Research Article

EVALUATING PATIENT UTILIZATION AND SATISFACTION OF SOCIAL WORK SERVICES IN A HOSPITAL SETTING

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Abstract

Purpose: This study aims to explore the utilization patterns of social work consulting services by patients within a hospital setting and assess patient satisfaction with these services to identify areas for improvement and enhance patient care and support.

Methods: Utilizing a convenience sample of 130 patients from Trung Vuong Hospital, we conducted a survey to investigate patients’ engagement with social work consulting services and their satisfaction levels. The study employed descriptive statistics data analysis.

Results: The findings revealed that the most utilized social work service is patient orientation upon hospital entry (88.4%), highlighting the importance of initial patient support. However, specialized services, such as support for victims of violence (1.6%) and coordination with organizations for social work (1.6%), are significantly underutilized, with many patients citing a lack of perceived need. Patient satisfaction was highest for emergency support services (mean=4.50), suggesting the value of social work in addressing critical needs, while routine services like patient orientation received slightly lower satisfaction scores.

Conclusion: The study underscores the critical role of social workers in healthcare, particularly in patient orientation and emergency support. There is a clear need for increased awareness among patients about the range of available social work services and for more patient-centered approaches to enhance engagement and satisfaction. The findings advocate for healthcare settings to prioritize personalized and comprehensive orientation services and address barriers to accessing specialized social work support. ASEAN Journal of Psychiatry, Vol. 25 (3) April, 2024; 1-10.

Keywords: Social Work; Hospital; Services; Healthcare; Patient

Introduction

Hospital social workers serve as essential bridges between the clinical treatment patients receive and their successful return to everyday life, addressing their social, emotional, and practical needs through a comprehensive approach to patient care, discharge planning, and transition to self-management post-hospitalization. This research builds upon existing literature, such as Winnett, which highlights the unique challenges faced by social workers in caring for vulnerable populations, such as homeless patients, and the critical importance of supporting both the professionals and the patients [1]. The literature emphasizes the role of case management in maintaining and advocating for the patient’s support systems, as identified by Harkey et al., which is crucial for reducing mortality risks among seriously ill patients [2]. The integration of social and psychological care, effective communication strategies to improve health literacy, and the development of self-management skills as part of the discharge process are fundamental aspects of their work. Studies, including those by Falck and Pollack et al., underscore the necessity of understanding the hospital’s structural and contextual factors, and employing frameworks like the Knowledge, Resources, and Self-efficacy (KRS) to support patient transitions [3,4]. Cultural
and environmental considerations, as well as targeted strategies to reduce rehospitalization rates for chronic conditions, further illustrate the breadth of factors influencing patient care. Additionally, the role of nursing support in enhancing the hospital experience for patients and families, as discussed by Mattila et al., reflects the interdisciplinary nature of hospital social work [5]. This synthesizes the multifaceted contributions of hospital social workers, underscoring their indispensable role in healthcare and advocating for continued research to navigate the evolving challenges and opportunities in this field, thereby ensuring the provision of high-level care and support.

Hospital social workers serve as lynchpins, connecting the medical world to the broader social and emotional needs of patients throughout hospitalization. This manifests in several key areas. First, meticulous discharge planning ensures a smooth transition home or to another facility. Collaborating with patients, families, and the healthcare team, social workers address individual medical needs, support systems, and living conditions to optimize post-hospitalization well-being [4,6]. Recognizing the emotional toll of hospitalization, social workers provide crucial emotional support and psychosocial counseling. Employing various techniques, they help patients and families cope with illness, navigate the hospital environment, and foster a supportive healing environment [2,3]. Furthermore, social workers empower patients by acting as bridges to essential resources. Leveraging their knowledge of local and national resources, they connect patients with information on healthcare services, financial assistance, community resources, and support groups, equipping them with the tools necessary for a successful recovery journey beyond the hospital [7,8]. Finally, hospital social workers are staunch advocates for patient rights. They tirelessly work to ensure patients’ voices are heard and healthcare preferences respected. This includes educating patients and families about their rights and responsibilities within the healthcare system, assisting them in navigating challenging medical decisions and ethical dilemmas, and advocating for policies and practices that promote patient-centered care, particularly for vulnerable populations [9,10]. In essence, the comprehensive approach employed by hospital social workers, encompassing discharge planning, emotional support, resource connection, and patient advocacy, plays a vital role in ensuring positive recovery outcomes and underscores their indispensable contributions to the healthcare team.

