

PERCEPTIONS AND EDUCATIONAL NEEDS REGARDING GLOBAL HEALTH AMONG VIETNAMESE HEALTH SCIENCE STUDENTS: A QUALITATIVE STUDY

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ABSTRACT

Introduction: In the 21st century, Global Health (GH) has transitioned from a peripheral topic to a core component of medical education. However, in developing nations like Vietnam, the integration of GH curricula remains limited, and there is a paucity of data regarding students' specific educational needs. This study explored the qualitative definitions of GH among Vietnamese health science students and their expectations for future curriculum development.

Materials and Methods: A qualitative survey study utilizing open-ended questionnaires was conducted at the University of Medicine and Pharmacy at Ho Chi Minh City from June to July 2025. This article analyzes textual responses from a sample of 532 undergraduate students across six faculties. Data regarding students' definitions of GH and recommendations for education were analyzed using Inductive Content Analysis to identify significant themes.

Results: The analysis identified two primary themes. First, student conceptualizations of GH were predominantly disease-centric, reflecting a pandemic legacy, although a humanistic and ethical perspective also emerged. Second, there was a strong demand for pragmatic educational transformation, with specific requests to integrate GH into Case-Based Learning and utilize social media as an educational tool.

Conclusion: Vietnamese health science students possess diverse but fragmented conceptualizations of GH, often conflating the field with disease control. Consequently, there is a critical need for a practical integration model in health professions education that shifts the focus from theory to clinical application and leverages digital platforms to meet learner expectations.

Keywords: Global Health; Qualitative Research; Curriculum; Health Occupations Students; Vietnam.

1. INTRODUCTION

In the 21st century, Global Health (GH) has shifted from a peripheral interest to a core component of modern medical education. Landmark reports by the Lancet Commission have highlighted the urgent need for a new generation of health professionals who possess not only clinical competence but also systems thinking to address cross-border health challenges [1]. In response to this call, medical schools worldwide have increasingly integrated GH into their curricula, aiming to equip students with cultural competency and an understanding of the social determinants of health [2, 3]. However, in developing countries like Vietnam, such integration faces significant challenges. While recent quantitative studies indicate that medical students

hold highly positive attitudes toward GH, these figures fail to provide a deep understanding of how students conceptualize GH [4]. Does this high level of support stem from a thorough understanding of the multidisciplinary nature of GH, or merely from an interest in infectious diseases and tropical medicine?

Furthermore, the students' perspective is often overlooked in curriculum design. Previous research has predominantly focused on measuring knowledge scores [4], rarely exploring the specific expectations and educational solutions that students desire. This gap risks the development of curricula that are misaligned with learners' actual needs.

Therefore, this study aims to explore:

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1. How Vietnamese medical students define and conceptualize GH,
2. Their specific expectations for future training methods. These findings complement existing quantitative data, providing a comprehensive perspective to support educational policymakers.

2. MATERIALS AND METHODS

2.1. Study design

This study employed a qualitative survey design utilizing open-ended questions. This methodological approach was selected to capture a broad range of student perspectives and conceptualizations regarding GH across a large, diverse cohort, which traditional interview methods might limit due to logistical constraints.

2.2. Study setting and duration

The study was conducted at the University of Medicine and Pharmacy at Ho Chi Minh City between June and July 2025.

2.3. Participants

Participants were recruited from the university's six primary faculties, including Medicine, Pharmacy, Nursing & Medical Technology, Odonto-Stomatology, Public Health, and Traditional Medicine. The study population encompassed undergraduate students from all academic years to ensure a diverse range of perspectives. Students were included if they were officially enrolled at the university and provided voluntary consent to participate. Conversely, the study excluded individuals who were not currently enrolled in a program, as well as those who failed to complete the survey or provided invalid responses.

2.4. Sample Size and Sampling Method

A convenience sampling strategy was employed to recruit accessible undergraduate students from the university's six faculties. Unlike traditional qualitative designs that rely on saturation within small samples, or quantitative designs that require statistical power calculations, this qualitative survey aimed to maximize the breadth of viewpoints. We sought to recruit a sufficient number of participants to ensure representation across all academic years and majors. The final sample size of 532 participants was deemed sufficient to capture a wide spectrum of cognitive frameworks and educational needs, allowing for the identification of cross-cutting themes as well as minority opinions.

