A qualitative study on the structure, functions and roles of social work in some public hospitals in Vietnam

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Abstract Social work in hospitals around the world has a history of over 100 years. However, systematic social work in hospitals in Vietnam has only been conducted for the past 10 years. The development of social work in general and hospital social work in particular depends on various factors, resulting in differences in the roles of social work in practice among different types of hospitals and between countries with different socioeconomic contexts. This qualitative study examines the structure, functions and actual roles of social work in public hospitals in Vietnam in comparison with other countries. This study was conducted in 2021, 44 in-depth interviews were conducted with key stakeholders who develop and implement social work activities in 07 hospitals in Vietnam. The research focus on analysing the administrative structure and the functions/roles of hospital social workers, finding out barriers that undermine the development of hospital social work in Vietnam. The research outline and tools were approved by a professional evaluation board of Vietnam National University (VNU Hanoi). We conducted a defense to attain an official permission from the Ethical Research Council in National Children’s hospital, one of the main research sites and obtained certificate 393/BVNTW-VNCSKTE dated March 02, 2021. With its centralized model, hospital social work conducts three groups of functions, including: Supporting function, Cooperation function and other independent functions. It is interesting that while social work often incurs costs on hospital operations in other countries, it generates financial resources for hospitals in Vietnam. This is also the reason for the rapid development of hospital social work in Vietnam over the past 10 years.

Keywords: social work, public hospitals, Vietnam

1. Introduction

Medical social work or healthcare social work, particularly “hospital social work”, was introduced in the 1900s. In 1905 in the US, a nurse named Ida Cannon, who was trained in nursing, sociology and social work, identified the shortcomings of treatment models in failing to pay attention to patients’ psychological and social lives. She believed that factors such as family relationships and economic conditions could notably affect the treatment process. Therefore, she highlighted the necessity of having a patient representative who works with doctors to provide a treatment plan that takes into account patients’ psychological and social factors. Thus, social work first appeared in hospitals with the purpose of providing comprehensive treatment for patients (Nguyen, 2016). Since then, social work has rapidly developed and plays an important role in hospitals in the US and other developed countries. Throughout its history, social work in hospitals has experienced significant changes in its structure, functions and roles. Transitions in public spending, hospital structure and healthcare models have led to changes in social work models in hospitals. In some cases, the roles of hospital social workers might be strengthened or weakened, depending on the specific organizational model in each hospital (Dang, 2016).

Regarding its structure, there are two leading models of hospital social work across the globe. The first is called the “centralized model”. In this case, each hospital has an independent social work department in which social workers are under the direct management of the head of the department. This model highlights the role of social work in hospitals as a separate department. In addition, it allows social work activities to be managed effectively and consistently as professional services. Moreover, it fits a wide range of hospital sizes and capacities. However, under this model, the lack of specialized training of social workers may cause difficulties when various kinds of patients are involved. The second model is referred to as the decentralized model. In this model (Nguyen, 2020), social workers are placed in different specialized departments instead of forming an independent unit. Thus, their specific roles significantly differ by unit. For instance, a social worker in the emergency unit plays different roles than a social worker in the rehabilitation unit (Truong and Pham, 2016).

Another way of classifying social work models is by the relationship between healthcare providers and social workers. In this approach, the most popular model is called the “power hierarchy model”. Accordingly, when doctors work as group
leaders, they decide what tasks should be performed for all members. The second model is the “collaborative or task-sharing model”, in which specialists (doctors, nurses, social workers, psychologists, etc.) participate in a treatment team that shares information and cooperates to optimally perform their roles (Nguyen, 2016; Nguyen, 2020).

