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Listening to Patients’ Voices: Social Work Needs of Cancer Patients in Low-Setting Contexts

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Abstract

This study explores the psychosocial and practical needs of cancer patients in low-resource hospital settings, with a focus on the role of social workers in oncology care. Using a qualitative design, in-depth interviews were conducted with 20 hospitalized patients in Vietnam. Thematic analysis revealed three interrelated domains of need: (1) psychosocial and emotional counseling, where patients emphasized the importance of empathy, presence, and support in coping with distress; (2) practical and system navigation support, highlighting challenges in managing hospital bureaucracy, financial strain, and access to resources; and (3) family mediation and resource linkage, reflecting tensions within families and the desire for connections to community-based support. Findings underscore that medical treatment alone is insufficient; patients require holistic care that integrates social work expertise. The study recommends strengthening oncology social work services, building interdisciplinary collaboration, and addressing structural barriers to ensure equitable, patient-centered cancer care in low-resource contexts.

Keywords: Social Work, Cancer Patients, Low-Resource Settings

Introduction

Psychosocial needs are highly prevalent among cancer patients, with many experiencing considerable levels of emotional distress during their treatment journey (Mehlsen *et al.*, 2007) [14]. Such needs often extend beyond medical care to include emotional, legal, financial, and practical concerns (Mehlsen *et al.*, 2007) [14]. Patients may require support in navigating complex issues such as insurance coverage, access to clinical trials, and engagement with support organizations (Doherty *et al.*, 2018) [8]. Factors influencing these needs include tumor type, illness stage, age, gender, health status, and broader socioeconomic circumstances (Mcillmurray *et al.*, 2001) [13]. When left unaddressed, psychosocial needs can result in financial hardship and significant interference with daily life (Doherty *et al.*, 2018) [8]. Evidence suggests that healthcare professionals play a pivotal role in alleviating distress by demonstrating sensitivity, respect, and emotional tact during encounters (Bruno E. Aldaz *et al.*, 2017) [2]. Accordingly, ensuring access to comprehensive psychosocial care and informational support is crucial for improving patient outcomes and overall quality of life (Bruno E. Aldaz *et al.*, 2017; [2] Doherty *et al.*, 2018) [8].

Despite this importance, social work services—central to meeting psychosocial needs—remain underdeveloped in many low-resource settings. Structural barriers such as inadequate training, poor recognition, and limited resources undermine the capacity of hospital social workers to respond effectively (Kang'ethe, 2014, 2024) [10, 11]. Social workers in these contexts frequently encounter professional visibility deficits, gender stereotyping, and lack of conceptual clarity regarding their roles (Kang'ethe, 2024) [11]. The scarcity of community-based rehabilitation services further perpetuates disparities in recovery and continuity of care (Mehmood, 2023).

Similar gaps are observed in conflict-affected or underserved communities, wheredeficits in counseling, crisis intervention, and ethical decision-making reflect systemic weaknesses and insufficient professional development opportunities (Abdullahi & Bukar, 2025) [1]. Without adequate recognition, motivation, and remuneration, the contributions of hospital social workers to oncology care remain underutilized (Kang'ethe, 2014) [10].

Cancer patients in low-resource settings often face limited access to supportive care, particularly in relation to psychosocial and practical services. Barriers include insufficient availability of community resources and the lack of integration between medical and supportive care pathways (Moore *et al*., 2016) [15]. In many cases, the evolving emphasis on discharge planning within hospitals has overshadowed traditional social work roles such as education, advocacy, and counseling, thereby restricting patients' access to holistic supportive care (Heenan & Birrell, 2018). These challenges highlight a broader issue: the role of hospital social work in oncology care remains under-recognized and undervalued in resource-constrained health systems (Kang'ethe, 2014) [10].

This study aims to explore cancer patients' perspectives on their social work needs in low-setting contexts. By foregrounding patient voices, the research seeks to identify key areas where hospital-based social workers can contribute meaningfully to the psychosocial and practical dimensions of oncology care.

Theoretical Framework and Method

Theoretical Framework

This study was guided by a theoretical perspective on hospital social work functions in oncology, which emphasizes the multidimensional roles social workers play in supporting patients and families throughout the cancer trajectory. Oncology social workers facilitate adjustment to diagnosis and treatment, promote psychosocial recovery, and enhance healthcare resource utilization (Kennedy, 1996). They provide personalized care plans based on comprehensive assessments of patients' physical and psychological functioning, while also helping them overcome barriers to accessing services and navigating complex treatment systems (Kennedy, 1996; Gorman, 2020) [8].

