

DEMANDS FOR RESOURCES MOBILIZATION SERVICE AMONG IN-PATIENTS AT THE GENERAL HOSPITAL OF TIEN GIANG CENTER, VIETNAM, AND ASSOCIATED FACTORS

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Abstract. Most in-patients are dealing with financial problems in the hospital. This problem could affect the psychological problem of the in-patients and the process of medical examination and treatment in the hospital. The objectives of this study were to estimate the demands of resource mobilization service and to examine several associated factors among in-patients at the General Hospital of Tien Giang Center. A cross-sectional study design was chosen; the study was conducted on 196 in-patients, and 8 in-depth interviews. The results of the study showed that in-patients had a high demand for resource mobilization services (over 90%). In the univariate regression models, significant factors associated with this demand were living area, economic condition, and the number of treatments. To meet in-patients' satisfaction, the hospital needs to promote resource mobilization based on these associated factors.

Keywords: hospital social work, demands, resources mobilization service, in-patients, Vietnam.

1. Introduction

In-patients with difficult circumstances are vulnerable, depending on the medical treatment and care of the hospital, health workers, families, and social workers. Currently, in-patients face the burden of disease, care, and medical costs [1]. That causes psychological problems for in-patients such as sadness, anxiety, depression, inferiority complex, and low self-esteem to communicate [2]. A study in Vietnam in 2019 pointed out that 38.3% of in-patients did not have enough money to eat, 46.6% of in-patients did not have enough money to buy medicine, 43.3% of in-patients had no money to pay for hospital fees. These are significant pressures on in-patients and their families if they do not receive timely assistance from the hospital [3].

Social workers are a member of interprofessional collaborative health care teams with positive contributions in the process of medical examination and treatment for patients [4]. Hospital social workers use a biopsychosocial approach, that emphasizes understanding a person within the context of his or her environment [5, 6]. A hospital social worker's role is to enhance social and emotional functioning through targeted interventions and the mobilization of services and supports [7]. In Vietnam, hospitals at the central, provincial, and district levels provide patients with social work services that are prescribed in Circular No. 43/2015/TT-BYT of the Ministry of Health [8]. Among

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these services, resource mobilization services can be carried out inside and outside the hospital from donors, companies, and organizations. This service supports both physically and mentally for in-patients, helps them feel secure during the treatment process, and follow the treatment regimen. Hospital social workers in other countries also play an important role to mobilize resources for patients and their families, especially financial assistance for travel and treatment expenses [9].

In Vietnam, there have been several studies of social work services among patients in data collected from one hospital [10, 11], but there has been no study of demands of resources mobilization service among in-patients and associated factors. To our knowledge, several studies in the United States and Australia [12, 13] have discussed social work services in the hospital. A study in Australia in 2004 indicated that social workers provided a range of services to patients and their families such as assessment, counseling, discharge planning, education and information, liaison, advocacy, referral, resourcing, bereavement interventions, and crisis interventions [12]. Judd and her colleagues, in a study published in 2010, also pointed out that the major services of hospital social work in the United States today included screening and case finding, crisis intervention and bereavement, psychosocial assessment and intervention, brief counseling and group work, documentation and record-keeping, discharge planning and case management, resources mobilization, post-discharge follow-up and outreach, emergency services, and inter-professional collaboration and advocacy [13]. Although previous studies provided valuable information on the social work services in hospitals [13, 14], it lacked in the depth exploration of demands of resources mobilization service among in-patients at provincial hospital and its associated factors. This shortage could be one of the studies gaps. Therefore, we aimed to estimate the demands of resources mobilization service and to examine several associated factors among the in-patients at the General Hospital of Tien Giang Center, Vietnam.

2. Content

2.1. Materials and Methods

2.1.1. Study design

This was a cross-sectional study. The quantitative method was used to clarify demographic and treatment characteristics, the demands of resource mobilization service among in-patients at the General Hospital of Tien Giang Center, and related factors. The qualitative method was employed to add more information on the demands of resource mobilization services among the in-patients at the hospital.

2.1.2. Study time and site

This study was conducted from March to October 2018. The study site was at the Department of Cardiology and Diabetes, the General Hospital of Tien Giang Center (No.2, Hung Vuong street, ward 1, My Tho city, Tien Giang province, Vietnam).

