Received June 2018
Accepted July 2018

What healthcare professionals know about medical social work – a quantitative study in Ho Chi Minh City, Oncology Hospital, Vietnam

Quynh Xuan Nguyen Truong and Surasak Taneepanichskul
College of Public Health Sciences, Chulalongkorn University, Bangkok, Thailand

Phuong Thi Nguyen
University of Social Sciences and Humanities, Vietnam National University in Ho Chi Minh city, Vietnam

Dung Trong Nguyen
Ho Chi Minh Oncology Hospital, Ho Chi Minh city, Vietnam

Abstract

Purpose - This study was designed to investigate knowledge of health care professional toward medical social work in Oncology hospital in Ho Chi Minh City.
Design/methodology/approach - The descriptive data was collected by face to face interviews with full-time medical staffs who had working in the oncology hospital for more than one year. A structured questionnaire had been developed and validated by expert reviews to measure the level of knowledge. Stratified random sampling technique was used to draw the samples from two strata: clinical and para-clinical department.
Findings - Among 298 participants including nurses, physicians, pharmacists and medical technicians, 79.9% had poor knowledge level; 19.5% had moderate level; and just only 0.2% had good knowledge. About 32.9% respondents thought that medical social work and charity activities were the same. Moreover, there was a misunderstanding in the roles of medical social work in hospital; and some of common roles were not acknowledged by healthcare professionals.
Originality/value - The study provides a baseline information on the knowledge regarding social work and services for conducting future research as well as designing intervention programs.

Keywords Medical social work, Healthcare professional, Vietnam

Paper type Research paper

Introduction

According to World Health Organization (WHO): "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" [1]. But the physicians cannot or are not trained to treat psychosocial part of patients. That's why for more than one hundred years ago, the hospital system in some countries required the new professional which can help to solve that problem: Medical social work. Some researchs demonstrate that a care coordination model which includes social worker as a member of treatment team could provide positive patient health outcome. Social work not only just address the nonmedical issue and social need [2] but also increase patient's health outcomes [3].

To promote the role of social work in hospitals, Vietnam Ministry of Health (MOH) has issued Circular 43/2015/TT-BYT regulation on the tasks and forms of organization to perform the tasks of social work of the hospital which require hospitals set up the department of social work and organize their social services [4]. Nevertheless, after one year adopted the circular, social work implementation in hospital still in a process. There are some barriers existing because social work is a new area, the legal foundation is not strong enough, the awareness and attention of

some medical staffs and hospital managers have not been adequate. The resources and funding for implementing social work in hospitals are limited [5].

In order to provide quality service for patients, the medical social worker need to collaborate with the medical team efficiently but working in the multidiscipline team may challenge [6]. Therefore, understanding the knowledge of health care providers is very important to understand the challenges that social workers might face in hospital settings and also can beneficial to assess the feasibility of adopting new policies. But the number of study in this field is limited. In worldwide, before this study, these words: "medical social work," "social work in hospitals," "knowledge," "collaboration," "multidiscipline team," "health provider," "physician" were searched on PubMed and Google Scholar. No previous study was found for direct assessments of all knowledge, attitude and behavior regarding medical social work among healthcare providers. Some research studied medical social work perception among doctors, nurses and social workers. But all of these researchers are qualitative studies. In Vietnam; there is none of researches on this topic.

Although every hospital in Vietnam has to establish their social work services, this study just focuses on a national level public hospital, Ho Chi Minh City Oncology Hospital, were randomly chosen to investigate the knowledge among healthcare professionals towards medical social work.

Materials and methods

Study design and population

The data from randomly selected full-time medical staffs in Ho Chi Minh Oncology hospital was collected by researcher and two research assistants though face-to-face interview. Training for assitants were provided in pursuance of decreasing bias. Those who do not speak Vietnamese and who are on leave were excluded. There are a total of 289 participants was included in the current study. The sample size is calculated by using the Yamane formula. This study was submitted and approved by the ethical committee of University of Social Sciences and Humanities, Ho Chi Minh City, Vietnam no.01 of 2nd April 2018.

Measurement tools

Based on the literature review and previous study, a structured questionnaire was developed. The questionnaire includes 2 parts: social-economic and demographic characteristic, knowledge. In social-economic and demographic characteristic part, the questions are mainly open and close format questions. The knowledge was scored. The reliability of the tools was checked with Cronbach's Alpha value was 0.8. The content validity of the questionnaire was evaluated by using IOC (Item Objective Concurrent) with the reviews of 5 experts in Public Health and Social Work. The final value of IOC is 0.9. The quetionnaire was translated forward and backward from English into Vietnamese by a native speaker.