Regardless of which model is applied, the role of social workers follows a certain planning pattern. They perform a variety of professional activities, such as psychological assessment, education, discharge planning, advocacy, counseling, case management, crisis intervention and outreach services (Cindy et al., 2004), and emphasize the following roles of hospital social workers: assessing psychological, physical and mental problems to determine strength and resilience in the social functions of patients as well as their family and community; advising patients’ families about patients’ psychological, physical and social needs as well as how to enhance the quality of relationships and mobilize resources inside their family; assessing patient risks such as suicide or other problems (domestic violence, child abuse, etc.); providing funds and financial support for cases in need; planning for discharge; and connecting patients to appropriate services in their community. The roles are designed with the holistic ideas that a patient should be taken care of regarding her/his physical, mental and social well-being. Hence, it is better if there is an interdisciplinary team providing a more comprehensive treatment strategy for patients, focusing on not only physical but also mental and social healing.

Social work in hospitals in Vietnam officially started at Decision 2514/QĐ-BYT of the Minister of Health (MOH) in 2011. The mentioned goals of social work are to solve pressing problems in the healthcare system, improve the quality of healthcare services and increase patient satisfaction (MOH, 2011). After 10 years of development, social work has evolved into a system within public hospitals in Vietnam. Therefore, how is social work structured in public hospitals in Vietnam? How are the functions and roles of social work in specialized activities within hospitals specifically implemented? This article presents the results of a qualitative cross-sectional study conducted in 2021 to address these two important questions.

2. Overview

2.1. Studies on the development of the structure (model), functions, and roles of hospital social work worldwide and in Vietnam

As mentioned in the introduction, since its inception, hospital social work has undergone changes in structure, functions, and specific roles at each stage of the development of the hospital environment.

Research on hospital social work is not a new endeavor, as it has a long history of study alongside research on the functions, tasks, and overall emergence of social work. In Vietnam and worldwide, numerous studies have addressed hospital social work. Previous research affirms that social work in the healthcare sector was initiated in the United Kingdom and later developed in the United States (Auslander, 2001), (Gehlert and Browne, 2012), (Do, 2016). Over time, researchers and scientists have shown interest in various aspects of hospital social work and its related definitions.

More specifically, concerning studies on the structure and operational models of social work in hospitals, one can reference the research conducted by Georgette Besliveau and Lise Hesbert in 1996 (cited in (Nguyen, 2019)). Their work outlines five main models:

- Decentralized model: Social work staff are distributed to different departments/units within the hospital, and these departments/units are responsible for their management.
- Centralized model: Social work staff are centralized under the leadership of one person who acts as a leader and coordinates their tasks.
- Organizational model: Social work activities are organized under the coordination of a specialized steering committee within the social work center.
- Branch-based model: Social work activities are organized according to the branches of the social service center.
- Program/project-based model: Social work activities are organized based on specific programs or projects implemented.

In discussing the models of social work activities in hospitals, Nguyen Thu Ha in 2020, through the study of authors such as Zimmerman and Holly Dabelko in 2007, identified two common models of hospital social work. The first is the health-dependent social work model, where social work plays a supportive role in medical services and healthcare, such as in assisting with medical examinations and treatments. The second model is the collaborative model, where social work professionals collaborate within an interdisciplinary team, working on an equal footing with doctors and nurses, aiming for comprehensive patient care (Nguyen, 2020).

Another common classification, as described in the introduction, broadly divides hospital social work into two models: the vertical model and the horizontal model. In the vertical model, the hospital has a separate department or unit for social work, where social work staff work under the direct supervision of the department head. Social work professionals in this model can fulfill various roles and tasks. This model is effective for managing the specialized aspects of social work and is suitable for various types and scales of hospitals. However, a drawback is that staff may lack specialization, and therefore, they may be involved in various activities in specialized departments, which can pose challenges for social work professionals. The second model mentioned is the horizontal organizational model. According to this model, social work professionals are not
organized into centralized departments but are assigned to various specialized departments or units. The specific roles of social work professionals depend on their placement, such as in the emergency department or rehabilitation unit. The characteristic of this model is the deep specialization of social work professionals, depending on the department in which they work (Nguyen, 2020, Truong and Pham, 2016).

