

ORIGINAL ARTICLES

Inpatients' needs of social support and the response of Hanoi Heart Hospital in 2025

Pham Dinh Dat ^{1*}; Nguyen Thuy Quynh ²

ABSTRACT

Objective: To describe the inpatients' needs for social support and the hospital's responsiveness to these needs at Hanoi Heart Hospital in 2025.

Methods: A quantitative cross-sectional study was conducted from November 2024 to October 2025 among inpatients at the clinical departments of Hanoi Heart Hospital. A total of 193 patients were interviewed face-to-face using a structured questionnaire, which included items assessing patients' needs for social work support and the hospital's responsiveness, measured on a Likert scale. Data were analyzed using descriptive statistics to determine patients' needs and the hospital's level of response for each specific social work activity.

Main findings: Patients' needs for information–counseling and communication–awareness enhancement were high, exceeding 83%, and the hospital's responsiveness in this domain generally met patient expectations, with rates above 96%. For psychological–social support, both the proportion of patients reporting needs and their assessment of the hospital's responsiveness were at moderate levels. Notably, psychological therapy support and opportunities to participate in cultural or sports activities had the lowest ratings, with patient needs below 51% and responsiveness below 80%. Regarding resource mobilization and financial assistance, patients expressed limited needs for support related to personal living expenses, donated items, or free meals. However, the need for the hospital to provide temporary resting areas for family caregivers was relatively high (71.5%). Despite this, the hospital's responsiveness in this area remained low and did not adequately meet patient needs.

Conclusions: Patients demonstrated diverse needs for social work support; however, the hospital's level of responsiveness varied across different categories of support. These findings reflect constraints related to insufficient dedicated personnel, limitations in infrastructure, and unstable operational funding.

Keywords: Social work, support needs, response to needs, Hanoi Heart Hospital.

INTRODUCTION

In the context of a global shift in healthcare from a model focused solely on “disease treatment” to a comprehensive care approach - integrating medical treatment, psychosocial support, and service quality improvement - the field of social work has increasingly

demonstrated its essential role in holistic health care. In Vietnam, the Ministry of Health has issued Circular 43/2015/TT-BYT and Circular 51/2024/TT-BYT, establishing a clear legal framework for social work activities in healthcare facilities. To date, 100% of central hospitals and more than 90% of provincial general and specialized hospitals have



Corresponding author: Pham Dinh Dat

Email: mhm2330010@studenthuph.edu.vn

¹ Hanoi Heart Hospital, Hanoi, Vietnam

² Hanoi University of Public Health, Hanoi, Vietnam

Submitted: 27 October, 2025

Revised version received: 13 December, 2025

Published: 28 February, 2026

DOI: <https://doi.org/10.38148/JHDS.0901SKPT25-120>

established Social Work Departments or Units (1). However, the effectiveness of social work services in many hospitals remains limited due to organizational instability, inadequate infrastructure, insufficient financial resources, and a shortage of dedicated personnel (2). Existing studies indicate that patients' needs for social support vary across different patient groups. Cancer patients tend to require more information related to treatment plans, complication prevention, and guidance on physical health care and nutrition (3). Cardiovascular patients show high needs across all domains of social work, with 100% expressing a need for psychological counseling and consultation (4). In tertiary hospitals, provincial hospitals, and general hospitals, patients generally report low demand for support with daily living expenses or personal items (3,5–7). Among patients with severe illnesses who face high treatment costs and financial hardship, the need for financial support and resource mobilization is substantial (8). Research findings also show that current social work activities in many hospitals mainly focus on basic tasks such as administrative support, patient navigation, and charity programs, while specialized services - including psychological counseling or monitoring the effectiveness of social work interventions - remain limited due to policy constraints, inadequate funding, or shortages of professional staff (4,5). Furthermore, studies assessing hospitals' responsiveness to social support needs have shown that although hospitals generally implement most social work activities, they often do not fully meet patients' expectations due to insufficient human resources, infrastructure limitations, lack of institutional development strategies, or low patient awareness (3,5,6,9,10).

