



Social Work Activities Supporting Patients at Hospitals in Nghe An, Vietnam

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Abstract

Hospital social work in Vietnam has been introduced to support patients, yet faces substantial challenges and has not achieved its intended outcomes. This study, based on quantitative surveys with 500 patients and 255 healthcare professionals, alongside in-depth interviews across five hospitals in Nghe An province, provides a comprehensive overview of current practices. Findings show that social work activities—such as patient reception, information provision, psychosocial support, discharge assistance, and emergency response—are aligned with patient needs and implemented in accordance with Circular No. 43/2015. However, these tasks are often carried out by both social workers and healthcare staff, and remain largely administrative. Key barriers include a shortage of trained professionals, fragmented operational mechanisms, and limited institutional recognition of social work's role in healthcare. The study recommends strengthening legal frameworks, enhancing workforce capacity, and raising awareness of the professional functions of hospital social workers.

Keywords: Social work services, hospital social work, patients, healthcare professionals, hospital system

Introduction

Social work in hospitals applies professional methods and skills to deliver social therapy to patients, aiming to enhance their satisfaction with healthcare services and contribute to the overall improvement of healthcare quality (Đoàn, 2019). The role of hospital social workers concerning patients and their families (hereafter collectively referred to as "patients") remains a subject of ongoing debate. On one hand, social work is recognized as essential in assessing patients' needs for social support services and in facilitating timely discharge planning (Globerman, White, & McDonald, 2002; Mizrahi & Berger, 2001). Although empirical evidence remains limited, existing studies suggest that social work interventions may positively influence patient outcomes (Browne et al., 2015). In healthcare institutions transitioning toward patient-centered models of care, the contribution of social workers has become increasingly prominent (Zimmerman & Dabelko, 2007). Social workers are integral members of interdisciplinary care teams, particularly in supporting patient decision-making regarding complementary and alternative modalities (CAM) (Runfola et al., 2006). For older adult patients, social workers are involved in a comprehensive range of roles, including needs assessment, health education, care coordination, family communication, conflict resolution, counseling, and post-discharge follow-up (Dimla et al., 2023). Conversely, some hospital administrators may perceive social workers as expendable in a hospital environment where cost-cutting is always a concern (Barth, 2003; Globerman et al., 2003). This perception may stem from a limited understanding of the distinctive contributions that social workers make to patient care (Barth, 2003; Globerman et al., 2002; Mizrahi & Berger, 2001). Additionally, in some cases, nursing staff undertake social work-related responsibilities and are perceived as more collaborative in facilitating patient discharge (Barth, 2003). Therefore, to solidify their position within hospital systems, social workers must demonstrate measurable contributions in two

critical domains: enhancing patient care outcomes and reducing institutional costs (Auerbach et al., 2007).

Social work in hospitals has become a popular field of work in the social work profession. In the United States, for instance, hospitals represent the most prevalent employment setting for social workers (Whitaker et al., 2006). This trend underscores the integral role of social work within the healthcare systems of developed nations, where it contributes significantly to patient care and treatment outcomes (Nguyen, 2020a). Social workers in acute care hospitals are frequently assigned to the most complex cases, which often involve a multitude of interrelated psychosocial factors extending beyond clinical diagnoses (Auerbach et al., 2007). For patients, social workers play a crucial role in identifying psychological, emotional, and social determinants of health, which may substantially influence care planning, treatment pathways, and recovery trajectories (Galati et al., 2016). Their practice is largely oriented toward direct patient engagement rather than administrative functions (Davis et al., 2004). Social workers increasingly practice in specialized clinical environments and are frequently tasked with providing healthcare teams with specific psychosocial profiles of patients based on diagnosis, age, or gender (Nguyễn, 2020b). Nevertheless, a critical challenge persists that core functions such as mental health assessment, family counseling, health education, and community outreach—key domains of social work practice—are often underrepresented in outcome measurement frameworks (Holliman et al., 2003).

In Vietnam, all central-level hospitals, 97% of provincial-level hospitals, and nearly 90% of district-level hospitals have established Social Work Departments or Units. Nationally, there are 1,605 full-time social work professionals and over 6,000 social work collaborators (Ministry of Health, 2023). Existing research underscores the vital role of social workers and healthcare personnel in delivering counseling and support services to address patients and their families' social challenges (Dang et al., 2024). These professionals play a particularly critical role in facilitating access to social resource systems for vulnerable patient groups during hospitalization (Đặng, 2021). Despite these developments, hospital-based social work in Vietnam remains inadequate in meeting practical demands, due to a range of systemic and operational challenges. As a result, public perception, patient trust, and especially the recognition from hospital leadership regarding the importance of social work services remain limited.

