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Hospital Social Work Development in Vietnam Today: Limitations and Several Solutions

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ABSTRACT

Hospital social work has been being currently quite popular in the world, particularly in developed countries such as United States of America, Australia, Singapore, etc. However, hospital social work in Vietnam, like many other developing countries, has been still being in the challenging process to perfect and meet practical needs. So as to have an effective and sustainable strategy for hospital social work development, it is necessary and important to carry out research and evaluation of difficulties and limitations in hospital social work in Vietnam today. This study was conducted based on the methods of document collection and analysis, thereby finding important examples for evaluating the difficulties and limitations of hospital social work in Vietnam. A total of 42 documents were included in the evidence and cited to ensure the scientific and convincing nature of research content. The findings show that the Vietnamese Government and the Ministry of Health, and other ministries and departments, have made many efforts in providing a legal framework for the formation and development of hospital social work, particularly from 2010 to 2015. Thanks to that, a network of social work departments / teams has been formed in almost every hospital system in the country. However, hospital social work in Vietnam, after 14 years of establishment and practical operation, has revealed many inadequacies to be resolved in relation to the legal framework, human resource development, appropriate model selection, and activity content determination. Therefore, a system of comprehensive solutions should be researched and put into practice for the purposes of developing hospital social work, meeting practical needs in the Vietnamese context, and adhering closely to the international standards, so as to improve the above situation.

Keywords: Social work, hospital social work, Vietnam, hospital social work in Vietnam

1. Introduction

WHO defines “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, thereby proving that it is required for the health of an individual to be physically, mentally and socially taken care of. Clarifying the connotation of this concept of health helps us explain why social work in hospitals is necessary and has been developing rapidly in developed countries, as well been receiving attention and investment in developing countries. A patient not only has concerns about the disease he / she is facing but is also affected by psychosocial problems during medical examination and treatment (İzci et al., 2016). In fact, it is acknowledged that clinical treatment is necessary in the health science around the world, but psychological problems of patients also should be taken seriously. However, clinical treatment is the responsibility of medical staff and, naturally, the social and psychological

problems arising along with the medical problems of patients and caregivers are often not part of the job that doctors and nurses are responsible for addressing (Nguyen, 2020b). Thus, paying attention to the development of hospital social work has practical significance, not only supporting patients and caregivers but also medical staff and the entire medical system, improving the quality of comprehensive treatment. Accordingly, social workers are a part of the treatment team with professional skills to provide psychosocial support appropriate to each patient (Tran, 2016; Do, 2016).

Vietnam is a developing country with a fairly high population density in the world, so the people's need for medical care in the hospital system is huge. The hospital system in Vietnam includes both public and private hospitals, in which public hospitals play the main role in providing healthcare services to the people. According to WHO statistics, public hospitals in Vietnam are divided into three levels, including central level (47 hospitals); provincial level (419 hospitals) and district level (684 hospitals). Besides the public hospitals, the country also has 182 private hospitals, mostly located in urban areas (WHO, 2024). Developing social work in the above hospital system in Vietnam towards the international professional standards is not simple. It is the fact that social work in hospitals in Vietnam has obtained initial achievements, contributing to the goal of quality of treatment and comprehensive care improved for patients, however, challenges and difficulties of the hospital system in social work development remain significant. In order to obtain a strategy for developing social work in hospitals in Vietnam today, it is necessary to carry out the re-evaluation of difficulties and challenges, which is an important basis for the Vietnamese Government and relevant ministries and departments to build a reasonable and effective solution system to develop social work in professional hospitals in accordance with international standards.

