CURRENT STATUS OF HEALTH COMMUNICATION ACTIVITIES IN HOSPITALS UNDER THE MINISTRY OF HEALTH IN 2024

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ABSTRACT

Objective: This study aims to assess the current state of health communication activities at hospitals under Vietnam's Ministry of Health in 2024, focusing on human resources, infrastructure, funding, communication tools, and the utilization of media platforms.

Methods: A cross-sectional descriptive study was conducted at 35 hospitals nationwide. Data were collected from 2024 institutional reports and semi-structured online surveys with health education communication (HEC) officers. A total population sampling method was applied. Quantitative data were analyzed using Epidata 3.1 and SPSS 20.0 for descriptive statistics, while qualitative responses were thematically analyzed using a deductive approach.

Results: The findings revealed that the average number of personnel involved in communication activities per hospital was 9.14, with part-time staff (5.29) outnumbering full-time staff (3.86). Most personnel held university degrees and had more than five years of experience. The average communication budget per hospital was 190.57 million VND, mainly from hospital self-financing. All hospitals had dedicated communication rooms, with an average of 25 communication corners and essential communication tools. Facebook, websites, and fanpages were the most commonly used channels, with content updated on a weekly or more frequent basis. Despite efforts, many hospitals did not fully meet their communication activity targets in terms of volume and content quality.

Conclusion: While health communication infrastructure and multi-channel outreach strategies are in place, challenges remain in workforce adequacy, funding disparities, and evaluation practices. To enhance the effectiveness and sustainability of hospital communication systems, increased investment in human resources, modern technologies, and structured performance evaluation mechanisms is urgently needed.

Keywords: Health communication, Hospital media strategy, Human resources, Digital platforms, Vietnam health system.

1. INTRODUCTION

Health communication and the dissemination of medical information play a pivotal role in the mission to protect, care for, and improve public health. Health education communication (HEC) not only disseminates knowledge and promotes appropriate public awareness and behavior in disease prevention and control, but also serves as an effective channel to convey the policies and regulations of the Party and the State to the broader community [1]. In line with the Prime Minister's directive on strengthening policy communication, the Ministry of Health has actively implemented various communication initiatives. These efforts have contributed significantly to the health sector's achievements in enhancing public health nationwide [2]. Nevertheless, during the 2023

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Northern Regional Conference on communication guidelines and implementation of the Ministry of Health's spokesperson regulations, the Ministry highlighted persistent shortcomings in health communication, particularly the lack of proactiveness in information dissemination and timely public responses.

Health communication is often perceived as a sensitive area due to its direct connection with public well-being and human life, which leads to reluctance in promotional or marketing approaches [3]. However, in today's context—where people's information-seeking habits are evolving—communication in medical institutions is no longer simply about promoting services. Hospital communication now serves broader purposes: providing health information, enhancing community awareness, building institutional reputation, showcasing medical expertise, introducing healthcare professionals, and fostering patient trust [4]. An effective communication strategy benefits patients, healthcare institutions, and the entire health system. Conversely, poor communication may undermine treatment effectiveness, harm patient morale, and diminish public trust in the healthcare system [4]. Therefore, it is essential to enhance communication activities in hospitals. To design appropriate interventions, a comprehensive and objective understanding of the current communication landscape and its influencing factors is necessary. This study was therefore conducted to describe the current state of health communication practices in hospitals under the Ministry of Health in 2024.

2. SUBJECTS AND METHODS

2.1. Study Subjects, Setting, and Duration

This study was conducted at 35 hospitals designated by the Ministry of Health across Vietnam, as specified in Decision No. 1874/QĐ-TTg. The study population included the 2024 annual reports on health communication activities and health education communication (HEC) officers at these hospitals. Eligible participants were those who had directly engaged in health communication in 2024, had at least six months of experience in their current roles, and consented to participate in the study. The study period lasted from January to June 2025, with data collection taking place from January to April 2025 through institutional reports and interviews with designated communication officers.