In reality, hospital social workers often face competing demands between professional responsibilities and institutional expectations. While their roles should include psychosocial assessment, emotional support, crisis intervention, and resource coordination, they are frequently relegated to administrative tasks or charity-based activities. This discrepancy reflects both structural limitations—such as understaffing and unclear role definitions—and cultural barriers, including the undervaluing of non-clinical care. Moreover, the lack of integration into multidisciplinary teams and minimal presence in outcome evaluation frameworks weakens the visibility and perceived impact of social work. Consequently, social workers must navigate a context where their essential contributions to holistic patient care are under-recognized, despite growing evidence of their relevance in addressing patients' psychological and social needs.

Methodology

This study employed a mixed-methods design to elucidate the role of social work services in supporting inpatients at five hospitals in Nghe An province, Vietnam. The quantitative component involved a structured survey conducted between May 2023 and May 2024, targeting 500 patients and caregivers, 150 healthcare staff (including physicians and nurses), and 105 social workers. Participants were recruited from three provincial-level hospitals—Nghe An Oncology Hospital, Nghe An Obstetrics and Pediatrics Hospital, and Nghe An Southwest General Hospital—and two district-level hospitals—Vinh City General Hospital and Thanh Chuong General Hospital. All five hospitals had established social work departments staffed with dedicated social workers.

The qualitative component consisted of in-depth interviews conducted with a purposive sample of 10 patients, 10 social workers, 10 healthcare providers, and 5 hospital administrators. These interviews aimed to gain deeper insights into the actual practices and perceived impact of social work interventions in inpatient care settings.

A set of standardized instruments was used in the quantitative survey to assess various dimensions of hospital-based social work services. These instruments employed five-point Likert scales as follows:

- A five-point Likert scale was used to evaluate the perceived necessity of receiving support from the hospital's social work department or social workers, as reported by patients and caregivers. Response options ranged from 1 (Not at all necessary) to 5 (Extremely necessary).

- A five-point Likert scale was employed to measure the frequency with which patients and caregivers received support from social work services within the hospital setting. Responses ranged from 1 (Never) to 5 (Very frequently).
- A five-point Likert scale assessed patients' perceptions of the effectiveness of hospital-based social work services, with response options from 1 (Very ineffective) to 5 (Very effective).
- A five-point Likert scale was also used to measure the level of patient satisfaction with social work services in the hospital. Response categories ranged from 1 (Very dissatisfied) to 5 (Very satisfied).
- This combination of quantitative and qualitative data collection provided a comprehensive understanding of the scope, delivery, and perceived outcomes of social work services in hospital settings.

Results and Discussion

Patients' psychosocial and informational needs for social work support

The survey of 500 patients and caregivers revealed a high demand for support and counseling during hospital treatment. This result is consistent with the psychological characteristics and contextual challenges faced by patients, who are not only under pressure due to physical health issues but are also affected by various psychological and social stressors (Table 1).

Table 1. Patients' needs for social work in hospital

Needs	N	M	SD
To receive reception, guidance, provision of information, and introduction to hospital medical examination and treatment services.	500	4.40	0.77
To inquire about health status and personal circumstances.	500	4.49	0.70
To receive emergency support when being victims of abuse, violence, accidents, or disasters to ensure patient safety.	500	4.32	0.94
To receive support and consultation on rights, benefits related to health insurance, and access to social assistance during medical examination and treatment.	500	4.38	0.85
To be provided with information, counseling, and support for discharge procedures.	500	4.40	0.79
To have conversations and exchange information about the treatment process with medical staff.	500	4.24	0.93

Source: Survey conducted in 2024.

Table 1 presents the mean scores evaluating the perceived necessity of patients' support needs regarding social work services, with values ranging from 4.24 to 4.49. The standard deviations, which range between 0.703 and 0.938 and remain below the corresponding mean values, suggest a low to moderate level of variability, indicating that responses were relatively consistent across participants. Among the assessed needs, the highest mean score ($M = 4.49$) pertained to inquiries about patients' health conditions and personal circumstances, highlighting this as the most critical area requiring support. Conversely, the lowest mean score ($M = 4.24$) was associated with communication and information exchange with healthcare providers regarding the treatment process. These findings align with common psychological responses observed among hospitalized patients, who often place high value on attentive care and emotional support related to their health and life circumstances.