It can be observed that each model has different organizational structures, along with its own advantages and limitations. The choice of which model to implement depends on the scale, goals, and development stage of each hospital. Hospitals can also flexibly combine both models to adapt to different times and needs. According to (Truong and Pham, 2016), the vertical social work model is suitable for general hospitals with certain characteristics, such as having a small number of social work staff, a manageable patient load, or newly established social work departments in general hospitals. The horizontal social work model, on the other hand, is suitable for application in specialized or large general hospitals, ranging from the provincial to central levels. In Vietnam, the majority of hospitals currently organize social work activities in a vertical manner, meaning that they establish only one department/unit (Truong and Pham, 2016; Nguyen, 2016; Pham, 2021).

According to the analysis by the author Nguyen Ngoc Huong, the historical development of social work in many countries emphasizes the existence of a hierarchical power model where doctors play the most significant role in the treatment team, imposing power over other team members. In addition, collaborative and task-sharing models have also been developed. In these models, professionals on the treatment team (doctors, nurses, therapists, social workers, etc.) share information and tasks, supporting and cooperating with each other to optimize their respective roles (Nguyen, 2016).

In general, the development of social work in hospitals in Vietnam has been quite diverse, ranging from spontaneous charitable activities to professional and effective solutions for enhancing hospital operations. This evolution includes activities that have transitioned from being overlooked to becoming recognized as effective solutions. Various forms of social work structures have been established within hospitals, such as social work departments, customer care departments, and charity teams, either as part of the hospital or external organizations (Do, 2016).

2.2. Research on the functions and roles of hospital social work worldwide and in Vietnam

Studies on the functions and roles of social work in hospitals have revealed that previous research has emphasized the crucial role of hospital social work in discharge planning and preparation rather than active involvement in practical research or income-generating activities (Rebecca and Sherry, 2010). During treatment and discharge, patients encounter issues that healthcare professionals such as doctors and nurses may not be able to address, highlighting the need for the involvement of social work. In a study on the role of social work in public hospitals in Australia, Davis et al. (2004) identified challenges faced by inpatients and outpatients. These challenges include coping with illness and hospitalization duration, posttreatment or home care issues, community and housing concerns, financial matters, dealing with death, mental health issues, social relationships, and compensation-related issues (Cindy et al., 2004).

Many authors in previous studies have emphasized that hospital social work is a supportive process for diagnosing and treating patients by researching their social conditions and the surrounding ecological environment. Hospital social work aims to make healthcare treatments more effective for patients through the reorganization of resources. Studies have delineated hospital social work activities into two realms: “direct treatment”, which involves working directly with the individuals themselves, and “indirect treatment”, which involves working with the environment surrounding the individuals. Moreover, social work professionals may even engage in hospital service-related activities, such as participating in the Council of Ethics.

There are various perspectives on the roles that hospital social work professionals can undertake, depending on the perception of social work, the development of the social work profession, and the healthcare system. Studies emphasize the following roles of hospital social work: (1) assessing the psychological, social, and physical aspects to determine the strengths and potential for social recovery of patients, families, and communities; (2) educating the patient’s family about the patient’s psychological, physiological, and social requirements and how to seek resources and reconciliation within the family; (3) counseling for patients and families; (4) assessing patient risks, such as suicide or other issues such as domestic violence and child abuse; (5) managing funds and providing financial support for necessary cases; (6) discharge planning for patients; and (7) introducing and connecting patients with resources in the community. These roles stem from the fundamental perspective in social work that considers the patient as an interconnected entity comprising physical, mental, and social aspects. Therefore, treating patients goes beyond addressing physical issues and extends to comprehensive treatment, including mental and social aspects. The interdisciplinary intervention aimed at comprehensive patient care has yielded positive evidence.