2.2. Study Design

A cross-sectional descriptive design was employed to assess the status of health communication activities and influencing factors in the selected hospitals during 2024.

2.3. Sample Size and Sampling Method

A total population sampling method was applied, involving all 35 hospitals and their respective 35 HEC officers. This approach ensured a comprehensive representation and sufficient data for analysis.

2.4. Variables and Indicators

The study examined multiple variable groups aligned with its objectives, including general hospital characteristics (region, type, financial mechanism), service capacity (bed count, personnel, patient visits), communication human resources (number, specialization, dual-role staff, qualifications), funding (sources and total budget), infrastructure (communication offices, media corners), communication activities and channels (frequency, forms, platforms), and influencing factors such as policies, finance, human resources, and patient characteristics.

2.5. Data Collection Methods

Data were collected through two primary methods: secondary data extraction from 2024 hospital reports and semi-structured online surveys with HEC officers. The primary tool used was a standardized data collection form issued by the Ministry of Health. Hospitals were instructed to complete and return the form. The process included sequential steps: the Ministry sent official guidance, hospitals responded with reports, and the research team compiled and analyzed the data.

2.6. Data Analysis and Processing

Quantitative data were cleaned and entered using Epidata 3.1 and analyzed with SPSS 20.0 using descriptive statistics such as frequencies and percentages. Qualitative data were analyzed through a deductive approach by categorizing and synthesizing responses into thematic groups.

2.7. Research Ethics

All information collected in this study was treated confidentially and used solely for research purposes, without affecting any individuals or institutions involved. The study protocol was reviewed and approved by the Ethics Committee and the Scientific Review Board of Thang Long University before implementation.

3. RESEARCH RESULTS

Table 1. Human Resources for Health Communication Activities (n=35)

Characteristic Group				
Indicator	Mean (SD)	Median	Min	Max
Overall Human Resources				
Total communication staff	9.14 (3.84)	9.00	3	17
Full-time communication staff	3.86 (2.00)	3.00	1	8
Part-time communication staff	5.29 (3.81)	4.00	0	13
Gender Structure				
Number of male staff	5.09 (3.53)	4.00	1	13
Number of female staff	4.06 (3.20)	3.00	1	13
Work Experience				
<2 years	1.40 (1.12)	1.00	0	5
2–5 years	1.89 (1.37)	2.00	0	5
>5 years	5.86 (4.20)	5.00	0	13
Education Level				
Vocational/ College	1.57 (1.04)	2.00	0	4
University	6.49 (3.67)	7.00	0	14
Postgraduate	1.09 (0.82)	1.00	0	3
Training & Development				
Specialized training in communication	3.06 (1.41)	3.00	1	6
Continuing HEC training	2.57 (1.20)	3.00	1	5
Training sessions per year	1.66 (1.16)	2.00	0	4

Comment: On average, each hospital had about 9.14 staff involved in communication activities, mainly part-time (5.29) and partially full-time (3.86). The gender ratio was relatively balanced, with an average of 5.09 male staff members and 4.06 female staff members. Most communication personnel had over five years of experience, and the majority held a university degree or higher.

Table 2. Budget for Health Communication Activities in 2024 (n=35)

Category				
Indicator	Mean (SD)	Median	Min	Max
Total Budget				
Total communication budget (million VND)	190.57 (121.44)	160.00	60	400
Funding Sources				
State budget (million VND)	38.86 (31.32)	30.00	0	100
Hospital funds (million VND)	123.71 (81.28)	100.00	10	250
Socialized funds (million VND)	50.57 (38.11)	50.00	0	200

Comment: On average, hospitals spent approximately 190.57 million VND on health communication in 2024, with considerable variation (SD = 121.44 million VND). The majority of funding came from hospital-generated revenue (123.71 million VND on average), followed by socialized sources and the state budget.