2.5. The questionnaire

The study utilized a structured online questionnaire hosted on Microsoft Forms. To facilitate qualitative inquiry, the instrument was designed with open-ended questions requiring free-text responses. This format allowed participants to articulate their definitions of GH, perceived relevance, and educational expectations in their own words, without being constrained by pre-defined categories.

2.6. Data Collection

Data were collected using a structured online questionnaire hosted on Microsoft Forms. The survey link was disseminated through institutional emails and student social media networks. Participants were encouraged to express their opinions freely, with no time limit imposed on completing the survey.

2.7. Data Processing and Analysis

Data were cleaned and analyzed using IBM SPSS Statistics for Windows, version 31 (IBM Corp., Armonk, NY, USA). Descriptive statistics were used to summarize the data. Textual data were analyzed using Inductive Content Analysis, following the guidelines of Elo and Kyngäs [5], which comprises three phases: preparation, organization, and reporting. Two researchers independently reviewed the text to identify emerging codes, which were subsequently synthesized into major themes and sub-themes. This systematic categorization ensured that the findings accurately reflected the diverse range of student perspectives.

2.8. Ethical Considerations

The study was approved by the Institutional Review Board of the University of Medicine and Pharmacy at Ho Chi Minh City, Vietnam (Approval No: 2374/DHYD-HDDD). Electronic informed consent was obtained from all participants before the survey. Participation was voluntary, and all personal identifiers were anonymized.

3. RESULTS

A total of 532 students participated in this study. The demographic and academic characteristics of the participants are presented in Table 1.

Table 1. Demographic and Academic Characteristics of Participants (N = 532)

Characteristic	Frequency (n)	Percentage (%)
Age, median*	21	(20 – 22)
Gender		
Female	331	62.22
Male	201	37.78
Ethnicity		
Kinh	504	94.74
Others	28	5.26
Academic Year		
First year	101	18.98
Second year	92	17.29
Third year	124	23.31
Fourth year	114	21.43
Fifth year	59	11.09
Sixth year	42	7.89

Characteristic	Frequency (n)	Percentage (%)
Faculty/School		
Medicine	172	32.33
Nursing & Medical Technology	120	22.56
Pharmacy	79	14.85
Public Health	78	14.66
Odonto-Stomatology	49	9.21
Traditional Medicine	34	6.39
English Proficiency (Self-assessed)		
Basic / Elementary	32	6.02
Intermediate	234	43.98
Upper Intermediate	217	40.79
Advanced / Proficient	49	9.21
Academic Performance (GPA)		
Average or below (< 2.50)	79	14.85
Good (2.50 - 3.19)	226	42.48
Very Good (3.20 - 3.59)	142	26.69
Excellent (3.60 - 4.00)	85	15.98

Characteristic	Frequency (n)	Percentage (%)
GH Exposure		
Previous participation in GH programs	212	39.85
Perceived GH content in the curriculum		
Yes	313	58.83
No	67	12.59
Do not know	152	28.57

*: IQR = Interquartile Range

The analysis identified two major themes that encapsulate the students' perspectives on GH. The first theme, referred to as the Cognitive Lens, encompasses a spectrum of definitions, ranging from a disease-centric view to a humanistic and ethical perspective. Many students equated GH primarily with pandemic control and disease management, while others emphasized compassion and health equity. Despite these insights, significant misconceptions persisted, with numerous participants struggling to distinguish GH from related fields such as Public Health or International Health. The second theme, Student Voice, highlights an apparent demand for educational transformation. Students expressed a strong desire for pragmatism and modernization in their training. Specifically, they called for the integration of GH concepts into clinical scenarios through Case-Based Learning. They advocated for the use of social media as a legitimate educational channel, rather than relying solely on traditional theoretical lectures.

