ASSESSMENT OF THE CURRENT STATUS OF HEALTH EDUCATION CONSULTATION BY MEDICAL STAFF FOR SURGICAL PATIENTS AT THE CENTER FOR ONCOLOGY AND HEAD AND NECK SURGERY, NATIONAL OTORHINORARYNOLOGY HOSPITAL OF VIETNAM

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Summary

Health education (HE) plays an important role in protecting, caring for and improving human health, so the World Health Organization (WHO) has ranked it as the number one content in Primary Health Care [1]. **Objectives:** *Evaluation of the current status of health education counseling by medical staff for surgical patients at the Oncology and Head and Neck Surgery Center of the National Otorhinorarynology Hospital of Vietnam.* **Research subjects and methods:** Patients undergoing ear surgery at the Oncology and Head and Neck Surgery Center of the Central Ear, Nose and Throat Hospital from January 2024 to October 2024. **Results** : The rate of post-operative counseling by medical staff is generally quite uniform. Most of the contents are over 70%. The rate of achievement in health education counseling before discharge is the highest (86.2%), this rate at the time of surgery is 76.7%; at the time of surgery is only 51.8%. The rate of achievement in general health education counseling is 62.2%. The majority of the respondents were satisfied and very satisfied with the health education consultation: Satisfied (57.7%), very satisfied (33.3%). There were still 9% of respondents who felt normal and no respondents felt dissatisfied.

Keywords: health education, current status of health education counseling, primary health care, health education of medical staff with surgical patients.

1. Introduction

Health education (HE) plays an important role in protecting, caring for and improving people's health, so the World Health Organization (WHO) has ranked it as the number one content in the content of Primary Health Care [1]. HE is a regular, continuous and long-term process, it affects three areas of the subjects of HE: knowledge

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about health issues, attitudes towards health issues and practices or behaviors to solve health problems and diseases. HE activities in hospitals are currently an issue of concern to countries around the world; it is considered a mandatory professional function of all medical staff of medical facilities from central to local levels with the aim of helping people improve and improve their health. At medical facilities, through health education, nurses provide patients and their families with the necessary knowledge and skills to coordinate well in health care, prevention, treatment and early detection of complications to reduce the rate of re-hospitalization, reducing the economic burden on families as well as society [2],[3],[4].

The Central Ear, Nose and Throat Hospital is a specialized hospital, the final level of the industry; although health education and counseling is considered a core component of comprehensive patient-centered care, a part of professional medical staff, there has not been detailed research on how this activity is being implemented. With the unique characteristics of the Center, inpatients often undergo surgery, health education and counseling before, during and after surgery plays an extremely important role. At Center for Oncology and Head and Neck Surgery, there is currently no research on the current status of health education counseling of medical staff for inpatients. Therefore, the research team conducted the topic "Evaluation of the current status of health education counseling of medical staff for surgical patients at the Center for Oncology and Head and Neck Surgery, National Otorhinorarynology Hospital of Vietnam "

2. Research objects and methods

2.1. Research subjects

Ear surgery patients, Head and neck surgery center, National Otorhinorarynology Hospital of Vietnam.

2.2. Research location and time

National Otorhinorarynology Hospital of Vietnam from January to October 2024.

2.3. Research methods.

Cross-sectional study

2.4. Research sample size

2.5. Selection criteria:

+ Patients undergoing surgery at the Head and Neck Surgery Center of the National Otorhinorarynology Hospital of Vietnam.

+ Patients have treatment records with complete information

+ Patients agree to participate in the study.

+ Patients aged 18 - 60 years old;

2.6. Exclusion criteria

+ The study excluded patients with mental illness or cognitive impairment or those unable to communicate.

+ Incomplete records

+ Patients do not agree to participate in the study

+ Research method: Cross-sectional description

Calculate by formula

$$n = \frac{Z^2_{\left(1-\alpha/2\right)} \times p \times (1-p)}{d^2}$$

The sample size was calculated using the World Health Organization's sample size formula for estimating a proportion, with p being the proportion of patients satisfied with health education (30% according to a 2014 study at Me Linh District General Hospital), and the absolute error d = 0.07. The minimum required sample size was 163, so the minimum sample size for the study was n = 163.