Patients emphasized the importance of being cared for not only physically but also emotionally and socially, especially during prolonged treatment. One male patient (50 years old) stated:

"When being hospitalized, everyone hopes that the healthcare staff and hospital personnel will show concern and ask about their health and family situation. Prolonged treatment and frequent hospital stays are exhausting, and we greatly appreciate it when staff show interest and listen to us. Often, we do not expect major assistance—just being asked about our condition daily already brings us encouragement."

Similarly, another male patient (45 years old) explained:

"I constantly worry about how the illness will impact my life and that of my family. I'm unsure whether I can overcome this difficult phase. While my family and friends are always beside me, offering encouragement, I still feel a need for more professional support."

These accounts confirm that patients expect holistic care that extends beyond clinical treatment, highlighting the professional role of social workers in psychosocial counseling and emotional support.

Additionally, patients reported a high perceived necessity for being welcomed, guided, provided with information, and introduced to hospital medical examination and treatment services ($M = 4.40$), as well as receiving information, consultation, and support in completing discharge procedures ($M = 4.40$). In-depth interview data revealed that many patients lacked a comprehensive understanding of health insurance regulations, resulting in confusion and administrative difficulties.

As one patient (60 years old) explained:

"I would like to receive clear consultation about the benefits I am entitled to under health insurance. When we are admitted to the hospital, we don't know what is covered and what is not. Seeing that the doctors are very busy, we're afraid to ask, for fear of bothering them."

These data reinforce quantitative findings that patients rated social work services as highly necessary ($M = 4.24$ – 4.49). They underscore the critical role of social workers in addressing patients' psychosocial concerns and guiding them through administrative and insurance-related processes.

Fundamentally, patients' needs align with the core roles and responsibilities of hospital social work staff, who are professionally trained to address such issues (Nguyen, 2020b). However, healthcare personnel are also actively involved in supporting patients beyond their clinical responsibilities.

As one healthcare worker (37 years old) described:

"As healthcare workers, we are concerned not only with the patient's medical condition but also with their social disadvantages. We assess their difficult circumstances, and for those truly in need of support, we categorize their situations and refer them to the social work department."

Providers and role overlaps in delivering social work support

Survey results indicate that social work staff are actively involved in supporting patients by helping them resolve immediate difficulties during treatment. Additionally, healthcare personnel (such as doctors, nurses, and other staff) also participate in delivering this support (see Table 2).

Table 2. Individuals responsible for carrying out social work tasks for patients (%)

Task	Group	N	%
1. Reception, guidance, provision of information, and introduction to hospital medical examination and treatment services at initial contact.	Doctor	46	12.0%
	Nurse	88	22.9%
	Social Worker	215	56.0%
	Other Staff	35	9.1%
2. Conducting health status inquiries, assessing living conditions and difficulties, and determining the level of mental and social support needed.	Doctor	49	12.8%
	Nurse	96	23.0%
	Social Worker	207	49.6%
	Other Staff	35	8.4%
	No one performing this task	4	1.0%
3. Providing support in emergency situations related to accidents, violence, or psychological trauma, ensuring patient safety.	Doctor	50	13.1%
	Nurse	70	18.3%
	Social Worker	198	51.7%
	Other Staff	59	15.4%
	No one performing this task	5	1.3%
4. Providing information and counseling on patient rights, legal procedures, and available social welfare programs.	Doctor	57	13.4%
	Nurse	58	13.6%
	Social Worker	229	53.9%
	Other Staff	72	17.0%
	No one performing this task	9	2.1%
5. Providing information, consultation, and referral services regarding medical transfers or support	Doctor	117	27.7%
	Nurse	141	33.4%

Task	Group	N	%
upon discharge, including coordination with local community services.	Social Worker	133	31.5%
	Other Staff	31	7.4%
	No one performing this task	2	0.5%
6. Coordinating, mobilizing resources, and providing social work interventions to meet patients' needs.	Doctor	9	2.1%
	Nurse	43	10.2%
	Social Worker	278	65.7%
	Other Staff	83	19.6%
	No one performing this task	9	2.5%

Source: Survey conducted in 2024.

Based on the distribution of responsibilities outlined in Table 2, each professional group plays a distinct role in carrying out patient-related social work tasks. Doctors primarily engage in clinical aspects of patient care, and their involvement in social work tasks is often limited to cases requiring urgent medical evaluation (e.g., trauma or referral planning). Their participation is more evident in discharge coordination (Task 5), where they provide medical judgments for transfer decisions and follow-up care. Nurses often serve as intermediaries between patients and the healthcare system. They contribute to psychosocial assessments (Task 2), emergency response (Task 3), and discharge preparation (Task 5), typically focusing on monitoring patient stability, ensuring adherence to treatment plans, and relaying relevant information to both patients and other staff.