Table 2. Thematic Analysis of Student Conceptualizations of GH

Theme	Sub-theme	Representative Quotes
Disease-Centric View	Pandemic Legacy	"Global health issues today, for example, COVID-19." ("Vấn đề sức khỏe của toàn thế giới hiện nay, ví dụ như covid19.")
		"It refers to global medical issues where all humanity must join hands in prevention and treatment. Ex: Viral diseases like COVID-19..." ("Là những vấn đề y tế mang tính chất toàn cầu mà toàn nhân loại cần phải chung tay trong việc phòng ngừa, điều trị. VD: Các bệnh virus như Covid-19...")
Humanistic & Ethical View	Equity & Compassion	"It is the mission to bring health and physical and mental well-being to everyone, without discrimination." ("Là sứ mệnh mang lại sức khỏe, sống tốt về thể chất tinh thần cho tất cả mọi người, không phân biệt bất kỳ ai.")
		"Especially human ethics, humanity in general, and professional ethics in particular..." ("Đặc biệt là vấn đề đạo đức con người, tình người nói chung và đạo đức nghề nghiệp nói riêng...")
Misconceptions	Equating to Public Health	"It is a larger version of public health." ("Là sức khỏe cộng đồng bản lớn.")
		"It is like providing a health care model for the community, primarily disease prevention." ("Là kiểu đưa ra mô hình chăm sóc sức khỏe cho cộng đồng, phòng bệnh là chính.")
	Vague/ Unclear	"To me, global health is a very broad and vague concept..." ("Theo tôi, sức khỏe toàn cầu là một khái niệm rất rộng và mơ hồ...")

Table 3. Student-Proposed Strategies for GH Education

Domain	Student Recommendation	Evidence from the Survey
Pedagogical Format	Clinical Integration (CBL)	"Add a few questions about global health to CBL situations... For example, knowing Africa is a major malaria endemic area, a patient traveling to/from this place is a strong factor supporting the diagnosis..." ("Thêm một vài câu hỏi về sức khỏe toàn cầu vào các tình huống của CBL... Ví dụ, khi biết Châu Phi là một vùng dịch tễ quan trọng của sốt rét, thì bệnh nhân đi/đến nơi này là một yếu tố ủng hộ mạnh cho chẩn đoán...")
	Digital Engagement	"Create videos about global health on social platforms that are easy to understand and interesting to reach more people." ("Tạo video về sức khỏe toàn cầu trên nền tảng xã hội dễ hiểu và thú vị giúp tiếp cận được nhiều người hơn.") "Propagate gradually through regular posts on the school's Facebook page..." ("Có thể tuyên truyền dần thông qua các bài viết thường quy trên page facebook trường...")
Content Focus	Ethics & Soft Skills	"Developing good medical personality, love and sincerity when practicing is very important to adapt and promote well in the global health field..." ("Phát triển tốt nhân cách ngành y, tình yêu thương và chân thành khi hành nghề rất quan trọng để thích ứng và phát huy tốt cho lĩnh vực sức khỏe toàn cầu...")
Extracurricular	Practical Exposure	"Increase practice time related to global health. Increase extracurricular activities in disseminating about the global health field." ("Tăng thời lượng thực hành liên quan đến sức khỏe toàn cầu. Tăng các hoạt động ngoại khóa trong phổ biến về lĩnh vực sức khỏe toàn cầu.")

4. DISCUSSION

Our qualitative analysis reveals significant nuances in the mindset of Vietnamese medical students.

4.1. The "Disease-centric" misconception: a legacy of pandemics

A striking finding is the prevalence of a "disease-centric" view in students' definitions of GH. Many students equated GH with the control of infectious diseases or pandemics (e.g., COVID-19). This contrasts with the consensus definition by Koplan et al., which emphasizes GH as an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide [2].

This conceptualization stands in notable contrast to findings from High-Income Countries (HICs). For instance, a recent qualitative study among Swedish junior doctors indicated a shift in perception towards 'sustainable development' and planetary health, viewing GH as a systemic issue rather than merely disease control [6]. Similarly, Blum et al. observed that medical students in the UK often categorized GH as a 'soft' subject, distinguishing it from the 'hard' biomedical sciences essential for clinical practice [7]. This divergence suggests that while students in HICs may grapple with the relevance of broad GH concepts, students in a Lower-Middle-Income Country (LMIC) like Vietnam view GH as an urgent, tangible threat linked to infectious diseases.