All inpatients who met the study criteria and were about to be discharged from the Head and Neck Surgery Center during the data collection period from March to October 2024 were invited to participate in

the study. The study stopped when the sample size was sufficient. At the time of data collection, the sample size = 189.

Scoring method

Each question the patient answers yes to will be 1 point, the answer no will be 0 points.

- Preoperative consultation score: 09 questions, maximum 09 points; passing score for consultation 07 points.

- Post-operative consultation score: 08 questions, maximum score is 8; 07 points for consulting.

- Pre-discharge counseling score: 08 questions, maximum score is 8; 07 points for consulting.

- The total consulting score is the sum of all parts, maximum 25 points.

The study determined that patients received “adequate” counseling when the counseling score reached 80% or more. Thus, preoperative counseling is considered “adequate” when the total preoperative counseling score is 7-9 points (maximum total is 9); post-counseling is “adequate” when the total postoperative counseling score is 6-8 points (maximum total is 8); pre-discharge counseling is “adequate” when the total pre-discharge counseling score is 6-8 points (maximum total is 8); general counseling is “adequate” when the total general score is 20-25 points.

2.7. Research indicators.

STT	Target study	Variables/Information Collected	Collection method
1	General characteristics of research subjects	+ Age + Introduction + Information source	Interview
2	Health care workers' skills in providing health education and counseling	+ Speak loudly, clearly, and attract listeners + Appropriate content and easy to understand communication + Consulting content with many images, specifically	Interview

		illustrated + Be friendly and answer questions from listeners + Reasonable consulting time	
3	Preoperative consultation content patients receive from medical staff	+ Information about post-operative developments + Explain changes, discomfort due to drainage, and postoperative pain + Advice on postoperative pain control + Explain the care plan + Instructions for pre-operative diet and fasting before surgery + Explanation of surgical site marking + Instructions for administrative procedures before hospitalization + Instructions on department and room regulations + Instructions on procedures and benefits when having health insurance	Interview
4	Post-operative consultation content patients receive from medical staff	+ Instructions for monitoring and detecting complications related to surgery + Postoperative lying position + Post-operative diet instructions + Instructions on hygiene and infection prevention + Notification and explanation of disease progression + Reasons for use and effects of each treatment drug + Wound healing status and progress + Purpose when performing procedures such as infusion, changing bandages, placing drainage tubes, etc.	Interview
5	Pre-discharge consultation content that patients receive from medical staff	+ Advance notice of discharge plan + Guidance and preparation of documents and payment procedures for hospital discharge + Diet instructions after discharge from hospital + Instructions on how to use medication after discharge from hospital + Inform about wound condition and advise on wound care after discharge from hospital + Instructions for detecting abnormalities that require re-examination + Guidance on changing unhealthy behaviors and implementing health-promoting behaviors + Get instructions on schedule and notes for follow-up visits	Interview
6	Percentage of patients who received full consultation at all stages (pre-operative, post-operative, discharge, general)		Statistical
7	Patient satisfaction with health education consultation	+ Very satisfied + Satisfied + Normal + Not satisfied + Very dissatisfied	Interview

2.8. Data processing

- The collected data will be processed using SPSS 22.0 software.. epidata 3.0

2.9. Error

Possible errors are: recall error and estimation error.

How to fix the error:

- Review the form after the interview

- Ask cross-questions to check the accuracy of the information.

2.10. Ethics in research.

All patients selected for the study were explained the requirements and benefits of participating in the study and voluntarily participated in the study.

The author conducts research with honesty.

The topic has been approved by National Otorhinorarynology Hospital of Vietnam.

