

FACTORS AFFECTING THE PROVISION OF SOCIAL WORK SERVICES FOR CANCER PATIENTS AT THE VIETNAM NATIONAL CANCER HOSPITAL

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Abstract. The provision of social work service for cancer patients is facing many challenges. Therefore, this study aims to explore factors affecting the provision of social work services for cancer patients at the Vietnam National Cancer Hospital. This is a cross-sectional study that used 10 in-depth interviews, and three focus group discussions to collect data. Our findings showed that the factors such as specialized qualifications of social workers, available facilities, the network of social work collaborators, finance, and policy regimes hindered the provision of social work services for cancer patients at the hospital. Meanwhile, the financial factor contributed to promote social work services for cancer patients at the hospital. Besides, the demands for the provision of social work services for cancer patients were one of the factors that should be considered in the coming time. Our study suggested stakeholders pay more attention to these factors.

Keywords: Factors, social work services, cancer patients, Vietnam National Cancer Hospital.

1. Introduction

Cancer is the primary health issue in the community across the world. Globally, cancer is one of the most common causes of morbidity and mortality [1]. The International Agency for Research on Cancer (IARC) World Cancer Report claims that global cancer incidence has risen from 12.7 million in 2008 to 14.1 million in 2012. This trend is expected to increase continuously by as much as 75%, with the number of cancer cases estimated to reach 25 million in the next two decades. The report states, "The greatest impact will unquestionably be on low- and middle-income countries, many of which are ill-equipped to cope with this escalation in the number of people with cancer" [2]. In Vietnam, the World Health Organization (WHO) estimates that in 2013, there were about 250,000 cancer patients nationwide, most of whom were suffering from lung cancer, stomach cancer, liver cancer, colon cancer, breast cancer, and cervical cancer. Each day, Vietnam witnesses 205 deaths from various types of cancers [3].

Received July 23, 2020. Revised September 14, 2020. Accepted October 1, 2020.

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Cancer has severe consequences on psychology, economics, and quality of life among patients and their families. In particular, some cancer patients have the symptoms of stress, anxiety, and depression [4]. These psychological problems affect cancer patients' medical treatment.

Oncology Social Work is a humanizing influence felt throughout the hospital or cancer center. This is a profession “designed to promote the patient’s best utilization of the health care system, the optimal development of coping strategies, and the mobilization of community resources to support maximum functioning” [5]. As a profession and a service, social work helps to ensure that the social functioning of individuals and the well-being of society is maintained or improved, thereby safeguarding a country’s social development. While social workers are not directly involved in administering medical treatments, they must be prepared to provide hospital patients and their families with the necessary support that will help them through the difficult process of dealing with a debilitating illness such as cancer. By providing this support and assistance, social workers in the healthcare sector can help to soften the psychological, emotional, and social burdens of living with a chronic disease [6]. Thereby, social workers have since become an indispensable component of cancer care groups. It is equally, if not more, crucial in Vietnam to have such an element of caregiving for patients that come from rural communities, whose low levels of education and meager incomes further add to the difficulty of treating the disease and coping with it. In this context of uneven access to socio-economic opportunities, social workers are well-positioned within the healthcare sector to address disadvantage and inequality while integrating the perspective of social determinants of health [7].

To our knowledge, several studies in the world have been focused on psychosocial problems and the quality of life among cancer patients [4, 8, 9]. In Vietnam, the most recent studies reported the results of the provision of social work services for patients in general [10-12]. Studies on factors affecting the provision of social work services for cancer patients remain unexplored. Therefore, in this study, we aimed to explore factors that are affecting the provision of social work services for cancer patients at the Vietnam National Cancer Hospital (VNCH) and are not well reported in previous studies. We believe that our study could add more literature about social work services for cancer patients, especially its influencing factors. Our study could also find out barriers to promote social work services at the Vietnam National Cancer Hospital.

2. Content

2.1. Literature review

2.1.1. Social work services

“Social work can be considered as a type of social service provided and coordinated by social workers. The provision of social work services is inseparable from health services, educational services, communication services, and other services. Therefore, social workers must have close a connection with other social services in the process of implementing social work services” [13].