More specifically, Cindy Davis et al. conducted a study on the roles of hospital social work professionals in Australia, categorizing their activities into three groups: department activities, patient activities, and patient information. The study revealed that social work professionals spent an average of approximately 12 hours per week on department-related tasks, such as completing statistical forms, administrative activities, department management, training sessions, and interdisciplinary team meetings. Activities such as family visits, community development, health policy development, fundraising, recruitment, and research were not undertaken by any social work professionals in the study. Concerning activities involving patients, on average, hospital social work professionals dedicated 20 hours per week to working directly with patients in tasks such as case
management, individual interviews, phone consultations, communication, and clinical activities. Additionally, there were group support activities for the radiation and chemotherapy groups. Activities such as home visits and community outreach were not implemented. Regarding patient information activities, each social work professional focused on an average of 7 inpatient and 7.67 outpatient cases per week. The approach involved nurse referrals, self-initiation, automatic transfers, or referrals from social work initiatives (Cindy et al., 2004).

There are also common areas in the activities of social work professionals and other staff in hospitals. Studies have indicated shared roles in counseling or discharge planning between social work professionals and nurses. These common areas sometimes act as barriers to integrating social work activities into hospitals or create challenges for the professional independence of social work activities in hospitals. When specific roles are not independently and clearly established, demonstrating the necessity and effectiveness of social work activities faces many challenges. Sometimes, this lack of independence creates tension for social work professionals in their activities because they have to rely on other healthcare professionals. Effective communication within the interdisciplinary team is, therefore, a crucial issue. In particular, conflicts and competition may exist between healthcare professionals and social work professionals in providing services to patients. A clear definition of the roles, functions, and tasks of social work is essential for avoiding overlap and delineating responsibilities, especially in situations where social work has not established a clear professional position in the hospital compared to other positions (Cindy et al., 2004).

The role and functions of social work in the hospital are exemplified through the job profile of a hospital social work professional, as described in a study titled “A Career in Hospital Social Work: Do You Have What It Takes?”. Hospitals present a series of complex challenges for those practicing social work. Clinical social work professionals address emotionally charged cases and may experience burnout in an environment where they frequently confront threats to their identity or existence. They must continually balance their role as patient advocates with the organization’s needs and may need to adjust their roles to align with evolving healthcare delivery models. Some individuals thrive in such an environment, while others struggle to survive. The author provides an overview of the role of clinical social work professionals in the hospital, the practical aspects of their work, and strategies to thrive in a politically charged environment with the hospital's unique power structure (Camille, 2005).

There are authors who delve deeply into studying specific roles and the execution of those roles by hospital social work professionals. Margot Herbert and Ron Levin (2008), in “The advocacy role in hospital social work”, asked hospital social work professionals to describe their roles and functions, paying special attention to the time they spent on traditional advocacy on behalf of patients. The research results indicated that social work professionals allocate less time to advocacy than to traditional roles. A case study was presented to emphasize the role of advocacy as a strategy for coping with potential negative impacts on social work in the context of changing organizational structures in Canadian hospitals. This finding has significant implications for social work training programs, professional associations, and units utilizing social work professionals.

In summary, studies on the structure, roles, and functions of hospital social work have indicated changes in the activities of social work at different stages, gradually refining the functions and roles of social work in hospitals. In Vietnam, after more than 10 years of developing social work in hospitals, significant changes have occurred, and the operational model is gradually improving toward professionalism. Additional functions and roles are being incorporated to adapt to the realities of patient care in hospitals. However, reality shows that there are still issues related to the structure, functions, and roles of social work in Vietnamese hospitals today. Therefore, this article aims to provide a clearer description of the current status of the structure, functions, and roles of social work in hospitals in Vietnam, demonstrating the differences in the structure, functions, and roles of hospital social work in Vietnam compared to existing models worldwide. It highlights the strengths and limitations of the social work model in Vietnamese hospitals in the process of developing professional social work that aligns with practical needs. The article concludes with recommendations to further enhance the social work model in hospitals in Vietnam.

