	24.8
Specialist	6	4.9
Nursing	36	29.8
Bachelor of nutrition	5	4.1
Pharmacy, college pharmacy	4	3.3
Others	23	19.0
<b>Master's degree major</b>		
Sociology	1	0.8
Social work	8	6.6
Psychology	1	0.8
Public health	4	3.3
Preventive medicine	1	0.8
General practitioner	8	6.6
Specialist	20	16.5
Nursing	20	16.5
Nutrition	8	6.6
Pharmacy	2	1.7
Hospital management	2	1.7
Master's degree in other fields	4	3.3
Other and not yet master degree	14	11.6
No master's degree	13	10.7

Characteristic	Frequency (n)	Proportion (%)
<b>Average number of customers visiting in person in a business day</b>		
0 to 5	13	10.7
6 to 8	18	14.9
8 to 10	18	14.9
11 to 20	12	9.9
20 to 50	24	19.8
Over 50	35	28.9
No contact with patients	1	0.8
<b>Direct medical examination time</b>		
5 to 15 minutes	46	38
15 to 30 minutes	53	43.8
30 to 50 minutes	13	10.7
Over 50 minutes	8	6.6
No contact with patients	1	0.8

Comments: The average age is 34.5 years old, the lowest is 22 years old and the highest is 65 years old, mainly women accounting for 76%, men accounting for 24%. The Viet Nam National Children's Hospital has the highest number of participants (37.2%), while the National Cancer Hospital has the lowest (28.1%). The highest number of years of work is over 10 years (34.7%), with 33.1% not participating in social work. The main working positions are nurses (32.2%), doctors (30.6%), and social workers (29.8%). The majority of graduates are nursing (29.8%) and postgraduates are nursing masters (16.5%). The highest rate of patient contact with over 50 people (28.9%), contact time from 15-30 minutes accounts for 43.8%.

**Table 2. Status of social work activities at some hospitals in Hanoi 2024**

Social work activities	Health worker		
	Direct implementation (n,%)	Connecting patients to services (n,%)	Instructions for patients to perform (n,%)
Activities to support patients to visit the hospital and complete admission procedures (%)	35 (28.9)	32 (26.4)	54 (44.6)
Reception	77 (63.6)	16 (13.2)	28 (23.1)



Social work activities	Health worker		
	Direct implementation (n,%)	Connecting patients to services (n,%)	Instructions for patients to perform (n,%)
Emergency support	51 (42.1)	41 (33.9)	29 (24)
Instructions on hospital admission procedures	53 (43.8)	19 (15.7)	49 (40.5)
<b>Activities to support the treatment process at the hospital (%)</b>			
	33 (27.3)	52 (43)	36 (29.8)
Diagnosis	28 (23.1)	57 (47.1)	36 (29.8)
Treatment	27 (22.3)	53 (43.8)	41 (33.9)
Support in carrying out medical orders	31 (25.6)	51 (42.1)	39 (32.2)
Support in caring for critically ill patients	35 (28.9)	49 (40.5)	37 (30.6)
Cultural communication guidance	54 (44.6)	27 (22.3)	40 (33.1)
Financial support, medication	31 (27.3)	57 (47.1)	33 (25.6)
<b>Discharge Support Activities (%)</b>			
	30 (24.8)	42 (34.7)	49 (40.5)
Discharge Procedure Support	28 (23.1)	40 (33.1)	53 (43.8)
Advice on follow-up treatment at home	27 (22.3%)	50 (41.3)	44 (36.4)
Nutritional Guidance	29 (24.0%)	50 (41.3)	42 (34.7)
Re-examination Time Guidance	28 (23.1%)	41 (33.9)	52 (43)

Comments: The most common tasks performed by health workers were reception (63.6%), communication guidance (44.6%) and hospital admission (43.8%), the least is home treatment consultation (22.3%). The highest service connection was diagnosis and financial support (47.1%), the lowest was emergency support (13.2%). Discharge procedure support (43.8%) and follow-up visits (43%) were most common, while reception was the lowest (23.1%).