2.1.2. Factors affecting the provision of social work services for cancer patients

According to the WHO (2015) [14], “The social determinants of health are the

conditions, in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life”. “The complex, integrated and overlapping social structures and economic systems that are responsible for most health inequalities included the social environment, physical environment, health services, and structural and societal factors” [7]. Based on the social determinants of health and the actual conditions in Vietnamese hospitals today, this paper asserts that the factors affecting the provision of social work services for cancer patients are based on the specialized qualifications of social workers, the available facility, the inter-professional collaboration on cancer patient care, the financial capacity, the policy regime, and the demand for the social work services of cancer patients.

2.1.3. Studies of social work with cancer patients

To our knowledge, studies over the world focused on cancer patients’ mental health and psychosocial care in cancer patients. The prevalence of common mental disorders among people with cancer varies widely in the published literature. The mean prevalence of depression using diagnostic interviews is around 13% and using all assessment methods it varies from approximately 4 to 49% [15, 16]. Many studies focusing on the need assessment for patients with cancer have shown that at an average rate of 32% of cancer patients report the need for psychosocial care, covering a wide range of various psychosocial needs. The most commonly reported needs include help with coping with anxiety, depression, and fear of recurrence or progression, help with better communication, and support for relatives, families, or spouses [17-19]. Early detection of psychosocial distress and identification of psychosocial care needs including the diagnosis of psychiatric comorbidity followed by a stepped-care model of interventions including counselling, psychoeducation, and psychotherapy seems to be the best approach to providing comprehensive psychosocial care for cancer patients [20, 21]. Besides, there have been some empirical studies showing the important role of meeting the psychosocial demands for cancer patients during hospital treatment, with the vast majority of research conducted in developed countries such as the United States. Linn MW (1982), Cain EN (1986), Forester B (1985), Telch CF (1986), Davis H (1986), Ferlic M (1979), Spegel D (1981), Christensen DN (1983), Yates JW (1981), Christensen DN (1983), and Fawzy FI (1990) have been conducted psychosocial interventions with cancer patients and all patients have reported significant improvements in their psychosocial functioning over time as compared to no-intervention group [22-31]. Although previous studies provided valuable information on social work with cancer patients, it lacked in the depth exploration of factors affecting the provision of social work services for cancer patients. This shortage may be one of the studies gaps. Especially in the Vietnam context, medical social work is a specialization in its infancy. Practice, education, and research in this domain are quite new, and oncology social work is newer still. This present study will try to contribute to the knowledge base of medical social work generally and oncology social work specifically.

2.2. Methods

2.2.1. Study design

This is a cross-sectional study design using a qualitative study to explore factors affecting the provision of social work services for cancer patients at VNCH.

2.2.2. Research Location and Time

The study was conducted at the Vietnam National Cancer Hospital (VNCH) (No.30 Cau Buou Street, Tan Trieu, Thanh Tri district, Hanoi city) from June 2017 to August 2017.

The VNCH was first established on October 19, 1923, as the Indochina Radium Institute. At present, VNCH currently has its head office located at Tan Trieu, Thanh Tri, Hanoi; branch 1 located at Hang Bong, Hoan Kiem, Hanoi; branch 2 located at Tam Hiep, Thanh Tri, Hanoi. With 1,500 beds and 26 treatment rooms, VNCH examines roughly 360,000 patients and treats over 36,000 patients annually. The number of patients who are examined and treated are the most concentrated at the head office in Tan Trieu. VNCH officially established its Social Work Unit according to Decision No.474/QD-BVK in May 2017. In health care for cancer patients, the hospital provides examination services and treatment of cancer diseases to meet the needs of people nationwide, advises the Ministry of Health in policy development for cancer prevention and health education programs. Besides, the Social Work Unit in the hospital supports cancer patients, especially patients with difficult circumstances in terms of procedures, policies, psychology, finance, meals, and basic information related to cancer [32].

