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Research Article

Patient Satisfaction: An Empirical Study in Nghe An Mental Hospital

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Abstract

Improving the quality of medical examination and treatment plays an important role in protecting and improving public health. To improve the effectiveness of medical examination and treatment quality management at the facility, it is necessary to clearly understand the current situation, analyze the factors affecting patient satisfaction, and then propose appropriate solutions. Patient satisfaction is a measure of the quality of medical services in general and hospital quality in particular. Therefore, hospital quality will be one of the factors that greatly affect patient satisfaction. The purpose of this article is to assess the level of influence of hospital quality factors on patient satisfaction at Nghe An Psychiatric Hospital. Based on the results of the investigation and survey of 448 patients/relatives of patients undergoing inpatient and outpatient treatment at Nghe An Mental Hospital, the article uses quantitative research methods including: Cronbach's Alpha reliability testing, EFA exploratory factor analysis, CFA confirmatory factor analysis, correlation testing and Multivariate linear regression analysis with the support of SPSS software. The research results show that there are 05 factors that positively affect the overall satisfaction of patients, respectively: (i) Patient orientation; (ii) Quality improvement activities; (iii) Professional activities.

Keywords

Hospital, Service Quality, Patients Satisfaction, Service Attitude

1. Introduction

Nowadays, improving the quality of medical examination and treatment services in particular and the quality of hospitals in general is always the highest goal of the health sector. The diversification of health care forms and the application of socialization policies in the health sector have forced medical examination and treatment facilities to improve the quality of services including facilities, equipment, environment and especially the relationship between medical staff and patients. Hospital quality is measured according to the set of Criteria for assessing the quality of Vietnamese hospitals issued under Decision No. 6858 [3] issued on November 18, 2026 by the Minister of Health. The structure of quality assessment criteria is divided into 5 parts (patient-oriented, human resource development, professional activities, quality improvement, specialty characteristics) with 83 criteria, more than 1,500 sub-items. Each criterion addresses a specific issue, built on five quality levels (5 assessment levels). In the medical field, patient satisfaction is very important, not only affecting the outcome of the health care process and patient compliance with the doctor's advice

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and treatment, but also affecting patient retention and intention to return. In this article, data assessing patient satisfaction with hospital quality factors and overall satisfaction with medical examination and treatment services at Nghe An Mental Hospital were surveyed in 2022 and 2023 according to the form issued by the Ministry of Health. The article does not analyze data from 2020 and 2021 because the Covid 19 situation is complicated, so the survey data is incomplete. In 2024, the survey data was conducted according to the new form and calculation formula issued under Decision No. 56 [2] dated January 8, 2024, replacing the forms issued in Decision No. 3869 [1], so the author did not include it in the analysis due to differences in some survey information.

Nghe An Mental Hospital is a unit providing specialized medical examination and treatment services related to the mental health of patients. In today's stressful modern life, many psychological and mental problems arise such as psychological crisis, depression, anxiety, autism, personality disorders, etc. Therefore, mental care becomes more necessary than ever. When patients or their relatives are satisfied with the medical examination and treatment services, patients will feel comfortable and may return or recommend to others. However, it is necessary to consider specifically which factors in hospital quality affect patient satisfaction so that the hospital can have solutions to improve, enhance quality and serve patients better every day. This study is structured as follows: Part 2 presents the theoretical basis and research overview; Part 3 presents the research method; Part 4 presents the experimental research results and discussion.

2. Theoretical Basis and Research Overview

Hospital quality

According to the World Health Organization - WHO (2000), hospital quality is understood as the level of achievement of the internal goals of a health system to improve health and meet the legitimate expectations of the people. Hospital quality is the ability of medical examination and treatment services to meet the needs of patients. Meanwhile, the needs of patients are always fluctuating, so hospital quality is also always fluctuating over time, space, and conditions of use from the patient's side. Hospital quality is determined by the patient's perception, so it is often subjective depending on the needs and expectations of the patient. Therefore, hospital quality is inconsistent.

