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**MOTIVATING EMPLOYEES IN HEALTH-CARE
FACILITIES IN VIETNAM**

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SUMMARY OF THE DOCTORAL THESIS

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INTRODUCTION

1. Rationale of thesis research.

In each organization, there are three main types of resources: (1) physical facilities, (2) financial resources and (3) human resources, in which human resources play a decisive role in the existence and development of the organization, determining the work performance of each individual employee.

Employees at health-care facilities are a key factor determining the quality of services provided to the community, productivity and quality of health services.

In the context of the current Covid - 19 epidemic, it shows more clearly the importance of motivational policies for employees, however, through the pandemic, we found that there were some shortcomings in motivating health employees, leading to some problems such as the uneven distribution of skilled medical employees, the working conditions of local health-care facilities are still inadequate, the income of public health employees is still low, leading to the migration of medical employees to private facilities... This shows that motivating medical employees is very necessary in Vietnam today.

In order to build a theoretical and practical basis on the working motivation of employees at health-care facilities, the factors affecting their motivation, the author chooses the research topic of “**Motivating employees in health-care facilities in Vietnam**”, as the topic of doctoral thesis in economic management.

2. New points of the thesis

2.1. Theoretical basis

1) The thesis approaches research on motivation through building a research model on factors affecting work motivation of employees at health-care facilities so that through this impact relationship will Identify tools to motivate employees. Next, the thesis applies a Structural Equation Modeling (SEM- This is a new and modern method) to test the research hypotheses.

2) This is the first study on employee motivation at health-care facilities in Vietnam that proposes criteria for assessing work motivation, the current status of

the employee's impact level and direction. Factors affecting the working motivation of employees at health-care facilities in Vietnam.

3) The thesis contributes to building and developing a theoretical basis on the influences way of the State to the development in the field of health services through policies and motivational tools for employees in health-care facilities in Vietnam.

2.2. Practice basis

1) This is the first study in Vietnam on employee motivation in the health sector on a large scale nationwide, with a large survey sample.

2) The thesis assesses the current status of work motivation, assesses the satisfaction level of motivational tools that managers are applying to motivate employees at health-care facilities in Vietnam.

3) The thesis assesses the level and direction of impact of motivational tools on the work motivation of employees at health-care facilities in Vietnam.

4) The thesis proposes a number of solutions to motivate employees at health-care facilities in Vietnam, which emphasizes solutions on income and career significance of medical employees.

3. Structure of the thesis

In addition to the introduction, conclusion and appendices, the thesis structure consists of 4 chapters as follows:

Chapter 1: Overview of published studies and research direction of the thesis.

Chapter 2: Theoretical basis for motivating employees at health-care facilities.

Chapter 3: The reality of motivating employees at health-care facilities in Vietnam.

Chapter 4: Solutions of motivating employees at health-care facilities in Vietnam.

CHAPTER 1
OVERVIEW OF PUBLISHED STUDIES
AND RESEARCH DIRECTION OF THE THESIS

1.1 OVERVIEW OF PUBLISHED STUDIES RELATED TO MOTIVATION FOR EMPLOYEES AT HEALTH-CARE FACILITIES

1.1.1 Research works on the origin of motivation

Typical authors include: Maslow, Vroom, Porter and Lawler, Guo, Vygotsky... all affirmed that the source of human motivation is derived from the perception, the need to be satisfied will form the goal to aim for and the motivation will appear, but only at pointing out the source of motivation, not talking about the factors that can affect the motivation.

1.1.2. Studies on the process of forming motivation

In this direction of research, there are authors such as: Maslow, Leonchiev, Weiner, Robert Kreitner & Angelo Kinick... These researchers all approach the process of motivation, clearly pointing out the process of forming work motivation but focusing too much on internal factors that ignore external factors such as: awareness of one's responsibilities with work, professional characteristics, or requirements from the organization...