2.2.2. Participants

A total of ten (10) in-depth interviews and three (3) focus group discussions were conducted during data collection. The in-depth interviews were conducted with the following key respondents: Head of Social Work Unit (IDI.Head of Social Work Unit); One Social worker (IDI.Social worker); Head of Nursing Department (IDI.Medical staff_01); Head of Radiation Department 1 (IDI.Medical staff_02); Head of Breast Surgery Department (IDI.Medical staff_03); Head of Internal Medicine Department 2 (IDI.Medical staff_04); Head of Internal Medicine Department 4 (IDI.Medical staff_05); Head of Pediatrics Department (IDI.Medical staff_05); 2 Patients (IDI. Patient_01; IDI. Patient_02). Meanwhile, the focus group discussions were conducted with One (1) group of seven (7) social workers (FGD.Social workers); One (1) group of five (5) female cancer patients (FGD. Patients_01); One (1) group of ten (10) male cancer patients (FGD. Patients_02).

2.2.4. Study Instruments

In-depth interview guides and focus group discussion guides, which were developed by Pham Tien Nam and Phan Thi Hoa were used in this study to collect data from social workers, medical staff, and patients. This instrument measures factors affecting the provision of social work services for cancer patients at VNCH, including the specialized qualifications of social workers, available facilities, the network of social work collaborators, finance, policy regimes, and the demands for the provision of social work services for cancer patients. Study instruments were tested before conducting formal investigations.

2.2.5. Data Processing and Analysis

Qualitative data from the in-depth interviews and focus-group discussions were processed using the program Nvivo 7.0 according to the study themes. The study themes included specialized qualifications of social workers, available facilities, inter-professional collaboration on cancer patients care, finance, policy regime, and demand for social work services of cancer patients. We used thematic analysis to achieve the

study's objective. Data were also analyzed by 2 research team members and the analysis was carried out in double.

2.2.6. Ethical Approval of the study

The study was approved through the Institutional Review Board of the Hanoi University of Public Health, with Decision No.379/2017/YTCC-HĐ3 on December 1 2017. The processes of data collection and data analysis were also approved by the Director of the VNCH. Prior to the conduct of surveys, participants were informed that should they feel uncomfortable with any question; they have the right to refuse to answer said question and discontinue answering the survey without any adverse consequences or penalty.

2.3. Results and discussion

A study by Pham Tien Nam, et al. (2017) conducting on 418 cancer patients at VNCH pointed out that the services of free meals, consultation, and information instruction during medical treatment and examination had a high prevalence (74.4% and 69.2%, respectively). Meanwhile, the remaining social work services such as communication and health education for cancer patients, psychosocial support for cancer patients occupied a low prevalence [33]. Among information instruction and consultation services, the services of the instruction of procedures for medical screening and treatment had the highest prevalence (69.2%), followed by the services of consulting on the health insurance policy and consulting on treatment costs (45.9 % and 42.5%, respectively). The services of consulting on social assistance for the poor and supporting the transfer/discharge accounted for a low prevalence (15.8% and 22.8%, respectively). Regarding the services of communication and health education for cancer patients, more than half of the participants shared that VNCH had a feedback box in the hospital (55.2%). Meanwhile, contents on cancer prevention, communication rules in the hospital, and the hospital's regulations on medical examination and treatment were provided information for cancer patients; however, they accounted for a low rate (43.1%, 37.0%, and 35.3%, respectively). Services of psychosocial support for cancer patients were quite low, such as asking for health conditions and family difficulties (21.1%); psychological counselling (13.2%); psychological therapy, consulting on appearance care, consulting on social communication, joining the network of cancer patients (less than 10%). Among the services of resources mobilization, the service of free meals occupied for the highest prevalence (74.4%), the remaining services were quite low (less than 5.0%) [33].

We report below factors affecting the provision of social work services for cancer patients at VNCH.