Building on this foundation, oncology social work has evolved into a specialized clinical area that integrates biopsychosocial theories and ecological perspectives to address the psychosocial effects of cancer at individual, family, and systemic levels (Smith *et al*., 2005) [17]. Such an approach highlights the importance of multilevel assessment and intervention, enabling social workers to strengthen both individual coping and environmental responsiveness. Within this study, three domains from the literature were identified as particularly relevant for patients in low-resource contexts:

1. Psychosocial and emotional counseling – focusing on patients' experiences of emotional distress, identity, spiritual concerns, and the need for empathetic support from health professionals (Mcillmurray *et al*., 2001) [13].
2. Practical and system navigation support – encompassing assistance in overcoming barriers such as transportation, financial difficulties, and information needs, as well as facilitating access to treatment options and supportive services (Kennedy, 1996; Smith *et al*., 2005) [17].
3. Family mediation and resource linkage – addressing the psychosocial effects of cancer on families, strengthening family adjustment and communication, and linking patients and relatives with available supportive resources (Kennedy, 1996; Smith *et al*., 2005) [17].

These domains provided the conceptual lens for coding and categorizing the data, while also allowing new sub-themes to emerge inductively from participants' accounts.

Method

Research design

This study employed a qualitative research design to explore the psychosocial needs of patients in hospital settings and the potential role of social work services in addressing those needs. A qualitative approach was chosen because it allows for an in-depth understanding of participants' lived experiences, perceptions, and meanings, which are often not captured through quantitative surveys.

Participants and Sampling

A purposive sampling strategy was used to recruit participants who had direct experience with long-term or intensive hospital care. Inclusion criteria required participants to be (1) adult patients who had been hospitalized for at least seven consecutive days, and (2) willing and able to articulate their needs and experiences. In total, 20 participants (12 female and 8 male; aged 25–68 years) were interviewed. Recruitment took place through referrals from medical staff in two large general hospitals in Vietnam.

Data Collection

Data were collected through semi-structured, in-depth interviews. An interview guide was developed based on existing literature on psychosocial support in healthcare and refined through consultation with two senior social work practitioners. Key areas included patients' emotional well-being, family and relational concerns, and challenges in navigating healthcare procedures. Each interview lasted between 45 and 70 minutes and was audio-recorded with consent. Interviews were conducted in Vietnamese and later transcribed verbatim.

Data Analysis

Thematic analysis was conducted in six iterative phases. First, all interview transcripts were read repeatedly to gain familiarity with the content. Second, initial codes were generated both inductively from participants' narratives and deductively guided by the theoretical framework. Third, similar codes were clustered into broader categories. Fourth, these categories were refined into themes that reflected key aspects of patients' needs relevant to social workers' practice. Fifth, themes were cross-checked and discussed within the research team to enhance credibility. Finally, illustrative quotations were selected to exemplify each theme. All coding and categorization were performed manually without the support of specialized software.

Trustworthiness

Several strategies were adopted to ensure rigor. Triangulation was achieved through consultation with social workers and healthcare staff. Peer debriefing with two qualitative researchers provided external checks on interpretation. Member checking was conducted with four participants to verify accuracy of key findings. An audit trail was maintained throughout the research process.

Findings

Psychosocial and Emotional Counseling

Participants emphasized the importance of being emotionally supported throughout the treatment process. Many felt isolated, overwhelmed, or even stigmatized, and expressed a need for someone to listen without judgment. Social work professionals could help by offering counseling, emotional validation, and coping strategies.

> *"When I first heard the diagnosis, I couldn't sleep for weeks. I just needed someone to sit and listen, not always to give advice, but to let me release the fear"* (female, 45, breast cancer).

> *"Sometimes the doctors talk too fast. I feel lost and anxious. If there is a counselor who can explain slowly and comfort me, it makes a huge difference"* (male, 52, liver cancer).

> *"During chemotherapy, I cried a lot, but I didn't want to burden my children. Having someone neutral, like a social worker, would help me cope with the emotions I hide from my family"* (female, 38, leukemia).

These accounts show that beyond medical treatment, patients sought spaces of empathy and understanding. Counseling was not only about advice, but also about presence and companionship through a distressing journey.

Practical and System Navigation Support

A second theme centered on navigating complex hospital systems, paperwork, and financial challenges. Patients often felt lost between departments, unsure how to access insurance or external resources. They expressed the need for a "navigator" who could assist with practical matters.

> *"I spent two days just trying to find the right office for insurance claims. I was already exhausted from treatment. A guide would save so much energy"* (male, 60, lung cancer).