Hanoi Heart Hospital is a highly specialized, national-level referral hospital for cardiovascular diagnosis and treatment.

According to statistical reports, the number of patients receiving care at the hospital has steadily increased, with an average of 1,600 - 1,700 outpatient visits per day and approximately 16,000 inpatient admissions per year (11), (12). To date, the hospital has not conducted any studies evaluating inpatients' social support needs or how well the hospital responds to those needs. In the current context of the growing demand for holistic and patient-centered care, combined with increasing patient volume, assessing patients' social support needs and the hospital's responsiveness is essential to improving service quality and enhancing the effectiveness of social work activities. Based on this rationale, we conducted the study titled: *“Inpatients’ needs for social support and the response of Hanoi Heart Hospital in 2025”*.

METHODS

Study design: A cross-sectional descriptive study using a quantitative research approach.

Study setting and duration: Conducted at Hanoi Heart Hospital from November 2024 to October 2025. Data collection was carried out from March 20, 2025, to June 15, 2025.

Study subjects: Inpatients in the hospital's clinical departments who were cognitively competent, able to communicate, and voluntarily agreed to participate. For patients unable to respond directly (e.g., children, elderly patients, those with limited communication abilities, or those not directly receiving consultation from healthcare staff), the respondent was the primary caregiver or a legally authorized representative. Exclusion criteria included patients in intensive care units (due to severe conditions and comprehensive care needs), patients in the International Department

(due to the specific nature of services and care models), and individuals who declined to participate.

Sample Size and Sampling:

$$N = Z_{(1-\alpha/2)}^2 \frac{p(1-p)}{d^2}$$

Where N is the required sample size, p is the estimated proportion ($p = 0.875$, based on the proportion of inpatients who needed treatment information and health communication in the study by Nguyen Minh Tan, 2023), d is the absolute precision ($d = 0.05$), and $Z_{(1-\alpha/2)} = 1.96$ with $\alpha = 0.05$. After adding a 5% for non-response, the minimum sample size should have 176 participants. The actual sample included 193 inpatients.

Variables

The sociodemographic variables comprised patient age (self-reported, recorded in years and categorized as <15 , $16-64$, and ≥ 65), sex (observed as male or female), occupation (self-reported and classified as government officer/public employee, worker/farmer, student, child/infant, or other), place of residence (self-reported as urban or rural), health insurance status (extracted from medical records and categorized as insured or uninsured).

The variables related to social work support needs and the hospital's level of responsiveness were measured using a Likert scale across four domains: information and consultation support, communication and awareness enhancement, psychological and social support, and resource connection and financial assistance. The resulting scores were treated as ordinal variable

Data Collection Techniques, Tools, and Procedures

The instrument was developed based on

question sets from previous studies and built upon the classification framework of social work support needs specified in Circular 43/2015/TT-BYT (3,6,8). The content was reviewed and updated to align with Circular 51/2024/TT-BYT issued by the Ministry of Health, ensuring scientific validity, practical relevance, and applicability at Hanoi Heart Hospital. The questionnaire consists of two parts: Part 1 includes 10 items on general characteristics of the study participants, and Part 2 comprises 24 items assessing patients' social work support needs and the hospital's responsiveness to these needs. A pilot test was conducted with 10 inpatients prior to formal data collection.

For the data collection process, investigators approached inpatients in clinical departments and conducted face-to-face interviews during visiting hours in accordance with hospital regulations, when both patients and their relatives were present. Each interview lasted approximately 10–15 minutes. Investigators introduced the study objectives, explained the questionnaire content, and invited participants to join the study. They then read each question aloud and recorded all participant responses in full.