Data analysis

After collection, data was entered, cleaned, coded and analyzed by using SPSS program, windows version 22. To analyze the general characteristics, knowledge on social work, descriptive statistics such as percentage, mean standard deviation, median, and range was used. The T-test, One-way ANOVA, correlation test was used to determine the relationship and association between general characteristic and knowledge. A statistical significance level is set at $\alpha = 5\%$. The factor influences the knowledge, attitude and behavior of medical team was identified by using multiple regression.

Table 1. Socio-demographic and other characteristics of participants

General characteristics	Mean	SD	Frequency	%
Socio-demographic & economic				
Age at interview (Years)	33.71	8.47		
Early adulthood (20-34)			186	62.4
Middle life (35-50)			90	30.2
Mature adulthood (50-60)			22	7.4
Gender				
Male			90	30.2
Female			208	69.8
Income				
Insufficient			34	11.4
Barely sufficient			148	49.7
Sufficient			106	35.6
More than sufficient			10	3.4
Education level				
Vocational certificate			126	42.3
Associate degree			20	6.7
Bachelor degree			122	40.9
Postgraduate degree			30	10.1
Occupational characteristic				
Department				
Clinical			206	69.1
Paraclinical			92	30.9
Occupation				
Medical technician			16	5.4
Nurse			176	59.1
Pharmacist			20	6.7
Physician			84	28.2
Other			2	0.7
Experience (Month)	116.5	95.1		
5 years or less			112	37.6
From 5 to 10 years			110	36.9
More than 10 years			76	25.5
Working hours per day	8.7	1.5		
8 hours or less			206	69.1
More than 8 hours			92	30.9
Numbers of patients per day	53.6	81.6		
≤ 20			112	37.6
20 to 50			110	36.9
≥ 50			76	25.5
Characteristic related social work				
Social work training				
No			216	72.5
Yes			82	27.5
Interaction with social workers				
No			159	53.4
Yes			139	46.6
Interaction frequency				
Never			161	54
Occasionally			85	28.5
Rarely			24	8.1
Sometimes			20	6.7
Frequently			8	2.7

Results

The health care professionals included in the research had average age at interview was 33.71 years (SD 8.74, range 23–57); 62.4% of the healthcare staffs are

in early adulthood, 30.2% middle adulthood and just 7.4% are in late adulthood. More than two-thirds of the participants were identified as female. Regarding economic background, 35.6% of participants endorsed they satisfied (sufficient, 35.6% and more than sufficient, 3.6%) with their income which is counted not only their salary in the oncology hospital but also in other part-time jobs, while 49.7% indicated the salary was just barely sufficient for their life and 11.4% expressed it was insufficient. Among the sample, one hundred twenty-two (40.9%) hold bachelor degree; 30 (10.1%) reported that they had a postgraduate degree, Table 1.

The participants were predominantly (69.1%) working in clinical departments, and 30.9% belonged to paraclinical departments. Physician takes 28.2%; more than a half (59.1%) is the nurse, and the rest were other occupations. The average duration of working every day was 8.7 hours (SD 1.5). In particular, there was 30.9% participants working more than 8 hours per day, some of them even worked 15 hours per day. The average number of patients per day is around 54 (SD 81.6), and there is a considerable difference between the number of patients per day. Among the responders, there was 37.6% had not more than 5-year experience; 25.5 % had worked in the health sector for more than ten years; the rest which took 36.9% had been employed from 5 years to 10 years, Table 1.

Approximately equal proportions of the medical staffs had interacted with social workers in their working environment (54%) and had never met or working with the social workers (46%). In those, just only 2.7% of them frequently interacted with social workers in the hospital, 6.7% met social workers sometimes, and 36.6% reported that they just interfaced social workers rarely or occasionally. Among the participants, around one-third (27.5%) said that they had attended at least one training providing them the understanding about social work in general while others had not (72.5%), Table 1.

The average score of knowledge was 18 (SD 3.79). Among 298 participants who reported their knowledge regarding medical social work, 79.7 percent reported the poor level of knowledge, 19.5 percent reported the moderate level of knowledge, and just only two people who take 0.7% indicated right level, Table 2.

