

Financial Autonomy in Public Hospitals Under the Ministry of Health in Vietnam

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Abstract

The financial autonomy mechanism has given public hospitals in Vietnam, especially those affiliated with the Ministry of Health, the opportunity to be more proactive in managing their finances and assets, making efficient use of the state budget that has been allotted, and generating extra-budgetary revenue by expanding the range of medical examination and treatment services that their units provide. The need for financial autonomy in public hospitals has brought up a number of concerns, nevertheless, from the development and efficient use of financial resources to management techniques and regulatory frameworks. Using SPSS 22 software, the authors gathered survey data from 42 public hospitals under the Ministry of Health, with 84 survey questionnaires distributed and 75 completed. They then evaluated the degree to which various factors influenced the financial autonomy of these hospitals as of right now. The findings show that the degree of financial autonomy is favourably influenced by the state's financial policy mechanism, medical personnel qualifications, employee qualifications, and facility qualities. The team of writers makes a number of recommendations to improve the financial autonomy mechanism for public hospitals under the Ministry of Health in the future based on these results.

Keywords: Public Hospitals Under the Ministry of Health, Financial Autonomy, Influencing Factors

INTRODUCTION

Taking care of people's health is one of the most significant and crucial jobs, benefiting society as a whole in the long run. The health sector plays a significant role under the slogan of constructing a sustainable and completely developed communist society, with the health network growing broadly across the nation. The credentials for medicine have improved. This has been made possible by timely innovation in the health sector's financial and policy structures. The government granted public service units autonomy and self-responsibility in 2006 with the issuance of Decree 43/2006/ND-CP, which covered organisational structure, payroll, and financing. As a result, there is some pressure on public medical examination and treatment institutions to exercise autonomy and self-responsibility. Decree 85/2012/ND-CP, published by the government in 2012, delineated the operational and financial protocols for public health care units. It also included information on the costs associated with proactive medical assessment and treatment services. Higher operational and financial criteria are established for public health service units by Decree 85/2012/ND-CP. This allows public hospitals to more effectively deal with the financial obstacles to medical examination and treatment, equipment and supply purchases, and the provision of better medical care. Public hospitals have an obligation to put public health first. Decree 60/2021/ND-CP, which governs the autonomous mechanism of public service units, including those in the health sector, was issued by the government in 2021. January 1, 2024 is the date of implementation of the Law on Medical Examination and Treatment 2023, which governs the autonomy of state-run medical examination and treatment facilities, including public hospitals and state medical centres. A legislative pathway to increase the autonomy of public hospitals, particularly those under the Ministry of Health, has been established by these initiatives. Studying the variables influencing the financial autonomy of hospitals under the Ministry of Health is regarded as a crucial task that is especially important at this point in the process of fine-tuning the autonomy mechanism. This will give the hospitals a scientific foundation on which to influence variables in order to successfully advance financial autonomy.

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The role of the state in enhancing the autonomy of Vietnam's public universities was examined by Luong Van Hai (2011). The research demonstrated that academic autonomy, financial autonomy, personnel autonomy, enrolment and training autonomy, scientific and technical autonomy, and autonomy in international relations are the six fundamental aspects of university autonomy. Two types of elements that affect universities' autonomy mechanisms were also discovered by the research.

A research was carried out in 2014 by Vu Thi Thanh Thuy and Vu Thi Anh Tuyet to determine the macro- and micro-factors influencing the financial autonomy mechanism at universities. Among the macro-factors are the national environment and legal policies. The following are included in the category of microfactors: the management level of leaders, the size and field of training, the duties that are allocated, and the school development plan.

In 2012, Tran Duc Can conducted research on enhancing the financial autonomy system of public universities in Vietnam. The research shows that the financial autonomy mechanism is evaluated based on six criteria: community acceptability, organisational binding, flexibility, efficiency, justice, and effectiveness. Three major elements affect the financial autonomy mechanism: (1) higher education's development objectives; (2) the state's financial mechanisms and regulations; and (3) the financial mechanisms of individual universities.

Nguyen Chi Huong (2017) conducted study at the Ho Chi Minh National Academy of Politics on financial autonomy. According to research, the following variables influence the degree of financial autonomy: facilities, staff qualifications, management ability, policy processes, apparatus organisation, functions and tasks, and so on. Of these, two factors—functions, tasks, and organisational structure—have a negative influence on the level of financial autonomy with beta coefficients of 0.277 and 0.093, while four factors—management capacity, policy mechanisms, facilities, and staff qualifications—have an equal impact on the level of financial autonomy with corresponding beta coefficients of 0.421, 0.156, 0.305, and 0.220.