Measurement and Evaluation Criteria:

Patients' needs for social work support were measured using a five-point Likert scale ranging from 1 (not at all necessary) to 5 (very necessary). Patients were classified as 'having support needs' if they selected levels 4–5, and 'having no support needs' if they selected levels 1–3. The hospital's responsiveness to these needs was assessed using a three-point Likert scale (1 to 3), corresponding to not met, partially met, and fully met. For items in which patients indicated a support need, additional assessment was conducted to evaluate the hospital's level of responsiveness to those specific needs.

Data Processing and Analysis: The collected data were cleaned and entered using EpiData version 3.1. Descriptive statistics were applied to calculate frequencies and percentages in order to describe the social work support needs of patients and the hospital’s level of response to those needs.

Research Ethics: The study was approved by the Ethics Committee of the Hanoi University of Public Health under Decision No. 046/YTCC-HD3 dated March 4, 2025, and received permission and facilitation from the Board of Directors of Hanoi Heart Hospital. All participants were clearly informed about the purpose of the study and voluntarily agreed to participate, with the right to withdraw at any time. All personal information of participants

was kept strictly confidential and used solely for research purposes.

RESULT

General Characteristics of Study

Participants: The results showed that the mean age of patients in the study was 47.9 years, with a standard deviation of 26.5. The proportions of male and female patients were relatively comparable. The number of patients residing in rural areas was more than twice that of those living in urban areas. Most patients had health insurance, and more than one-third of the study population were workers or farmers.

Information and Consultation Support Needs

Table 1. Patients’ Information and Consultation Support Needs and Hospital Response

Components	Patients’ need (N = 193)		Patients whose needs were met by the hospital	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Guidance and assistance with administrative procedures during hospital visits	193	100	192	99.5
Providing information and introduction about medical services	192	99.5	191	99.5
Consultation on medical service costs	190	98.4	189	99.5
Consultation on health insurance policies	190	98.4	188	98.9
Consultation on social support/ assistance for patients	165	85.5	161	97.6
Assistance with referral or discharge procedures	161	83.4	160	99.4

Table 1 shows that 100% of patients required guidance and assistance with administrative procedures during hospital visits, and the hospital’s response rate was 99.5%. For consultation on medical service costs and consultation on health insurance policies,

98.4% of patients required support, and the proportion of patients who reported that their needs were met by the hospital was 99.5% and 98.9%, respectively.

Communication and Awareness-Raising Support Needs

Table 2. Patients’ Needs for Support and the Hospital’s Responsiveness in Communication and Awareness-Raising Activities

Components	Patients’ need (N = 193)		Patients whose needs were met by the hospital	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Treatment Plan, Disease Progression, and Prognosis	193	100	192	99.5
Drug Side Effects	193	100	190	98.4
Counseling on Physical Health Care and Nutrition	193	100	190	98.4
Counseling on Disease Prevention	193	100	186	96.4
Support and Reception of Patients’ Feedback and Suggestions (via suggestion boxes, hotlines, etc.)	187	96.9	187	100.0

Table 2 shows that 100% of patients expressed a need to receive information regarding their treatment plan, disease progression, and prognosis, with the hospital’s responsiveness rate reaching 99.5%. In addition, all patients (100%) reported a need for communication support on drug side effects and counseling on physical health care and nutrition, and 98.4%

of them assessed the hospital as meeting these needs. Furthermore, all patients (100%) expressed a need for communication and counseling on disease prevention, while the hospital’s responsiveness rate for this aspect was 96.4%.