2. Literature review

According to NASW (2011), social work in hospital is a term commonly used to refer to the work of hospital social workers. The concept of hospital social work was introduced by Harriet Barlett in 1934 "as a special form of individual social work that focuses on the relationship between disease and human maladjustment" (Gehlert, 2019). The first activities showing the highlight of hospital social work in the world began at the end of the 19th century in England (Gehlert, 2012). By 1905, health social work was first officially formed at Massachusetts General Hospital in Boston, USA, with the first hospital social worker being female nurse named Ida Cannon. She defines the primary purpose of social work in hospitals as "the treatment of social disorders within the context of a disease, based on the analysis of the medical diagnosis, patients' social condition, and the principles of sociology" (Nguyen, 2020b). Originating from the actual needs of medicine and health care, social work in hospitals has been increasingly developing in a professional direction (Nguyen, 2011), even social workers participate in hospital activities as an indispensable force and team, in addition to the hospital team of doctors and nurses (Nguyen, 2016; NASW, 2011). For example, in Australia, social workers are essential members of general hospitals. Social work evaluation is a mandatory activity when admitting patients for treatment in the hospital system in Australia (Nguyen, 2020a). These evaluations serve as the basis and evidence for treatment interventions. The information provided by social workers will address social and emotional issues affecting patients and their families (or their caregivers) during the psychological and health recovery (Nguyen, 2020a). Social work in hospitals has become a popular employment field for the social work profession, even according to the survey results in the United States of America, hospitals are the most common primary working environment for health care social workers (Whitaker et al., 2006). It is estimated that across the United States, up to 50% of the total of about 642 thousand social work positions are in the health system, expected to increase sharply in the next decade (Workers NaoS, 2011a). Particularly in the field of mental health care, social workers

account for 60% of the workforce working in this field, more than the total workforce of other sectors combined (Workers NaoS, 2011b), showing that the importance of hospital social work and the role of hospital social workers are significant. That is also proof that social work is an indispensable component in the health care system in developed countries (Nguyen, 2020b). Hospital social workers contribute to the formation, maintenance, and recovery of health for patients, their families, the community, and society. They coordinate with doctors, nurses and health professionals. In many cases, social workers can train healthcare teams on the impact of psychological, emotional, and social aspects on a patient's condition. This information can significantly influence a patient care plan, influencing his/her own treatment and recovery needs (Galati et al., 2016). In the current development trend, hospital social workers are valued because they participate in performing the functions of prevention (to limit/not cause diseases), treatment (psychological and medical), recovery (post-treatment) and development (providing/connecting social resources). With these functions, hospital social workers operate at all three levels, including micro-level (therapy, direct coordination with patients and their families); meso-level (working with groups and communities) and macro-level (policy advocacy, working at national and international levels). Accordingly, the target groups hospital social workers support are also diverse, in which they work with children, adults, families, and communities in a wide range of hospital settings, including public and private, both acute and subacute, across metropolitan, regional and rural areas (Australian Association of Social Workers, 2016). They perform primarily professional tasks and therefore spend more time on direct patient activities than administrative tasks (Davis et al., 2004). Thus, in countries that have developed social work such as the United States and Australia, hospital social work provides a variety of services such as assessment, counseling, mediation, and therapeutic interventions; crisis interventions; inter-professional collaboration and advocacy; case management and discharge planning; post-discharge follow-up and outreach; education, resourcing, and practical assistance (Davis et al., 2004; Judd & Sheffield, 2010).

In Vietnam, the need for hospital social work services has been confirmed (Nguyen and Luu, 2020; Bui, 2020), so social work in hospitals has received attention from the Government, departments and researchers. The Government, Ministry of Health and MOLISA, Ministry of Home Affairs have many policies to develop the social work profession, especially in the health sector (Ministry of Health, 2011; Prime Minister's Office, 2010; MOLISA and Ministry of Home Affairs, 2015). Research in recent years on hospital social work also mentioned the initial achievements and many shortcomings of hospital social work in Vietnam (Duong et al., 2020; Bui, 2020), however, most studies focus on providing social work services at central and provincial hospitals (Dong, 2020; Duong et al., 2020). In certain aspects, hospital social work has provided effective and timely assistance to patients, particularly poor patients (Bui, 2020; Bui 2020 et al.; Hue, 2020). Despite the attention of the Government, the Ministry of Health and hospitals, the implementation of policies related to hospital social work is facing many difficulties, which is also reflected in the effectiveness of hospital social work services not really achieved the expectations and goals set. Social work activities in hospitals are currently only spontaneous and have not been regulated by legal documents. The staff participating in the activities are mainly enthusiastic and experienced, but have not been trained (Nguyen, 2016), so they mainly focus on administrative work. In general, hospitals are considered a secondary setting for social work activities. Social work is not considered a core business activity, so the challenges in hospital social work tend to be more severe, especially in developing countries due to limited resources (Malinga & Mupedziswa, 2009) and Vietnam is no exception.