1.1.3. Research projects on motivating employees

1.1.3.1. Studies on the role of motivation for organization.

The studies in this direction include authors such as: Maier and Lawler, Bedeian, Kreitner, Zimmer, Gracia, Apostolou... These studies focus a lot on the results of employee motivation, but have not mentioned both individual and organizational factors that affect employee motivation.

1.1.3.2. Studies on individual and organizational factors affecting motivation and motivational creation.

Studies in this direction point out the factors affecting work motivation and

divide them into two groups of internal and external influences of individual employees. To create motivation, external influences must match the requirements from within the employee.

1.1.3.3. Studies on factors affecting work motivation.

Studies in this direction refer to the difference in motivation and motivational creation for employees in different conditions and circumstances such as: socio-cultural, industry of activity, gender characteristics. From these studies, there is still a limited understanding of the concept of motivational thinking in the health sector.

1.1.4. Research on motivation and motivational creation for employees in the medical field.

1.1.4.1. Studies abroad

Studies on motivation and motivational creation for employees in the health sector currently mostly focus on two main directions:

(1) Studies on the meaning of motivation and motivational creation for health employees with work efficiency and loyalty of employees, confirm that motivational creation in healthcare will help increase or decrease the level of satisfaction of health employees, mainly using qualitative research methods based on situation analysis and employee interviews, a few studies in the early 2000s used the Ordinary Least Square method (OLS) to quantify the impact of motivational creation and work performance of healthcare employees.

(2) These studies emphasize motivational factors/tools (motivational creation input) that come from the individual himself, the impact from the health service organization/facility, and the influence from the outside such as culture, society... Mainly using qualitative methods based on situation analysis, statistical data, group interviews; a few studies have used quantitative research methods by OLS, PLS methods, based on SPSS, AMOS, STATA software, but the sample size is small and mainly associated with specific employees such as nurses, nurse's aid and midwives without comprehensive studies on all health employees in general

and on a large sample size.

1.1.4.2. Studies related to motivation and motivational creation for employees at health-care facilities in the country.

Domestic studies have only studied on a narrow scope and there have been no studies using Structural Equation Modeling (SEM) to estimate the relationship of motivational factors/tools to create motivation to employees.

1.1.5. Research gap

1) In theory, previous studies on creating motivation for employees in the health sector have not yet quantified the tools/factors affecting their motivation to consider the extent and direction of their impact on motivation to set forth motivational creation policies.

2) For context, research on motivation and motivational creation is mainly conducted in developed countries and on employees in manufacturing industries but not in the health sector.

3) In terms of research methods and subjects, the number of empirical studies on the working motivation of employees in the health sector is still very small and mainly qualitative studies, mainly only dealing with statistical data or using a linear regression model and on a small sample size and associated with specific research subjects (nurses, nurses-aid, midwives...), should only be able to mechanically analyze the relationship between factors affecting motivation in a single pair.

4) Regarding the content, the studies on motivational creation in general and in the health sector in particular are lacking in assessing the current status of employees' work motivation to know what their work motivation level is. Next, it is necessary to consider the level of impact of the tools to get the best motivation.

5) The context of Vietnam has many differences compared to other countries in the world in terms of politics, culture, society, economy..., the number of studies on motivation and motivational creation for employees in the health sector is also are only small in some units and the solutions are only meaningful in a narrow

scope but not systematically for health-care facilities in general. Therefore, conducting this research is necessary and has scientific significance in both theory and practice.

1.2. RESEARCH DIRECTION

1.2.1. Objectives of the study

1.2.1.1. Overall objective

On the basis of clearly explaining the theoretical and practical basis of motivation for employees at health-care facilities, the author of the thesis will propose solutions to motivate employees at health-care facilities in Vietnam, thereby contributing to the better development of health services in Vietnam in the coming time.

1.2.1.2. Specific objectives

1) Systematize and clarify the rationale for motivating employees at health-care facilities; establishing an analytical framework and evaluation model to motivate employees at health-care facilities.

2) Assess the current situation of motivating employees in health-care facilities in Vietnam.

3) Proposing solutions to motivate employees at health-care facilities in Vietnam in the coming time.