Psychological and Social Support Needs

Table 3. Patients’ Needs for Support and the Hospital’s Responsiveness in Psychological and Social Support

Components	Patients’ need (N = 193)		Patients whose needs were met by the hospital	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Inquiring About Health Status and Family Circumstances	193	100	191	99.0
Psychological Counseling and Consultation	133	68.9	124	93.2
Psychotherapy	81	42.0	64	79.0
Connecting to Patient Support Groups/Clubs for Sharing and Assistance	165	85.5	149	90.3
Hospital-Organized Activities to Boost Patients’ Morale (e.g., Cultural, Artistic, and Sports Activities)	98	50.8	68	69.4

Table 3 shows that the hospital’s responsiveness to patients’ psychological and social support needs is more limited

compared to other groups of social support needs. Specifically, all patients (100%) expressed a desire to be inquired about their

health status and family circumstances, while the hospital's responsiveness rate was 99%. In addition, 68.9% of patients reported a need for psychological counseling and consultation, and the hospital's responsiveness rate for this need was 93.2%. Regarding psychological therapy, 42% of patients expressed a need, with the hospital's responsiveness rate

reaching 79.0%. Furthermore, approximately half of the participants (50.8%) desired hospital-organized activities to boost morale, such as cultural, artistic, or sports activities, while the rate of patients who perceived that the hospital met this need was 69.4%.

Needs for Resource Connection and Hospital Fee Support

Table 4. Patients' Needs for Support and the Hospital's Responsiveness in Resource Connection and Hospital Fee Assistance

Components	Patients' need (N = 193)		Patients whose needs were met by the hospital	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Cash Support for Partial Payment of Treatment Costs	70	36.3	13	18.6
Cash Support for Living Expenses	46	23.8	3	6.5
Provision of Personal Items	42	21.8	0	0.0
Provision of Free Meals	65	33.7	14	21.5
Support for Accommodation for Caregivers During Hospitalization	138	71.5	28	20.3
Support for Connecting with Healthcare Staff When Needed for Treatment Assistance	191	99.0	188	98.4
Provision of Information on Patient Support Networks After Discharge	191	99.0	190	99.5
Support for Connecting with Charitable Organizations and Sponsors if Patients Face Difficulties	166	86.0	163	98.2

Table 4 shows that patients' needs related to hospital fee support and resource connection were not fully met according to their expectations. In particular, the need for provision of personal items was not perceived as met by any patient (0.0%). Furthermore, the needs for cash support for partial payment of treatment costs and for living expenses were assessed as being met by the hospital at very low rates, at 18.6% and 6.5%, respectively. In addition, the needs for provision of free meals and support for accommodation for caregivers during hospitalization were also perceived as poorly met, with responsiveness

rates of 21.5% and 20.3%, respectively.

DISCUSSION

The study results indicate that inpatients at Hanoi Heart Hospital have diverse social work support needs; however, the hospital's responsiveness to each group of needs varies considerably. For certain areas, the hospital's response almost fully meets the patients' expectations. In contrast, for other needs, particularly those related to resource connection and financial support, the

hospital's responsiveness has not yet matched patient expectations. The specific results are as follows:

Patients' Needs for Support and the Hospital's Responsiveness Regarding Information and Counseling

The results of the study showed that all patients (100%) expressed a need for guidance and administrative support when attending medical examinations and treatments, which is consistent with findings reported at Tien Giang Central General Hospital (99.5%) (4) and K Hospital (86.1%) (3). Similarly, international studies have demonstrated a substantial demand among patients for guidance and general information related to medical examinations and treatments (13), (14). These findings indicate that such needs are common and recurrent across different hospital settings and are not dependent on the type of hospital, whether general or specialized, or its geographic location. Furthermore, 98.4% of inpatients at Hanoi Heart Hospital expressed a need for consultation regarding medical costs and health insurance policies, which is comparable to findings from the National Hospital of Traditional Medicine (93.9% and 93.5%) (8) and Tien Giang Central General Hospital (99% and 95.4%) (4). In contrast, a study at K Hospital reported lower levels of patient demand (83.9% and 78%) (3). This suggests that patients at tertiary specialized hospitals, which handle a high volume of severe cases requiring prolonged treatment, are often concerned about additional medical costs, even when they possess health insurance coverage.