Patient satisfaction:

In 2019, the Ministry of Health issued Decision No. 386 dated August 28, 2019 on the issuance of forms and instructions for surveying patient and medical staff satisfaction, applicable to all public and private hospitals; In 2024, the Ministry of Health issued Decision No. 56 dated January 8, 2024, promulgating instructions on methods for measuring people's satisfaction with public health services in the period 2024 - 2030 to understand patients' wishes with the aim of improving the quality of medical examination and treatment, meeting patient satisfaction.

According to research by Nguyen Huu Thang et al. [11], the level of patient satisfaction with the quality of medical services is generally at an average level or higher. However, when comparing previous studies, many studies have significant differences in satisfaction rates, in which the satisfaction level regarding waiting time for accessing/providing services is still low. This proves that the overload situation in hospitals has not been well resolved, especially in central medical facilities. Only when the issue of professional capacity for grassroots hospitals is well resolved to minimize the current bypass and transfer can we ensure the provision of medical services to patients faster and with better quality. These different research results are due to being conducted in different spatial scopes, thereby helping each locality and each medical facility to have their own assessments of patient satisfaction. Table 1 shows satisfaction measurement tools in studies.

Table 1. *Satisfaction measurement tools in studies.*

Author	Type of study	Main instrument measuring satisfaction
Pham Nhat Yen [4]	Cross-sectional study combining quantitative and qualitative	7 factors: Access to services; Communication and interaction with health workers; Communication and interaction with doctors; Tangibles; Health care outcomes; Overall quality of medical examination and treatment.
Nguyen Cong Thinh [5]	Cross-sectional study combining quantitative and qualitative	5 dimensions and 20 sub-items: Tangibles; Responsiveness; Assurance; Empathy.
Le Thanh Chien, et al [6]	Cross-sectional study	5 main factors: Facilities; Administrative procedures; Treating doctors; Nursing care; Hygiene, security, order.
Phung Thi Hong Ha và Tran Thi Thu Hien [7]	Cross-sectional study	6 main factors: Hospital facilities and technology, medical examination and treatment process, medical staff, effectiveness of medical examination and treatment, supporting services and medical examination and treatment costs.

Author	Type of study	Main instrument measuring satisfaction
Pham Huu Trung [8]	Cross-sectional study combining quantitative and qualitative	5 factors with 44 sub-items: Access to health services, communication and care of health workers, communication and care of doctors, physical facilities, health care treatment outcomes.
Nguyen Quang Thanh [9]	Cross-sectional study combining quantitative and qualitative	6 factors and 37 sub-items: waiting time to access services, attitude and quality of care of staff-nurses, attitude and quality of treatment of doctors, facilities, service prices, patient needs
Nguyen Ngoc Ly [10]	Cross-sectional study combining quantitative and qualitative	4 elements of nursing care with 28 sub-items: spiritual care for patients, nursing care practice, patient-nurse relationship, health counseling and education

(Nguyen Huu Thang, et al [11])

In this study, the scope of the patient satisfaction survey was at Nghe An Mental Hospital - a provincial hospital with specific characteristics. Patient satisfaction was assessed on 5 criteria: accessibility; transparency of information and procedures for medical examination and treatment; facilities and means of serving patients; attitude and professional competence of medical staff; service delivery results, with the following scores: Level 1: Very dissatisfied or very poor; Level 2: Unsatisfied or poor; Level 3: Normal or average; Level 4: Satisfied or good; Level 5: Very satisfied or very good.

Factors affecting patient satisfaction

There are many factors affecting patient satisfaction, of which the factors that make up hospital quality have the most impact. Research by Nguyen Cong Thinh [5], Bui Thi Thu Huong [13], Truong Thi Bich Ngoc [14] all show that patient satisfaction is less affected by factors such as age, gender, marital status, etc. Meanwhile, factors related to hospital quality, including: Waiting time for medical examination, nursing care, doctor treatment, interaction with medical staff, facilities/equipment have a significant impact on patient satisfaction.