3. Research methods

In the study, the authors use literature review and analysis methods to create a basis for analyzing the research content related to hospital social work. The authors searched for materials using the keywords: social work, hospital social work, hospital social work in Vietnam, etc. on websites such as Google Scholar, ResearchGate, Jstor.org, http://hat.tailieu.vn/ and other traditional libraries. The authors use NVIVO software for data processing, then divide it into the topic groups for ease of analysis and comparison. A total of 42 documents were found that provided suitable sources of information for the study. All materials ensure scientific quality and can be used as a basis for making accurate and valuable judgments related to research problem of interest.

4. The process of hospital social work development in Vietnam

Activities of hospital social work services in Vietnam appeared before 1975 at Caritas facility (Giang, 2016). By June 1976, Caritas Vietnam was required to stop its operations, so social work assistance activities also declined (Nguyen & Nguyen, 2015). During the period of 1975-1986, in the South of Vietnam, social work training and practice activities were temporarily suspended. In 2004, the Ministry of Education and Training approved the Social Work training program framework at the college and university level, as an important milestone for the development of Social Work in Vietnam (Ministry of Education and Training, 2004). On March 25, 2010, the Prime Minister signed the Decision No. 32/2010/QD-TTg approving the "*Scheme on the development of the social work profession in Vietnam during 2010-2020*", marking the starting point for the development of professional social work in Vietnam.

Realizing the importance of hospital social work, the Ministry of Health issued the Decision No. 2514/QD-BYT dated July 15, 2011 on "Developing the social work profession in the health sector during 2011–2020" (Ministry of Health, 2011). By 2015, the Ministry of Health issued the Circular No. 43/2015/TT-BYT regulating the tasks and organizational forms of social work task implementation in hospitals. The Circular No. 43 has pointed out 7 groups of social work tasks in hospitals (Article 2) and forms of organizing social work tasks in hospitals (Article 3); Organizational structure of a social work department (Article 4); Coordination relationship in implementing hospital social work (Article 5) (Ministry of Health, 2015). By 2016, the Ministry of Health issued the Official Dispatch No. 2633/BYT-TCCB guiding the development of the scheme on establishment of Hospital Social Work Department (Ministry of Health, 2016). Thanks to the continuous efforts of the Vietnamese Government and the Ministry of Health, by November 2023, 100% of central hospitals, 97% of provincial hospitals and nearly 90% of district hospitals have established their Social Work Departments/Teams. Nationwide, there are 1,605 full-time social workers and more than 6,000 social work collaborators (Thai Binh, 2023). A number of models for organizing social work activities in hospitals and in the community have also been formed in practice, such as social work departments, customer care departments, social charity teams in hospitals or social work groups participating in supporting people with HIV/AIDS, mental patients, and helping with rehabilitation in communes/wards (Nguyen, 2016). The social worker team has supported the teams of doctors and nurses in classifying patients, consulting, introducing referral services, and supporting patient care, contributing to reducing difficulties in accessing and using medical examination and treatment services. The reason for some provincial and district health facilities having not established a Social Work Department/Team is because of lack of human resources due to limited financial resources (Pham, 2021, Pham et al., 2020a; Pham et al. 2020b). Therefore, some medical officers/workers can take on additional duties at the Social Work Department/Team (Hoang, 2019).