This research aims to understand the role of social work consulting services within a hospital setting. Firstly, we will investigate the utilization patterns of these services by patients. This includes examining how frequently patients access these services, under what circumstances they seek social work support, and which specific services are most commonly used. We will also explore the demographic and clinical characteristics of patients who utilize social work services, along with any barriers that might prevent patients from accessing these services. Secondly, we will assess patient satisfaction with the social work services provided. This involves evaluating how patients perceive the effectiveness, responsiveness, and overall impact of these services on their healthcare experience. By gathering feedback on these aspects, we can identify areas for improvement to enhance patient care and support provided by social workers within the hospital.

Materials and Methods

Participants

The study adopted a convenience sampling approach, recruiting 130 participants from Trung Vuong Hospital. After obtaining informed consent from all individuals, the final sample comprised 130 patients who participated in the survey. The sample exhibited a gender distribution of 58.5% male (n=76) and 41.5% female (n=54). Socioeconomic background analysis revealed that 3.8% of patients originated from families classified as poor or extremely difficult, with an additional 5.4% categorized as near-poor or facing difficulties. The remaining participants did not fall within these classifications. In terms of hospitalization status, the sample included 25 inpatients (19.2%) and 105 outpatients (80.8%). A detailed breakdown of these socio-demographic characteristics is presented in Table 1.

Table 1. Demographic of patients.

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>76</td>
<td>58.5</td>
</tr>
<tr>
<td>Female</td>
<td>54</td>
<td>41.5</td>
</tr>
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</table>
Evaluating Patient Utilization and Satisfaction of Social Work Services in a Hospital Setting

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<table>
<thead>
<tr>
<th>Socioeconomic</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Normal</td>
<td>118</td>
<td>90.8</td>
</tr>
<tr>
<td>Inpatients</td>
<td>25</td>
<td>19.2</td>
</tr>
</tbody>
</table>

| Hospitalization status | Outpatients | 105 | 80.8 |

**Note:** N=130; n=Number of participants; %=percentage.

**Measurement**

To explore the utilization and satisfaction rates of social work consulting services within the hospital, a self-administered questionnaire was developed. The instrument first assessed patients’ prior engagement with these services through a binary question (“Have you ever used social work consulting services at this hospital?”). Those responding negatively were then presented with three potential reasons for non-utilization: “Don’t know about the service yet,” “No need for the service yet,” and “Contacted the service but received no response.” Subsequently, the questionnaire gauged patients’ satisfaction levels with social work consulting services using a 5-point Likert scale ranging from “Very dissatisfied” to “Very satisfied.”

**Data analysis**

In line with Malhotra et al., who argue that the absolute value and unit of a Likert scale hold minimal significance and that linear transformations preserve core properties, the original 5-point rating scale was rescaled to enhance analytical capabilities [11]. This process involved first calculating the range of the original scale (highest value-lowest value=4). The unit length (“b”) was then established by dividing this range by the number of scale points (4/5=0.80), representing the increment between transformed values. Finally, to define the upper limits for the transformed categories, the formula “y=a+bx” was employed, where “a” represents the lowest original value (1) and “b” is the unit length (0.80). This transformation yielded the following categories with more nuanced boundaries:

- Very dissatisfied (1.00-1.80)
- Dissatisfied (1.81-2.60)
- Neither satisfied nor dissatisfied (2.61-3.40)
- Satisfied (3.41-4.20)
- Very satisfied (4.21-5.00)

Upon data collection, the dataset underwent meticulous coding and cleaning within the Microsoft excel environment to ensure the eradication of any inconsistencies or errors. Subsequently, the data was seamlessly imported into Statistical Package for the Social Sciences (SPSS) version 20 to facilitate a comprehensive analytical process. Descriptive statistics were then strategically employed to understand the data’s central tendencies and variability fully.