2.3.1. Specialized Qualifications of Social Workers

The Social Work Unit of the VNCH was officially established in May 2017. Its staff consists of thirteen social workers. Four of them earned bachelor's degrees in social work, while the rest completed bachelor's degrees in other fields, such as nursing, pharmacy, public administration, sociology, and so on. The unit has a patient-centered framework and an open-communication approach and provides training courses on how to interacting with patients and their families. However, specialized knowledge of social

work with cancer patients among the hospital's social workers is still minimal. Comments from some participants are recorded below:

"I have learned from my predecessors, such as Mr. T and Mrs. G. Most of my experience and knowledge I have acquired by the learning-by-doing approach, but I have never participated in any official course on social work." (IDI. Social worker)

"The Social Work Unit has around 13 staff already. Personally, I think there should be training courses for social workers to enhance their knowledge and experience in social work, especially social work in hospitals with cancer patients, to enable us to devote our fullest to the job." (IDI. Medical staff_01).

Our study results were similar to several previous studies in Vietnam [10, 11, 34]. Most hospital social workers have a degree in health science, and a few have been trained in social work [35]. Moreover, training programs and materials on hospital social work are still limited in Vietnam [36]. Therefore, it somewhat affects the knowledge and practical skills of hospital social workers. Besides, only a few Vietnam hospitals are interested in and organize social work training courses in the hospital for social workers and health workers [35].

2.3.2. Available Facilities

The VNCH currently has set up a separate room for social workers to receive and consult with patients. This was better than hospitals at provincial and district levels in Vietnam. A study by Hoang Long Quan (2019) indicated that the social workers still have to sit in the room of other departments [36].

"The room is available, so I sit in the room to work directly with cancer patients. No one can disturb the conversation between social workers and cancer patients. Principles of information confidentiality in hospital social work are well implemented." (IDI. Social Workers)

Besides, the hospital has a building that was built in one week for the poor people, spearheaded by the Ministry of Health and the VNCH Director. The building has a capacity of more than 200 people and charges patients VND15,000 per day (equivalent to 0.7 USD), including electricity, water, living, and other miscellaneous expenses. This amount is ten times lower than those of other hospitals. Admitted patients do not have to pay for the room, and they will be provided bunk beds. This is one of the advantages of the hospital compared to other hospitals when providing social work services, especially in terms of connecting resources and supporting activities.

"The hospital is always overcrowded, so the Social Work Unit must always prioritize the poor, the sick, and the people with meritorious services to the revolution. The beneficiaries of policies are war invalids, martyrs' families, and people with disabilities. The basic equipment in the house includes a kettle, a heater, and a fan." (FGD. Social Workers)

2.3.2. Inter-professional Collaboration on Cancer Patients Care

The Nursing Department used to be responsible for social work services until the Social Work Unit was established as an independent unit. In addition to the social workers, the Social Work Unit also has inter-professional collaboration on cancer patients' care, with the participation of at least a doctor and a nurse in each clinical

department in the hospital. They joined to refer cancer patients from their departments who need in assistance from the Social Work Unit.

“Sometimes, I attend the meeting of the inter-professional collaboration on cancer patient care. The meeting's main contents are the departments that introduce patients with financial difficulties to the Social Work Unit. The unit is excellent at financial mobilization from sponsors. Our departments must also confirm with the Social Work Unit about the cancer patients who were sponsored.” (IDI. Medical staff_03)

However, there have been no clear plans for the activities of inter-professional collaboration. The basic knowledge about the social work of nurses and doctors in the team is very poor. In addition, some of them have a little time to participate in the team's activities and the limited awareness of the role of social workers in hospitals. They think that social work's substance is charity activity. Our findings were in line with the findings from a previous research conducted in Vietnam [10].

“I am a member of the inter-professional collaboration on cancer patients' care. However, I have too many patients, so I do not take the time to join the team's meeting. Frankly speaking, I don't know anything about social work. I see it as a charity; the hospital has been working charity activities for many years” (IDI. Medical staff_04).