In this study, the author uses the survey results to assess the level of patient satisfaction (inpatients and outpatients) based on the form issued under Decision No. 3869 dated August 28, 2019 of the Ministry of Health. The authors assess the overall level of patient satisfaction with the medical services used, measure the impact of the level of satisfaction with the quality of medical examination and treatment services (measured on 4 factors: Accessibility, Transparency of information and procedures for medical examination and treatment; Facilities and means of serving patients; Attitude, professional competence of medical staff) on the overall satisfaction of patients with the results of hospital service provision (Service provision results).

3. Research Methods

3.1. Data Collection

The study was conducted to analyze the results of hospital quality measurement and patient satisfaction survey results at Nghe An Mental Hospital in the period of 2021-2023. The research data of the article is secondary data, exploited from hospital quality reports, patient satisfaction survey reports over the years of the Quality Management Team, Social Work Team of Nghe An Mental Hospital.

The method used to select survey subjects is determined by the type of patient. Customers undergoing hospital treatment (in-patients): Obtain a list of statistics regarding in-patients at the hospital. Out-patients (customers who visit the hospital for medical examination and treatment): If the patient does not buy medicine, the survey will be conducted after the patient completes the pre-discharge examination process.

For measuring variables exploited in the research, Likert 5 has been applied in which 1 refers to Very disagree up to 5 refers to Very agree. Research scales are adopted and modified from previous studies, then translated to Vietnamese to be understandable for survey participants.

3.2. Data Processing

The authors used SPSS 22 software, the indicators for analysis include: Mean, Median, Max, Min of the research and measurement variables. Measuring data variation using standard deviation. Descriptive statistical analysis aims to collect information about the nature of research data according to specific variables, central tendency of research data.

To test the quality of the scale, the authors used Cronbach's coefficient. The scale is considered to be of good quality when: (i) The Cronbach's Alpha coefficient of the whole is greater than 0.6; and (ii) The item-total correlation coefficient of observed variables (Corrected Item - Total Correlations) is greater than 0.3 (Nunnally & Burnstein [15]). Next, the authors analyze EFA to help extract factors for further analysis. The "factor loading factor" indicator is used to measure the significance level of the EFA coefficient. According to Hair, et al. [16], this coefficient is greater than 0.3, considered the minimum level, greater than 0.4 is considered important, greater than 0.5 is considered practical.

In this study, in order to improve the practicality and reliability of the research results, the authors only select factors with loading factors greater than 0.5. The KaiserMayer Olkin (KMO) coefficient ensures a value of $0.5 \leq KMO \leq 1$ and the total variance extracted is greater than 0.5 when performing EFA analysis. The authors also use the Principal Component Analysis method and Varimax rotation to extract the main factors. Based on the EFA results, the proposed research model, the factors are extracted into main factor groups and coded according to independent or dependent variables. To estimate the correlation level of hospital quality to patient satisfaction, the authors use the multiple regression analysis model to calculate the parameters of the factors used in the model.

3.3. Research Model

Based on the theoretical basis and research overview presented in section 2 of the article, the research model is proposed as follows:

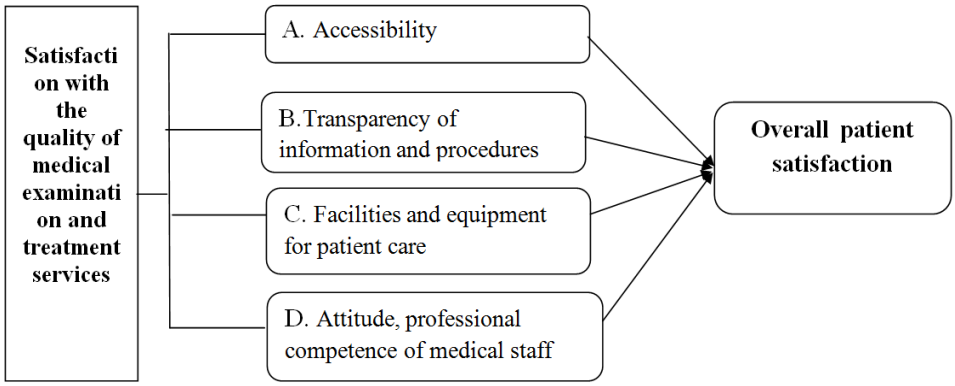

Figure 1. *Proposed research model.*

Proposed research hypotheses:

Hypothesis H1: Accessibility has a positive impact on patient satisfaction.