**Results**

Descriptive statistics revealed that the most frequently utilized social work service was “Welcoming, instructing, providing information, and introducing the hospital’s medical examination and treatment services to patients right from the moment they enter the medical examination department or examination room” (n=115; 88.4%). This highlights the crucial role social workers play in patient orientation and initial hospital navigation. Conversely, services like “Organize interviews with patients and their families to obtain information about the patient’s health situation and difficult circumstances, determine the level and have a plan for psychological, social, and practical support” (n=14; 10.8%) and “Emergency support for social work activities for patients who are victims of violence, domestic violence, gender-based violence, accidents, and disasters to ensure patient safety: Psychological support, social services, legal counseling, forensic examination, forensic mental health, and other appropriate services” (n=2; 1.6%) were used by a smaller proportion of patients. Reasons for this disparity included a high percentage of patients reporting “No need for the service yet” (80.8% and 56.2%, respectively) for these services. Similarly, services like “Support hospital discharge procedures and refer patients to community support locations (if any)” (n=15; 11.6%) and “Provide information and advice to patients who are scheduled to be transferred to medical examination and treatment facilities or discharged from the hospital” (n=10; 9.7%) were used less frequently due to a high percentage of patients not yet requiring discharge support. Notably, the service “Activities include coordinating and guiding organizations and volunteers who need to implement and support
the hospital’s social work” (n=2; 1.6%) displayed the lowest utilization, with a combined 98.4% of patients indicating “No need for the service yet” or “Don’t know about the service yet.” A detailed breakdown of patient utilization for each social work consulting service is presented in Table 2.

Delving into patient satisfaction (reported in Table 3), the services perceived as most impactful were those addressing emergency situations. Patients expressed high satisfaction (M=4.50, R=1) with the service providing “Emergency support for social work activities for patients who are victims of violence, domestic violence, gender-based violence, accidents, and disasters to ensure patient safety: Psychological support, social services, legal counseling, forensic examination, forensic mental health and other appropriate services.” This highlights the critical role social workers play in safeguarding vulnerable patients. Services like “Provide information and advice to patients who are scheduled to be transferred to medical examination and treatment facilities or discharged from the hospital” (M=4.10, R=2), “Support hospital discharge procedures and refer patients to community support locations (if any)” (M=4.00, R=3), and “Activities include coordinating and guiding organizations and volunteers who need to implement and support the hospital’s social work” (M=4.00, R=4) all received satisfactory ratings. Interestingly, the most frequently utilized service, “Welcoming, instructing, providing information, and introducing the hospital’s medical examination and treatment services to patients right from the moment they enter the medical examination department or examination room” (M=3.83, R=5), received a slightly lower satisfaction score. Potentially, this reflects the routine nature of this service compared to those addressing more critical needs. Similarly, the service “Organize interviews with patients and their families to obtain information about the patient’s health situation and difficult circumstances, determine the level and have a plan for psychological, social and practical support” (M=3.79, R=6) received a satisfactory rating, which could be explored further to understand patient perspectives on this specific service (Table 3).

Table 2. Patients utilization of social work consulting services within the hospital.

<table>
<thead>
<tr>
<th>Services</th>
<th>Yes</th>
<th>No</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Welcoming, instructing, providing information, and introducing the hospital's medical examination and treatment services to patient’s right from the moment they enter the medical examination department or examination room.</td>
<td>115</td>
<td>88.4</td>
<td>14</td>
<td>0.8</td>
<td>1</td>
</tr>
<tr>
<td>Organize interviews with patients and their families to obtain information about the patient's health situation and difficult circumstances, determine the level and have a plan for psychological, social, and practical support.</td>
<td>14</td>
<td>10.8</td>
<td>11</td>
<td>8.5</td>
<td>105</td>
</tr>
</tbody>
</table>
Emergency support for social work activities for patients who are victims of violence, domestic violence, gender-based violence, accidents, and disasters to ensure patient safety: psychological support, social services, legal counseling, forensic examination, forensic mental health, and other appropriate services.

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support hospital discharge procedures and refer patients to community support locations (if any).</td>
<td>15</td>
<td>11.6</td>
<td>1 0.8 114 87.7 0 0</td>
</tr>
<tr>
<td>Provide information and advice to patients who are scheduled to be transferred to medical examination and treatment facilities or discharged from the hospital.</td>
<td>10</td>
<td>9.7</td>
<td>0 0 120 92.3 0 0</td>
</tr>
<tr>
<td>Activities include coordinating and guiding organizations and volunteers who need to implement and support the hospital's social work.</td>
<td>2</td>
<td>1.6</td>
<td>91 70 37 28.4 0 0</td>
</tr>
</tbody>
</table>

Note: n=Number of participants; %=Percentage.

Table 3. Patients satisfaction of social work consulting services within the hospital.

