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SATISFACTION OF INPATIENTS ABOUT HEALTH EDUCATION AT CAN THO UNIVERSITY OF MEDICINE AND PHARMACY HOSPITAL

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ABSTRACT

Background: Health education for patients is one of the essential tasks of physicians in patient care and treatment. To improve the effectiveness of health care and treatment, physicians must spend more time with patients. The interaction of physicians in performing health education for patients must be really enthusiastic, dynamic and responsive to the needs of each patient.

Objectives: This study aims to describe the satisfaction of inpatients about the health education communication activities of physicians in clinical departments of university hospitals at Can Tho University of Medicine and Pharmacy Hospital in June and July - 2023. **Materials and methods:** A convenience sample of 210 inpatients in 07 clinical departments at the time of discharge from the hospital was surveyed in this descriptive, cross – sectional study. Prepared questionnaires for face-to-face interviews with 37 questions (built by referencing documents related to health education communication for patients, and at the same time proposing some new elements for further study). Descriptive statistics were used to analyze data.

Results: The majority of the patients were female, accounting for 57.14 %, the average age was 52.01 ± 2.3 . Patients had a positive attitude toward the health education communication methods of physicians, with a score of 69.59 ± 15.73 . Most patients received health education in the form of individual consultations, accounting for 95.71 %. The percentage of doctors providing health education consultation to patients was 59.62 %. Patients had a positive attitude toward the health education communication methods of physicians (69.59 ± 15.73), the mean score of patients' evaluation of health education communication activities was 28.89 ± 4.66 and the content of medical education communication was 32.17 ± 10.18 . **Conclusion:** This study shows that patients have positive attitudes toward health education at clinical departments, but patients mainly expect doctors to be the ones to provide information and conduct health education for them. Therefore, it is necessary to develop a health education program for patients that pays attention to the central role of doctors.

Keywords: health education, satisfaction, inpatients.

I. INTRODUCTION

Health education for patients is one of the essential tasks of nurses in patient care. To improve health care outcomes, physicians must spend more time with patients. The interaction of physicians in performing health education for patients must be really enthusiastic, dynamic, and responsive to the needs of each patient. Therefore, in order to ensure health education, there needs to be active participation between patients and physicians. In the context of escalating healthcare costs and shocking future cost projections, the potential for improving health outcomes through patient education and self-management programs is enormous. Patient education is the term for education in hospital and clinic settings related to adherence to treatment protocols, medications, home care, and rehabilitation content. Behavior change communication is an interactive process for changing personal and social behavior, using specific goals, messages, and different communication methods, associated with services to achieve effectiveness [1], [2]. Health communication and education is a social activity that is carried out regularly, continuously and for a long time in order to influence the subjects' knowledge about health issues, the subjects' attitudes towards health problems, and their attitudes towards health problems. Health problems and the subject's practices or behaviors to deal with health problems and diseases [3]. In Vietnam, the Ministry of Health's Hospital Quality Evaluation Criteria also has guidelines for subsection evaluation, treatment and care advice, and health education for patients [3]. Besides, there are also some studies on health communication and education of nurses and medical staff for patients at hospitals such as Hue Central Hospital 2nd base, Ha Tinh Provincial General Ha Giang Hospital, Cho Ray Hospital, and Quang Tri General Hospital [4], [5], [6].

At the Can Tho University of Medicine and Pharmacy Hospital, health education communication activities are carried out through health education bulletin boards, through hospital-level meetings of relatives of patients, and through counseling and consultation activities involving direct consultation of doctors, nurses, and technicians with the patient or the patient's relatives. In particular, there has not been any research on the health education communication of medical staff for patients at the hospital. Therefore, it is necessary to study the satisfaction of inpatients about health education communication at Can Tho University of Medicine and Pharmacy Hospital in 2023.

II. MATERIALS AND METHODS

2.1. Research Subject : 210 inpatients in 7 clinical departments at the time of preparation for discharge from the hospital were surveyed in this descriptive study at, Can Tho University of Medicine and Pharmacy Hospital - in June and July 2023.

Inclusion criteria: Patients must be 18 years of age or older and agree to participate in the study.

Exclusion criteria: Patients who are in the stage of serious illness or emergency. Patients with mental illness, dementia, deaf and mute, are unable to answer interview questions. The patient didn't agree to join this research, and was absent during the research time.

2.2. Research Methods

Research design: cross-sectional descriptive study.