Hypothesis H2: Transparency of information and medical examination and treatment procedures has a positive impact on patient satisfaction.

Hypothesis H3: Facilities and means of serving patients have a positive impact on patient satisfaction.

Hypothesis H4: Attitude and professional competence of medical staff have a positive impact on patient satisfaction.

Indicators measuring the level of satisfaction with the quality of medical examination and treatment services (independent variables) and the overall satisfaction of patients (dependent variables) were taken from the patient opinion survey form issued under Decision 3869 dated August 28, 2019 of the Ministry of Health.

4. Research Results and Discussion

4.1. Descriptive Statistics

According to Table 2, of the total 448 subjects participating in the survey, the majority were male, accounting for 66.74%, while the majority were female, accounting for 33.26%. Most of the subjects coming to Nghe An Mental Hospital for examination and treatment had health insurance (99.33%) with an average age of 47.408 years old and an average number of treatments of 3.368 times. The subjects surveyed mainly lived in rural areas (78.35%), while in urban areas it was 12.28% and in remote and difficult areas it was 9.38%.

Table 2. *Classification and descriptive statistics of survey participants.*

Factor	Measure	Obs.	Rate %	Factor	Measure	Obs.	Rate %
Sex	Male	299	66,74	Health insurance	Yes	445	99,33
	Female	149	33,26		No	3	0,67
Living area	City	55	12,28	Standard of living	Poor	22	4,91
	Countryside	351	78,35		Near poor	29	6,47
	Poor area	42	9,38		Other	397	88,62

Table 3. Descriptive statistics of survey participants.

Factor	Mean	S.D
Age	47,408	16,752
Number of days in hospital	24,862	6,044
Number of treatments	3,368	4,051
Hospital Reviews	95,783	3,976

The data calculating the average values of the research variables in Table 4 shows that the average values of the independent variables (Accessibility, Transparency of information and procedures for medical examination and treatment; Facilities and means of serving patients; Attitude and professional competence of medical staff) and the dependent variable (Patient satisfaction) are all high, demonstrating a high level of agreement from patients.

Table 4. Descriptive statistics of research variables.

Variables		Comments	Mean	S.D
Accessibility	A1	Diagrams and signs showing directions to departments, rooms and announcements of examination and treatment hours and visiting hours are clear and easy to understand.	4,748	0,435
	A2	Buildings, stairs, elevators, and patient rooms are numbered and clearly marked, easy to find.	4,752	0,432
	A3	Hospital walkways and corridors are flat, safe and easy to walk on.	4,750	0,433
	A4	Elevator waiting time, check-in time and waiting time during medical examination and treatment are acceptable.	4,728	0,446
	A5	Patients can ask and call medical staff when necessary.	4,739	0,440
Mean			*4,743*	
Transparency of information and procedures for medical examination and treatment	B1	Administrative procedures (admission, discharge, hospital transfer, department transfer, etc.) are clear, public, and convenient.	4,600	0,490
	B2	Medical service prices are posted and publicly announced in an easy-to-see, easy-to-read, easy-to-understand location, and high costs, if any, are advised and explained.	4,600	0,490
	B3	The process and time for paying hospital fees upon discharge are clear, public, and convenient.	4,623	0,485
	B4.	Be informed about regulations and necessary information during hospitalization clearly and completely.	4,634	0,482
	B5.	Be explained about the medical condition, treatment method and expected time clearly and completely.	4,636	0,482
	B6.	Be explained and consulted before requesting high-tech tests, examinations, and procedures clearly and completely.	4,634	0,482
	B7.	Be publicly informed and updated about medication use and treatment costs	4,632	0,483
Mean			*4,623*	
Facilities and equipment for patient care	C1.	The patient room is spacious, clean, and fully equipped with suitable temperature control equipment such as fans, heaters, or air conditioners.	4,603	0,490
	C2.	Quiet hospital room, ensuring safety, security, order, preventing theft, peace of mind when hospitalized.	4,587	0,493
	C3.	Hospital bed, sheets, pillows, full for each person, sturdy, good to use.	4,643	0,480
	C4.	Provided with full, clean clothing.	4,667	0,472
	C5.	Toilets and bathrooms are convenient, clean and well-used.	4,656	0,475
	C6.	Hot and cold drinking water is provided in the treatment department.	4,658	0,475