2.3.3. Finance

Sponsors fund most of the social work activities at the VNCH. This support plays an important role in cancer patients with difficult circumstances. Besides, support from the hospital leaders, the Social Work Unit is very proactive in seeking assistance, mobilizing funds, and involving individuals in the community in order to pool resources for projects such as the “Supportive Fund for the Cancer Patients – Bright Future”. This fund operates under the regulations of the Ministry of Home Affairs. The members of the fund come from the units of the Ministry of Health. There are various sponsors for fund support, such as banks, companies, etc. The level of financial mobilization from sponsors at the VNCH was higher than that of other hospitals in Vietnam [[34, 36]]. This may be explained that the VNCH is a central hospital in Hanoi, the capital, and a leader in cancer. Therefore, it is easier for hospitals to mobilize financial resources from donors. Furthermore, the head of the social work unit at the hospital is very active in finding donors.

“The biggest burden of patients with cancer is financial problem, so I encourage and consult patients to use health insurance. Besides, I also encourage those who have the means to support patients in difficult situations through the “Supportive Fund for the Cancer Patients – Bright Future”. Each month, the fund provides 400 to 450 million VND (equivalent from 17.345 to 19.514 USD) for patients under medical records. Social workers are involved because this is the function and task of the Social Work Unit” (FGD. Social worker).

2.3.4. Policy Regime

The Social Work Unit was established under Circular No. 43/2015/TT-BYT and Document No.2633/BYT-TCCB issued by the Ministry of Health [[37]]. Currently, the policies related to social work in hospitals are too general, not detailed. Some social workers' duties are expected to be carried out like customer care. The Ministry of Health has not had a process to guide social work in hospitals yet. Although social workers are

exposed to the same infection risks and similar occupational hazards, and often interact with the same cancer patients, they receive a smaller “toxic allowance” than nurses.

"Circular 43 of the Ministry of Health guides social workers' duties and responsibilities, but that is too general and unclear. The policy makes it difficult for social workers to provide social work services for cancer patients." (IDI – Head of Social Work Unit).

"We have to have direct interactions with patients, not to wear masks or talk through the glass. This puts us at high risk for infection. Meanwhile, the policy for support for social workers is only 121,000 VND (equivalent to 5 USD) per month, while for nurses and doctors it's between 500-600,000 VND (equivalent from 22 to 26 USD) per month." (FGD. Social Worker).

Our study results were similar to some previous research results in Vietnam [10, 11]. The unclear policy makes social workers challenging to perform their duties in the hospital. Moreover, inadequate remuneration policy also reduces the work motivation of hospital social workers.

2.3.5. Demand for Social Work Services of Cancer Patients

Demand for Information Instruction and Consultation Services

Cancer patients at the VNCH recognized the importance of being provided with the necessary and appropriate information and procedure concerning their illness and treatment. The majority of cancer patients agreed that the instruction of procedures for medical screening and treatment should be readily available in the hospital. Meanwhile, the majority of them also agreed that having standby social workers is ideal for consultation and advice on their treatment costs. Consultations on health insurance policy were also a welcome service for respondents. More than half of cancer patients also welcomed social worker assistance regarding patient transfers and discharge, and wished that the hospital provide consultation on social assistance for the poor. Among the participants' responses were:

"We have to accomplish a lot of paperwork and go through many departments to complete the process. The procedure is the same for every hospital. We cannot blame the hospital; however, there should be someone giving us (patients and family) specific instructions and advice about the content, purpose of the procedure – things we need to take note, information on how long it take to complete each procedure, the correct sequence of steps in the procedure, or which office we should submit the documents to" (FGD. Patients_02).

"I think regardless if they are male or female, most of the patients here only know that they have health insurances but are unaware of its coverage and the percentages they can receive, and the doctor would never inform us. Should there be someone consulting us about these details – the kind of health insurance we have, the percentage we can benefit from, the services that are covered – we can follow and stick to the treatment more proactively..." (IDI. Patient_01).