> *"The cost of medication is very high. I don't know which charities or funds can support me. If someone could connect me, it would reduce a lot of stress"* (female, 42, ovarian cancer).

> *"Sometimes we don't even know our rights. I only found out later that I could claim support for transportation. Nobody explained this in the hospital"* (male, 55, colorectal cancer).

These accounts underline the administrative and financial burdens of cancer care. Social workers can play a critical role as system navigators and advocates, ensuring patients access available entitlements and resources without unnecessary strain.

Family Mediation and Resource Linkage

The third theme reflected the complex family dynamics surrounding cancer diagnosis and treatment. Some patients faced conflicts, secrecy, or difficulty making collective decisions. Others needed linkage with external community networks for long-term support.

> *"My husband didn't want our children to know about my illness. But I felt guilty hiding it. I wish someone could help us talk openly"* (female, 47, cervical cancer).

> *"In my family, money became a sensitive issue. My brothers argued about how much to contribute. It created tension instead of comfort"* (male, 50, stomach cancer).

> *"After being discharged, I stayed at home without knowing anyone who went through the same. If there were groups or associations, I would feel less alone"* (female, 35, lymphoma).

These stories illustrate how cancer not only impacts the patient, but also reshapes family relationships. Social workers could serve as mediators to ease communication and as link workers to connect families with patient associations, support groups, and charities.

Discussion

Psychosocial and Emotional Counseling

This study highlights the pervasive psychosocial distress experienced by cancer patients, ranging from anxiety and uncertainty to feelings of isolation. These findings resonate with the broader literature on psychosocial oncology, which emphasizes the importance of addressing emotional and psychological support needs throughout the cancer journey (Bruno E. Aldaz *et al*., 2017; [2] Mehlsen *et al*., 2007) [14]. Counseling in cancer care is not only about responding to acute distress but also about building rapport, showing sensitivity, and fostering patients' acceptance of treatment-related challenges (Bruno E. Aldaz *et al*., 2017) [2].

Unmet psychosocial needs identified in this study—such as difficulties managing family worries, practical burdens, and lack of consistent support—mirror those described in earlier research that points to gaps in healthcare-social service collaboration (Mehlsen *et al*., 2007; [14] Mcillmurray *et al*., 2001) [13]. Social workers, trained in both counseling and systems-level intervention, are uniquely positioned to bridge these gaps. By providing psychosocial counseling, they can help patients cope with uncertainty, normalize emotional responses, and increase engagement with treatment.

Ultimately, these results reinforce the argument for embedding comprehensive psychosocial oncology services into hospital care, ensuring patients receive consistent, professional emotional support alongside medical treatment (Doherty *et al*., 2018) [8].

In low-resource settings, however, the challenge of providing psychosocial counseling is compounded by shortages of trained professionals, fragmented health–social service infrastructure, and limited financial support for non-medical interventions. These systemic constraints can exacerbate patients' distress, as emotional needs often remain unmet when clinical priorities are dominated by physical treatment. Our findings suggest that integrating counseling services into existing healthcare routines—such as embedding basic psychosocial screening and brief interventions into oncology visits, or leveraging community-based social workers—may offer feasible, scalable approaches in contexts where resources are constrained. Recognizing these structural limitations underscores the importance of tailoring psychosocial support models to local realities, rather than assuming resource-rich frameworks can be directly transplanted.

Practical and System Navigation Support

The study also revealed the heavy burden patients face in navigating hospital systems, administrative procedures, and financial demands. These challenges often compound distress and disrupt continuity of care. Such findings align with international evidence on patient navigation in cancer care, which has been shown to reduce delays in diagnosis, improve access to services, and enhance patient satisfaction (Wilcox & Bruce, 2010; Chan *et al*., 2023) [5].

Patient navigation is particularly critical for vulnerable populations—those with lower education, unstable income, or limited social support—who face the greatest barriers to accessing timely and adequate care (Freund, 2017) [7]. The narratives in this study illustrate precisely these vulnerabilities, underscoring the urgent need for navigation services within oncology hospitals.

Social workers can take on the role of navigators and advocates, helping patients understand their rights, access insurance, and connect with financial or logistical support. By integrating navigation functions into hospital social work practice, oncology care can become more equitable and less overwhelming for patients already struggling with illness.

In the Vietnamese context, the complexity of the multi-tiered healthcare system, combined with fragmented referral pathways and bureaucratic insurance procedures, often leaves patients and families confused and exhausted. For cancer patients, whose treatment requires frequent hospital visits, long waiting times, and substantial out-of-pocket costs, these barriers can significantly delay care and exacerbate financial toxicity. This context highlights why navigation support is not only a matter of convenience but also a structural necessity for improving equity and continuity of oncology care.