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>M</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcoming, instructing, providing information, and introducing the hospital's medical examination and treatment services to patient’s right from the moment they enter the medical examination department or examination room.</td>
<td>116</td>
<td>3.83</td>
<td>5</td>
</tr>
<tr>
<td>Organize interviews with patients and their families to obtain information about the patient's health situation and difficult circumstances, determine the level and have a plan for psychological, social and practical support.</td>
<td>14</td>
<td>3.79</td>
<td>6</td>
</tr>
<tr>
<td>Emergency support for social work activities for patients who are victims of violence, domestic violence, gender-based violence, accidents, and disasters to ensure patient safety: psychological support, social services, legal counseling, forensic examination, forensic mental health and other appropriate services.</td>
<td>2</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>Support hospital discharge procedures and refer patients to community support locations (if any).</td>
<td>15</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Provide information and advice to patients who are scheduled to be transferred to medical examination and treatment facilities or discharged from the hospital.</td>
<td>10</td>
<td>4.1</td>
<td>2</td>
</tr>
</tbody>
</table>
Discussion

The descriptive statistics from the study underline the pivotal role of social workers in the healthcare sector, particularly in facilitating patient orientation and navigation within hospital settings [12,13]. The data reveals that the most frequently accessed social work service, crucial for initial patient support and orientation, involves welcoming and guiding patients, providing crucial information, and introducing them to the hospital’s medical examination and treatment services. This service, utilized by 88.4% of the patients surveyed, underscores the importance of initial patient support and orientation in healthcare environments [14,15]. On the other hand, more specialized interventions such as conducting interviews to understand the patient’s health situation and support needs, emergency support for victims of violence, and support for hospital discharge procedures are significantly less utilized. This disparity is primarily attributed to a high percentage of patients not perceiving a need for these services at the time of the survey. This finding suggests a gap between the availability of specialized social work supports and patient awareness or willingness to utilize them [16,17]. The low utilization rates for services related to emergency support for victims of violence (1.6%) and coordinating support activities with organizations and volunteers (1.6%) highlight a potential underutilization of critical social work interventions in healthcare settings [18]. These services, which are crucial for supporting vulnerable populations and facilitating community engagement, seem to be less recognized or deemed necessary by the majority of patient’s surveyed [19,20]. Several factors could contribute to this disparity in service utilization. Firstly, the high percentage of patients reporting “No need for the service yet” suggests a lack of awareness or understanding of the full range of social work services available within the hospital [21]. Patients may not recognize the benefits of these services or how they could be applicable to their situations [22,23]. Secondly, the complexity and sensitivity of issues such as violence, domestic violence, and gender-based violence may lead to underreporting or reluctance to seek help, thereby affecting the utilization rates of services designed to address these issues. The data also points to a critical need for increased awareness and promotion of the broader spectrum of social work services in hospitals. Efforts to educate patients and their families about the availability and benefits of these services could help in bridging the gap between service availability and utilization [22,24]. Additionally, there’s a need to explore barriers to service utilization, including stigma, privacy concerns, and cultural factors, to develop more accessible and patient-centered social work interventions. Overall, while social workers play a crucial role in patient care and support within hospitals, there’s a clear need to enhance patient engagement with and access to a broader range of social work services [12,22,25]. This involves not only raising awareness among patients but also addressing systemic and individual barriers to service utilization.

The satisfaction ratings provided by patients offer valuable insights into the perceived effectiveness and importance of various social work interventions within a healthcare setting [19,23]. These results indicate a high level of appreciation for services that address critical and emergency needs, particularly for patients who are victims of violence, domestic violence, gender-based violence, accidents, and disasters. The highest satisfaction score (M=4.50, R=1) for emergency support services underscores the crucial role that social workers play in ensuring patient safety and providing comprehensive supports, including psychological support, social services, legal counseling, forensic examination, and mental health services [13,25]. The satisfaction ratings for other services, while slightly lower, still reflect a positive perception of the support provided by social workers [19]. Services related to the transfer and discharge of patients, as well as the coordination of support activities with organizations and volunteers, received scores
above 4.00, indicating a high level of satisfaction among patients. These services are essential for ensuring continuity of care and facilitating the transition of patients from hospital to community settings, which is crucial for their recovery and well-being. Interestingly, the most frequently utilized service welcoming and orienting patients at their arrival received a slightly lower satisfaction score (M=3.83, R=5) compared to the others. This might suggest that while the service is highly utilized and undoubtedly valuable for patient orientation, it may be perceived as more routine or less impactful on an individual’s overall hospital experience compared to services that address more immediate and critical needs [26]. The service involving interviews with patients and their families to assess health situations and support needs received the lowest satisfaction rating among the services discussed (M=3.79, R=6). Although still satisfactory, this score suggests that there might be aspects of the interview process or the subsequent support planning that could be improved to better meet patient expectations and needs [27,28]. Understanding patient perspectives on this service could reveal specific areas for enhancement, such as the personalization of support plans, the communication skills of social workers, or the responsiveness to patient concerns [28]. These satisfaction ratings reveal a nuanced view of social work services in healthcare settings [23]. They highlight the importance of emergency and critical support services while also pointing to opportunities for improving patient experiences with more routine services. Enhancing patient satisfaction with these services could involve focusing on personalization, improving communication strategies, and ensuring that patient’s feel heard and supported in all interactions with social workers. Additionally, raising awareness among patients about the availability and potential benefits of less frequently utilized services might encourage broader engagement, ultimately leading to higher satisfaction and better patient outcomes [12,25,29].