Regarding the hospital's responsiveness: The proportion of patients who reported that the hospital met their information and consultation needs was over 97%. Specifically, 99.5% of patients evaluated that the hospital fulfilled their need for guidance and administrative support, which is lower than the result reported at the National Hospital of Traditional Medicine

(100%) (8) but higher than the study at Hue University of Medicine and Pharmacy Hospital, where 86.5% of patients' needs were met (6). Furthermore, the proportion of patients whose needs for consultation regarding medical costs and health insurance policies were met by the hospital was 99.5% and 99%, respectively, which is slightly lower than the National Hospital of Traditional Medicine, where 100% of patients were satisfied (8), but higher than Hue University of Medicine and Pharmacy Hospital (49.2% and 63.3%) (6). In practice, Hanoi Heart Hospital has implemented specific measures to improve efficiency and meet patient needs, such as assigning social work staff to reception and service areas to provide guidance and answer patient inquiries. Additionally, during outpatient visits, social work staff collaborate with relevant units to provide consultation and address basic patient questions regarding medical procedures and health insurance policies.

Patients' Needs for Support and the Hospital's Responsiveness Regarding Communication and Awareness Raising

The results show that 100% of patients expressed a need for communication regarding treatment plans, disease progression, and prognosis, which is higher than the findings at the National Hospital of Traditional Medicine (93.9%) (8). A study conducted in Greece also reported that patients have a high need to receive information about treatment protocols and potential complications to feel more reassured and confident (15). This reflects patients' desire to be informed and understand their treatment process, helping them feel secure and actively cooperate with healthcare staff. Furthermore, 100% of patients reported a need for communication about drug side effects, higher than the results at the National Hospital of Traditional Medicine (90.5%) (8) and K Hospital (92.3%) (3). This indicates that patients with complex and specialized conditions, such as cardiovascular diseases or cancer, have a greater need for information on

drug side effects due to prolonged treatment, use of specialized medications, significant risk of adverse effects, and the necessity for strict adherence. Additionally, 100% of patients expressed a need for consultation on preventive care, higher than the findings at the National Hospital of Traditional Medicine (90.5%) (8), the Traditional Medicine Institute (72.1%) (7), and K Hospital (84.4%) (3), and markedly higher than the results at VietDuc University Hospital (60.3%) (5). This may be because cardiovascular patients can more easily perceive the risk of recurrence if preventive measures are not followed, compared to patients treated with traditional medicine. On the other hand, surgical patients often deal with injuries or accidents, making preventive measures difficult, while cancer usually progresses silently and is detected at late stages, at which point patients are more concerned with information on treatment, symptom management, or complication prevention. Furthermore, 100% of patients expressed a need for guidance on physical health care and nutritional management, higher than the findings at the National Hospital of Traditional Medicine (89.2%) (8) and K Hospital (93.1%) (3). This highlights patients' concern, as these conditions are directly related to lifestyle habits and dietary practices.

Regarding the hospital's responsiveness: The content related to communication and awareness-raising support was evaluated by patients as having a relatively high level of responsiveness from the hospital, exceeding 96%. The lowest level of responsiveness was observed in communication regarding disease prevention, at 96.4%, which was lower than the results reported at the National Hospital of Traditional Medicine with 100% (8), but higher than the study at Hue University of Medicine and Pharmacy Hospital, which reported 64.4% (6). The highest level of responsiveness was noted in receiving and addressing patient feedback and suggestions, such as suggestion boxes and

hotlines, reaching 100%. To meet patients' needs, the Social Work Department of Hanoi Heart Hospital has collaborated with relevant units to implement a range of comprehensive and proactive solutions, including organizing diverse health education and counseling sessions, both group-based and bedside counseling. Physicians and nurses regularly provide explanations about the disease, its progression, health care practices, nutrition, and disease prevention during patient visits and while carrying out medical orders. Furthermore, the hospital has established and continues to maintain multiple channels for receiving patient input, including regular patient council meetings, suggestion boxes, hotlines, and direct surveys.