3. Results

Table 3.1. Preoperative counseling content patients receive from medical staff

Preoperative consultation content patients receive from medical staff	Have		Are not	
	N	%	N	%
1. Information about post-operative developments	150	79.4	39	20.6
2. Explain the changes, discomfort due to drainage, and postoperative pain	75	39.7	114	60.3
3. Advice on postoperative pain control	87	46.0	102	54.0
4. Explain the care plan	157	83.1	32	16.9
5. Instructions for preoperative diet and fasting before surgery	189	100	0	00.0
6. Explanation of surgical site marking	94	49.7	95	50.3
7. Instructions for administrative procedures before hospitalization	189	100	0	00.0
8. Instructions on department and room regulations	189	100	0	00.0
9. Instructions on procedures and benefits when having health insurance	189	100	0	00.0

Comments: In general, the rate of preoperative counseling is quite high. In particular, some contents such as: Instructions on preoperative diet, fasting before surgery; instructions on administrative procedures before hospitalization; instructions on department and room regulations; Instructions on procedures and benefits when having health insurance reached 100%. Some contents have a fairly high rate such as: Information on post-operative developments (79.4%), explanation of care plan (83.1%). However, there are still some contents with low communication rate such as: Explanation of changes, discomfort due to drainage, postoperative pain (37.9%), advice on postoperative pain control (46%); explanation of marking the surgical site (49.7%).

Table 3.2. Postoperative consultation content that patients receive from medical staff

Post-operative consultation content patients receive from medical staff	Have		Are not	
	N	%	N	%
1. Instructions for monitoring and detecting complications related to surgery	138	73	51	27
2. Postoperative lying position	125	66.1	64	33.9
3. Post-operative diet instructions	189	100	0	00.0
4. Instructions on hygiene and infection prevention	144	76.2	45	23.8
5. Notification and explanation of disease progression	180	95.2	9	4.8
6. Reasons for use and effects of each treatment drug	162	85.7	27	14.3
7. Wound healing status and progress	168	88.9	21	11.1
8. Purpose of performing procedures such as infusion, dressing change, drainage tube placement, etc.	157	83.1	32	16.9

Comments: The rate of post-operative consultation is generally quite even. Most of the contents reached over 70%, specifically: Instructions on post-operative diet reached 100%, Notification and explanation of disease progression (95.2%). This rate gradually decreased in other consultation contents such as: Status and progress of wound healing (88.9%); reasons for use and effects of each treatment drug (85.7%); Purpose of performing procedures such as infusion, dressing change, drainage tube placement, etc. (83.1%); instructions on hygiene, infection prevention (76.2%); instructions on monitoring and detecting complications related to surgery (73%). The lowest content was consultation on postoperative lying position, reaching only 66.1%.

Table 3. 3. Pre-discharge counseling content that patients receive from medical staff

Pre-discharge consultation content that patients receive from medical staff	Have		Are not	
	N	%	N	%
1. Advance notice of discharge plan	158	83.6	31	16.4
2. Guidance and preparation of documents and payment procedures for hospital discharge	151	79.9	38	20.1
3. Instructions for diet after discharge from hospital	179	94.7	10	5.3
4. Instructions on how to use medication after discharge from hospital	180	95.2	9	4.8
5. Inform about wound condition and advise on wound care after discharge from hospital	178	94.2	11	5.8
6. Instructions for detecting abnormalities that require re-examination	177	93.7	12	6.3
7. Guidance on changing unhealthy behaviors and implementing health-promoting behaviors	119	63	70	37
8. Get instructions on schedule and notes for follow-up visits	178	94.2	11	5.8

Comments: The rate of health education counseling before discharge is generally quite high

and even. The highest is the content of counseling on instructions on how to use medicine after discharge, reaching 95.2%, followed by instructions on diet after discharge, reaching 94.7%; notification of wound status and advice on wound care after discharge, and instructions on schedule and notes for follow-up examination, both reaching 94.2%; instructions on detecting abnormalities requiring follow-up examination (93.7%). The rate of health education counseling gradually decreased in the following contents: Notification in advance of discharge plan (83.6%), instructions and preparation of documents and procedures for payment after discharge (79.9%). The lowest was only 63% in the content of instructions on changing harmful health behaviors and implementing health-promoting behaviors.

Table 3.4. Rate of achievement in health education counseling

Rate of achievement in health education counseling	Obtain		Not achieved	
	N	%	N	%
Before surgery	98	51.8	91	48.2
Post-operative	145	76.7	44	23.3
Discharged from hospital	163	86.2	26	13.8
Shared	118	64.2	71	35.8

Comments: The rate of achievement in health education counseling before discharge was the highest (86.2%), this rate at the post-operative period was 76.7%; at the pre-operative period it was only 51.8%. The rate of achievement in general health education counseling was 62.2%.