2.1.3. Sample size

For the quantitative study, this study was using the formula of a population proportion to calculate the sample size: $n = Z_{1-\alpha/2}^2 \cdot \frac{P \cdot (1-P)}{d^2}$

In which: confidence level (α) was 95%, absolute precision required (d) was 0.07, population proportion (p) was 0.5 as it was not any similar study on this topic. The calculated sample size after adding 10% of withdrawal was 216 in-patients. In reality, 196 in-patients participated in this study including 98 in-patients from the Cardiology Department and 98 in-patients from the Diabetes Department.

For the qualitative study, the study conducted 8 in-depth interviews (IDI) including the deputy director of the hospital, the head of the social work unit, the nurse of the cardiology department, the nurse of the diabetes department, 4 in-patients (2 in-patients from cardiology department and 2 in-patients from diabetes department).

2.1.4. Data collection

The representative of the research team asked permission from the director of the General Hospital of Tien Giang Center to collect data from April to June 2018. We met directly the head of the department to inform the time and objective of the study.

At the department of cardiology and diabetes, in-patients would be examined in the morning by the doctor, and then the nurse would follow the doctor's medical instruction. Therefore, the appropriate time to have an interview with the participants was early afternoon. We met in person with the in-patients to introduce the purpose and significance of the study and how to answer the questionnaires. We gave a consent form to the in-patients. If the participants agree to participate in the study, he/she would sign a consent form to participate in the study and answer questions. The time to answer the questionnaires was from 10 to 15 minutes and the in-depth interview lasted from 30 to 60 minutes.

2.1.5. Study instruments and variables

The study instruments were based on Circular No. 43 of MOH that regulates the tasks of hospital social work [8]. To assess the demands of resources mobilization service among inpatients at the General Hospital of Tien Giang Center, a five-level Likert scale was used in the study: “ Absolutely not necessary” , “ Unnecessary” , “ Normal” , “ Necessary “ , and “ Verynecessary” . The demands of in-patients at the hospital were assessed as “ Had the demand” if they had a level of demand from “ Normal” , “ Necessary” and “ Very Necessary” . In-patients selected a level of demand from “ Absolutely not necessary” , and “ Unnecessary” as “ Did not have the demand” .

Dependent variable:

The demands of resources mobilization service were measured as having the demands of resources mobilization service by in-patients including cash support for partial treatment cost, cash support for living cost, belongings support, free meals provision, and accommodation support for caregivers during the care period. The answers were then categorized as (1) Yes, I had the demand, and (2) No, I did not have the demand.

Independent variables

Demographic variables were included, such as gender, age group, occupation, educational level, living area, marital status, and economic conditions.

Treatment variables were included, such as health insurance, health insurance coverage, types of disease, number of treatment/year, number of treatment days in this time, and affordability.

For IDI guides, these were the main questions: What were the demands of resources mobilization service among in-patients at the General Hospital of Tien Giang Center? What were the recommendations for better improvement of the provision of resources mobilization services at the General Hospital of Tien Giang Center? These questions were supplemented with any relevant sub-questions pending the answers received.

2.1.6. Data Analysis

The study's quantitative data were analyzed using SPSS version 18. A univariate regression model was used to find out factors related to the demands of resources mobilization service among in-patients. P-value <0.05 was statistically significant. For qualitative data, all tape recordings were transcribed into written files and utilized thematic analysis.

2.1.7. Ethical approval of the study

The study was approved by the Institutional Review Board of the Hanoi University of Public Health, with Decision No. 294/2018/YTCC-HD3 on April 26, 2018. All information about the participants was strictly confidential. The data collected were stored. The study results would be returned to the General Hospital of Tien Giang Center.

2.2. Results

2.2.1. Demographic and treatment characteristics

Table 1 presents the demographic characteristics of the participants. Data show that there were 196 participants in the study. The prevalence of females was higher than men, respectively 63.3% and 36.7%. The majority of participants in the survey were people aged over 55 years old (75.5%). The prevalence of people living in rural areas was higher than that of urban areas, respectively 71.9% and 28.1%. 36.2% of participants reported that they are working for agriculture. Regarding educational level, secondary school accounted for the highest rate of 40.3%. Many of the participants were married (81.1%). Average economic conditions among the participants accounted for the highest prevalence (72.4%).