Table 3. Infrastructure and Equipment for Health Communication at Hospitals (n=35)

Item	Mean (SD)	Median	Min	Max
Communication room	1.00 (0.00)	1.00	1	1
Communication corners	25.06 (14.88)	24.00	1	49
Office desk & chair sets	3.80 (1.84)	4.00	2	8
Computer desks	3.80 (1.84)	4.00	2	8
Computers	6.06 (2.90)	6.00	3	14
Printers	1.43 (0.50)	1.00	1	2
Landline phones	1.00 (0.00)	1.00	1	1
Document cabinets	1.83 (0.92)	2.00	1	5
Whiteboards	1.49 (0.51)	1.00	1	2
Standing fans	1.83 (0.92)	2.00	1	5

Item	Mean (SD)	Median	Min	Max
Wall-mounted fans	1.49 (0.51)	1.00	1	2
Audio recorders	1.40 (0.50)	1.00	1	2
Cameras	1.60 (0.50)	2.00	1	2
TV (21–32")	1.60 (0.50)	2.00	1	2
Cassette players	1.00 (0.00)	1.00	1	1
DVD players	1.00 (0.00)	1.00	1	1
Speaker/audio systems	1.00 (0.00)	1.00	1	1
Handheld speakers	1.00 (0.00)	1.00	1	1
Laptops	1.00 (0.00)	1.00	1	1
Projectors	1.00 (0.00)	1.00	1	1
Projection screens	1.00 (0.00)	1.00	1	1

Comment: Every hospital had one dedicated communication room and one landline phone. On average, there were 25.06 communication corners (SD = 14.88), with a range of 1 to 49. Most facilities had around 3.8 sets of desks and computer tables, 6.06 computers, 1.43 printers, and 1.83 document cabinets. Other devices such as whiteboards, fans, audio recorders, TVs, and cameras averaged from 1.4 to 1.83 units. Standard equipment, including cassette players, DVD players, audio systems, handheld speakers, laptops, projectors, and projection screens, was consistently available, with an average of one unit per hospital.

Table 4. Availability of Health Communication Materials (n=35)

Item		
Category	Frequency	Percentage (%)
Rules/signs are visibly posted		
Not available	3	8.6
Incomplete	11	31.4
Fully available	21	60.0
Treatment info summaries in departments		
Not available	2	5.7
Incomplete	12	34.3
Fully available	21	60.0
Health education posters in public areas		
Not available	2	5.7
Incomplete	12	34.3
Fully available	21	60.0
Brochures for patients/caregivers		
Not available	2	5.7
Incomplete	13	37.1
Fully available	20	57.1
Nutrition communication corners		
Not available	2	5.7
Incomplete	13	37.1
Fully available	20	57.1
Dietary advice flyers/videos		
Not available	2	5.7
Incomplete	14	40.0
Fully available	19	54.3

Comment: Most hospitals had adequately arranged basic communication materials such as rules and instructions, health information summaries, education posters, brochures, and nutrition communication corners in public areas, with 54.3% to 60% reporting full availability. Incomplete provision ranged from 31.4% to 40%, while complete absence was rare (5.7%–8.6%).

Table 5. Use of Communication Channels and Methods (n=35)

Group		
Indicator	Frequency	Percentage (%)
Communication channels		
Website	30	85.7
Fanpage	26	74.3
Facebook	34	97.1
Instagram	11	31.4

Group		
Indicator	**Frequency**	**Percentage (%)**
TikTok	16	45.7
Other channels	16	45.7
Number of channels used		
1 channel	1	2.9
2 channels	3	8.6
3 channels	11	31.4
4 channels	10	28.6
5 channels	7	20.0
6 channels	3	8.6
Update frequency		
Multiple times/day	3	8.6
Daily	11	31.4
Several times/week	11	31.4
Weekly	6	17.1
Monthly	4	11.4
Communication formats		
Verbal	32	91.4
Written	33	94.3
Visual	34	97.1
Audio	27	77.1
Multimedia	27	77.1

Comment: The most widely used platforms were Facebook (97.1%), websites (85.7%), and fanpages (74.3%), followed by TikTok and other channels (45.7%), while Instagram was less common (31.4%). Most hospitals used 3–4 platforms (31.4% and 28.6%, respectively). Content was updated daily or several times a week in the majority of hospitals (31.4%). Regarding communication formats, hospitals primarily used visuals (97.1%), written content (94.3%), and verbal methods (91.4%), with about 77.1% also incorporating audio and multimedia formats.