Social Workers play a central and specialized role across most tasks. They are primarily responsible for initial patient reception (Task 1), comprehensive psychosocial assessments (Task 2), crisis intervention (Task 3), legal and welfare counseling (Task 4), discharge planning with community linkage (Task 5), and mobilization of resources and intervention services (Task 6). Their practice reflects a holistic approach that integrates emotional, social, legal, and environmental factors affecting patient well-being. Other Staff (e.g., administrative officers or volunteers) typically assist in supportive or logistical functions, such as guiding patients within the hospital, helping complete documentation, or coordinating non-clinical resources. Their contributions are particularly visible in reception tasks and resource mobilization (Tasks 1 and 6).

This delineation underscores the interdisciplinary nature of patient support in hospitals while emphasizing the pivotal role of social workers in addressing non-medical determinants of health. Data presented in Table 2 demonstrate that social workers have played an active role in delivering support and consultation services to patients. Across all measured activities, social workers consistently emerged as the primary providers of such services, evidenced by the highest engagement rates among all professional groups. These findings highlight the progressive establishment of social workers' roles in supplementing and sharing responsibilities traditionally managed by medical staff (Nguyen, 2020b).

However, given the current shortage of social workers in hospitals, healthcare personnel—including physicians, nurses, and allied staff—have also assumed a supportive role across various activities, albeit with lower levels of involvement. In the hospital social work model applied in Nghe An, social workers continue to serve as the central force in supporting patients, though collaborative efforts with healthcare staff are increasingly evident. Beyond their direct engagement, healthcare workers also function as crucial intermediaries, facilitating connections between patients and social work services. As hospital social work remains a relatively novel concept in Vietnam, many patients lack awareness of the social workers' functions, responsibilities, and capacities. Consequently, patients often do not independently seek assistance from social workers, partly due to a lack of confidence in the effectiveness of such support.

Despite high needs, several patients admitted they were unaware of the social work department or unsure about its functions.

"I don't know where the social work department is, nor am I sure whether they can help me. Here, I simply follow the instructions of the doctors and nurses. Whenever I need something, I prefer to consult them for reassurance." (Male patient, 45 years old)

This demonstrates that patients often rely primarily on doctors and nurses, which both limits their access to specialized support and increases the workload for medical staff.

Additionally, in most hospital departments, healthcare staff are typically the first point of contact for providing information and guidance to patients. As a result, patients often learn about social work services only through referrals initiated by medical personnel, especially in complex or difficult cases.

Healthcare providers acknowledged frequent role overlap with social work tasks. For example:

A healthcare worker (28 years old) reflected:

"Currently, consultations about policies, health insurance, or discharge procedures are typically handled within our specialized departments, as we are already well-acquainted with these administrative processes. Patients can usually follow our instructions without issue. Only in more complex cases do we refer them to the social work department for further support." (Healthcare worker, male, age 28).

Other providers highlighted structural gaps:

"There are no social workers assigned to outpatient departments. When patients have concerns, we healthcare workers respond directly. Since we must work efficiently to accommodate a high patient load, only particularly complicated cases are referred to social workers." (Healthcare worker, male, age 35).

Although social workers may not yet be widely recognized as a critical resource in routine patient care, their involvement becomes essential in cases involving significant psychosocial challenges. In such instances, social workers provide specialized support tailored to patients' complex needs.

As one social worker emphasized:

"We typically assist patients with all relevant tasks, though for straightforward issues, healthcare staff can manage them independently. In more difficult situations, patients are referred to us for comprehensive assistance." (Social worker, female, age 36).

Another added:

"Medical staff are often overwhelmed with their clinical responsibilities. In cases involving disadvantaged or vulnerable patients, we take the lead in providing direct support and coordinating with relevant stakeholders. This, in our view, underscores the indispensable role of social work in healthcare environments." (Social worker, female, age 28).

Accordingly, when recognized, social workers can provide substantial support to patients, thereby alleviating the workload of medical staff and enhancing the overall effectiveness of patient care. From a professional standpoint, social workers are systematically trained in addressing psychosocial challenges, with specialized competencies in crisis intervention, risk assessment, child protection, and support for vulnerable populations. Furthermore, they possess the capacity to mobilize emergency resources and coordinate community-based support, including collaboration with local organizations and volunteer networks. Their understanding of referral systems and volunteer management enables them to provide structured assistance to patients in need.