1.2.2. Research questions

1) What theoretical framework is used to research on motivational creation for employees in health-care facilities in our country?

2) What is the current state of motivation of employees in health-care facilities in our country?

3) What are the motivational tools and how do they affect the motivation of employees in health-care facilities in our country today?

4) What solutions should be implemented to motivate employees in health-care facilities in our country in the coming time?

1.2.3. Scope and subject of the study

1.2.3.1 Subject of the study

The object of the research is to motivate employees at health-care facilities. In which, conducting research on work motivation and the impact of motivational tools that have been applied to the work motivation of employees at public health-care facilities in Vietnam.

1.2.3.2 Scope of the study

- *Space*: Research on motivating employees at health-care facilities nationwide from central to local, provincial and district levels, and only research public health-care facilities; do not research non-public health-care facilities.

- *Time*: Research on the current situation in the period 2017 - 2019, especially primary data was collected from September to December 2019.

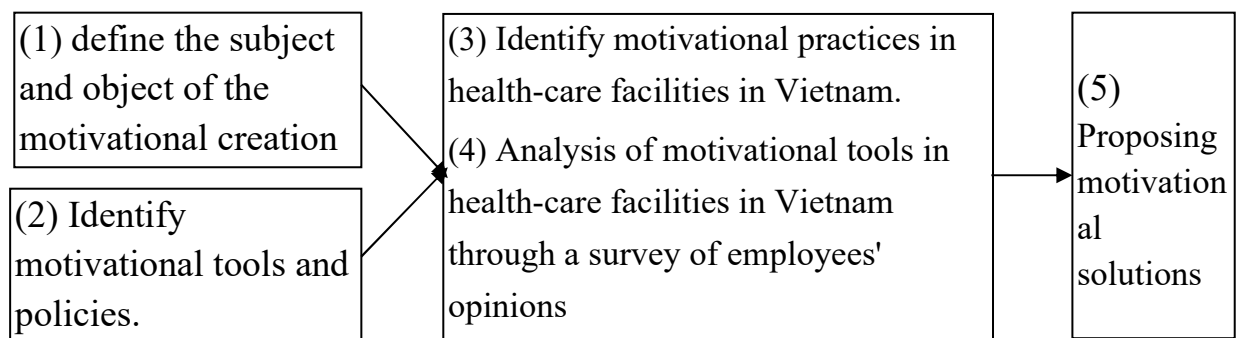
Proposed solutions for the period up to 2030.

- *Contents*: Analyze and evaluate the current status of employees' work motivation and the influence of factors on employees' work motivation; current status of tools and policies to motivate employees at mainly public health-care facilities in Vietnam; do not research non-public health-care facilities.

1.2.4. Approach

Through conducting a research overview, based on the object and scope of the study, the author proposes an approach to conduct research on the topic as follows, (1) Clearly define the subject and object of the motivational creation; (2) Identify motivational tools and policies; (3) Identify motivational practices in health-care facilities in Vietnam; (4) Analysis of motivational tools in health-care facilities in Vietnam through a survey of employees' opinions; (5) Proposing motivational solutions. The research approach is modeled in the following figure:

Figure 1.1. Process of research approaching



Source: Recommended by the author (2020)

The subject of motivating employees in health-care facilities in our country belongs to the State, besides, managers in health-care facilities play the role of both the subject and the object of the motivational creation.

The object of motivating employees in health-care facilities is the employees working at these facilities, including managers.

On that basis, the author mentioned with two main groups of tools: (1) Material tools and (2) immaterial tools.

Through surveying the opinions of employees and estimating the model by Structural Equation Modeling (SEM), based on the results of the assessment of the current situation, then proposing solutions and recommendations to motivate employees in health-care facilities in Vietnam from now to 2030.

1.2.5. Research Methods

Qualitative methods are used to build the research theoretical framework.