Variables		Comments	Mean	S.D
	C7.	Patients and their families can access wireless internet (wifi) right in their hospital rooms.	4,426	0,495
	C8.	Privacy is guaranteed when hospitalized such as changing clothes, medical examination, going to the toilet in bed... with curtains, partitions or separate beds.	4,605	0,489
	C9.	Hospital canteen serves food and essential living needs fully and with quality.	4,652	0,477
	C10.	The environment in the hospital campus is green, clean and beautiful.	4,719	0,450
	C11.	Provided with adequate, timely, and usable intra-hospital transportation such as wheelchairs, stretchers, and electric vehicles when needed.	4,712	0,453
Mean			*4,630*	
Attitude, professional competence of medical staff	D1.	Doctors and nurses have proper speech, attitude and communication.	4,757	0,430
	D2.	Service staff (nurses, security guards, accountants, etc.) have proper speech, attitude, and communication.	4,759	0,428
	D3	Be respected, treated fairly, cared for and helped by medical staff.	4,759	0,428
	D4	Doctors and nurses cooperate well and handle work proficiently and promptly.	4,770	0,421
	D5.	Get examined and encouraged by a doctor in the treatment room.	4,759	0,428
	D6	Get advice on diet, exercise, monitoring and prevention of complications	4,761	0,427
	D7	No medical staff suggested supplements.	4,766	0,424
Mean			*4,761*	
Patient satisfaction with service delivery results	E1	Waiting time for medical examination and treatment at the hospital.	4,786	0,411
	E2	Be given medication on time, complete instructions for use and side effects if any.	4,779	0,415
	E3	Get reminders of follow-up appointments and instructions on diet, exercise, and home care before discharge.	4,801	0,399
	E4	Full and modern medical equipment and supplies to meet medical examination and treatment needs.	4,786	0,411
	E5	Treatment results meet expectations.	4,806	0,396
	E6	How do you rate your level of trust in the quality of medical services?	4,795	0,404
	E7	Do you think the amount of money paid is commensurate with the quality of medical services?	3,377	0,753
Mean			4,590	

4.2. Scale Validation

The scale validation of the impact of hospital quality on patient satisfaction was performed using Cronbach's Alpha reliability coefficient and EFA analysis. Table 5 shows that most factors have Cronbach's Alpha coefficients greater than 0.8, indicating that the variables in the model are recognized as highly reliable and are included in factor analysis.

Table 5. *Cronbach's Alpha coefficient results of the scales.*

Measure	Obs.	Cronbach's Alpha	Corrected Item-Total Correlation
Accessibility	448	0,9612	0,771
Facilities and equipment for patient care	448	0,9647	0,778

Measure	Obs.	Cronbach's Alpha	Corrected Item-Total Correlation
Facilities and equipment for patient care	448	0,9507	0,826
Attitude, professional competence of medical staff	448	0,9741	0,817
Patient satisfaction with service delivery results	448	0,9608	0,816

Correlation index < 0.3 so variable E7 of patient satisfaction factor was eliminated because it did not meet the requirements related to the correlation index. The remaining variables have Correlation index > 0.3 so the statements and scales are recognized as highly reliable and are accepted for factor analysis.