Table 1. Demographic characteristics among in-patients

Demographic characteristics		(n=196)	(%)
Gender	Male	72	36.7
	Female	124	63.3
Age group	18-26	1	0.5
	27-40	13	6.6
	41-55	34	17.3
	Above 55	148	75.5
Occupation	Civil servant/office-holder	21	10.7
	Retirement	14	7.1
	Agriculture	71	36.2
	Trader	29	14.8
	Students	1	0.5
	Homemaker	41	20.9
	Others	19	9.7
Educational level	Primary school	71	36.2
	Secondary school	79	40.3
	High school	36	18.4
	College/ University/ Postgraduate	10	5.1
Living area	Urban area	55	28.1
	Rural area	141	71.9
	Unmarried	7	3.6

Marital status	Married	159	81.1
	Widowed/Divorced/Separated	30	15.3
Economic conditions	Wealthy	7	3.6
	Normal	22	11.2
	Average	142	72.4
	Nearly poor	19	9.7
	Poor (certified)	6	3.1
Total		196	100

Table 2 reports the treatment characteristics of participants. Data show that the majority of the participants had health insurance (93.4%). The prevalence of 80% health insurance coverage among the participants occupied the highest prevalence of 52% and the prevalence of 40% health insurance coverage accounted for the lowest prevalence of 2.2%. The prevalence of cardiovascular disease and diabetes was equal, each group accounted for 50%. The participants receiving treatment for the first time occupied the highest prevalence of 45.9%. The number of treatment days over 7 days accounted for the highest prevalence of 35.7%. Most individuals/families had affordability, accounting for the highest prevalence of 93.9%.

Table 2. Treatment characteristics among in-patients

Treatment characteristics		(n=196)	(%)
Health insurance	Yes	183	93.4
	No	13	6.6
Health insurance coverage	0%	13	6.6
	40%	4	2.0
	80%	102	52.0
	95%	30	15.3
	100%	47	24.0
Types of disease	Cardiovascular	98	50.0
	Diabetes	98	50.0
Number of treatment/year	First time	90	45.9
	Second time	58	29.6
	Third time	29	14.8
	More third time	19	9.7
Number of treatment days	2 days	61	31.1

Treatment characteristics		(n=196)	(%)
in this time	3- 7 days	65	33.2
	More 7 days	70	35.7
Affordability	Individual/family can afford it	184	93.9
	Need to borrow money	12	6.1
Total		196	100

2.2.2. Demands of resources mobilization service among in-patients

Quantitative results: Table 3 reports the demands of resources mobilization service among in-patients. In-patients had a high demand for resources mobilization service (average over 90%). 96.4% of in-patients asserted the demand for accommodation support for caregivers during the care period. This demand accounted for the highest prevalence compared to other demands. Moreover, 95.4% of in-patients agreed that they have the demand for free meals provision. The prevalence of in-patients who need the belongings support, cash support for partial treatment cost, and cash support for living costs were 90.8%, and 90.3%, and 88.8% respectively.

Table 3. Demands of resources mobilization service among in-patients

Content	Demands of resources mobilization service	
	Yes; n (%)	No; n (%)
Cash support for partial treatment cost	177 (90.3)	19 (9.7)
Cash support for living cost	174 (88.8)	22 (11.2)
Belongings support	178 (90.8)	18 (9.2)
Free meals provision	187 (95.4)	9 (4.6)
Accommodation support for caregivers during the care period	189 (96.4)	7 (3.6)

Qualitative results: All participants stated that the demands of accommodation support for caregivers during the care period were very necessary. This support could help caregivers have good physical and mental health, and ensure safe accommodation. An in-patient from the Cardiovascular Department mentioned that: “ *I suffer from heart disease. I was hospitalized for almost a month. My home is in Cai Be district so my son comes here to take care. Every night, he sleeps on the floor. If the hospital has accommodation for caregivers to take a rest. That would be too great!* ” . The Deputy Director of the hospital shared that: “ *I have also directed the social work unit to connect with sponsors to build housing in the hospital for caregivers. To be honest, they mostly sleep on the hospital’s floor. I understand their difficulties* ” . Furthermore, it was very essential to provide free meals for in-patients. These meals were timely material support and ensure food safety for in-patients. The Chief Nursing of the Diabetes Department said that: “ *Social work unit also has a lot of support. They help in-patients with free meals, guide in-patients, and caregiver to receive meals from sponsors. Besides, according to Decision No.29 of the People’s Committee of Tien Giang province, if in-patient has a poor household certificate, they will be supported the meal expense of 39,000 VND/day (equivalent to*