Sampling size: Our research was conducted on 210 inpatients with a significance of 5 %, an estimated percentage of patients who are satisfied with the health education consultation

of 95.9 % and an acceptable error of quantity ($d = 0.03$) [6].

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

The minimum sample size with $n=168$ patients. The estimated rate of subjects giving up or refusing to participate in the study is about 20%. In fact, we collected 210 patients. The hospital has 7 departments (each department takes 30 patients).

Sampling technique: convenience methods.

Data collection tool: Prepared questionnaires for face-to-face interviews with 37 questions (built by referencing documents related to health education communication for patients, and at the same time proposing some new elements for further study). Based on regulations on patient care at hospitals and Circular No. 07/2011/TT-BYT guiding nursing work on patient care at hospitals and Decision No. 6858/QD-BYT dated November 18, 2016 of the Ministry of Health on Promulgating criteria for quality management of Vietnamese hospitals [3], [7], including information on research subjects (8 questions), status of health education communication activities (15 questions), patient's assessment of health education communication activities (6 questions), patient's assessment of health education communication content (09 questions). Regarding assessment of satisfaction: using 5-point Likert scale.

Data collection procedure: The sample frame is a list of patients who meet the selection criteria, are about to be discharged or are expected to be discharged (one day before discharge) and receive inpatient treatment at the hospital. The researcher went to the Clinical Department to ask for a list of patients being treated at the department, select patients who meet the sampling criteria, and collect samples until the number is full.

Data analysis: SPSS software version 20.0 was used to analyze the data. Descriptive statistics were used to describe the characteristics of participants: qualitative variables (frequency, percentage), and quantitative variables (mean, SD).

Ethics approval: The Institutional Review Board at Can Tho University of Medicine and Pharmacy sanctioned the ethical approval for this study (Approval No. 22.077.GV/PCT-HDDD, dated November 30, 2022). Written informed consent was obtained from all patients who agreed to participate in the study.

III. RESULTS

General characteristics of participants: Most of the patients were non - religious, accounting for 82.86 %. The majority of the patients were female, accounting for 57.14 %. The number of patients in normal rooms accounted for 74.29 %, the proportion of patients living in the countryside predominated with 57.14%. The number of study participants had an academic level from primary school or higher (illiteracy accounts for only 4.29 %), most of them have jobs (the unemployment rate was only 1.43 %), and 54.29 % went to the hospital for treatment for the first time. The average age was 52.01 ± 2.3 .

Table 1. Patient Health Education (PHE) methods

Contents	Frequency (n)	Percentage (%)
The patient's form of health educations had consulted by the physicians		
Personally	201	95.71
Patient council meeting	9	4.29
Source of health education information		
Relatives	18	5.77
Doctor	186	59.62

Contents	Frequency (n)	Percentage (%)
Nurse	84	26.92
Other	24	7.69
Patients enjoy receiving health education from physicians		
Doctor	192	45.07
Pharmacist	48	11.27
Nurse	135	31.69
Student/postgraduate student	45	10.56
Other	6	1.41

Most patients received health education in the form of individual consultations, accounting for 95.71 %. Through the survey, the percentage of doctors and nurses providing health education consultation to patients was 59.62 % and 26.92 %, respectively.

Table 2. Current status of PHE activities

Item	Contents	Mean ± SD
1	I was informed clearly and completely about the rules and necessary information while in the hospital	4.20 ± 1.50
2	I received information about my disease	4.81 ± 0.77
3	I was explained the issues that need attention about my disease	4.74 ± 0.94
4	I was encouraged by the physicians to feel secure while being treated at the hospital	4.63 ± 1.13
5	I was coordinated with the physicians during treatment and care	4.79 ± 0.80
6	My concerns and questions were promptly answered during the treatment and care process	4.81 ± 0.77
7	I was informed and explained about treatment methods and what needed to be done clearly and completely	4.74 ± 0.94
8	I was instructed to take the medicine carefully and clearly	4.80 ± 0.83
9	I was instructed by the nurses to take care of myself, monitor and prevent illness during my hospital stay	4.61 ± 1.09
10	I was consulted and educated by the nurse during my hospital stay	4.76 ± 0.89
11	I received guidance and support from the nurses in exercising and early rehabilitation to prevent complications and restore body functions during my hospital stay	4.54 ± 1.21
12	I was given nutrition instructions during my hospital stay	4.53 ± 1.25
13	I was given nutrition instructions at home	4.34 ± 1.46
14	I was instructed to take the prescribed medication, and the time for follow-up visits	4.61 ± 1.09
15	I was advised before leaving the hospital	4.66 ± 1.05
Total		69.59 ± 15.73

Patients had a positive attitude toward the health education communication methods of physicians with a score of 69.59 ± 15.73.