4.3. Exploratory Factor Analysis

Performing exploratory factor analysis EFA results obtained for KMO coefficient > 0.8 and p-value < 0.05 so the Factor analysis for dependent and free variables is recognized, and at least 1 scale or statement is arranged into any factor.

Factor loading value > 1 shows that there are at least 4 variables in the free factor, and only 1 variable in the dependent factor. The 4 free variables in the model are hospital human resource development, patient orientation, quality improvement activities, and professional activities. Meanwhile, patient satisfaction will be the only dependent variable. The Item loading index > 0.4 shows that patient satisfaction has 6 statements, hospital human resource development has 5 statements, patient orientation has 5 statements, quality improvement activities have 11 statements, and professional activities have 7 statements.

Thus, exploratory factor analysis (EFA) meets the requirements of data and observed variables that are correlated with each other in the whole, used for the next analysis.

4.4. Confirmatory Factor Analysis

The measurement model that fits the actual data must ensure that it fits the four measures: (i) Cmin/df; (ii) TLI, (iii) CFI, (iv) RMSEA (According to Crowley and Fan [17]; McDonald and Ho [18]). The CFA analysis results of the critical model have a p value = 0.000 < 0.05; χ^2 (Chi−square) = 806.398; df = 474 degrees of freedom; CMIN/df index = 1.701 ≤ 5 (Bentler, P. M., and Bonett [19]); CFI indexes = 0.927 > 0.9; TLI = 0.918; RMSEA index = 0.053 < 0.08 (Hu and Bentler [21]; Garver and Mentzer [20]). The indexes satisfy the requirements to conclude that the model fits the official data.

The test results show that the composite reliability coefficient (CR) ranges from 0.856 to 0.892, meeting the requirement of ≥ 0.60, and the total variance extracted ranges from 54.7% to 66.2%, meeting the requirement of ≥ 0.50. The two test indicators show that the scale of factors ensures reliability. The CFA analysis results show that all standardized loading factors with values from 0.681 to 0.865 are ≥ 0.5; Therefore, it can be concluded that the observed variables used to measure factors and components in the research model achieve convergent validity. The results of the discriminant validity test between concepts show that the estimated correlation coefficients associated with the standard error (S.E) have p values that are all less than 0.05, so the correlation coefficient of each pair of conceptual scales is different from 1 (≠ 1), meaning it is not a unit matrix and is statistically significant (p < 0.05). Therefore, it can be concluded that the scale has discriminant validity.

4.5. Correlation Test

The results of the correlation test between independent variables and dependent variables are shown in Table 6. The analysis data shows that the independent variables including: Hospital human resource development, patient orientation, quality improvement activities, and professional activities will have a positive correlation with the dependent variable: patient satisfaction (Pearson correlation > 0).

Table 6. *Correlation test results.*

		E	A	B	C	D
E	Patient satisfaction	1	0,303**	0,269**	0,441**	0,173**
A	Hospital Human Resource Development	0,303**	1	0,237**	0,444**	0,211**
B	Patient-oriented	0,269**	0,237**	1	0,230**	0,459**
C	Quality improvement activities	0,441**	0,444**	0,230**	1	0,003291

		E	A	B	C	D
D	Professional activities	0,173**	0,211**	0,459**	0,003291	1

4.6. Multiple Linear Regression Analysis

To identify, measure and evaluate the impact of hospital quality measurement factors on patient satisfaction, the author used the multiple linear regression method between the four influencing factors obtained from the exploratory factor analysis and correlation analysis above (Table 6).