The current state of financial autonomy at the Viet Tri University of Industry was investigated by Truong Tuan Linh and Nguyen Phuong Thao (2021) using descriptive statistical and comparative methods. The factors affecting the implementation of financial autonomy at the school, such as policy mechanisms, staff qualification, financial management capacity, and the school's infrastructure, were analysed. The authors provide four suggestions based on the data to assist the school in increasing its financial independence.

Cao Thi Cam Van and Nguyen Viet Phuong (2021) investigated the variables influencing the financial autonomy of public health care units in Ho Chi Minh City in terms of efficacy. This study makes use of survey data obtained from 296 participants who are affiliated with public health care facilities in Ho Chi Minh City, as well as a mix of qualitative and quantitative research methodologies. Descriptive statistics, Bartlett, KMO, extracted variance test, and exploratory factor analysis (EFA) were among the testing techniques they used. The findings of the study indicate that investment and procurement control, financial control, people control, management control, accountability, and human resource qualification are the six aspects that influence how successful financial autonomy is.

A study conducted in 2010 by Selin Arslanhan and Yaprak Kurtosal looked at the impact that universities in Turkey face when they lack financial autonomy. In order to explain innovation effectiveness, the two men looked at the relationship between universities' competitiveness and autonomy. They did this by examining the following conditions: (1) ownership of facilities and equipment; (2) ability to borrow capital; (3) decision-making regarding budget spending in accordance with goals; (4) ability to decide on the curriculum framework, structure, and content of subjects; (5) ability to hire and fire faculty; (6) proactive attitude towards salary; (7) autonomy in enrolment scale determination; and (8) tuition fees decision.

The authors found that no study had particularly examined elements impacting the autonomy mechanism in public hospitals under the Ministry of Health, while doing a review of research works on factors affecting financial autonomy in public service units. As a result, the writers discovered a hole in their study.

Theoretical Basis

Decree 60/2021/ND-CP states that a public health service unit is an entity that is created and run by a qualified state agency in compliance with the law. It also has legal standing, a seal, an account, and an accounting apparatus in compliance with the accounting provisions of the law. These entities are responsible for offering public health services or supporting state management in specialised medical fields like preventive medicine, medical examination and treatment, nursing and rehabilitation, medical, forensic, and forensic psychiatric examination, traditional medicine and pharmacy, testing of pharmaceuticals, cosmetics, and medical equipment, food safety and hygiene, population - family planning, reproductive health, and health education communication.

Clause 1, Article 3, of Decree 60/2021/ND-CP states: "the financial autonomy mechanism of a public service unit is the regulations on the right to autonomy, self-responsibility in implementing the regulations on the list of public services, prices, fees, and roadmap for calculating prices of public services. It also classifies the level of financial autonomy, autonomy in using financial resources, autonomy in joint venture activities, association, management, use of public assets, and other related regulations."

Public health care units are divided into four categories by Decree No. 60/2021/ND-CP according to their degree of financial autonomy:

+ Hospitals that are self-sufficient in generating income to cover all operating and capital costs. These public hospitals are able to self-guarantee both normal running expenditures and development investment expenses due to their substantial medical service income. These hospitals are not supported by the state budget; instead, all of their costs—from operating costs to capital investments—are determined by their income and other financial sources that they have raised on their own. These hospitals have the organisational, labour, operational, and financial freedom to choose service costs that fall within the approved price range.

+ Hospitals that are self-sufficient in covering all of their usual costs. These are hospitals that generate enough income on their own to cover all of their usual costs. The state budget just has to provide capital for infrastructure and equipment so that these hospitals have enough space to carry out professional responsibilities within the parameters and functions of the designated unit. It is not required to pay the hospital's daily operations.

+ Hospitals that cover some of their usual costs with income that they have self-guaranteed. Due to their poor earnings, some hospitals are only able to guarantee a percentage of their ongoing costs. The balance of normal expenses must come from the state budget. The state budget specifically pays for wages, benefits, and salary-based contributions in addition to the routine upkeep and repair of fixed assets. These costs are not included in the cost of medical treatments. The funds for development investments are provided by the state budget.

+ Hospitals with little or nonexistent income. These hospitals have very little, if any, income, thus all funds for routine operations and development investments must come from the state budget.