In addition to concerns related to physical health, many patients also experience psychological and social difficulties (İzci et al., 2016). However, these non-clinical issues are generally beyond the scope of responsibility for physicians and nurses (Nguyen, 2020b). The timely and effective involvement of social workers can thus play a critical role in supporting patients holistically, contributing to more integrated and person-centered care. Accordingly, social workers should be recognized as vital members of the multidisciplinary treatment team, offering professional psychosocial interventions tailored to individual patient needs (Trần, 2016; Đỗ, 2016).

Nevertheless, social workers must adopt a more proactive approach in engaging patients, ensuring they are well-informed about the roles, functions, and support services available through hospital social work departments. Enhancing patient awareness of these services can promote more active and voluntary utilization. Moreover, the physical location of social work units should be carefully considered and strategically situated in accessible areas of the hospital to facilitate patient engagement and outreach.

Limited utilization of social work services in practice

In order to assess the frequency with which patients accessed social work services during hospitalization, a five-point Likert scale was employed (1 = Never, 5 = Very Frequently). The mean scores across service items ranged from 3.43 to 4.28, suggesting a generally high level of service utilization. Nonetheless, standard deviations for most items exceeded 1.0, indicating substantial variability in patients' experiences and perceptions of service provision (see Table 3).

Table 3. Frequency of patients' receipt of social work support services

No.	Item	N	M	SD
1	Received reception, guidance, provision of information, and introduction to the hospital's medical services	500	4.28	0.78
2	Inquired about health status and personal circumstances	500	3.82	1.19
3	Received emergency support when being a victim of violence, accident, or disaster to ensure patient safety	500	3.43	1.45
4	Received support and consultation regarding rights, benefits related to health insurance, and social welfare in medical treatment	500	3.64	1.36
5	Received information, consultation, and assistance regarding hospital discharge procedures	500	3.66	1.32
6	Engaged in conversations and discussions with healthcare workers regarding medical treatment	500	3.43	1.42

Source: Survey conducted in 2024.

According to the data presented in Table 3, only the service related to “reception, guidance, provision of information, and introduction to hospital examination and treatment services” received the highest mean score ($M = 4.28$). This finding indicates that patients most frequently received support from social workers in this need. The result is consistent with statistics reported by the Department of Health (2024) and hospitals, where four out of five institutions documented a total of 648,278 instances of such service provision.

Qualitative data from in-depth interviews further corroborate this finding. As one patient shared:

“When arriving at the hospital, we were warmly and thoughtfully guided by the staff. This made us feel very reassured because, honestly, coming from afar, we felt overwhelmed just standing at the hospital entrance—the hospital is so large that we didn’t know where to start. Meeting the staff who provided clear information and spoke gently and politely made us extremely satisfied.” (Patient, female, age 60).

Social workers described their work as multifaceted, often complementing clinical services, particularly for vulnerable patients.

“At present, social work staff mainly focus on patient reception at the main hall during the morning. In the afternoon, they carry out other tasks in the social work office. We do not yet have dedicated social workers in each clinical department; instead, we rely on collaborating nurses to support social work activities at the departmental level.” (Social worker, female, age 25).

Reception and guidance services are considered the core functions of social work departments in hospitals. In contrast, other services received moderate average scores (ranging from 3.43 to 3.82), suggesting that patients less frequently accessed broader consultation or psychosocial support. Patients often prefer to communicate directly with healthcare professionals to understand their medical conditions. This preference reduces opportunities for social workers to engage in daily clinical treatment or spend extended time interacting with patients. Only a small proportion of patients received assistance from social workers in communicating with doctors or nurses. Many patients expressed confidence in managing these interactions independently. However, in more complex cases, social workers served as crucial intermediaries to ensure the accurate and effective exchange of information.

“Whenever I visit a department to check on patients, if someone has questions about their illness, I usually bring them directly to a nurse or doctor. I stay with them during the conversation to help them articulate their concerns and to observe the medical professional’s responses. If the patient doesn’t fully understand, I follow up with clarifying questions to ensure that the information is conveyed accurately.” (Social worker, female, age 34).

A general lack of awareness about hospital-based social work leads many individuals to conflate it with charity work. This misunderstanding makes it difficult for social workers to assert their professional identity and scope of practice within hospital settings.

“The main duties of social workers are to assist patients and their families with reception, guidance on hospital procedures, and charitable activities such as distributing free meals or providing haircuts and hair washing. I’m not very familiar with other responsibilities they may have.” (Healthcare worker, male, age 40).

These accounts show how social workers bridge communication gaps, relieve pressure on medical staff, and ensure holistic care—particularly in complex cases where multidisciplinary support is essential.