3. Results

3.1. Study Design

This study was conducted in 2021, and in-depth interviews were used to collect the necessary data to answer the research questions. We focus on analyzing the administrative structure and the functions/roles of hospital social workers to identify barriers that undermine the development of hospital social work in Vietnam.

3.2. In-depth interviews

Forty-four in-depth interviews were conducted with key stakeholders who develop and implement social work activities in hospitals in Vietnam, including 13 doctors, 7 nurses, 4 administrative staff and 20 social workers. A total of 07 public hospitals were chosen as representatives of the two most important tiers of hospitals in Vietnam, including 4 central hospitals in Hanoi and 3 provincial hospitals in Nghe An, Quang Ninh and Dien Bien provinces. The interviews focused on how social work is structured and implemented in reality.
3.3. Data collection

The data were collected in seven hospitals in Hanoi, Nghe An, Quang Ninh, and Dien Bien. The support team, comprising experienced members with at least a master’s degree, received rigorous training on in-depth interview techniques. In-depth interviews were recorded with participants’ consent and transcribed into Microsoft Word documents for analysis. Forty-four in-depth interviews were conducted with key stakeholders, including doctors, nurses, administrative staff, and social workers. The interviews focused on how social work is structured and implemented in reality.

3.4. Data analysis

The data collected from in-depth interviews with health workers, leaders and social workers were analyzed qualitatively by topic. The obtained information was processed with NVivo software by three social science researchers. Finally, the topic tables were recorded by an independent researcher. The research team consisted of experienced professionals with expertise in social work and healthcare. The support team members who conducted the interviews possessed at least a master’s degree, ensuring their familiarity with the subject matter and data collection techniques.

3.5. Ethical considerations

The research outline and tools used were approved by the professional evaluation board of Vietnam National University (VNU Hanoi). We obtained official permission from the Ethical Research Council of National Children’s Hospital, one of the main research sites, and obtained certificate 393/BVNTW-VNCSKTE on March 02, 2021.

The study was approved by the board of leaders of the hospitals. Participants were truthfully informed about the meaning, main contents, risks, confidentiality commitment and financial support related to the study. All participants agreed to participate in the research. The interviewees allowed the research team to record their data with consent.

4. Results

4.1. The centralized structure of social work in public hospitals in Vietnam

Through surveys in 7 hospitals as well as information collected, social work in hospitals in Vietnam is structured according to a centralized model. All hospitals have an administrative unit in charge of social work. The highest level is an independent social work department, which is comparable to other specialized faculties and departments in central hospitals. The department manages their finance, human resources and social work activities. For each provincial hospital, a social work unit is often structured in the quality management or client-service-support department. There have been some preparations to upgrade the social work unit into an independent department.

Regarding the development process, in its early stages, social work was structured as just a team or a group under other departments, such as professional training and scientific research (National Children’s Hospital), client care services (General Hospital of Quang Ninh Province) or administrative departments. After a time, the team/group has developed and gradually become an independent unit at the central hospital level. The Department of Social Work in the National Children’s Hospital has the longest history in Vietnam. It was founded even before the national project in 2011. Social workers in other hospitals formed an independent unit only after 2011.

“Social workers are under the administrative and professional management of the social work department. Our tasks are assigned by the head of the department. We can collaborate with other departments and faculties. The Department of Social Work is an independent one from other parts of the hospital” – Interview, Social Worker, Female, 33 years old.

“The social work team consists of 5 staff members belonging to the client-service office. My hospital does not have enough resources to establish an independent department of social work. Our group’s tasks follow the assignment of the department in serving patients and their family. Social workers are assigned to work directly in a specific department or faculty, but we are still under the administrative and professional management of social work team” – Interview, Social worker, Female, 40 years old.