Table 7. *Results of multiple linear regression analysis.*

Variables	S.D	Beta	t	p-value	VIF
Constant	0,270863		6,8798	0,00000	
A- Hospital Human Resource Development	0,043446	0,088505	1,859933	0,06356	1,320777
B- Patient-oriented	0,040713	0,115921	2,400223	0,01680	1,36054
C - Quality improvement activities	0,045137	0,374738	7,889995	0,00000	1,315811
D - Professional activities	0,044682	0,099818	2,090126	0,03718	1,330354
R-square	0,420528				
F-test	35,07495				
p-value	<0,001				
Durbin-Watson	1,486248				
Obs.	448				

With the support of SPSS software, we obtain the regression results according to Table 7, this result gives a p-value < 0.05, showing that there is at least 1 factor related to the dependent variable. The R-square value of the model R^2 = 0.421 indicates that the independent variables in the model can explain 42.1% of the change in the dependent variable. At the same time, the analysis results show that the VIF variance magnification factor is very small, all less than 2, showing that these independent variables are not closely related to each other, so there is no multicollinearity phenomenon. Regarding the test of the independence of the residuals, the Durbin-Watson statistic of the regression function has a Durbin Watson value = 1.486 in the range from 1 to 3, proving that there is no autocorrelation phenomenon in the model. The t value corresponds to Sig. The p-value of independent variables A is > 0.05, proving that hospital human resource development has no relationship with patient satisfaction, although this impact is recognized at p-value = 0.1 with beta > 0 and p-value < 0.1. The remaining independent variables have p-value < 0.05 and beta > 0, showing that the factors: patient orientation, quality improvement activities and professional activities are positively correlated with patient satisfaction and are recognized at p-value = 0.05. Hypotheses H1, H3, H4 are accepted, hypothesis H2 is rejected.

5. Conclusion and Recommendations

5.1. Conclusion

This study was conducted with the aim of analyzing the effects of medical examination and treatment service quality in particular and hospital quality in general on patient satisfaction at Nghe An Mental Hospital. The results show that this research model is highly consistent with reality. The research results indicate that hospital quality factors have a positive impact on patient satisfaction as follows: (1) Patient orientation with β = 0.1159; p = 0.0168 with statistical significance p < 5%, (2) Quality improvement activities with β = 0.3747; p = 0.000 with statistical significance p < 5%, (3) Professional activities with β = 0.1; p = 0.0371 with statistical significance p < 5%.

The hospital human resource development factor alone will be recognized as having a relationship with patient satisfaction if accepted at p-value = 0.1 with beta > 0 and p-value < 0.1.

According to Tran [22] and Pham et al. [12] among these, service attitude has the strongest impact on hospital service quality. The professional capacity of medical staff, nurses, and service employees is the second most influential element. This is especially true in the case of the COVID-19 epidemic, where the medical team's professional capacity and service attitude have a significant impact on service quality and patient happiness.

5.2. Some Recommendations

Based on the research results, the authors propose a number of solutions, specifically as follows: Towards patients: Hospitals need to ensure that they are always ready to serve the legitimate needs of patients 24/7, building a civilized hospital environment to help patients feel comfortable. At the same time, hospitals need to have a force responsible for providing information to patients quickly and accurately, creating a sense of security during the treatment process for patients.

Quality improvement activities: People's need for mental health examination and treatment is increasing, especially in a society with more and more invisible pressures. Therefore, hospitals need to regularly have improvement plans to improve the quality of medical examination and treatment in particular and the quality of hospitals in general.

Professional activities: This is a vital factor for all hospitals. Patients will be satisfied and confident, returning to the hospital for examination and treatment if the professional level of the medical team is increasingly improved. Therefore, the hospital needs to have a plan to study and improve the qualifications of the medical staff, update new knowledge from the region and the world to apply to the examination and treatment of patients.

Abbreviations

WHO World Health Organization

Conflicts of Interest

The authors declare no conflicts of interest.

References

[1] Decision No. 3869/QD-BYT dated August 28, 2019 on promulgating forms and guidelines for surveying patient and medical staff satisfaction by the Minister of Health.

[2] Decision No. 56/QD-BYT dated January 8, 2024 on promulgating guidelines on methods for measuring people's satisfaction with public health services in the period 2024-2030 by the Minister of Health.

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