Patients' Needs for Psychological and Social Support and the Hospital's Responsiveness

The study showed that 100% of patients expressed the need to be asked about their health status and family circumstances, which is consistent with findings at Tien Giang Central General Hospital (99.5%) (4) and Hue University of Medicine and Pharmacy Hospital (94.2%) (6). These results are higher than those reported at K Hospital (86.1%) (3), the Traditional Medicine Institute (65.7%) (7), and significantly higher than the National Hospital of Traditional Medicine (58.8%) (8). This variation may be attributed to the specific specialties and treatment contexts of each hospital. Cardiovascular patients are often admitted in acute or complex conditions, with factors related to lifestyle, nutrition, and family support; thus, being cared for and asked about their situation can reduce anxiety, enhance attachment, and improve cooperation in treatment. In contrast, patients receiving traditional medicine treatments usually have longer treatment durations, fewer acute symptoms, and limited interaction time with health care staff. Oncology patients typically have high needs for support regarding treatment plans, complication prevention, or treatment costs. Furthermore, 68.9% of patients expressed

a need for psychological counseling or consultation, and 42% for psychological therapy, which is lower than findings at Tien Giang Central General Hospital (100% and 99.5%) (4) and the National Hospital of Traditional Medicine (72.3% and 66.3%) (8). These results are consistent with K Hospital (68.4% and 49.9%) (3) but higher than the Traditional Medicine Institute (37% and 20.8%) (7). A study in Australia also indicated that patients often feel pessimistic and uncomfortable, with nearly all expressing a need for mental support (16). Overall, inpatients frequently experience anxiety or stress, highlighting the importance of psychological counseling, consultation, and therapy in comprehensive care. Additionally, 50.8% of patients wished to participate in artistic and sports activities, which is higher than the study at Hue University of Medicine and Pharmacy Hospital (36.4%) (6) but lower than Tien Giang Central General Hospital (89.3%) (4). This may reflect that cardiovascular patients generally prefer more rest rather than participation in artistic or sports activities.

Regarding hospital responsiveness: All patients expressed a desire to be asked about their health status and family circumstances, with 99% reporting that this need was met. The Social Work Department has implemented regular visit activities; however, due to insufficient staffing and an underdeveloped support network within the hospital wards, the hospital's responsiveness has not fully met patient expectations. Furthermore, the needs for psychological therapy and participation in artistic and sports activities were rated as the least adequately addressed, at 79% and 69.4%, respectively. Nevertheless, these figures are higher than those reported at Hue University of Medicine and Pharmacy Hospital, where the proportion of patients whose needs for participation in artistic or sports activities were met was 0% (6). The main reasons for these limitations at Hanoi Heart Hospital include the absence of

private spaces for counseling and psychological therapy and the lack of shared areas for artistic, communication, or health education activities.

Patients' Needs for Resource Connection and Financial Support and the Hospital's Responsiveness

Global studies have shown that, in addition to the need for information support or health education communication, patients also place considerable importance on financial support for medical expenses (15), (17). The results of the study at Hanoi Heart Hospital indicate that 36.3% of patients expressed a need for cash assistance to cover part of their treatment costs, which is much lower than findings at Tien Giang Central General Hospital (90.3%) (4), the National Hospital of Traditional Medicine (89.2%) (8), and K Hospital (84.2%) (3). However, this figure is closer to the results reported at VietDuc University Hospital (58.6%) (5) and 108 Military Central Hospital (56.5%) (18). This suggests that patients at Hanoi Heart Hospital are generally able to cover basic treatment costs themselves and tend to leave financial assistance opportunities for patients in greater need. The proportions of patients who required free personal items and free meals were 21.8% and 33.7%, respectively, which are lower than those reported at the Traditional Medicine Institute (45.8% and 47.2%) (7) and VietDuc University Hospital (57.9% and 56.2%) (5), and considerably lower than at Tien Giang Central General Hospital (90.8% and 95.4%) (4) and the National Hospital of Traditional Medicine (90.5% and 85.8%) (8). These differences can be attributed to regional variations in population characteristics, socioeconomic conditions, consumption habits, and dietary preferences. In addition, 71.5% of patients expressed a need for temporary accommodation for their caregivers during hospitalization. This is similar to the result at K Hospital (74.3%) (3) but higher than at the Traditional Medicine Institute (56.5%) (7), VietDuc University Hospital (67.6%) (5),