The centralized structure is consistent with the staffing regulations of public hospitals. In addition, it helps unify social work activities in a hospital into a management focal point. The social work department will coordinate and support other departments if needed. This kind of structure enhances the role of social work in hospitals. However, the number of social workers is lower than the actual demand. To complete regulated tasks in Vietnam, the number of social workers should be equivalent to 1-2% of the total number of staff in a hospital. However, among the 7 surveyed hospitals, the highest percentage was 0.04% (General Hospital of Vinh, Nghe An province). The lowest percentage is found in the National Children’s Hospital, although it has the longest history and is perceived as the most prestigious one in social work activities (see Table 1).

In addition, compared to the requirement of competency, the percentage of social workers with a bachelor’s degree in social work is low. Most of them are from other majors, such as nursing, public health, economics or accounting.
“In my hospital, among 7 staff working at the Social Work Department, there are 3 staff holding a bachelor’s or master’s degree in social work, 1 staff member with a master’s degree in public health and 3 remaining staff member who graduated from economics, cultural studies and telecommunications.” Interview, social worker, female, 39 years old.

“There are 6 staff members working at the Social Work Department in the General Hospital of Dien Bien. Three of them were transferred from other departments. They do not have a degree or experience in social work. The remaining staff, who are under temporary contract, hold bachelor’s degrees in economics, accounting and education.” Interview, Leader of Social Worker, Male, 47 years old.

Or “There are 60 staff social workers in 108 Military Central Hospital. We established a social work board and assigned social workers to different departments. Social workers attended training on social work in hospitals. Most of them do not have a bachelor’s degree in social work.” Interview, Social Worker, Female, 28 years old.

Thus, it can be seen that social work in the surveyed hospitals is structured in the centralized model. However, the ratio of social workers remains low compared to the total number of staff working at hospitals. In addition, most social workers do not have at least a bachelor’s degree in social work to ensure professional quality. As a result, the functions and roles of social workers are negatively affected.

The leading function of social work in hospitals is to support medical treatment

The professional activities of social work in hospitals are regulated in accordance with Circular No. 43/2015/TB-BYT of the Ministry of Health in 2015. This document identifies 7 major tasks of hospital social work: (i) supporting patients and their family in tackling problems during the treatment process; (ii) informing and conducting communication on laws and policies; (iii) fundraising; (iv) supporting medical staff; (v) training and retraining; (vi) coordinating volunteer teams in social work activities; and (vii) managing charity activities in hospitals or in the community (if eligible) (MOH, 2015).

In documents, there are significant differences between hospital social work in Vietnam and that in other countries. The National Association of Social Work in the US (NASW) stresses that the function of social work focuses on providing direct services to patients and maximizing the protection of patients’ benefits when using medical examination and treatment (NASW, 2011). The services include consultation on treatment and the protection of patient rights. Moreover, hospital social work in Vietnam is concerned not only with direct services to patients but also with the treatment environment and funding opportunities. It can also implement supportive or charity activities (MOH, 2015).

### Table 1 The ratio of social workers to total staff and the number of patients a day in hospitals (the result of the QG.20.33 project, 2021).

<table>
<thead>
<tr>
<th>Name of hospital</th>
<th>The number of social workers (persons)</th>
<th>The number of doctors, nurses and medical staff (persons)</th>
<th>The ratio of social workers in total number of staff in the hospitals (%)</th>
<th>Total number of in and outpatient/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Children’s hospital</td>
<td>7</td>
<td>2800</td>
<td>0,0025</td>
<td>3160</td>
</tr>
<tr>
<td>Viet Duc University hospital</td>
<td>32</td>
<td>2100</td>
<td>0,015</td>
<td>6000</td>
</tr>
<tr>
<td>108 Military central hospital</td>
<td>60</td>
<td>4000</td>
<td>0,015</td>
<td>5000</td>
</tr>
<tr>
<td>National hospital of Acupuncture</td>
<td>12</td>
<td>650</td>
<td>0,018</td>
<td>3800</td>
</tr>
<tr>
<td>General hospital of Vinh, Nghe An province</td>
<td>30</td>
<td>750</td>
<td>0,04</td>
<td>2600</td>
</tr>
<tr>
<td>General hospital of Quang Ninh province</td>
<td>5</td>
<td>836</td>
<td>0,005</td>
<td>2200</td>
</tr>
<tr>
<td>General hospital of Dien Bien province</td>
<td>6</td>
<td>448</td>
<td>0,013</td>
<td>450</td>
</tr>
</tbody>
</table>