Table 6. Performance of Communication Activities Compared to Plan (n=35)

Indicator	Not Met n (%)	Met n (%)	Exceeded n (%)
Number of printed materials	6 (17.1)	19 (54.3)	10 (28.6)
Content of printed materials	3 (8.6)	19 (54.3)	13 (37.1)
Number of posters	2 (5.7)	24 (68.6)	9 (25.7)
Content of posters	2 (5.7)	27 (77.1)	6 (17.1)
Number of digital images/ videos	6 (17.1)	26 (74.3)	3 (8.6)
Content of digital media	2 (5.7)	30 (85.7)	3 (8.6)

Comment: Regarding printed materials, 17.1% of hospitals did not meet the target, 54.3% met it, and 28.6% exceeded it. For content quality, 8.6% did not meet expectations, 54.3% met expectations, and 37.1% exceeded expectations. In terms of quantity, 5.7% fell short, 68.6% met the goal, and 25.7% exceeded it. For content, 77.1% met the targets, and 17.1% exceeded them. Regarding digital images and videos, 17.1% of hospitals did not meet the quantity target, 74.3% met it, and 8.6% exceeded it, while 85.7% met the content quality expectations.

4. DISCUSSION

Health communication has become a critical component in hospital operations, especially in the context of increasing demand for health information and the rapid evolution of digital technology. This study, conducted at 35 hospitals under the Ministry of Health in 2024, provides a comprehensive overview of current communication practices, focusing on human resources, financial investment, infrastructure, communication tools, and media strategies. The findings offer not only a snapshot of the reality in Vietnamese hospitals but also reflect common challenges faced globally in building effective health communication systems.

The survey revealed that human resources for health communication remain limited. On average, each hospital had only 9.14 personnel involved in communication, with part-time staff (5.29) outnumbering full-time communication officers (3.86). Gender distribution was relatively balanced, with an average of 5.09 men and 4.06 women. Most staff had over five years of experience and held a university degree. However, considering the

increasing complexity and demands of health communication, this workforce remains insufficient in both quantity and quality to proactively and creatively implement modern strategies.

This shortage mirrors a global trend in healthcare systems, where understaffing—especially in communication roles—has been identified as a significant barrier to effective service delivery. For instance, a study in Kenya found a strong correlation between effective communication and patient satisfaction [5]. Research from Saudi Arabia also highlights gaps in staff training and the absence of continuous professional development for communication teams, which impairs coordination and implementation [6]. Leadership and human resource strategies have also been emphasized internationally as decisive factors for successful communication outcomes, with transparent, supportive leadership being shown to boost internal communication efficiency and institutional performance [5],[6].

In Vietnam, a similar issue is observed across many levels of the health system. Dedicated communication officers are in short supply, especially in rural and remote areas. Most hospital communicators work part-time, limiting their capacity to specialize or stay updated on emerging technologies [7]. The Ministry of Health has acknowledged this situation and called for enhanced training and professional development across the sector [8]. However, when staff must juggle multiple responsibilities, it not only reduces their focus but also undermines recognition of communication as a core hospital function.

Numerous studies have warned that without proper investment in communication personnel, health communication will lack creativity, proactiveness, and adaptability, particularly in response to evolving trends in digital and social media [7],[9]. There is an urgent need to shift institutional and policy mindsets toward valuing and empowering health communication through motivation, recognition, and recruitment of skilled professionals.

Human resources are thus a key determinant of communication success in healthcare settings, including hospitals. Without adequate investment in both quantity and quality, it will be challenging to meet the increasing demand for health education and keep pace with technological advancements. Despite large-scale operations and service capacities, many Vietnamese hospitals still face limitations in their communication workforce—an issue not unique to Vietnam, but also prevalent in other developing countries.