Quantitative research was conducted with tests, estimates (Exploratory Factor Analysis (EFA), reliability test (Cronbach's Alpha), Confirmatory Factor Analysis (CFA), Structural Equation Modeling (SEM)) to draw conclusions about the research hypotheses.

1.2.5.1. Primary data collection methods

1) Survey method and survey sample size

To collect primary data information for the research, the thesis used the sampling survey method. The investigation period is from September 2019 to December 2019.

- *Sampling method and description of sample space*

The study uses a non-probability random sampling method, ensuring representativeness by region (north, central and south...), by time of establishment, by management level (from central to local) and survey on all types of employees in health-care facilities such as: doctors, nurses, nurse-aides, technicians...

- *Size*

The sample size is determined based on the formula of Hair et al (1998), the minimum sample size needs to be 5 times or better than 10 times the number of questions, the author has issued 600 questionnaires in 35 hospitals across the country, the results collected 522 votes, of which 33 votes were invalid, the

remaining 489 votes were used for research.

2) Investigation contents.

The content of the survey of employees in health-care facilities focuses on 2 major problem groups.

Firstly, the information is related to the motivation and its level of employees at health-care facilities.

Second, the information is related to employees' perceptions of employee motivational tools at health-care facilities.

1.2.5.2. Data analysis methods

The primary data collected will be processed on Excel software. Unsatisfactory and invalid survey samples will be removed before being processed on SPSS 24 software.

1) Descriptive statistical analysis method

The author conducts statistical analysis to describe the influencing factors and the component factors of the variables in the model.

2) Methods of using quantitative model in the thesis including: Method of exploratory factor analysis (EFA); Cronbach's Alpha reliability test; Confirmatory factor analysis (CFA); Estimation of Structural Equation Modeling (SEM), testing model and research hypotheses.

1.2.5.3. Secondary data collection method

Collecting information related to motivating employees in the health sector in general and at some health-care facilities in particular.

Some secondary data sources that the PhD student has approached to exploit:

- Data from statistical agencies: Exploiting data of the General Statistics Office and some databases in thematic reports of management agencies under the Ministry of Health.

- The data is published in national and international scientific publications and the data is cited in specialized journals, electronic newspapers, research results of a number of doctoral works, scientific reports related to the topic.

CHAPTER 2

THEORETICAL BASIS AND EVALUATION MODEL FOR MOTIVATING EMPLOYEES AT HEALTH-CARE FACILITIES

2.1. THEORETICAL BASIS FOR MOTIVATING EMPLOYEES AT HEALTH-CARE FACILITIES

2.1.1. Concept of employee's motivation in health-care facilities

1) Health-care facilities

Health-care facilities are understood as establishments established by the State with the function of medical examination and treatment and health care, including hospitals, sanatoriums and rehabilitation centers, regional polyclinics and medical stations and commune, ward and town health clinics.

2) Employees in health-care facilities

Employees in health-care facilities are people who directly work at health-care facilities, they are operated by the health-care facility and receive salaries, wages and other incomes from the health-care facilities.

3) Employee's motivation in health-care facilities

The motivation of employees at health-care facilities is understood as the efforts and desire of the employees to satisfy their needs and in accordance with the common goals of health-care facilities where the employees working.

2.1.2. Manifestations of work motivation of employees at health-care facilities including: Working time; Productivity and work efficiency; Consciousness of discipline; Creativity and initiative at work; Level of job satisfaction; Loyalty to work.

2.2. THEORETICAL BASIS FOR MOTIVATING EMPLOYEES AT HEALTH-CARE FACILITIES

2.2.1. Concept of motivating employees in health-care facilities

Motivating employees and owners of health-care facilities is to use policies, measures and management methods that affect employees to make employees more motivated to work better, more satisfied with their work.

2.2.2. Motivational tool for employees in health-care facilities

+ *Motivating to work through material tools:* Material tools refer to the issue of wages, benefits from bonuses, benefits, and allowances ...