Table 3.5. Skills in providing health counseling and education of health workers

Nursing skills in providing health education and counseling	Have		Are not	
	N	%	N	%
Speak loudly, clearly, and attract listeners	102	54	87	46
Relevant content and easy to understand communication	188	99.5	1	0.5
Consulting content with many images, specifically illustrated	83	43.9	106	56.7
Be welcoming and answer questions from listeners	181	95.8	8	4.2
Reasonable consulting time	189	100	0	00.0

Comments: Regarding the skills of providing health consultation and education of health workers, 100% of the respondents said that the consultation time was reasonable, 98.5% of the respondents said that the health workers were enthusiastic and answered the listeners' questions. 99.5% of the respondents said that the content was appropriate. However, 46% of the respondents said that the health workers did not speak loudly, clearly and attract the listeners; 56.7% of the respondents said that the consultation content lacked images and specific illustrations.

Table 3.6. Level of satisfaction of patients receiving health education consultation

Patient satisfaction with health education consultation	Quantity (n)	Rate (%)
Very satisfied	63	33.3
Satisfied	109	57.7
Normal	17	9.0
Not satisfied	0	0
Very dissatisfied	0	0

Comments: The majority of respondents were satisfied and very satisfied with health education consultation: Satisfied (57.7%), very satisfied (33.3%). There were still 9% of respondents who felt normal and no respondents felt dissatisfied.

4. Discussion

Current status of preoperative health education and counseling:

The rate of preoperative consultation was high, especially the contents related to diet, administrative procedures and health insurance benefits all reached 100%. This shows that the medical staff at the Center paid great attention to preparing all necessary information for patients before surgery. However, the contents such as explanation of postoperative pain, pain control and marking the surgical site had low consultation rates (only 37.9%, 46% and 49.7% respectively). This may be because these contents are more complicated and require detailed explanation time, while the medical staff may not have enough resources to provide full information to all patients. Limited time and high workload may be one of the reasons why consultation on important contents such as postoperative pain control is not given full attention. In addition, the communication skills of medical staff may not meet the requirements of conveying complex information in an understandable and convincing manner. A study by Tran Thi Mai Huong (2021) at Cho Ray Hospital [4] showed that the rate of patients receiving pre- and post-operative counseling was high, but counseling on postoperative pain control only reached about 50%, similar to the results of the study at the Center. This shows that the issue of pain control counseling has not received due attention in many large hospitals in Vietnam.

Current status of post-operative health education and counseling:

The rate of postoperative consultation was consistent and high, with many important contents such as postoperative diet (100%), disease progression (95.2%), and wound healing progress (88.9%). This shows the special attention of medical staff in caring for patients after surgery to ensure the best recovery. However, the content on postoperative lying position had the lowest consultation rate (66.1%). This may be because this content is often not taken seriously or patients learn it themselves through practice and medical staff do not

emphasize it enough. The reason may be due to subjective assessment of the importance of the consultation contents. Some contents such as postoperative lying position may be considered less urgent than those on wound care or infection prevention.

Current status of health education counseling before discharge:

The proportion of patients who received pre-discharge counseling on medication use, diet, and wound care was very high (over 90%). This reflects the focus of healthcare providers on preparing patients for the recovery period at home. However, the content related to changing unhealthy behaviors and promoting health had the lowest proportion (63%). This may be because behavior change is a long-term process and requires commitment from patients, while healthcare providers may focus more on urgent, short-term instructions. The limitation in counseling on behavior change may stem from a lack of time, specific educational materials, or patients not being motivated enough to change behavior in the short term. In addition, healthcare providers may focus more on content directly related to the recovery process after surgery rather than long-term prevention.

Medical staff counseling skills:

The majority of patients rated the medical staff's skills in providing consultations highly (with 100% saying that the consultation time was reasonable, 98.5% saying that the medical staff were friendly, and 99.5% saying that the content was appropriate). However, a significant proportion of patients (46%) felt that the medical staff did not speak loudly, clearly, and were not engaging. At the same time, 56.7% found that the consultation content lacked specific illustrations. This suggests that although the medical staff were effective in providing basic information, their communication skills and presentation methods need improvement. The communication skills of some medical staff may not be flexible enough to meet the diverse needs of patients. Furthermore, the lack of visual aids such as illustrations may make it difficult for patients to understand and fully grasp the information.