RESEARCH METHOD

In order to determine the variables influencing financial autonomy in public hospitals run by the Ministry of Health, the authors conducted quantitative study. The following techniques were used by the authors to analyse data using the SPSS 22 software: regression analysis, correlation analysis, exploratory factor analysis, and Cronbach's alpha were used to evaluate the reliability of the measuring scale.

The Ministry of Health now oversees 42 public hospitals. Eighty-four survey questionnaires were mailed and delivered to forty-two hospitals; 75 questionnaires were collected, accounting for 89.3% of the total number of questions disseminated. Every questionnaire that was gathered complied with the information criteria. Since there were 15 variables in the research, the quantity of completed questionnaires satisfied the sample size criteria. Managers, physicians, and staff members of Ministry of Health-run public hospitals were among the survey participants. Based on earlier theoretical research, we put up the following theories:

Hypothesis 1: The State's financial policy mechanism positively impacts financial autonomy.

The Ministry of Health's general or public hospitals' financial autonomy method for public service units is governed by Government Decree No. 60/2021/ND-CP, which was issued on June 21, 2021. The Decree delineates the organisations' claim to financial resource allocation autonomy and self-responsibility, the division of regular spending items between autonomous and non-autonomous entities, and the sharing of financial results. Medical examination and treatment facilities must implement financial autonomy in compliance with the law, according to the Law on Medical Examination and Treatment 2023.

Hypothesis 2: Professional qualifications of staffs have a positive impact on financial autonomy

The personnel—physicians, doctors, etc.—necessary for medical examination and treatment makes up public hospitals' internal capacity. A vital component of the hospital's growth is the medical staff's quantity, quality, and ratio; the management team offers high-quality medical examinations and treatments to ensure the hospital runs smoothly.

Hypothesis 3: Professional qualifications of staff has a positive impact on financial autonomy.

The ability and vision of the leader are also crucial components in establishing autonomy within each unit. All managers' roles, duties, and capacities are altered by the shift to an autonomous system. In essence, this transformation process is a move away from operational management and overseeing duties delegated by superiors to actively growing the unit to meet predetermined objectives. Under circumstances of financial autonomy, management comprises the manager's responsibilities, requisite skills, and area of responsibility.

Hypothesis 4: Infrastructure and equipment have a positive impact on financial autonomy.

In an environment with inadequate infrastructure, public hospitals find it difficult to become financially independent. In order to increase income, take the initiative to organise costs, and guarantee effective spending, hospitals that are autonomous in medical examination and treatment must provide a minimum infrastructure that includes adequate hospital beds, wards, and medical examination and treatment equipment. To succeed, public hospitals need independence, especially when it comes to funding.

The dependent variable "financial autonomy" is expressed as the degree of self-insurance for routine costs ($A/B \times 100\%$). A includes orders or bids for public service services included in the state budget, regular costs for science and technology, career collection, fees put aside for expenses, and other revenue, as well as regular expenses depending on responsibilities given by the state. B comprises all authorised recurring costs, except those for delivering public services that are funded outside of the state budget. The writers' group changed the percentage level to a five-point Likert scale: level 1 (normal expense self-insurance < 10%); level 2 (10% < regular expense self-insurance < 30%); level 3 (30% < regular expense self-insurance < 70%); level 4 (70% < regular expense self-insurance < 100%); and level 5 (regular expense self-insurance $\geq 100\%$).

The scales used in this study were inherited from the following sources: Michael Mitsopoulos and Theodore Pelagidis (2008), Selin Arslanhan and Yaprak Kurtosal (2010), Vu Thi Thanh Thuy and Vu Thi Anh Tuyet (2014), Tran Duc Can (2012), and the Decree 60/2021/ND-CP issued by the Vietnamese government on June 21, 2021. The scale's features are shown in Table 1. The Likert scale in the questions has five points. One to five: strongly disagree, disagree, agree, neutral, and strongly agree.