Table 3. Patients' evaluation of PHE

Item	Contents	Mean ± SD
1	Physicians speak loudly and clearly, attract patients, and communicate easily	4.84 ± 0.75
2	Physicians clearly state the benefits, importance and core goals that patients need to achieve	4.80 ± 0.83

Item	Contents	Mean ± SD
3	Appropriate consulting content	4.94 ± 0.48
4	Consulting content with many specific and clear images, tools and illustrations	4.64 ± 1.09
5	Physicians are happy to answer patients' questions	4.80 ± 0.83
6	Reasonable consultation time	4.86 ± 0.69
Total		28.89 ± 4.66

The mean score of patients' evaluation of PHE was 28.89 ± 4.66 ; most patients highly appreciated health education communication.

Table 4. Patients' evaluation about the content of PHE

Item	Contents	Mean ± SD
1	Instructing and disseminating Department-Department rules, rights and obligations of patients	3.49 ± 1.10
2	Care, always encourage, inquire about health	3.63 ± 1.11
3	Dietary instructions according to disease condition	3.56 ± 1.10
4	Instructions on personal hygiene regime	3.54 ± 1.07
5	Guide the mode of rest and exercise	3.59 ± 1.16
6	Instruct patients on self-monitoring and care	3.66 ± 1.06
7	Instructions for using the medicine are specific and clear	3.69 ± 1.12
8	Instructions, explanations before performing infusion techniques, subclinical indications	3.50 ± 1.27
9	Instructions on improving health, preventing disease recurrence, and preventing complications when discharged from the hospital	3.53 ± 1.19
Total		32.17 ± 10.18

The mean score of patients' evaluations of the content of PHE was 32.17 ± 10.18 .

IV. DISCUSSION

The results of the study indicated that most of the inpatients respondents were satisfied with the health education services they received and that the individualized face – to – face method was used by both male and female groups. Different studies have shown that the one-to-one method in education could mostly lead to better achievement than other health education techniques due to personal interaction with the health care provider, sharing of needs and feelings, and provision of privacy. Most of the participants showed that they liked having health education done by physicians, of which about half (45.07 %) said that doctors were the most trustworthy person for them to receive health education. This result is similar to the research of Asiri. N et al. (2013) [8]. More than 95 % (95.71 %) of patients didn't experience any health education sessions in groups. This highlights that health educators are not performing their duties properly or that patients are entering the hospital at the wrong time for patient council meetings. However, the majority of study participants said they had received health education messages from their doctors (59.62 %), which points to the need for a greater effort in this service. Aiming at providing adequate knowledge and understanding patient health concerns, one can suggest more time to be provided by the physician [9].

Patients have a positive attitude toward the physician's health education communication method with a score of 69.59 ± 15.73 . People come to believe that doctors are a trustworthy source of medical information, and patients are more likely to achieve higher satisfaction with health education services when provided by a doctor [10]. This

shows that building a health education team for patients with doctors taking on the main function will be highly effective in meeting patients' expectations. In addition, the average PHE assessment score of patients was 28.89 ± 4.66 ; most patients highly appreciated the health education communication work. Similarly, in Nguyen Thi Hoai Trang's (2020) study, it was also found that patients were highly satisfied with health education while in the hospital [6]. In our study, the content of PHE was evaluated by patients at an average level, with an average score recorded of 32.17 ± 10.18 . Comparing this result with research conducted in 2021 shows that the health education content of nurses that was not rated well by patients has decreased much more [11]. This is an encouraging sign, but nurses still need to make more efforts to improve their skills and quality of health education.

V. CONCLUSION

This study shows that patients have positive attitudes toward health education at clinical departments, but patients mainly expect doctors to be the ones to provide information and conduct health education for them. However, a limitation of our study is the small sample size. But the research results have provided data for research on health education. Health education content needs to be specific, strict, and clearly expressed in order to provide rules, knowledge about the disease, self-care, disease prevention, and information about the disease for patients to improve their health.

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