This deviation in Vietnam may be explained by the media context, where "global" terms are often associated with emergency disease warnings. While awareness of infectious diseases is crucial, the lack of thinking

regarding social determinants of health or health equity indicates a significant gap in foundational education. This explains why, in quantitative assessments, students may be confident in the importance of GH yet score poorly on conceptual questions [4].

4.2. Demand for pragmatism: from theory to practice

In contrast to traditional, theory-heavy curricula, our participants expressed a strong demand for pragmatism. The call to integrate GH into clinical Case-Based Learning (CBL) indicates a sophisticated desire to bridge the "global" and the "local" ("Glocal"). This demand aligns with the argument by Blum et al. that demonstrating clinical relevance is paramount to engaging students who might otherwise view GH as peripheral to their training [7].

However, a distinct finding in our study is the proposed solution for engagement. Unlike the Swedish context where Agardh et al. reported a disconnect between theoretical GH education and clinical reality—leading students to rely heavily on extracurricular activities [6]—our students explicitly proposed 'digital engagement' via social media as a core educational channel. This highlights a specific adaptation of the 'digital native' generation in LMICs, suggesting that future curricula should leverage digital platforms to meet learners where they are.

Overall, students do not view GH as a dry subject of medical history or policy; they seek tools to address the practical problems they will face in their careers, such as language barriers or patient cultural diversity. This

finding aligns with global trends in medical education, shifting from passive instruction to competency-based education [1].

4.3. The Ethical Imperative: Humanism in GH

An encouraging theme emerging from our analysis is the students' association of GH with ethical values such as compassion and equity. This "humanistic" perspective provides a fertile ground for curriculum development. It suggests that Vietnamese students are intrinsically motivated by the moral arguments for health equity. Leveraging this motivation is crucial. As argued by recent critiques of GH education, curricula must move beyond technical competencies to foster "structural competency" - the ability to discern how social and economic structures shape health outcomes [8].

4.4. Implications for Curriculum Development

Based on these analyses, we propose a practical integration model for medical schools in Vietnam and other developing countries that encompasses three strategic pillars. First, curriculum redefinition is essential to broaden students' worldviews, facilitating a conceptual shift from a focus on disease control toward broader themes of health equity and humanism. Second, methodological diversification should be prioritized by utilizing social media and digital platforms—as suggested by the students themselves—as official educational communication channels, recognizing their critical role in determining access to health information [9]. Finally, student empowerment is crucial; institutions should actively listen to and implement student-led initiatives, such as clubs or community projects, as these serve as the strongest intrinsic motivators for sustaining long-term interest in the field.

4.5. Limitations

This study has several limitations inherent to qualitative survey design. First, unlike face-to-face interviews or focus group discussions, the use of an online questionnaire precluded the researchers' ability to probe participants for deeper clarification or follow-up on specific responses. Consequently, some responses were brief or lacked "thick description." However, this method allowed for a significantly larger sample size (N=532) compared to standard qualitative studies, providing a more panoramic view of the student population's mindset. Second, the online format may have attracted students with a pre-existing interest in GH or higher digital literacy, potentially introducing self-selection bias. Finally, while the anonymity of the survey encouraged honest sharing, it did not allow for the observation of non-verbal cues which are often valuable in qualitative interpretation.

5. CONCLUSION

This study reveals that the conceptual understanding of GH among Vietnamese health science students remains fragmented and heavily influenced by a disease-centric paradigm, likely a legacy of the COVID-19 pandemic.

However, the emergence of a humanistic viewpoint suggests a latent potential to cultivate a generation of health professionals committed to health equity. Crucially, the student voice advocates for a pedagogical shift from traditional, theory-heavy instruction toward a pragmatic model. By integrating GH into clinical case-based learning and embracing digital engagement, medical schools can bridge the gap between academic concepts and real-world application. Ultimately, reforming GH curricula to be practical, ethically grounded, and student-centered is essential for preparing the future Vietnamese health workforce to address complex global challenges.

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