Demand for Communication and Awareness Raising Services

The majority of cancer patients asserted the need for information and proper communication on the content of cancer prevention (such as causes, consequences of

cancer, diet, sleep, exercise, etc.). Besides, most of them also had the demands for communication on policy regimes for special target groups. Demand for mental health care (such as the expression of mental health disorders, mental health prevention and recovery solutions, and etc.), process and procedures at the hospital of respondents were moderate. The respondents have these to say:

“I really want to know the appropriate type of food, nutrition or diet for me or how to prepare for each meal, what kind of vegetables or meat would be suitable and not counteract the treatment. Especially for newly diagnosed patients like me, this is even more important to prevent and control the condition.” (IDI. Patient_01)

“In this room, there’s a patient, Mr. A, who received a lot of support since he’s already old. As for me, the treatment has been going on for 5 years, and we are so exhausted in terms of finance and human resources. We can’t even afford to pay for our loans from our relatives and friends. I really need consultation in terms of consideration for a poor household, particularly the policies for the vulnerable groups or patients that have terminal diseases.” (IDI. Patient_02)

Demand for Psychosocial Support Services

The majority of cancer patients had a high demand for the provision of the support network, consultations on appearance care, and interpersonal communication. Meanwhile, they had lower demand for the visits of health conditions and family difficulties, psychological counselling, and psychological therapy. According to some of the participants:

“I think it’s not enough that the doctors only check our daily condition. Although we have terminal diseases, having someone who can listen to our will and final aspirations, as well as our family’s difficulties is what not only me but almost all patients at this Department of Radiology would want.” (FGD. Patients_01)

“It would be nice if there are some beauty activities – some of us want to have wigs, get some makeup, or have our nails done or maybe have a massage – activities like those. Despite being cancer patients, we still need to care for our appearance and have consultations on interpersonal communication as other normal women.” (FGD. Patients_02)

Demand for Resources Linkage Services

The majority of cancer patients had a high demand for resources linkage services, such as cash support for partial treatment cost and living cost, free meals provision, belongings support (comb, toothpaste, toothbrush, pillow, blanket, and etc). Some of the respondents’ feedback were:

“If it’s not possible to support a partial treatment fee, I think there should be a support to assist the patient in minimizing the costs of living. For example, small personal items such as toothpaste, brushes, a thermos bottle should be provided, or providing a kitchen in some departments for cooking and nutrition care for some patients with severe cancer or patients with special conditions, particularly those from distant provinces.” (FGD. Patients_01)

“It’s difficult to help many cancer patients during treatment due to their financial circumstances. Each treatment phase costs tens of millions Vietnam Dong (equivalent to

430 USD and twice than that); We really hope that the State will have policies to supplement the medicine under the insurance to reduce the cost of treatment for cancer patients.” (FGD. Patients_02)

Among the four demands of cancer patients on social work services, the majority of cancer patients had a high demand for resource linkage services. In this study, most of the cancer patients come from the rural areas. The people living in rural areas have the difficulties in economic conditions and education on cancer prevention. According to Beaglehole R., Bonita R, Horton R, et al. (2011), socio-economic factors such as poverty, education, working economic conditions, etc. increase the risk of non-communicable diseases, such as cancer [[38]], which affirms the influence of social determinants of health. In addition, long-term treatment at the hospital leads to financial difficulties for cancer patients. As the result shows that the demands of cancer patients for psychosocial support were lower, compared to other demands in this study. Unlike in the United States, where oncology social work is a fully developed professional specialization [[39]], Vietnam has no national organization that provides education to social workers and supports them in the use of multiple psychosocial interventions for cancer patients and their families. At the present, the psychosocial support service has not been implemented by the Social Work Department at the VNHC. The phrase "social psychology support" is still very new to cancer patients who are not aware of the role and importance of this service. They just want to get material support, deal with procedures, and policies and to be provided information on cancer prevention and treatment costs.

3. Conclusions

In conclusion, our study found out factors affecting social work services for cancer patients at VNCH. These factors include the specialized qualifications of social workers, available facilities, the network of social work collaborators, finance, policy regimes, and demand for social work services of cancer patients. We call for prospective studies to confirm our findings. Moreover, our results may suggest that the VNCH pays attention to these factors to improve social work services for cancer patients. The Ministry of Health should revise Circular No. 43 to suit the functions and duties of hospital social workers. Furthermore, the Ministry of Health should have an appropriate allowance for hospital social workers, especially social workers, who work directly with cancer patients.

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