Table 2. Contribution of knowledge regarding medical social work

	Mean	± SD	Frequency	%
Knowledge level	18.58	3.93		
Poor (<60% correct response)			238	79.90
Moderate (60 - 80% correct response)			58	19.50
Good (> 80% correct response)			2	0.70

Table 3. Knowledge regarding to medical social work

	Frequency	%
Social work approaches		
Individuals	114	38.30
Groups	96	32.20
Communities	232	77.90
Is social work and charity the same?		
No (correct)	200	67.10
Yes (incorrect)	98	32.90

(continued)

Table 3. (continued)

	Frequency	%
Roles of medical social workers in hospitals		
Correct response		
Psychosocial assessment/ diagnoses/planning/intervention	166	56.50
Case management	61	20.70
Patient and family counseling	114	38.80
Crisis intervention	72	24.50
Resource brokering/referral/development	95	32.30
Discharge planning	88	29.90
Lead support group for specific diseases	146	49.70
Patient/family education	154	52.40
Incorrect response		
Providing instruction	146	49.70
Quality improvement	76	25.90
Organizing labor union activities	174	59.20
Customer services	212	72.10
Outcome/practice evaluation	28	9.50
Charity (raising money for poor patients)	234	79.60

More than quarters (77.9%) health care workers indicated social workers work with communities, while only one-third know that they also work with groups and just about 38% thought that the clients of a social workers could be individuals. Besides, 32.8% of health worker have thought that social work and charity are the same, Table 3.

In terms of defining the role of social workers in hospital, at the time conducting data collection, The majority of (79,6%) medical staffs think charity work is a role of social workers, an approximately same proportion (72.1%) of participants thought that social workers provide customer services, followed by "Psychosocial Assessment/ Diagnoses/Planning/Intervention" (56.6%), "Organizing labor union activities (59.2%), "Patient/Family Education" (52.4%), "Providing Instruction" (49.7%), "Lead support group for specific diseases" (49.7%), "Patient and Family Counseling" (38.8%) and "Resource Brokering/Referral/Development" (32.3%). Less than 30% of participants had recognized the others roles, Table 3.

Discussion

This is the first study found that there was a gap between the recognition perspective of Vietnamese medical staffs and global standard about roles of social workers in hospitals. Healthcare workers could have different perspectives with social workers on social worker's roles; what social worker can do in hospitals [7-9], and they did not acknowledge some common roles of social work [10, 11]. In this study, the top 3 ranked roles of social workers from the perspective of physicians, nurses and other staffs which were charity (79.6%), customer services (72.1%) and organizing labor union activities (59.2%) are actually not in the professional role list of social workers in many countries over the world [12-14]. Furthermore, many healthcare staffs did not acknowledge the common social work role in crisis intervention and case management which are the role of social workers in many other majors. It also differs from the study was conducted in Australia by Davis [15]. Even though the role of social workers in hospitals cannot be the same between countries, but it should not be too much different with international standard. The misunderstanding and lack of awareness about medical social work in general and on the roles in particular not only can be a constraint for practicing social work in hospitals and interdisciplinary collaboration [6, 16] but also can create an

unnecessary expectation on social workers. Lack of knowledge was one of the top reasons may lead to the negative experience of collaboration in healthcare listed by social workers [16].

The low-level of knowledge is understandable because medical social work was still a new profession in health care system as it was just officially introduced in 2015. Even in Australia, although medical social word has been developed since the 1930s [17], in the year of 1973, around 40 years later, a lack of understanding on roles and areas of social workers was still found in the healthcare setting [18]. Among health care professionals, there was almost a half of them had no contact with medical social workers. The lack of opportunity to interact with social workers can give a rise to low-level knowledge as it is found that interaction played a part in lack of knowledge in the study of inter-professional experiences in a hospital setting of Williams and a study of general lack of knowledge of Gentner [19, 20]. If the medical staffs could interact or even communicate with social workers more, they can acquire more knowledge of roles, skills, and practice of medical social workers [19]. However, the opportunity of interaction could not create by either social workers or healthcare employees. The hospital should implement a policy corridor to provoke more chance of interaction or good interdisciplinary teamwork. The low-level knowledge might also be the consequence of a lack of education about medical social work due to 72.5% respondents informed that they have never attended any training related to social work before. A primary social work education program should be developed for the healthcare professionals

Further studies should be conducted to find the cause of low level of knowledge or factor associated with knowledge among medical staffs. This study was conducted in only one hospital, so it cannot be generalized for all hospital in Vietnam. It is also a suggestion that more studies can be done in other hospitals.

Conclusion

The cross-sectional study conducted among 198 health care professionals in Oncology hospital in Ho Chi Minh City. The study found that the knowledge level of the medical professionals was low in general. Moreover, the understanding of respondents on the definition of medical social work as well as the role of social worker in the hospital was different from the global understanding. The imprecise distinction between social work and charity might create some obstacles for social worker on practicing their role.