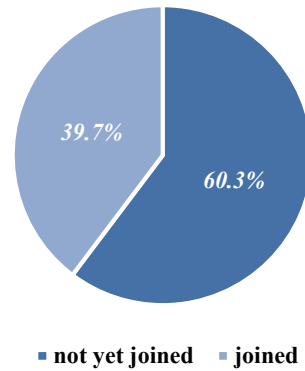


Figure 1. Proportion of research subjects by hospital participating in the social work training program

Table 3. Status of social work training at some hospitals in Hanoi 2024

Characteristic	Frequency (n)	Proportion (%)
<b>Content of the training program that health workers participated in</b>		
Bachelor of social work	3	6.3
Master of social work	3	6.3
Short-term social work	11	22.9
Social work in hospitals	7	14.6
Don't remember, not clear	18	37.5
Senior social work	2	4.2
Communication skills	4	8.3
<b>Duration of training program</b>		
1 to 2 days	15	31.3
1 week	9	18.8
1 to 3 months	8	16.7
3 to 6 months	8	16.7
1 year	0	0
2 years	2	4.2
≥ 2 years	6	12.5
<b>Training program location</b>		
At the work unit	11	22.9
School/academy	20	41.7
Hospital	16	33.3
Ministry of Health	1	2.1

Comments: The lowest participation rate was for advanced training programs (4.2%), followed by bachelor's and master's degrees in social work (6.3%),

communication skills (8.3%), and short-term social work (22.9%). The highest was for the group that did not remember or was unclear (37.5%). The most common training duration was 1-2 days (31.3%), followed by 1 week (18.8%), 1-6 months (16.7%), and the longest was 2 years (4.2%). The preferred training locations were mainly schools/academies (41.7%), hospitals (33.3%), and work units (22.9%).

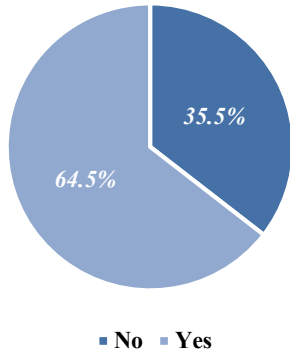


Figure 2: Percentage of need for further education

Table 4. Form, location of study and desired budget for social work training program

Characteristic	Frequency (n)	Proportion (%)
<b>Desired form of study</b>		
Improve professional qualifications	36	46.2
Participate in short-term certificate courses	26	33.3
Participate in seminars and conferences	16	20.5
<b>Preferred study location</b>		
At the work unit	45	57.7
Hospital	17	21.8
School/academy	14	17.9
Ministry of Health	2	2.6
<b>Desired budget for training program</b>		
Sending unit	43	55.1
Part of unit + personal budget	24	30.8
Other	11	14.1

Comments: Regarding the form of study, 46.2% wanted to improve professional qualifications, 33.3% wanted to attend a short-term certificate course, 20.5% wanted to attend a seminar, and no one chose to study as a specialist. Regarding the location, 57.7% wanted to

study at their workplace, 21.8% at a hospital, 17.9% at a school/academy, and 2.6% at the Ministry of Health/Department of Health. Regarding funding, 55.1% wanted to be sent by the unit, 30.8% wanted to receive partial funding, and 14.1% chose another option.

Table 5. Bachelors of Social Work can participate in hospitals

No.	Unit name	Frequency (%)
1	Hospital	66 (53.2)
	Social Work departments/units	92 (74.2)
	Functional departments	27 (21.8)
	Clinical/paraclinical departments	27 (21.8)
	Outpatient departments	36 (29.0)
2	Social protection centers	44 (35.5)
3	Drug addiction treatment facility	28 (22.6)

Comments: More than half (53.2%) of the research subjects said that social work graduates would work in hospitals, with 74.2% in social work departments/units and 21.8% in functional departments or clinical/paraclinical departments. The rates of working in social protection centers and drug rehabilitation facilities were 35.5% and 22.6%, respectively.

#### 4. DISCUSSION

The status of social work activities in hospitals in Hanoi 2024 has made significant progress in terms of professionalism and participation of medical staff in supporting patients. Specifically, 28.9% of staff participated in supporting patients with admission procedures, 44.6% guided procedures, 63.6% welcomed patients, and 43.8% guided hospital admission procedures. Our results are higher than Doan Kim Thang in 2021 at the National Children's Hospital and Hanoi Traditional Medicine Hospital, where 21.5% of patients received procedural support from social workers [5]. However, the level of participation in connecting patients with services for emergency support remains low (13.2%).

The results of activities supporting patients during the diagnosis and treatment (47.1%), supporting the implementation of medical orders (42.1%), and guiding patients to discharge from the hospital (40.5%). Our results are similar to some previous studies such as the study by Nguyen Thi Thuy Linh at the 108 Military Central Hospital, where 64% of patients were welcomed, guided, provided with service information, and 56.9% were guided to discharge from the hospital [6], Doan Kim Thang's research (2021) found



that 50.8% of patients received medical consultation and treatment. [5]. In addition, home treatment consultation is still low (22.3%). However, it is noted that attention is paid to patients with financial difficulties and health support for financial connections and medicine at a rate of 47.1%. Although there have been improvements, the response rate of social work services is still not enough to meet the needs of patients. Research by Nguyen Minh Tan (2023) shows that 93.6% of patients need procedural support and 92.8% need support for medical examination process [10]. Study by Pham Tien Nam and Do Thanh Huyen at the Ho Chi Minh City Institute of Traditional Medicine also showed that 87.5% of patients need advice and guidance on medical examination and treatment. This difference may be due to limited time, patient population and number of medical staff participating in social work[11].