The study showed that there are three main functions of social work in hospitals: (1) serving medical examination and treatment, (2) cooperating with other related stakeholders and (3) functioning independently. The first function was presented through the assistance of social workers to doctors and nurses in medical treatment. The treatment model in Vietnam features the central role of doctors. Doctors determine all aspects of the treatment process and order nurses and social workers to implement supportive activities. Second, the cooperation function was demonstrated by social workers’ activities, such as welcoming and instructing patients and their families, providing information, and connecting patients to appropriate departments or faculties to facilitate their access to healthcare services. Therefore, social workers must collaborate with nurses, accountants, and administrative staff to meet patients’ demands. Third, the independent functions of social workers include fundraising and connecting hospitals to partner organizations. Social workers work as a bridge to connect patients in need of outside resources, especially financial support. In addition, they seek funding opportunities to purchase medical equipment for hospitals in emergency cases. In detail, data collected from interviews show that this function highlights the actual role of social work in hospitals in Vietnam. In many cases, the other functions are even overshadowed by this one.

“The social work department mobilized resources to help the difficult cases. Patients in need might be provided with support in cash, meals, gifts, etc. This kind of work has been well conducted by the department and significantly contributed to our hospital. Regarding other functions, I have almost no information” – Interview, Doctor, Male, 53 years old.
“Social workers play essential roles in the working environment of a hospital because they are able to soften the relationship between medical staff and patients. Specifically, social workers can connect patients to doctors or their family members to make the treatment process smoother. Furthermore, they seek and find financial sources to help difficult patients receive better treatment conditions.” Interview, Leader of Hospital, Male, 56 years old.

This function is described as the primary task of a social worker.

“When I receive information from a department or a faculty about patients who have financial difficulty, I report to the head of my department. Then, I met and collected information by interview or asked them to fill out some forms. After that, from the list of sponsors that we have, I will contact and share the information about the case. If the sponsors agree to support the study, I will finish all necessary steps of the process and determine the time needed to complete the meeting between sponsors and patients. Sometimes, on behalf of patients, I will receive cash from sponsors to pay the hospital fee and send the bill back to them to report” – Interview, social worker, female, 35 years old.

Central hospitals with a large number of patients with serious illnesses are able to attract more financial support than are general hospitals at the provincial level. According to the results of the QG.20.33 project, in 2019, while the National Children’s Hospital received approximately $1 million, the number in the General Hospital of Dien Bien was only $25,000. Sponsors come from diverse backgrounds, such as banks, enterprises, and mass organizations, to individuals. Financial support aims at not only supporting patients but also equipping machines and increasing budgets for hospitals.

The actual roles of social workers and the intertwining role of stakeholders

The subthemes in the qualitative data of the actual roles of social workers in our study showed that there are different social work activities and services presented in the hospitals. The three most accessed services include (i) providing information and consulting on hospital discharge and transfer procedures; (ii) consulting on insurance and social allowances; and (iii) welcoming and providing information on medical treatment. The activities help clarify information for patients who have to adapt to the new hospital context.

However, social work services and activities are not only implemented by social workers. Doctors, nurses, and administrative staff perform these tasks as well. This causes intertwining roles among stakeholders in providing and implementing social work services and activities. The study shows that the role of social workers is unique only in connecting sponsors and patients for financial support. Other professional services can be provided by medical staff.

Furthermore, some subthemes show a high need to access support services at the hospital, especially with respect to needs such as explaining the causes, conditions of illness, and consulting. social policy issues, providing information and support for referrals to hospitals, etc. In principle, these services must be provided by professional social workers.