Table 1. Scale description table

No	Factor	Variables
1	State financial policy (SFP)	- SFP1: The financial policy is systematically and adequately built - SFP2: The financial policy is synchronous and consistent - SFP3: The financial policy is updated in a timely manner - SFP4: The financial policy is in line with reality
2	Professional qualifications of staff (PQS)	- PQS1: The team of doctors and nurses is sufficient in quantity and quality - PQS2: The team of doctors and nurses is enthusiastic about their work - PQS3: The team of doctors and nurses is updated with new knowledge and techniques
3	Management capacity of leaders	- MCL1: Have participated in specialized management training - MCL2: The dynamism of the leader

	(MCL)	-	MCL3: Financial management capacity
		-	MCL4: Have problem-solving skills
4	Infrastructure and equipment (IAE)	-	IAE1: Equipment for medical examination and treatment
		-	IAE2: Works for medical examination and treatment
		-	IAE3: Auxiliary works for medical examination and treatment
5	Financial autonomy (FIA)	-	FIA: Level of self-sufficiency of regular expenses

RESEARCH RESULTS

Overview of public hospitals under the Ministry of Health

Public hospitals under the Ministry of Health are the last-line hospitals in Vietnam's public hospital system, also known as the central line in the treatment hierarchy. These are large hospitals that perform highly specialized techniques using complex, modern methods, and they receive patients who have been transferred from provincial or city hospitals. These hospitals are identified as leading hospitals in the country, performing highly specialized techniques and applying new advances in medical technology, with the task of developing and improving the level of medicine in the country in order to keep pace with countries in the region and around the world. As of the end of 2023, there are 42 hospitals under the Ministry of Health's management. The superior authority has approved the plans for autonomy and self-responsibility developed by all public hospitals under the Ministry of Health, in accordance with Decree 43/2006/ND-CP. All public hospitals have implemented this mechanism of autonomy and self-responsibility, and now Decree 60/ND-CP, dated June 21, 2021, specifies the mechanism of financial autonomy for public service units. However, the Ministry of Health categorizes the financial autonomy of public hospitals under its jurisdiction as follows:

- + According to Resolution 33/NQ-CP and Decree 77, there are three hospitals implementing the pilot program, such as Bach Mai Hospital and K Hospital, are fully autonomous in regular and irregular expenditures.
- + There are thirty hospitals in Group 2 have self-guaranteed revenue for regular expenditures, such as Central Maternity Hospital, ENT Hospital, Ho Chi Minh City Dental Hospital, Central Eye Hospital, Hanoi Dental Hospital, etc.
- + There are eight hospitals in Group 3 have self-guaranteed revenue for a portion of their regular expenditures.
- + The Central Mental Hospital, one of the hospitals in Group 4, has low revenue and relies on the state budget to ensure regular expenditures in accordance with its assigned functions and tasks.

Usually, these hospitals have a scale of 500 to more than 2,000 beds. The general situation of hospitals under the Ministry of Health is that they are always overloaded, as reflected in the very high bed occupancy rate in both inpatient and outpatient areas. The bed occupancy rate at hospitals under the Ministry of Health is very high; in many places, it is over 100%. All hospitals experience an average overload of 25-30%, with the most overloaded specialized hospitals for cancer, pediatrics, and obstetrics sharing beds with 2-3 patients each. The Ministry of Health has maintained, consolidated, and developed public hospitals, investing in, upgrading, and building new ones, initially resolving the issues of degradation and hospital bed shortage. Many new pieces of equipment have been put into use, so The Ministry of Health has successfully implemented various diagnostic, treatment, and care techniques, including open heart surgery, heart valve replacement, limb reattachment, kidney transplantation, liver transplantation, and in vitro fertilization. long with a team of highly specialized professionals in many hospitals, have contributed to saving the lives of many patients with serious illnesses, and there have been more and more great successes in the field of medicine recognized by the world.

Approximately 70% of the entire career establishment in the health sector consists of professional and technical workers who work in hospitals. Many hospitals have increased the quality of their diagnostic and treatments, as well as their professional ability, with the successful implementation of line management and technical transfer to lower levels. Many critically sick patients have been treated and their lives have been saved because to the effective application of many novel and sophisticated treatments in Vietnamese

medicine, which has steadily improved to a level that is equivalent to that of other nations in the area. Prior to 2002, the majority of hospitals were state-funded facilities that also received funding from hospital fees. As of right now, a financial autonomy mechanism is being implemented by each of the 42 hospitals within the Ministry of Health. Initial improvements in the number and quality of medical examination and treatment services supplied are being brought about by the conversion of the financial mechanism to a spirit of self-reliance and self-responsibility, as well as modifications to the state budget allocation procedures. These advantageous circumstances make it easier to put in place systems that draw in funding and promote independence and accountability in hospital financial management.

Thus, this hospital system has all the qualities of a public hospital since it is geographically dispersed over the nation, ranging in size from huge hospitals with significant revenues to hospitals with extremely low revenues. It is suitably categorised into unit groups according to the standard of guaranteeing both regular and irregular operational expenses.