5. Limitations of hospital social work in Vietnam

5.1. The legal framework that is not guaranteed

Although the Vietnamese Government and the Ministry of Health as well as many other ministries have made great efforts to provide a basic legal framework for the formation and development of hospital social work, however, after the period of application, legal documents issued from 2010 to present, particularly the Circular 43, reveal many inadequacies and limitations. These inadequacies have dominated all social work activities in hospitals today, as a root cause of difficulties related to human resources, models and fundings as well as the content of activities of Social Work Departments/Teams in hospitals in Vietnam. In the Circular 43, many tasks are general, overlapping, and exceed the authority of employees, making the implementation of activities in practice difficult (Thai, 2023). Core issues such as the regulations on functions, tasks, and specific professional activities do not closely align with the international standards on hospital social work, which creates confusion and ineffectiveness in the process of implementing hospital social work assistance activities in the current situation.

5.2 Regarding human resources in charge of hospital social work

Human resources of social work departments are still limited, especially lacking experienced and well-trained human resources in social work in hospitals. According to the Circular 43, the human resources of Social Work Department/Team include public employees and employees majoring in social work, communications, health or other social sciences who are trained and fostered in the knowledge of social work (Ministry of Health, 2015). Therefore, in the context of lacking human resources with specialized social work expertise, many hospitals use available their human resources, transferred from other departments and divisions to take on the role of hospital social workers, or doctors and medical workers must also take on social work activities. Nearly 90% of social workers are in other positions and titles such as doctors, nurses, etc., with specialized medical knowledge, but lack of the knowledge of social work and lack of psychological counseling support skills for vulnerable people (Thai, 2023). In some hospitals, social workers with specialization are recruited, but in-depth training in the field of hospital social work has not been focused, reflecting the huge gap in the standards of hospital social workers in Vietnam and around the world because the field of health social work requires the most in-depth expertise, a demanding job susceptible to adverse effects (Hossain, 2017). In developed countries, health social workers are required to have a master's degree and a specialized practicing license.

Lack of social workers in both quantity and quality is the main reason why many patients, their families and medical staff do not receive any assistance to solve psychosocial problems. Many hospitals, particularly at the central and provincial levels, are often overloaded, many patients are poor, with their complicated family circumstances, and medical staff have to work with high intensity under a lot of pressure, while hospital bed occupancy is always at 180 - 200%, which are risks of causing frustration and tension in the relationship between patients and medical staff (Bui et al., 2020). These issues significantly affect patient satisfaction and the quality of medical examination and treatment. Besides, medical staff themselves also in a stressful hospital environment, need psychological support to cope with the stress from daily work. However, psychological counseling for medical staff has not been focused due to the lack of human resources and expertise. The connection between social workers, medical staff and collaborator network is not really effective, leading to failure to support each other during the patient treatment process.
That's why human resources is the most important issue today. Further related to human resources, many provincial and district hospitals must be financially independent, so they also face many

difficulties in paying wages and allowances to hospital social workers, there is a limitation in recruiting social work personnel (Pham, 2021). It is the fact that the rate of hospitals at all levels deciding to establish social work departments/teams is quite high, even though, the human resources currently do not ensure hospital social work qualifications, which is an important reason leading to the quality of hospital social work activities not high. In addition to the social work staff, there is also a team of social work collaborators. The Circular 43 does not clearly stipulate the tasks of the network of social work collaborators in hospitals, so there is no basis for task assignment to such network (Thai, 2023).