However, in reality, patients do not have access to social work services provided by social workers. This proves that, as mentioned above, the number of social workers is low, so medical staff and other staff at the hospital must participate in social work activities at the hospital. In any case, the lack of social work human resources at the hospital is the cause of the intertwining of roles between relevant parties in implementing social work activities for care treatment and health care support. health for patients in the current context.

5. Discussion

This study conducted qualitative research through in-depth interviews with social workers, hospital leaders and staff. These qualitative data sources have shown clear, reliable conclusions about the structure, functions and roles of social work activities in hospitals in Vietnam. Social work activities play an essential role in the system of healthcare services in hospitals.

The study has found some interesting findings. In developed countries, social work in hospitals might be structured as centralized or decentralized and of different types. Social workers serve in an independent department or be positioned in each specialized department. Social work services are provided by specific projects or by independent centers (Nguyen, 2020). In contrast, social work in hospitals (specifically public ones) in Vietnam is structured as a centralized model throughout the country. Social work exists as a unit that manages finance, human resources and professional social work activities. There was a serious shortage in the quantity of social workers in comparison to the total number of medical and administrative staff and patients in the surveyed hospitals. This causes a lack of professional social work services and undermines the impact of social work in hospitals and the healthcare system in Vietnam.

Social work in public hospitals in Vietnam has three leading functions. Social workers are relatively independent in fundraising and organizing activities for patients and their families. In addition, social workers are able to assist doctors and nurses in medical treatment. This finding is similar to the conclusion in the article of (Pham et al., 2020) affirming that hospital social work in Vietnam focuses on solving problems related to medical treatment, informing, communicating, educating laws and policies, mobilizing and receiving donations.

The most interesting and important finding of this study is related to the fundraising function of social work in public hospitals in Vietnam. When hospitals in the US and other developed countries had to tighten their spending, they deployed restructuring and miniaturization to improve efficiency. In this scenario, social work units are likely the first to be restructured or even closed to reduce the operating cost. As a result of the restructuring trade-off, social workers are expected to be the hardest hit group because they do not generate profit, and their work.
Performance is challenging to measure (Judith, 1993). In contrast, social workers in public hospitals in Vietnam directly contribute financial benefits to the organization by mobilizing its stakeholder pool. This creates an impetus for public hospitals to establish their social work units as independent departments. This explains the rapid increase in the number of social work units in public hospitals in Vietnam.

In addition, the role of social workers is easily mixed with that of other actors, including doctors, nurses, and medical staff, who perform social work functions as prescribed. This leads to a deficient perception of the role of social workers in hospitals today, which prevents patients from knowing about the existence of hospital social workers. In the previous period, when social work was not officially established in hospitals, doctors and medical staff undertook the tasks of social work in an unprofessional manner. Nonetheless, it was a good feature to improve the healthcare system at that time. Even after the Department of Social Work was officially introduced, doctors and medical staff continued to perform the duties of social workers. This leads to a structural deficiency with overlapping tasks for personnel in the current healthcare system. In the short term, the participation of health workers in social work tasks seems beneficial. However, in the long run, the overlapping of the roles will cause a disadvantage regarding the professionalism of a hospital social work structure.

6. Conclusions

Unlike other branches in the field, social work in hospitals has rapidly developed in Vietnam in recent years and has played an increasingly important role in the operation of public hospitals in particular and the healthcare system in general. The development stems from the actual functions and roles of hospital social workers. Being structured in a uniform centralized system, hospital social workers coordinate with doctors and nurses to improve the quality of medical examination and treatment. Furthermore, social work also generates considerable economic benefits because of its capacity to seek funding to support patients and equip hospitals with necessary equipment. These are unique features of hospital social work in Vietnam. However, hospital social workers have not been properly promoted, and their roles often overlap with those of healthcare providers. This is because the quality and quantity of social workers in hospitals still remain modest.

Ethical considerations

Not applicable.

Conflict of Interest

The author declares no conflicts of interest.

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