Patient satisfaction and institutional barriers to social work services

Patient satisfaction has been identified by the World Health Organization (WHO, 2020) as a critical driver for healthcare institutions to enhance the quality of patient care. It serves as a fundamental indicator for evaluating hospital service quality and reflects the overall effectiveness of various components of healthcare delivery. Consequently, assessing the effectiveness of services and the satisfaction levels of service recipients represents an essential step in efforts to improve the quality of patient care.

To measure patients' satisfaction with the support provided by social workers, a five-point Likert scale was employed (1 = Very Dissatisfied to 5 = Very Satisfied). The mean scores ranged from 3.95 to 4.32, with standard deviations between 0.72 and 0.92. These results suggest relatively consistent responses among participants and indicate a generally high level of satisfaction with social work services (see Table 4).

Table 4. Patient satisfaction with social work services

No.	Item	N	M	SD
1	Received reception, guidance, provision of information, and introduction to the hospital's medical services	500	4.30	0.79
2	Inquired about health status and personal circumstances	500	4.32	0.78
3	Received emergency support when being a victim of violence, accident, or disaster to ensure patient safety	500	4.13	0.88
4	Received support and consultation regarding rights, benefits related to health insurance, and social welfare in medical treatment	500	3.99	0.85
5	Received information, consultation, and assistance regarding hospital discharge procedures	500	3.98	0.85
6	Engaged in conversations and discussions with healthcare workers regarding medical treatment	500	3.95	0.92

Source: Survey conducted in 2024.

Overall, patients reported a relatively high satisfaction with social work services. Among the six evaluated service domains, three activities—(1), (2), and (3)—received mean scores above 4.00, specifically 4.30, 4.32, and 4.13, respectively. These findings indicate that the quality of these services closely aligns with patients' expectations. The remaining three activities had slightly lower mean scores, ranging from 3.95 to 3.99, but still reflected a generally favorable level of satisfaction.

These results are consistent with assessments from both social workers and healthcare staff regarding the perceived effectiveness of support services provided to patients. Social workers rated the effectiveness of these activities within a range of 4.25 to 4.50, suggesting that they viewed the services as effective to very effective. Likewise, healthcare staff provided mean effectiveness ratings ranging from 3.94 to 4.48, indicating a generally positive perception of SW interventions.

In Vietnam—and particularly in Nghe An province—hospital-based social work is a relatively new initiative, formally introduced only in 2015. As such, its implementation remains limited and differs considerably from the more established models and outcomes observed in other countries. Although Circular No. 43 issued by the Ministry of Health outlines the organizational structure and responsibilities of hospital SW units, in practice, many hospitals have not fully capitalized on the role of social workers or the functional capacity of social work departments.

Hospital administrators acknowledged both progress and challenges in social work development.

"Before 2015, no one knew what social work was—even hospital leaders lacked a clear and accurate understanding of its responsibilities and supportive functions. Individuals assigned to social work roles at that time were often staff who had been disciplined or had violated hospital policies and were transferred to the SW department. After 2015, perceptions began to change. Hospital administrators started to recruit qualified social workers with formal training in the field, thereby enhancing the professionalism and service quality of SW in hospitals." (Social worker, female, age 36).

Thematic findings confirm the implementation gap between recognition of social work and its practice in hospitals. Patients expressed strong psychosocial and informational needs, but many remained unaware of available services. Healthcare providers acknowledged social work but often performed its tasks themselves, reflecting both necessity and limited integration. Social workers demonstrated their essential role in complex cases, yet their scope was often undervalued. Administrators recognized gradual professionalization since 2015, but systemic barriers—particularly staffing policies—remain.

These qualitative results converge with quantitative findings: patients rated social work services as highly necessary ($M = 4.24$ – 4.49) but reported inconsistent access and satisfaction. Addressing this

gap requires clearer role definitions, expansion of trained social work staff, and stronger institutional support to fully integrate social work into multidisciplinary hospital teams. This evidence highlights the critical role of institutional awareness and leadership in supporting the development of effective SW services. When there is a comprehensive and accurate understanding of the roles, responsibilities, and values of social workers, social work activities are more likely to be prioritized, resourced, and successfully integrated into patient care systems.

The practical situation in hospitals across Nghe An province reveals that the current team of social work staff includes both individuals formally trained in social work and others who have been transferred from related fields such as healthcare, psychology, or sociology. Although some staff members have not undergone intensive professional training, their hands-on experience and participation in short-term training courses have gradually enabled them to understand the roles and functions of hospital social work. As a result, they have been able to provide services that are relatively aligned with the demands of their positions. This highlights a strong and decisive link between the quality of the social work workforce and the overall quality and effectiveness of social work services in hospital settings.