Evaluate the reliability of the Scale

Table 2. Reliability Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Cronbach's Alpha = .893				
SFP1	10.96	1.622	0.657	0.883
SFP2	10.97	1.719	0.662	0.878
SFP3	11.06	1.564	0.767	0.834
SFP4	11.05	1.496	0.834	0.803
Cronbach's Alpha = .831				
PQS1	7.76	0.909	0.765	0.644
PQS2	7.69	1.121	0.576	0.849
PQS3	7.64	0.971	0.676	0.747
Cronbach's Alpha =.762				
MCL1	10.76	1.617	0.599	0.652
MCL2	10.79	1.546	0.603	0.649
MCL3	10.84	1.803	0.545	0.683
MCL4	10.84	1.83	0.43	0.737
Cronbach's Alpha =.692				
IAE1	7.65	1.023	0.446	0.664
IAE2	7.52	1.005	0.469	0.634
IAE3	7.46	0.836	0.592	0.454

Based on the examination of the Financial policies, Medical professionals' credentials, Leaders' management ability, and Facilities factor groups, the scale's Cronbach's Alpha coefficients are .893,.831,.762, and.692, in that order. The total variable correlation coefficients of the observed variables in the scale are all larger than 0.3, and these coefficients are all greater than 0.6. As a result, every variable that has been observed is acceptable and will be included in the factor analysis that follows.

Exploratory Factor Analysis

In order to examine these components' convergent and discriminant values, the authors included four factors in an EFA analysis. Table 3's statistics indicate that the research contains enough observed variables to qualify as a factor, with a KMO value of 0.674>0.5. Factor analysis is adequate and the Barlett test is statistically significant at the significance level of Sig.=0.000<0.05%.

Table 3. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.674
Approx. Chi-Square	518.759
Bartlett's Test of Sphericity	df
	91
	Sig.
	.000

Table 4. Rotated Component Matrix^a

	Component			
	1	2	3	4
SFP1	.797			

SFP2	.818			
SFP3	.915			
SFP4	.942			
PQS1			.919	
PQS2			.829	
PQS3			.878	
MCL1		.881		
MCL2		.869		
MCL3		.836		
MCL4		.691		
IAE1				.744
IAE2				.777
IAE3				.877

Table 5. Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.924	21.194	21.194	2.924	21.194	21.194
2	2.777	20.141	41.386	2.777	20.141	41.386
3	1.923	14.039	55.475	1.923	14.039	55.475
4	1.472	10.822	66.347	1.472	10.822	66.347
5	0.892	6.676	73.073			
6	0.732	5.537	78.66			
7	0.637	4.858	83.567			
8	0.543	4.187	87.805			
9	0.437	3.428	91.283			
10	0.318	2.576	93.908			
11	0.277	2.289	96.247			
12	0.199	1.732	98.029			
13	0.116	1.139	99.218			
14	0.053	0.682	100			

Based on the standard value Eigenvalues > 1, four factors were retrieved in the EFA analysis, yielding a total variance extracted of 66,347% (>50%). Every factor loading coefficient is more than 0.5. The scales have high values for assessing the associated variables since all of the variables meet the requirements for convergent and discriminant validity.

Multivariate Regression Analysis

Only three of the four independent variables—SFP, PQS, IAE, and MCL—have sig values less than 0.05, according to the sig findings of the Pearson correlation test between the independent variables and the dependent variable. These independent factors and the dependent variable, FIA, thus have a linear relationship.

Table 6. Correlations

		FIA	PQS	MCL	IAE	SFP
FIA	Pearson Correlation	1	.154	.096	.523**	.366**
	Sig. (2-tailed)		.186	.411	.000	.001
	N	75	75	75	75	75
PQS	Pearson Correlation	.154	1	-.159	-.033	.012
	Sig. (2-tailed)	.000		.173	.781	.921
	N	75	75	75	75	75
MCL	Pearson Correlation	.096	-.159	1	.165	.064
	Sig. (2-tailed)	.411	.173		.157	.583
	N	75	75	75	75	75
IAE	Pearson Correlation	.523**	-.033	.165	1	.146
	Sig. (2-tailed)	.000	.781	.157		.211
	N	75	75	75	75	75
SFP	Pearson Correlation	.366**	.012	.064	.146	1
	Sig. (2-tailed)	.001	.921	.583	.211	
	N	75	75	75	75	75

Regression Analysis

Table 7 displays the outcomes of the linear regression analysis. The independent variables account for 41.2% of the variance in the dependent variable, according to the modified coefficient of determination R square = 0.412. Additionally, Table 7 offers the Durbin-Watson value for evaluating the first-order autocorrelation phenomena. Since the DW value of 1.784 falls between 1.5 and 2.5, the first-order autocorrelation assumption is not broken by the outcome. The F test result is shown in the ANOVA table, which is used to assess the regression model's suitability hypothesis. The regression model is sufficient since the F test sig value is $0.000 < 0.05$. There is no multicollinearity since the VIF coefficient is less than 2, as the Coefficients table demonstrates. Consequently, it may be said that the model and the actual data are consistent.