The study found that 39.7% of health workers had participated in a social work training program, while 60.3% had not. This is similar to Pham Tien Nam's study, which found that the current status of training bachelors and full-time social workers in Vietnamese hospitals is still quite modest compared to international standards. In particular, in district-level hospitals, the proportion of staff concurrently working in social work is still high [7], finding a shortage of specialized human resources. Social work training in Vietnam is still new and has not been widely implemented in many medical facilities, the rate of medical staff trained in social work is quite low compared to the practical needs in large hospitals. Compared with the study by Vu Thi Thu Hien at Hanoi Obstetrics and Gynecology Hospital, where 82.2% of medical staff participated in social work training [12], this discrepancy may be due to the fact that the Hanoi study was based on samples from three large hospitals, reflecting different realities in each location.

Research on health worker training programs shows that the highest participation rate is in short-term programs (22.9%), with only 4.2% participating in advanced programs. Notably, 31.3% of training programs only last 1-2 days. Our results are lower than the study at Ho Chi Minh City Hospital: 45.8% of staff participate in short-term training courses [14] and Nguyen Trung Hai research: 49.2% of training needs focus on short-term courses, 41% of employees want to attend courses from 3-5 days and 32.8% under 7 days [8]. This shows that health workers prioritize short-term training courses due to the high intensity of work. Regarding training locations, 41.7% of staff studied at schools or colleges, showing that training locations are not popular, so they often attend school/academy and then at the hospital.

The study shows that the learning needs of health workers are very high, with a desire to receive further training (64.5%), improve professional qualifications (46.2%) and participate in short-term certificate

courses (33.3%). According to Tran Thi Tran Chau's report, current social work activities are mainly spontaneous, and the staff lacks knowledge and skills that are properly trained [9]. Reflecting the need to update knowledge, showing the awareness of medical staff about the importance of social work in patient care. The survey showed that 57.7% wanted to study at their work unit. It is understandable that when the work intensity is high and time is limited, studying at their work unit not only helps save costs but also facilitates travel, helping medical staff both complete professional work and improve their qualifications. Regarding the training program budget, 55.1% wanted the sending unit to cover it, 30.8% personally with financial support from the unit. They want to receive support and encouragement to study and improve their knowledge from their work unit.

Regarding the working positions that social work graduates can participate in, 53.2% of the subjects said that they can work in hospitals, of which 74.2% are in social work departments/units and 21.8% are in functional departments, clinical/paraclinical departments. The participation rates at social protection centers and drug rehabilitation facilities are 35.5% and 22.6%, respectively. According to Nguyen Hai Huu, about 25% of the population needs access to social work services, with 7-8% needing services annually. Although there are at least 29 social work service groups, the number of specialized services requiring a bachelor's degree in social work is still limited [13]. The author points out that the number of full-time social workers in hospitals is still low compared to international standards. Thus, job opportunities for social work graduates are diverse and open.

## **5. CONCLUSION**

A study of 121 health workers at several hospitals in Hanoi 2024 found that staff were directly involved in social work health care activities. Health workers performed well in reception and administrative support, ensuring patients had easy access to basic health services. However, monitoring and guiding patients after discharge, especially home treatment advice, was still limited. The current status of social work training in hospitals is still low, with 60.3% of staff not participating in specialized training programs, mainly only participating in short-term courses. Need to improve the qualifications of health workers is quite large, with the desire to study and receive support to improve their expertise. The study also showed that social work graduates can take on many different positions in hospitals, in departments and centers.

## **6. RECOMMENDATION**

Based on the research results, it can be seen that there

is an urgent need to improve the capacity of social work training for medical staff in hospitals. To improve the quality of services and patient care, medical facilities need to focus on organizing intensive and long-term training programs, especially in monitoring and counseling patients after discharge. In addition, there should be policies to support staff in professional development through scholarships or financial support, to encourage them to participate in training. At the same time, it is necessary to add social work bachelors to departments and rooms to improve the professionalism and efficiency in patient care. Finally, developing a post-discharge support system will help ensure that patients receive comprehensive and continuous care, thereby contributing to improving the effectiveness of social work in hospitals.

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