Emerging issues and challenges

Social work in hospitals in Nghê An is currently in a developmental phase, so the implementation of social workers' responsibilities toward patients faces numerous challenges and difficulties.

First, the tasks assigned to hospital social workers, as outlined in Circular 43, primarily focus on administrative and procedural activities. As of the time of the survey, social workers had not been integrated into therapeutic interventions, although participation in clinical treatment is regarded as an essential component of hospital social work. Consequently, social workers have not been able to contribute significantly to the treatment process, whereas ideally, they should primarily perform professional tasks and spend more time engaging directly with patients rather than on administrative work (Davis et al., 2004). This situation contrasts with the models of hospital social work in many countries, where social workers are considered indispensable members of the healthcare team, working alongside medical personnel (Nguyễn, 2016; National Association of Social Workers [NASW], 2011; Nguyễn, 2020a). In these models, social workers are involved throughout the entire patient journey—from admission to hospitalization and discharge—and operate across all departments and clinical units (Nguyễn, 2020b).

Second, due to a shortage of professional social workers, the psychosocial care and support provided to patients have not been adequately emphasized. Current social work activities tend to focus heavily on administrative guidance, patient reception, and the distribution of charitable resources. This situation partly stems from macro-level policy constraints. Although the Vietnamese government and the Ministry of Health have introduced a range of policies to promote hospital social work, the "Regulations on the Autonomy Mechanism for Public Service Units" under Decree No. 16/2015/NĐ-CP, issued on February 14, 2015, have adversely affected the recruitment of social work personnel for hospitals. Under these regulations, the number of employment positions in hospitals in Nghê An must be maintained at the average staffing levels of the previous five years and cannot exceed the existing headcount. Consequently, hospitals in Nghê An have adopted a personnel rotation strategy, reassigning staff from other departments to fill social work positions. As a result, the current workforce primarily consists of semi-professional or non-professional social workers who lack the necessary competencies to deliver professional social work services.

Challenges and Issues to be Addressed

Due to the shortage of professional social workers, healthcare staff is currently assuming social work-related tasks despite already being under considerable pressure from clinical responsibilities. Instead of focusing exclusively on medical care techniques, nurses are increasingly required to undertake additional duties traditionally associated with social work. This situation underscores the absence of clear boundaries and delineation of responsibilities between social workers and healthcare staff, resulting in overlapping duties and blurred professional roles. Such overlap contributes to the limited visibility of hospital-based social work and hinders social workers from establishing a distinct professional identity within clinical settings. Moreover, it exacerbates role complexity and conflict between healthcare providers and social workers.

Hospital social workers often occupy ambiguous roles surrounded by conflicting demands and expectations. The complexity and contradictions inherent in their roles can be attributed to three main factors: (1) social work is often perceived as an auxiliary service within a healthcare system that prioritizes medical care; (2) social workers operate as part of interdisciplinary teams; and (3) social work practice must navigate the dominant authority of healthcare professionals, particularly physicians. In

many hospitals, social work has yet to be recognized as an essential service. Consequently, patients are often not proactive in seeking assistance from social workers, and healthcare providers may lack a clear understanding of the functions and roles of social workers. In some cases, patients' limited access to social work services stems from the attitudes and communication styles of healthcare professionals (Nguyễn et al., 2023).

Furthermore, patients are often perceived primarily as clinical cases rather than holistic individuals, limiting social workers' ability to provide comprehensive support. However, the healthcare process should be regarded not merely as a series of medical interventions but as a complex journey requiring the active participation of patients, their families, healthcare providers, and social workers. Only when social workers are fully integrated as essential contributors to the treatment process can they become crucial sources of psychological support, helping patients navigate challenges and uncertainties. Effective psychosocial support and counseling not only enhance patients' understanding of their health conditions but also improve adherence to treatment regimens, elevate quality of life, and contribute to better clinical outcomes.

Challenges and issues to be addressed

Due to the shortage of professional social workers, healthcare personnel have increasingly undertaken social work-related activities, despite already shouldering substantial clinical intervention responsibilities. Rather than focusing exclusively on medical care techniques, nurses are increasingly required to perform tasks traditionally associated with the domain of social work. This situation reflects the absence of a clear demarcation between the roles and responsibilities of social workers and healthcare professionals, resulting in overlapping duties between the two groups. Such overlap not only creates barriers to the recognition of hospital-based social work but also impedes social workers from affirming their professional roles in practice. Additionally, it contributes to the complexity and conflict of roles between healthcare staff and social workers. Consequently, hospital-based social workers often find themselves occupying ambiguous positions, surrounded by conflicting demands and expectations.