Table 7. Results of regression analysis

Model Summary ^b					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	0.622a	0.478	0.412	0.469	1.784

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6.106	4	1.540	11.084	0.000b
	Residual	9.350	70	0.163		
	Total	15.745	74			

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-0.063	0.740		-0.104	0.917
	PQS	0.196	0.094	0.192	1.799	0.000
	MCL	0.025	0.130	0.027	0.260	0.696
	IAE	0.540	0.100	0.518	5.024	0.000
	SFP	0.391	0.140	0.329	3.082	0.003

Table 7 findings demonstrate that all three independent factors have a statistically significant effect on the dependent variable, with the values in the Sig columns of PQS, IAE, and SFP being less than 5%. The following equation illustrates the link between the variables:

$$FIA = 0.518 IAE + 0.329 SFP + 0.192 PQS$$

CONCLUSION

The three assumptions are supported by the findings of the linear regression analysis and the Pearson correlation test.

Infrastructure and equipment have a positive impact on financial autonomy : the regression analysis's findings demonstrate this, with Sig. = 0.000 (<0.05) indicating a positive correlation between the two. According to the author's study, this factor ($\beta = 0.518$) has the greatest impact on the degree of financial autonomy enjoyed by public hospitals under the Ministry of Health. This is totally in line with the fact that hospitals struggle to become financially independent given their inadequate infrastructure.

The State's financial policy mechanism positively impacts financial autonomy: regression analysis findings indicate that the two variables have a positive association (Sig.=0.003 (<0.05)). According to the author's study, this factor ($\beta = 0.329$) has the second-highest influence on the financial autonomy of public hospitals under the Ministry of Health. It is advantageous for public hospitals under the Ministry of Health to establish a system of financial autonomy within their units when the policy mechanism is supportive of financial autonomy and is positive in nature.

Professional qualifications of staff has a favourable effect on financial autonomy: The regression analysis results show that Sig.=0.000 (<0.05), there is a positive relationship between the capacity, professional qualifications of staff and financial autonomy. The author's research results on this factor show that this is the

factor with the second strongest influence on the level of financial autonomy of public hospitals under the Ministry of Health ($\beta = 0.192$). The Ministry of Health's public hospitals are staffed by a group of highly skilled and motivated physicians and medical professionals. enthusiastic about their profession and always seeking out new skills and information... This is crucial for the assessment and treatment of medical conditions.

With the insights drawn from the above research results, in order to contribute to enhancing the level of autonomy in public hospitals under the Ministry of Health, the authors propose the following solutions:

- Implement synchronously and fully the regulations and policies of the State, including sanctions and regulations promoting financial autonomy. These are the bases and bases for public hospitals under the Ministry of Health to proactively develop and implement solutions to increase revenue as well as increase autonomy and self-responsibility for public universities in terms of tasks, organizational structure, staffing and finance on the basis of reducing related regulatory barriers.

- In order for financial management under the autonomous mechanism to truly be

effective and practical in each unit, it is necessary for the staff, doctors and

workers to understand the benefits of the new mechanism as well as its impact on each worker and the entire unit. From there, create an environment

and motivation to encourage units and employees to fully develop their talents and intelligence

to provide increasingly quality services. Therefore, public hospitals under the Ministry of Health need to continue to propagate and raise awareness for the staff, civil servants and employees of the unit to better understand the policy of autonomy, including autonomy in financial management.

- Focus on investing in improving facilities at public hospitals under the Ministry of Health with the aim of improving medical examination and treatment conditions.

- Public hospitals under the Ministry of Health need to develop internal spending regulations that must be promptly updated with newly issued policies and regimes, and develop spending norms for each source of funding, funds, etc. to ensure fairness in income distribution to encourage individuals to complete their tasks well. In addition, hospitals need to have policies to support employees to improve their professional qualifications.

- Public hospitals under the Ministry of Health need to focus on staff planning, focusing on standards of professional qualifications and management capacity.

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