In terms of funding, the study showed that hospitals spent an average of 190.57 million VND on health communication in 2024, with significant disparities (SD = 121.44 million VND). The primary funding source was hospital self-financing (123.71 million VND), followed by socialized funds and government budgets. All hospitals had a communication room, a landline phone, and an average of 25.06 communication corners, equipped with basic tools such as computers, printers, desks, and storage cabinets. Educational materials were generally well-organized and visible in public spaces, such as lobbies and waiting rooms, with 54.3% to 60% of hospitals reporting full availability.

Internationally, the issue of funding and infrastructure is also central. In the U.S., budget cuts to public health campaigns have led to decreased program effectiveness, prompting calls for renewed investment. Major institutions, such as the CDC, continue to support the development of new communication tools and digital platforms, including e-pathology and internal Wi-Fi systems, to enhance education and coordination [10]. In Vietnam, hospitals still rely heavily on allocated budgets and external mobilization, as seen in Bac Giang Provincial General Hospital's 2023 budget of around 135 million VND for equipment, materials, events, and training [11].

Material development remains a financial burden. In Vietnam, hospitals independently prepare educational materials tailored to local populations, but financial constraints hinder printing and distribution [11]. Meanwhile, international research emphasizes that materials should be readable, scientifically accurate, and audience-appropriate, particularly for special patient groups, such as those with cancer [9].

Financial resources, therefore, are essential for expanding infrastructure, developing materials, and modernizing communication. Sustainable investment enables hospitals to adopt innovative technologies and align with global digital trends. Without adequate funding, communication efforts risk becoming superficial and ineffective.

The study also explored the media channels used. Facebook, official websites, and fanpages were the most popular, with TikTok, Instagram, and Zalo also gaining adoption. Most hospitals used three to four platforms to broaden outreach. Content delivery primarily relied on visual, written, and spoken forms, while approximately 77% of hospitals utilized audio and multimedia, including videos and podcasts. However, many hospitals did not meet their planned targets for printed materials, videos, or digital outputs.

Some public hospitals, such as Bac Giang Provincial

General Hospital, have implemented a comprehensive media strategy that includes internal broadcasting, social media, and local press. This multi-channel approach was well-suited to the local communication infrastructure [11]. Meanwhile, health marketing agencies in Vietnam recommend diversifying channels (e.g., YouTube, Zalo, offline events) and emphasize tools like Zalo OA or email marketing for personalization.

Globally, advanced technologies like patient portals are helping hospitals improve two-way communication and empower patients [12]. Tools like ChatGPT are being tested to assist in administrative communication, saving time for health professionals [12]. According to Ferreira et al. (2024), selecting the right communication channel has a direct impact on service quality. While traditional media remain useful, digital health platforms are increasingly preferred for their speed and accuracy [12].

Digital transformation, however, presents challenges. Many hospitals still lack readiness due to resistance to change, insufficient staff, or incompatible technology systems. Experts stress the importance of effective change management strategies to support digital adoption [13],[5].

Evaluating the effectiveness of communication remains a significant gap. Although hospitals have plans to monitor and review their communication efforts, few have concrete evidence of achieving their goals. Most reports focus on general directions rather than detailed metrics. Moreover, there is a lack of key performance indicators (KPIs) to assess which channels are effective, how funds are utilized, or where improvements can be made. A structured evaluation system is urgently needed [13],[5].

5. CONCLUSION

The findings underscore the critical need to strengthen dedicated communication teams, increase investment in infrastructure and content development, and adopt modern digital tools aligned with global trends. Moreover, hospitals must establish structured monitoring and evaluation systems to ensure that communication activities are effective, measurable, and responsive to the growing demands of the population. Only through a comprehensive and strategic approach—balancing resources, technology, and human capital—can health communication truly support patient engagement, institutional credibility, and the overall improvement of public health.

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