1,7 USD/day) during the treatment period at the hospital” . The majority of the participants in the study said that in-patients had a high demand for belongings support, cash support for partial treatment cost, and cash support for living costs. The Head of Social Work Unit mentioned that: “ *Our social work unit always tries to find sponsors to best support for in-patients. We have several sponsors that provide belongings for in-patients*” . An in-patient from the Diabetes Department shared that: “ *I desperately need cash support for treatment cost. I have health insurance but it expired. I was admitted to the hospital for more than 2 weeks and it costs more than 10,000,000 VND (equivalent to 432 USD). Our farmer is very poor. In the city, everything is expensive*” .

2.2.3. Factors associated with the demands of resources mobilization service among in-patients

Table 4 shows the relationship between the demographic characteristics and demands of resources mobilization service among in-patients at the General Hospital of Tien Giang Center. The living area and economic conditions were factors related to the demands of resources mobilization service. In-patients from rural areas had a higher demand for resource mobilization services than in-patients from urban areas (p=0.009). In-patients with nearly poor economic conditions had a higher demand for resource mobilization service than in-patients with other economic conditions (p=0.001). We did not find other factors that have statistically significant with p<0.05.

Table 4. Relationship between the demographic characteristics and demand of resources mobilization service among in-patients

Variables		Demand of resources mobilization service		
		Yes n (%)	No n (%)	P
Gender	Male	64 (88.9)	8 (11.1)	0.060
	Female	97 (78.2)	27 (21.8)	
Age group	18-26	1 (100)	0 (0)	0.150
	27-40	9 (69.2)	4 (30.8)	
	41-55	32 (94.1)	2 (5.9)	
	Above 55	119 (80.4)	29 (19.6)	
Occupation	Civil servant, office-holder	18 (85.7)	3 (14.3)	0.604
	Retirement	13 (92.9)	1 (7.1)	
	Agriculture	54 (76.1)	17 (23.9)	
	Trader	26 (89,7)	3 (10.3)	
	Students	1 (100)	0 (0)	
	Homemaker	33 (80.5)	8 (19.5)	
	Others	16 (84.2)	3 (15.8)	
Educational level	Primary school	55 (77.5)	16 (22.5)	0.510
	Secondary school	66 (83.5)	13 (16.5)	
	High school	32 (88.9)	4 (11.1)	

	College/ Postgraduate	University/ University/	8 (80.0)	2 (20.0)	
Living area	Urban area		38 (70.4)	16 (29.6)	0.009*
	Rural area		122 (86.5)	19 (13.5)	
Marital status	Unmarried		6 (85.7)	1 (14.3)	0.019
	Married		125 (78.6)	34 (21.4)	
	Widowed/Divorced/Separated		30 (100)	0 (0)	
Economic conditions	Wealthy		7 (100)	0 (0)	0.001*
	Normal		9 (40.9)	13 (59.1)	
	Average		122 (85.9)	20 (14.1)	
	Nearly poor		18 (94.7)	1 (5.3)	
	Poor (certified)		5 (83.3)	1 (16.7)	

* Statistical significant with $p < 0.05$

Table 5 shows the relationship between the treatment characteristics and demands of resources mobilization service among in-patients at the General Hospital of Tien Giang Center. The number of treatments was a factor related to the demands of resources mobilization service. In-patients, who come to the hospital for the first time had a higher demand for resources mobilization than the second, third, and over three times ($p=0.007$). We did not find other factors that have statistically significant with $p < 0.05$.