108 Military Central Hospital (55.4%) (18), and Hue University of Medicine and Pharmacy Hospital (39.1%) (6). Nevertheless, the figure is lower than that at Tien Giang Central General Hospital (96.4%) (4) and the National Hospital of Traditional Medicine (98.6%) (8). These results indicate that the desire for hospitals to provide temporary accommodation for caregivers is particularly important in specialized or tertiary hospitals in large cities, where patients often undergo long-term treatment, space is limited, and patient volume frequently exceeds capacity.

Regarding hospital responsiveness: 21.8% of patients expressed a desire to receive personal items, yet none of these needs were met. This result is lower than that reported at the National Hospital of Traditional Medicine, where 87.9% of patients had such a need and 7.7% were fulfilled (8). Additionally, 21.5% of patients had their need for free meals met, which is lower compared to the results at Hue University of Medicine and Pharmacy Hospital (95.2%) (6) and the National Hospital of Traditional Medicine (69.2%) (8). On the other hand, 71.5% of patients wished for temporary accommodation for their accompanying caregivers, with 79.7% of these needs being met. This is more favorable than the result at Hue University of Medicine and Pharmacy Hospital, where none of the patients' requests for caregiver accommodation were fulfilled (6). In practice, specialized central or tertiary hospitals located in major cities often face limited infrastructure, small land area, and patient overload, making the provision of temporary accommodation for caregivers a common challenge across many healthcare facilities rather than an issue unique to Hanoi Heart Hospital.

Study limitations: This study was conducted in inpatient clinical wards but did not include patients in intensive care units, where care characteristics and support needs are distinct. Therefore, the results may not fully reflect the overall situation at the hospital. Additionally, as

the study was carried out in a specialized central hospital located in a major city, the findings may not be generalizable to other hospitals with different organizational conditions and resources. Moreover, interviewing patients while they were still receiving inpatient care might have influenced their responses, potentially affecting the objectivity of the information collected.

CONCLUSIONS

Patients exhibited higher needs for support in information, counseling and communication, awareness enhancement (ranging from over 83% to 100%), and the hospital's response to these needs corresponded well with patients' expectations, reaching over 96%. Patients' needs for psychosocial support were at a moderate level, and the hospital's response was relatively aligned with patients' expectations. Among these, psychological therapy and organized activities to enhance patients' morale (such as arts and sports activities) were the two areas with the lowest support needs, at 42% and 50.8%, respectively, with the hospital's response rates at 79% and 69.4%. This reflects limitations in specialized personnel, facilities, and space to fully implement social work activities. Notably, there were marked differences within the category of resource connection–financial support needs. Patients expressed lower demand for support regarding hospital fees or personal living expenses, and the hospital's response in these areas remained low, falling short of patients' expectations. Currently, the hospital has not implemented support measures such as providing personal items, cash for daily expenses, free meals, or temporary accommodation for patients' family members.

RECOMMENDATIONS

The hospital should improve patient support procedures and establish a social work network

within its departments and units. Efforts to strengthen connections with social resources should be continued in order to secure stable sources of support. In the long term, the hospital should recruit full time professional social workers and incorporate indicators for responsiveness to social work needs into its management policies. In addition, specialized training in social work should be provided for social work staff, along with regular training or refresher courses for healthcare workers or members of the social work network across departments and units. Infrastructure and physical spaces serving social work activities should also be upgraded and improved..