Social workers have not properly defined their role in hospital social work activities. In fact, there is confusion about the roles of social work in hospitals (Bui et al., 2020). Ambiguity in the roles causes social workers to have overlapping roles, unable to determine which is the main role, which affects assistance activities. Most of the higher hospitals cannot avoid being overloaded, with more and more patients, social workers have to undertake many different jobs at the same time based on tasks including administration, patient support, and health education communication, etc. Due to confusion about the roles of hospital social workers as staff in charge of charitable activities or supporting administrative procedures, there has not been a professional social work treatment process applied into practice regularly and effectively. Individual social work, group social work or case management methods have not been implemented strictly and professionally. The application of theories, skills and techniques in social work to analyze problems and determine patient needs to prepare intervention plans is still vague and confusing. The blurred professional boundaries of an unsupportive setting, combined with the disruptions in the interdisciplinary nature of social workers with interdisciplinary groups such as nurses and doctors, gradually reduce the professional visibility within an organization (Hossain, 2017).

5.3. Regarding hospital social work models

Social Work Departments/Teams in hospitals are still a model being tested in Vietnam (Bui et al., 2020). Organized under the model of Social Work Departments/Teams, but the actual organizational structure of Social Work Departments/Teams is still simple, without specialized social work departments such as counseling division, legal assistance division, research division. Most hospitals follow the provisions of Circular 43 on the organizational structure and tasks of hospital social work, dividing the Social Work Department/Team into 4 divisions including Patient Support Division; Communications Division, Advocacy and Sponsorship Receiving Division and Customer Care Division. It can be seen that the divisions of Social Work Departments/Teams in hospitals in Vietnam do not focus much on the functions and tasks of mental health support of patients and their families, but rather focus on customer care and communications and charity support (Nguyen, 2021). Psychological and social care/support for patients and their families has not been focused on, and there is a lack of counseling and legal support divisions, leading to a more attention of social work activities on guiding administrative procedures, receiving and distributing fundings, etc., different from the operating model, functions and tasks of hospital social work in many countries around the world, especially the US, UK, and Australia. In those countries, social workers participate in the entire process from hospital admission, treatment until discharge. Social workers operate in all functional divisions and departments (initial reception, clinic, testing, therapy, emergency, etc.) (Nguyen, 2020b).

Besides, the lack of connection both horizontally and vertically makes the operation of Social Work Departments/Teams not really effective. Horizontal connection is between the social work staff and medical staff, where the tasks of the two professional groups are quite separate and discrete. Because of the concept that hospital social work activities are not core to the hospital

setting, the perception of roles and assignments for social workers does not seem to closely follow the actual functions and duties of hospital social work, completely different from the role of hospital social workers in developing countries, where social workers become an essential part and participate in most patient treatment and care activities, care activities of patients and their families in all stages to perform the functions including prevention, treatment, recovery and development. Vertical connection is between Social Work Departments/Teams at different levels. In fact, many patients have to be referred many times due to their disease (from district level to provincial level, from provincial level to central level, from general hospital to specialized hospital, etc.). Therefore, the effectiveness of cross-level support from Social Work Departments/Teams is not high, not saving time for patients and their families, because each time they are referred, their interaction and coordination with social workers are completely new. The Circular 43 stipulates the social work team model under the Medical Examination Department or Nursing Department or General Planning Department, creating difficulties in being proactive in social work activities, on the other hand, arranging a social work team under a certain department or division also greatly limits the influence and performance of hospital social work's functions.

5.4. Regarding operating costs

The Circular 43 does not mention the use of fundings according to the general provisions of the State and each unit's regulations, so creating fundings for paying wages and allowances for social workers and social work activities is very difficult. Very few hospitals have their fundings from the hospital budget to carry out social work tasks, most of which come from sponsors and benefactors (Thai, 2023). The remuneration regime for social workers in hospitals is therefore also a matter of concern today.

Policies for social workers in hospitals are still limited due to limited operating budget. Currently, social workers do not receive occupational allowances (Bui et al., 2020). Wide publicity to all patients and their families related to social work activities and teams has not been focused. Many patients and their families hardly know the existence or functions and duties of social workers in hospitals. Therefore, they take more time to seek help or do not even know about hospital social work activities to find help. In that context, most hospitals do not have their cost to equip social workers with separate uniforms. They wear the same clothes as medical staff, leading to the inability to distinguish between social workers and medical staff, a limitation that makes the publicity of information about hospital social work to patients and their families ineffective because there are no specific signs to identify.