Table 5. Relationship between the treatment characteristics and demand of resources mobilization service among in-patients

Variables		Demand of resources mobilization service		
		Yes n (%)	No n (%)	P
Health insurance	Yes	148 (80.9)	35 (19.1)	0.082
	No	13 (100)	0 (0)	
Health insurance coverage	0%	13 (100)	0 (0)	0.083
	40%	3 (75.0)	1 (25.0)	
	80%	87 (85.3)	15 (14.7)	
	95%	25 (83.3)	5 (16.7)	
	100%	33 (70.2)	14 (29.8)	
Types of disease	Cardiovascular	77 (78.6)	21 (21.4)	0.192
	Diabetes	84 (85.7)	14 (14.3)	
Number of treatment/year	First time	79 (87.8)	11 (12.2)	0.007*
	Second time	50 (86.2)	8 (13.8)	
	Third time	21 (72.4)	8 (27.6)	
	More third time	11 (57.9)	8 (42.1)	

Number of treatment days in this time	2 days	51 (83.6)	10 (16.4)	0.841
	3- 7 days	54 (83.1)	11 (16.9)	
	More 7 days	56 (80.0)	14 (20.0)	
Affordability	Individual/family can afford it	150 (81.5)	34 (18.5)	0.374
	Need to borrow money	11 (97.7)	1 (8.3)	

** Statistical significant with $p < 0.05$*

2.3. Discussion

In terms of demographic and treatment characteristics, this study was in line with the findings from a previous study conducted in Vietnam [15, 16].

In this study, the demand for accommodation support for caregivers during the care period accounted for the highest prevalence. This could be explained that most in-patients and their caregivers come from rural areas where are quite far from the city. Most in-patients were in the age group > 55 years old so one or two family members are taking care of them during the treatment process at the hospital. Moreover, accommodation support for caregivers has not been implemented in the hospital. The demand for cash support to partially cover treatment costs occupied 90.3% which was higher than a study in Vietnam in 2015 (72.7%) [17]. Previous studies pointed out that one of the social worker's roles is to connect and assist finance for patients, especially patients who have financial difficulties [1]. In this study, the economic conditions of in-patients were mostly average. This may be the main cause of financial anxiety among the in-patients during treatment. Currently, facilities to provide social work services at the hospital are limited. Social work room is currently very narrow. The financial source for sustaining social work activities comes mainly from the support of the hospital's leader. Besides, there is also the support of My Tho City Charity Association and other organizations, agencies, individuals, and unions. The social work unit is currently making great efforts in seeking and mobilizing resources from sponsors in the community and society to meet the demands of in-patients. The study found that the demand for cash support for living cost among in-patients was 88.8%. This was higher than from the findings from the study by Ly Thi Hao (2016) with a rate of 73.8% [16]. For in-patients from rural areas, the cost of living in the city for them is quite high so they want to receive this support. The demand for free meals provision and belongings support accounted for 95.4% and 90.8% respectively. For poor in-patients, who come from remote districts, need to be provided free meals during treatment at the hospital. Free meals and gifts from social organizations are comfort and encouragement for the poor in-patients. It also shows that the hospital is paying attention to the vulnerable group in society. Currently, in the hospital, there is a "charity kitchen" (bếp ăn từ thiện) belonging to the charity association of My Tho city. Every day, this kitchen offers 3 main meals. Each meal provides more than 250 meals for the poor in-patients [18].

The study found that factors such as living areas, economic conditions, and the number of treatments were associated with the demands of resources mobilization services among in-patients at the General Hospital of Tien Giang Center. This relationship was statistically significant with $p < 0.05$. According to our study results, most in-patients are from rural areas so their economic conditions are mostly average. They are hospitalized for the first time. Therefore, in-patients are very concerned about the demands of resources mobilization service.

One of the strengths of this study was a mixed-methods study; as a result, findings were good. This is the first study in Vietnam to investigate associated factors for the demands of

resources mobilization service among in-patients such as living areas, economic conditions, and the number of treatments.

This study was also subjected to several limitations. The study has a cross-sectional design, so the results indicate associations rather than causation. Our findings may not be generalizable to the general hospital in Vietnam. Therefore, there is a need for future studies to address these limitations.

3. Conclusion

Summing up the results, it can be concluded that in-patients had a high demand for resources mobilization service, namely: accommodation support for family members during the care period (96.4%), free meals provision (95.4%), belongings support (90.8%), cash support for partial treatment cost (90.3%), and cash support for living cost (88.8%). The study results show that living area, economic conditions, number of treatments were associated with the demands for resources mobilization service among in-patients. There is a need to study these associated factors further to confirm the findings. Besides, the General Hospital of Tien Giang Center needs to promote the resources mobilization for in-patients with difficult circumstances based on these factors.

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