**Implications and recommendations**

The study highlights a need to improve the orientation and support provided to patients upon their hospital arrival. Despite being the most frequently utilized service, it received a relatively lower satisfaction score. Healthcare settings should prioritize developing personalized and comprehensive orientation services, such as incorporating needs assessments, personalized hospital maps, or dedicated support staff for navigating initial procedures, to improve patient experiences. The significant gap between the availability of specialized social work services and their utilization necessitates targeted efforts to raise awareness among patients and their families. This includes education on the scope of services offered and their potential benefits, particularly for vulnerable populations affected by violence, disasters, and other critical situations. Healthcare providers and social workers need to identify and address the barriers that prevent patients from utilizing certain services. These barriers could include stigma, lack of awareness, privacy concerns, and cultural factors. Strategies could involve providing confidentiality assurances, implementing cultural competency training for social workers, and launching patient education campaigns to ensure patients feel comfortable and informed about seeking support.

Policymakers should advocate for and support the integration of comprehensive social work services within healthcare settings. This includes allocating funding and resources for crucial areas like emergency support services, such as establishing a dedicated domestic violence support team within the hospital, educational programs for patients on the scope and benefits of social work services, and training programs for social workers in cultural competency and effective communication. Policies should further encourage collaborative practices among healthcare professionals, social workers, and community organizations. This collaborative approach would facilitate a seamless transition from hospital to community settings and guaranteeing that patients receive the necessary support throughout their recovery journey.

Further research is needed to understand the barriers to service utilization from the patient’s perspective. This includes qualitative studies that explore patient experiences, perceptions of social work services, and the factors that influence their willingness to engage with these services. Additionally, longitudinal research could track patient experiences over time to assess the long-term impact of social work interventions. Future studies should evaluate the effectiveness of different service delivery models in meeting patient needs. This could involve examining models that emphasize personalization of services, patient education strategies, and the integration of social work services within healthcare teams.
Furthermore, research that explores the cost-effectiveness of implementing specific social work programs could demonstrate the return on investment for healthcare institutions. There is a need for research that measures the outcomes of enhanced social work interventions, particularly those aimed at improving patient satisfaction, healthcare navigation, and overall well-being. This could include studies on the impact of increased awareness and utilization of specialized services on patient health outcomes, as well as longitudinal studies to assess long-term effects.

**Limitations**

However, this study is subject to several limitations that should be acknowledged. The study’s findings may be limited by the diversity and representativeness of the patient sample, particularly regarding socioeconomic background or age range. The reliance on self-reported data for measuring service utilization and patient satisfaction introduces the potential for bias, including social desirability bias where respondents may provide answers they believe are expected or viewed favorably by others. This can affect the accuracy of the reported levels of satisfaction and perceived needs for services. The cross-sectional study design limits the ability to assess changes over time or determine causality between social work interventions and patient outcomes. Acknowledging these limitations is crucial for interpreting the study’s findings accurately and for guiding future research. Addressing these limitations in subsequent studies can enhance our understanding of the impact of social work services in healthcare settings and how to optimize their delivery for the benefit of patients.

**Conclusion**

This study highlights the crucial role of social work services in healthcare, particularly emphasizing the importance of initial patient support through orientation services and the critical support needed for vulnerable populations. Despite the high utilization of orientation services, specialized services for vulnerable individuals, such as those addressing domestic violence, are notably underutilized, suggesting a gap between service availability and patient engagement. Patient satisfaction rates vary, with higher satisfaction for emergency and critical support services, demonstrating the value of social work in addressing immediate needs. However, there is room for improvement in routine services, such as patient orientation, to better meet patient expectations. The findings highlight the need for increased awareness and patient-centered approaches to social work in healthcare, demonstrating that addressing these areas can significantly enhance patient care and outcomes.

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