Due to limited budget, not being able to be proactive, health communication and education activities for the community in hospitals have not been given separate and stable funding to organize and implement. Social work departments/teams have not been able to proactively develop long-term operational plans for this segment. Therefore, there is still a lack of operational equipment for communication work, such as: tripods, cameras, audio recorders, etc. Therefore, the results achieved are still limited and have not had a widespread impact on patients in particular and the community in general.

5.5. Regarding Social Work activities in hospitals

Social work activities in hospitals are still of a strong charitable nature, focusing on helping to solve immediate difficulties (Bui et al., 2020;). The main and most prominent activities that social work departments in hospitals are carrying out are exploiting/mobilizing sponsorship, connecting with sponsors in management and implementation of charitable activities such as giving gifts,

money, managing free meals for patients, sponsoring personal items or travel expenses for periodic medical examination and treatment. It can be said that hospital social workers with these activities, have performed well the function of connecting resources and supporting patients and their families to access a number of resources. Although these are important activities, with the great meaning for patients, especially poor patients, if the emphasis is placed too much on these activities, misunderstandings and erroneous prejudices about the nature of the social work profession in general and hospital social work in particular will be formed. While adhering to the international standards, medical social workers often deal with complex cases involving patients in hospitals with a variety of psychosocial problems, all of which require assessment and treatment (Hossain, 2017). Excessive attention to charity activities and immediate difficulty-solving also leads to difficulty in balancing and allocating time and human resources to other necessary activities.

Hospital social work activities are targeting the main target group of support, including patients and their families. This orientation is not wrong, but it is clearly not enough to cover the target group that hospital social work need to intervene and support. Medical staff themselves also have to cope with a lot of pressure and stress, but there is no Social Work Department/Team of any hospital that can perform the function of supporting medical staff, showing the shortcomings in the Circular 43, without specific regulations on the role of hospital social workers for medical staff, a major limitation compared to the functions and duties of international-standard hospital social workers.

The initial purpose of hospital social work activities is to solve psychosocial problems of patients and their families. However, the most important purposes are being overlooked with the current operating characteristics. Carrying out psychological counseling requires social workers to have in-depth expertise, including knowledge and skills in psychological counseling, but most of them have expertise from other fields, thereby forming a huge gap in hospital social work activities in Vietnam compared to the international standards. In addition, consulting activities for patients on their rights, legitimate interests and obligations, social policies on health insurance, social benefits in medical examination and treatment, etc. have not been focused yet. Any of the above issues, individually or collectively, can hinder timely care services (Hossain, 2017).

6. Policy discussion and implications

Limitations in hospital social work in Vietnam are currently affecting overall and timely care and treatment of patients. However, those limitations must be fairly evaluated in terms of their extent and underlying reasons in order to develop workable solutions.

As the social work sector in Vietnam is still young, hospital social work is likewise new in the community in general, and the patients and medical staff in particular. Hospital social work in Vietnam requires a process of formation, adaptation, adjustment, and development to meet both the national context and international standards. This process is required in every country, whether fast or slow. In less than ten years in Vietnam, hospital social work has made rapid and extensive progress in the number of hospitals having social work departments/teams, which is a great accomplishment. Furthermore, it is understandable that limits remain in hospital social work in Vietnam. Hospital social work in Vietnam is in the adaptation stage, thus learning and applying practical experience in the world to adjust and develop is important and a must in the setting of Vietnam. It takes some time to recognize and evaluate what is appropriate and inappropriate. Therefore, it will be difficult to avoid confusion, inflexibility and inefficiency in the current context when Vietnamese hospital social work is not ready to comply with international standards,

including the legal framework, funding conditions, human resource conditions, facilities, and even the level of awareness among many organizations and individuals regarding the nature and role of hospital social work. As a result, the first step is to identify the proper scenario, so developing an effective strategy so that Vietnam may shorten the adjustment period and swiftly reach the desired level of development. Suggested solutions include:

Firstly, completing the legal framework. It is essential to soon complete legal documents and guidelines on hospital social work comprehensively and specifically in accordance with international standards. According to a survey conducted by the Ministry of Health, up to 70.6 units advocated amending Circular No. 43. The desire for modification is higher in large-scale hospitals (central, provincial and city hospitals and specialized hospitals (Thai, 2023). As a result, the Ministry of Health has to listen and receive practical feedback to continue supplementing and perfecting the legal framework and regulations for social work in hospitals. In particular, the top priority is to carefully analyze the social environment, characteristics of Vietnam's economic and cultural conditions, and characteristics of the hospital system in order to make regulations that closely match the nature and standards of hospital social work in the world. The legal documents should clearly specify the functions and obligations of the hospital social work, the role of the hospital social worker, the list of services, and the substance and extent of the hospital social work activities, the rights and obligations of the hospital social worker, the roles and responsibilities of stakeholders such as hospital leaders, medical staff and so on. In particular, it is vital to build a system of appropriate policies and adequate incentives for both social workers and participants in the network of social workers in hospitals. In parallel with the legal basis stating that the hospital social work framework should include a set of guiding documents for all hospitals to adequately implement the contents connected to hospital social work.

Secondly, developing human resources. An suitable and effective human resource development strategy for social work is required based on the legal framework. It is essential to develop capacity standards and strengthen training in social work in medical examination and treatment establishments, gradually implementing clinical social work activities in hospitals according to the model of developed countries (Thai, 2023). Continue to recruit and develop qualified hospital social workers to assume the actual roles, functions, and tasks of hospital social work. When it is unable to replenish trained social work human resources with deep experience in hospital social work, various training, retraining, and scientific research activities are required to strengthen the professional ability of the existing hospital social work team. Invest appropriate funds to pay salaries as well as benefits for social workers, ensuring they have a steady source of income and may work with peace of mind. It is very important to seriously empower the leadership and administration of hospital social work activities so that they may be more proactive in planning, allocating staff and money, and selecting appropriate and effective programs. Develop personnel by fostering and assuring supportive/collaborative learning in a hospital setting using learning concepts and practice standards. To do this, hospital social work must be promoted and introduced not just to patients and their families, but also to hospital management and medical teams. It is critical to preserve professional boundaries for hospital social work activities, thereby increasing the cohesiveness and cooperation between three parties: patients / patients' family members, social workers, and medical staff. This will result in the overall strength and orientation of hospital social work to develop in accordance with its fundamental nature.

Thirdly, building an appropriate hospital social work model. The social work model is critical for organizing and coordinating human resources, as well as carrying out hospital social work activities. It is vital to thoroughly analyze the hospital social work model in order to flexibly apply it to the current Vietnamese setting. Hospital social work models in Singapore, India, and the

United States are all comprehensively developed ones. However, given the characteristics of the environment and health system in Vietnam, hospitals in Vietnam must apply these models in a flexible and adaptable way that is appropriate for every situation and meets the needs of society, ultimately contributing to the development of hospital social work (Bui et al., 2020). As a result, it is vital to determine the correct social work model suitable for the reality of each hospital based on the hospital's human resources, funding and expertise. In the current period, due to the scarcity of social workers, the organizational model is temporarily preserved the same: the entire hospital has a social work department but an extensive network of social work collaborators throughout the hospital (Bui et al., 2020). Collaborators must also be trained in hospital social work through short-term training courses and attend seminars and workshops to improve social work capacity. Limit the arrangement of concurrent hospital social work for medical staff, because concurrent work does not support them in reducing the weight of work and reducing stress, but also increasing pressure. When there are enough social workers, hospitals can form social work teams within their treatment departments. This team may be under the Social Work Department (assuming the current model is still in place), the treatment department, or the treatment department's management (Bui et al., 2020). Furthermore, it is vital to improve the leadership, direction, and administration of the hospital's Board of Directors towards the social work department/team. Provide enough information on hospital social work for the leaders of departments, rooms, and medical staff in the hospital to promote awareness of the role of professional social workers.