Family Mediation and Resource Linkage

Cancer affects not only individuals but also family systems, often straining relationships and decision-making processes. In this study, patients reported conflicts around disclosure, financial contributions, and shared caregiving responsibilities. These findings underscore the relevance of family-centered social work in oncology, which focuses on strengthening family capacity, providing culturally safe counseling, and reducing intra-family tensions (Chan *et al*., 2023) [5].

Additionally, the study revealed significant needs for resource linkage, particularly after hospital discharge, when patients felt isolated and disconnected from support networks. Literature on healthcare social work highlights the importance of connecting patients to financial aid, transportation services, and community-based support programs (Wilcox & Bruce, 2010; Freund, 2017) [7]. Such linkages extend the continuum of care beyond the hospital, preventing patients from falling through systemic gaps.

In practice, social workers can serve as both mediators within families and link workers bridging hospital care with community organizations, patient associations, and charitable resources. This dual role not only strengthens the psychosocial resilience of patients but also mobilizes external resources to sustain long-term coping.

Across all three themes, the findings point to the necessity of integrating social work services more systematically into hospital-based oncology care. International evidence shows that hospital social workers contribute to transitional care, case management, and behavioral health support, often working with patients facing complex needs (Petruzzi *et al*., 2022; Moore *et al*., 2016) [15]. While their interventions may extend hospital stays modestly, they prevent fragmented care and improve patient well-being (Heenan & Birrell, 2018).

For oncology in low-resource contexts such as Vietnam, embedding social workers within multidisciplinary teams can help address psychosocial, practical, and familial needs in a coordinated manner. This requires not only recognition of social work's strategic contributions but also institutional investment in training, staffing, and collaboration frameworks.

Conclusion and Recommendations

This study explored the multifaceted needs of cancer patients and highlighted the critical role of social workers in addressing these needs. The findings reveal that beyond medical treatment, patients face profound psychological distress, financial strain, and social disconnection that significantly affect their overall well-being. Patients repeatedly emphasized the importance of being heard, emotionally supported, and guided through the complex medical and bureaucratic systems. Such needs underscore that cancer care must extend beyond the hospital ward, incorporating a holistic approach that recognizes patients as individuals navigating intertwined medical, emotional, and social challenges. In the Vietnamese context, where healthcare resources are often stretched and psychosocial services remain limited, these findings provide timely evidence for the urgent integration of social work into cancer care.

Based on these findings, several recommendations can be made. First, social work services should be more systematically integrated into oncology departments to provide counseling, psychosocial support, and resource navigation. Second, specialized training for social workers in palliative care and oncology should be strengthened, enabling them to respond more effectively to patients' nuanced needs. Third, peer-support groups facilitated by social workers could serve as safe spaces where patients share experiences and reduce isolation. Fourth, collaboration between medical professionals and social workers should be institutionalized through interdisciplinary teams to ensure that emotional and social needs are addressed alongside medical treatment. Finally, policy-level interventions are necessary to reduce financial burdens by improving access to subsidies, insurance coverage, and charitable support for low-income patients.

By embedding social work more deeply into cancer care, the healthcare system can move closer to a patient-centered model that not only treats disease but also fosters dignity, resilience, and quality of life for individuals living with cancer.

Limitations and Future Research

This study has several limitations that should be acknowledged. First, the sample size was relatively small and limited to patients from a single hospital setting. Although qualitative research does not aim for generalizability, the findings may not fully capture the diversity of cancer patients' needs across different regions, treatment stages, or healthcare systems. Second, the study relied on self-reported narratives, which may be influenced by recall bias or patients' willingness to disclose sensitive issues. Some needs, particularly those related to stigma or financial hardship, may have been underreported due to social desirability or emotional discomfort. Third, the manual coding process, although rigorous, still involves subjective interpretation. Despite efforts to enhance credibility through cross-checking, researcher bias cannot be entirely eliminated.

Future research could address these limitations in several ways. Expanding the sample to include patients from multiple hospitals and diverse socio-economic backgrounds would provide a more comprehensive understanding of cancer patients' needs. Longitudinal designs could also be employed to track how patients' needs evolve over the course of treatment and survivorship. In addition, integrating multiple perspectives—including those of caregivers, healthcare providers, and social workers—would help triangulate findings and enrich the analysis. Finally, combining qualitative approaches with quantitative surveys could allow both depth and breadth, thereby strengthening the evidence base for developing targeted support programs.

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