Rate of achievement in health education counseling before discharge (86.2%):

The highest rates were achieved in the pre-discharge counselling phase, reflecting the emphasis that healthcare providers place on ensuring that patients have all the information they need to continue their recovery at home. This information includes medication use, diet, wound care, and follow-up appointments. This phase is important because it determines the patient's long-term recovery after surgery. This may be due to the high demand for information from patients as they prepare to leave the hospital and manage their own health. Healthcare providers understand that patients need to be well prepared to prevent complications after discharge. However, this may also lead to an over-focus on the

discharge phase, while not enough attention is paid to the pre-operative and post-operative phases.

Postoperative consultation rate (76.7%):

The rate of post-operative health education consultation is relatively high, but still lower than the discharge stage. Post-operative care is an important stage in managing complications, monitoring disease progression and post-operative recovery. This shows that medical staff have paid attention to post-operative care, but some information such as pain control and post-operative lying position has not been fully conveyed. It may be due to the large workload that medical staff do not have enough time to provide comprehensive consultation to patients, or patients are still under the influence of post-operative medication, so information absorption is not as effective as expected.

Preoperative consultation rate (51.8%):

The lowest rate of preoperative consultation, only 51.8%, shows a lack of psychological preparation and information provision to patients before surgery. This is a very important stage, as patients need to clearly understand the surgical procedure, risks, and how to best prepare. The reason may be that patients and medical staff focus on administrative procedures and clinical examinations rather than in-depth consultation about the surgical process. In addition, preoperatively is a time when patients are often anxious and prone to stress, which can reduce the ability to receive information. Medical staff need to improve communication skills and provide easy-to-understand information, combining illustrations to help patients understand better.

Overall pass rate for health education counseling (62.2%):

The overall rate of health education counseling was 62.2%, which is average but still needs improvement. This shows the lack of consistency in the counseling process at different stages of treatment, especially before and after surgery. There is an unevenness in counseling between different stages, medical staff need to develop a comprehensive and continuous counseling process for patients from pre-surgery, post-surgery to discharge. Necessary measures include training medical staff in counseling skills, increasing the use of support tools (images, videos), and allocating more reasonable time for counseling stages. Research by Nguyen Thi Lan Huong (2020) at Bach Mai Hospital [10] showed that the patient satisfaction rate with health counseling services reached 88%. However, many patients also commented that medical staff were too busy, leading to short counseling times and lack of detailed content.

Patient satisfaction:

The majority of patients felt satisfied (57.7%) and very satisfied (33.3%) with the health education consultation process, with a total of 91% positive feedback. Only 9%

of patients felt normal and no one felt dissatisfied. This result is very positive, showing that medical staff have created trust and peace of mind for patients. However, there is still a small number of patients who are not really satisfied, which may be because they want to receive more information or more detailed and clear consultation information. The difference in information needs between patients is an important reason, and medical staff need to pay attention to adjusting the consultation method to suit each individual. Research by Pham Thi Tuyet Nhung (2019) at Hue Central Hospital [5] also showed that although medical staff were highly appreciated for their attitude, up to 45% of patients felt that the consultation information was not clear and easy to understand. Lack of illustration and detailed explanation is a common problem in many hospitals in Vietnam.

5. Conclusion

The results of the study showed that medical staff at the Oncology and Head and Neck Surgery Center of the National Otorhinorarynology Hospital of Vietnam.have achieved certain achievements in health education and counseling for surgical patients. In particular, the rate of patients receiving counseling before, after surgery and before discharge is quite high, with many counseling contents reaching 70% or more. However, there are still some points that need to be improved, especially in counseling contents such as post-operative pain control, explanation of complications and guidance on changing health-promoting behaviors.

The consultation skills of medical staff were highly appreciated for their friendliness, appropriate content and reasonable consultation time. However, the problem of the way of expression, attractiveness and intuitiveness of the consultation content were not as effective as expected. Although most patients were satisfied with the consultation, a small percentage still felt that the consultation was normal.

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