Fourthly, organize hospital social work activities in accordance with its functions and tasks. Social work activities in hospitals must adhere to the functions and tasks of hospital social work according to international standards, therefore satisfying the requirements of patients, patients' families and medical staff. These activities must create a professional environment for social workers to participate in a wide range of activities, from welcoming and providing information to support hospitalization, counseling for psychosocial interventions, mediating arising conflicts, legal advice related to support regimes, health insurance, counseling information on internal and external resources so that patients and their families can connect and access; support hospital discharge procedures and continue to monitor and care for post-discharge recovery... In brief, it is required to focus on activities with the colors of social work and activities to accomplish the functions and responsibilities of social work, especially psychological support activities, crisis interventions for serious patients, patients at risk of death. Provide psychological support for doctors, nurses who are caring for and treating serious patients, medical staff who are stressed due to work pressure or the nature of work.

Fifthly, invest in financial resources and facilities. It is necessary to proactively allocate appropriate financial resources from hospital earnings for the payment of adequate salaries and social welfare for social workers, as well as the organization of hospital social work activities. Although it is a secondary activity that does not generate immediate revenue for the hospital, hospital social work services are intimately tied to the overall service quality of the hospital and the satisfaction of patients and their families. Therefore, it is necessary to proactively allocate appropriate and stable funds for the hospital's social workers to work with peace of mind, while the activities of the social work departments/groups can follow the nature of professional hospital social work rather than being dependent on charitable sources and inclined to connect and give charity as today. Furthermore, the hospital's social work department/team's facilities and working equipment should be invested in order for social workers to use and participate in the complete process of intervention and treatment for patients alongside medical staff.

7. Conclusion

In Vietnam, the area of hospital social work is relatively new and is driven by the practical needs of patients, their families, medical staff, as well as the entire hospital system. In order to address the needs of these objects, a comprehensive system of services appropriate for each unique object is required. Recognizing the importance of hospital social work, the Government and the Ministry of Health, along with many other ministries and departments, have continuously made efforts to enhance hospital social work in Vietnam. As a result, in the period of 2010-2015, several legal documents had a significant impact on the formation and growth of social work in Vietnam. Although hospital social work in Vietnam only began around 2010, in a short time, there has been a large proportion of hospitals with social work departments/teams. Social work activities to support patients and their family members in the process of medical examination and treatment increasingly became organized and had a good influence on patients, their family members, and the medical staff in the hospital. However, it is clear that social work activities in hospitals are basic and charitable. Most patients do not have access to professional social work services. Social workers have not adequately promoted their duties and are undervalued. This is due to the constraints imposed by the legal framework, insufficient assurance regarding the quantity and expertise of social work human resources, the use of inappropriate social work models, and the nature of social work activities that fail to fulfill the duties and responsibilities of hospital social work. These constraints have had a direct impact on operational efficiency as well as validation of the role of hospital social work. Therefore, a system of solutions is required with additional efforts from the state, the Ministry of Health, leaders of hospitals, social workers and medical staff. Continuous improvement of the legislative framework is regarded the key to overcoming current difficulties in the development of hospital social work. Moreover, hospital social work can be quickly introduced in Vietnam through the adaptation period, continued adjustment, and professional development in accordance with international standards by enhancing the quality of human resources, developing a suitable hospital social work model, diversifying hospital social work activities and providing proactive financial resources in accordance with international functions and standards.

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