REFERENCES

1. Ministry of Health. Enhancing the quality and professionalization of the social work workforce in healthcare. [Internet]. 2025. Available at: https://moh.gov.vn/hoat-dong-cua-lanh-dao-bo/-/asset_publisher/TW6LTp1ZtwaN/content/nang-cao-chat-luong-va-chuyen-nghiep-hoa-oi-ngu-nhan-luc-cong-tac-xa-hoi-trong-cong-tac-y-te
2. Department of Medical Examination and Treatment Management – Ministry of Health. Inspection and survey of social work activities in hospitals under the new context [Internet]. 2023. Available at: <https://kcb.vn/thong-tin/kiem-tra-khao-sat-hoat-dong-cong-tac-xa-hoi-tai-cac-benh-vien-trong-tinh-hinh-moi.html>
3. Pham Tien Nam et al. *Needs and the capacity to provide social work services for cancer patients at K Hospital in 2017*. Hanoi University of Public Health; 2017.
4. Tran Ngoc Yen. *The social work support needs of inpatients and related factors at the Cardiology and Diabetes Department, Tien Giang General Central Hospital, 2018* [Master's Thesis in Public Health]. [Hanoi]: Hanoi University of Public Health; 2018.
5. Luu Thi Tham. *Inpatient social work service needs and hospital response at VietDuc University Hospital, 2018* [Master's Thesis in Hospital Management]. [Hanoi]: Hanoi University of Public Health; 2018.
6. Tran Van Vui. *Inpatient social work support needs and hospital response at Hue University of Medicine and Pharmacy Hospital, 2023* [Master's Thesis in Hospital Management]. [Hanoi]: Hanoi University of Public Health; 2023.
7. Do Thanh Huyen. *Social work support needs of inpatients and hospital response capacity at Ho Chi Minh City Institute of Traditional Medicine and Pharmacy in 2021* [Master thesis in Hospital Management]. Hanoi: Hanoi University of Public Health; 2021.
8. Nguyen Minh Tan. *Inpatient social work service needs and some influencing factors at the National Hospital of Traditional Medicine, 2023* [Master's Thesis in Public Health]. [Hanoi]: Hanoi University of Public Health; 2023.
9. Duong Thi Truc. *Current implementation of social work activities and some influencing factors at Nguyen Dinh Chieu Hospital, Ben Tre province, 2016–2019*. Journal of Health Research and Development. 2020;37–47.
10. Ngo Anh Minh. *Social work model from the practice of Phuc Tho General Hospital* [Master's thesis in Social Work]. [Hanoi]: University of Labor and Social Affairs; 2019.
11. Hanoi Heart Hospital. *Summary report on professional activities in 2023 and development orientation for 2024*. Hanoi Heart Hospital; 2024.
12. Hanoi Heart Hospital. *Summary report on professional activities in 2024 and development orientation for 2025*. Hanoi Heart Hospital; 2025.
13. K. Rainbird, et al. The needs of patients with advanced, incurable cancer. *Br J Cancer*. 2010;759–64.
14. Inken Padberg, Knispel P, Zollner S. Social work after stroke: identifying demand for support by recording stroke patients' and carers' needs in different phases after stroke. *BMC Neurol*. 2016;
15. Maria Polikandrioti, Mariana Ntokou. Needs of hospitalized patients. *Health Science* 5(1). 2011;15–22.
16. F. Rapport, P. Hibbert, M. Baysari. What do patients really want? An in-depth examination of patient experience in four Australian hospitals. *BMC Health Serv Res*. 2019;
17. Tang W, Li W, Yu Z, Wang X, Ni Z, Cui L. Survey of hospitalized patients' need for psychological and material support in China. *Asia Pac J Oncol Nurs* 217;4. 2017;
18. Trinh The Duong. *Social work service needs of inpatients at 108 Military Central Hospital and some influencing factors in 2024*. Hanoi University of Public Health; 2024.