Acknowledgments

The authors thankfully acknowledge Assoc. Prof. Ratana Somrongthong, Assoc. Prof. Chaweewon Boonshuyar, for their valuable suggestions; Prof. Edward Cohen, Prof. Peggy McFarland, PhD., LCSW, Assoc. Prof. Nga Hanh Do, MPH. Vy Tuong Vu for their assistant for validating the measurement tool and all of the staff who participated in this study.

This research is supported by the 90th Anniversary of Chulalongkorn University, Rachadapisek Sompote Fund and AEC scholarship from Chulalongkorn University.

References

1. Horne M, O'Connor E. An overview of the development of health-related social work in Ireland. In: Kearney N, Skehill C. Social work in Ireland: Historical perspectives. Dublin: Institute of Public Administration; 2005. p.165-183.
2. Craig C, Eby D, Whittington J. Care coordination model: Better Care at lower cost for people with multiple health and social needs. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2011.

3. Rizzo VM, Rowe JM, Shier Kricke G, Krajci K, Golden R. AIMS: A care coordination model to improve patient health outcomes. Health Soc Work. 2016 Aug; 41(3): 191-5. doi: 10.1093/hsw/hlw029
4. Vietnam, Ministry of Health. The circular provision regarding the role and organization of social work in hospitals. Ha Noi: Ministry of Health; 2015.
5. Vietnam, Ministry of Health. Preliminary report on the implementation of circular 43-2015 : evalaution conference on social work in hospitals. Ha Noi: Ministry of Health; 2017.
6. Ambrose-Miller W, Ashcroft R. Challenges faced by social workers as members of interprofessional collaborative health care teams. Health Soc Work. 2016 May; 41(2): 101-9. doi: 10.1093/hsw/hlw006
7. Cowles LA, Lefcowitz MJ. Interdisciplinary expectations of the medical social worker in the hospital setting. Health Soc Work. 1992 Feb; 17(1): 57-65.
8. Abramson JS, Mizrahi T. Understanding collaboration between social workers and physicians: Application of a typology. Soc Work Health Care. 2003; 37(2): 71-100. doi: 10.1300/J010v37n02_04
9. Leipzig RM, Hyer K, Ek K, Wallenstein S, Vezina ML, Fairchild S, et al. Attitudes toward working on interdisciplinary healthcare teams: a comparison by discipline. J Am Geriatr Soc. 2002 Jun; 50(6): 1141-8.
10. Mizrahi T, Abramson JS. Collaboration between social workers and physicians: Perspectives on a shared case. Soc Work Health Care. 2000; 31(3): 1-24. doi: DOI 10.1300/J010v31n03_01
11. Davies M, Connolly J. The social worker's role in the hospital: seen through the eyes of other healthcare professionals. Health Soc Care Community. 1995; 3(5): 301-10. doi: 10.1111/j.1365-2524.1995.tb00031.x
12. Australian Association of Social Workers National Office. Scope of Social work practice social work in health North Melbourne. Melbourne: Australian Association of Social Workers National Office; 2016.
13. National Association of Social Workers. Social workers in hospitals & medical centers. Washington, DC: National Association of Social Workers; 2011.
14. Singapore, Ministry of Health. Understanding the roles and competencies of medical social workers. Singapore: Ministry of Health; 2015.
15. Davis C, Baldry E, Milosevic B, Walsh A. Defining the role of the hospital social worker in Australia. Int Soc Work. 2004; 47(3): 346-58. doi: 10.1177/0020872804043958
16. Abramson JS, Mizrahi T. When social workers and physicians collaborate: positive and negative interdisciplinary experiences. Soc Work. 1996 May; 41(3): 270-81.
17. Lawrence RJ. Professional social work in Australia. Acton ACT, Australia: ANU Press; 2016.
18. Lloyd G, Borland M, Thwaites M, Waddicor P. An interdisciplinary workshop. J R Coll Gen Pract. 1973 Jul; 23(132): 463-73.
19. Williams CC, Bracht NF, Williams RA, Evans RL. Social work and nursing in hospital settings: a study of interprofessional experiences. Soc Work Health Care. 1978 Spring; 3(3): 311-22. doi: 10.1300/J010v03n03_06
20. Gentner D, Collins A. Studies of inference from lack of knowledge. Mem Cognit. 1981 Jul; 9(4): 434-43.

Corresponding author

Surasak Taneepanichskul can be contacted at: Surasak.T@Chula.ac.th