The complexity and contradictions inherent in the roles of social workers can be attributed to three primary factors: (1) social work is often regarded as an ancillary service within a healthcare system primarily oriented toward medical care; (2) social workers function as members of interdisciplinary teams; and (3) Social work practice must always take into account the dominant power of medical staff, especially doctors; in many hospitals, social work is not yet considered an essential service. As a result, patients are often not proactive in seeking support from social workers, and healthcare providers themselves frequently lack a comprehensive understanding of social workers' roles and responsibilities. In some cases, the limited demand for social work services among patients is influenced by the attitudes and communication skills of healthcare personnel (Nguyễn et al., 2023).

Furthermore, patients are frequently perceived primarily as clinical cases rather than as holistic individuals, thereby constraining social workers' ability to fully exercise their competencies in providing comprehensive support. However, the healthcare process should be understood not merely as a series of clinical interventions but as a complex journey requiring the active engagement of patients, their families, healthcare providers, and social workers. Only when social workers are truly integrated as indispensable contributors to the treatment process can they serve as critical psychological anchors, fostering patients' resilience in the face of illness and uncertainty. Effective psychosocial support and counseling not only enhance patients' understanding of their health conditions but also facilitate adherence to treatment regimens, improve quality of life, and ultimately contribute to better clinical outcomes.

Decree No. 110/2024/NĐ-CP dated August 30, 2024, issued by the Government of Vietnam on social work stipulates in Article 9 a five-step procedure for the provision of social work services. These steps include:

1. First item, reception, information gathering, and needs assessment of the client requiring assistance;
2. Second item, development of an individualized support plan tailored to the client's specific needs;
3. Third item, implementation of the support plan with appropriate interventions and services;
4. Fourth item, monitoring, reviewing, evaluating, and adjusting the support plan as necessary based on progress and changes in the client's situation;
5. Fifth item, termination of the support process and documentation/archiving of the case records.

The issuance of a standardized procedure for the provision of social work services—applicable to all individuals in need, including hospital patients—has contributed to enhancing role clarity among social workers. By outlining a clear sequence of steps to be followed, this procedural framework enables social work professionals to systematically implement their interventions and

optimize outcomes in fulfilling their designated roles and responsibilities within institutional settings.

Conclusion

The role of hospital social workers in Nghê An, Vietnam, remains markedly different from that observed in developed countries. Hospital social workers have yet to achieve full integration into the entire continuum of patient care. Across the continuum of patient care-spanning initial assessment, treatment, discharge, and community-based follow-up the sustained and direct involvement of social workers is critical; however, due to the current limitations in practice, social workers, despite their specialized training in communication and psychological support, have had restricted opportunities to apply their expertise effectively. As a result, direct engagement with patients during hospitalization and post-discharge has been limited. Moreover, the exclusion of social workers from multidisciplinary treatment teams significantly constrains their ability to provide integrated support and counseling services. These limitations are attributable to an underdeveloped legal and policy framework (as of the time of assessment), inadequate interdepartmental collaboration within hospitals, and a general lack of recognition regarding the role of social workers in healthcare settings.

To address these challenges, systemic policy reforms are essential. The promulgation of Circular 51/TT-BYT 2024 represents a positive step toward affirming and delineating the professional functions of hospital social workers. Furthermore, it is necessary to restructure task allocations between social workers and healthcare providers, enhance social work competencies among medical staff, and promote the active integration of social workers within clinical departments to improve the overall quality of patient care.

Suggestion

Strengthening the legal and policy framework governing the role, status, and responsibilities of hospital social workers is essential. This includes clearly defining their mandate to be systematically integrated into the comprehensive patient care process. Full and consistent implementation of Circular 51/TT-BYT is necessary not only to alleviate administrative burdens but also to enable social workers to fully apply their professional competencies in holistic care. Hospitals should adhere to the principle that each department or clinical unit assigns at least one social worker to coordinate and implement social work activities within that unit.

Expanding and enhancing the hospital social work workforce is critical in both quantitative and qualitative terms. Staffing levels must be commensurate with patient volumes and the ratio of healthcare professionals. At the same time, the professional capacity of social workers should be strengthened through continuous training, including short-term courses, thematic workshops, and professional development seminars, enabling them to update their knowledge and practices in line with international standards for clinical social work.

Enhancing communication efforts to raise public awareness of hospital-based social work services is equally crucial. Comprehensive information campaigns should be conducted to ensure that the community accurately understands the nature, roles, status, functions, and responsibilities of social work in healthcare settings. Improved public awareness will encourage individuals to seek assistance from hospital social workers more proactively, thereby contributing to better patient care outcomes.

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