+ *Motivating with immaterial tools:* (1) Motivation through learning and career development opportunities, (2) Motivation through working environment,

(3) Motivation through working conditions, (4) Motivation through influence of Manager, (5) Motivation through the support of colleagues, (6) Motivation through the facility's reputation (pride), (7) Motivation through contribute to society.

2.2.3. Factors affecting employees at health facilities including: (1) Viewpoints and policies of the State; (2) Employee characteristics and job characteristics; (3) Characteristics of health services in the market mechanism.

2.3. MODEL FOR ASSESSING THE IMPACT OF MOTIVATIONAL TOOLS FOR EMPLOYEES IN HEALTH-CARE FACILITIES APPLIED TO VIETNAM

2.3.1. Select evaluation model

Currently, there are many research models to evaluate and clarify the impact of motivational tools on employees such as the evaluation model of Mischa Willis-Shattuck et al (2008); Smith et al (2011) and some scales in other studies on work motivation in the medical field by Carmen Dolea & Orvil Adams (2005), Wright (2003), Franco et al (2004), Lambrou (2010).

Derived from the models used in previous studies and the 8 identified motivational tools, the thesis selects a model to evaluate the influence of motivational tools on employees at health-care facilities in Vietnam are as follows:

$$DLLV = a_1TN + a_2HT + a_3MT + a_4DK + a_5QL + a_6DN + a_7STH + a_8XH + e$$

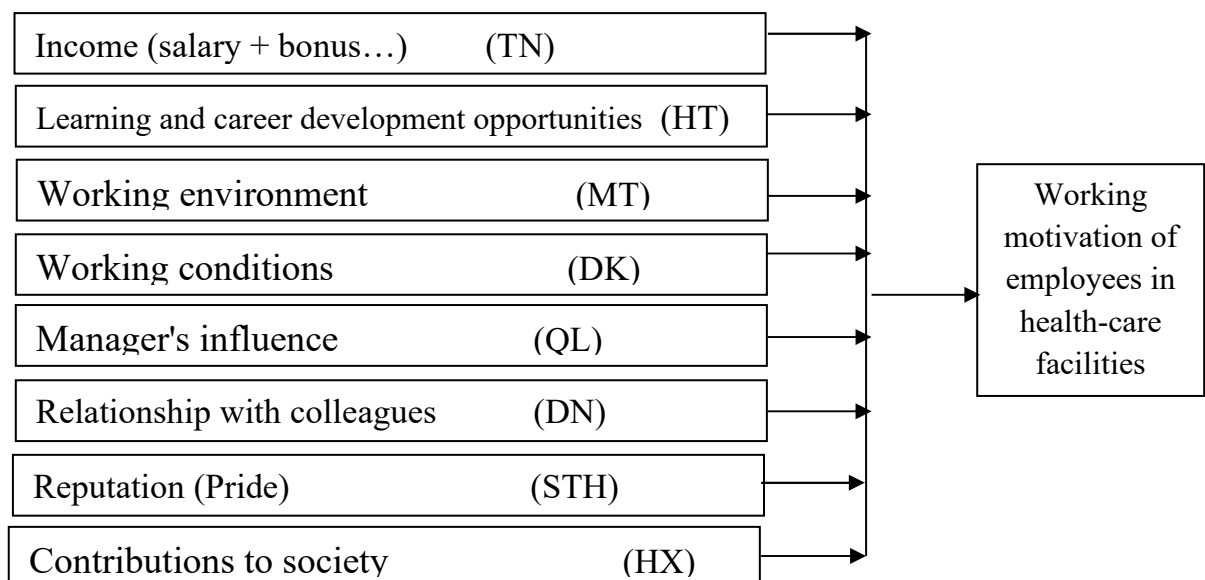


Figure 1: Model to study the impact of motivational tools for employees at health-care facilities in Vietnam

Source: Author's compilation

Thus, the model to evaluate the influence of working motivations for employees at health-care facilities in Vietnam used in the thesis is a multivariable

linear model with 8 independent variables. Each independent variable has many component variables. In which, the income variable (TN) has 8 component variables; other variables only 3 - 4 component variables, a total of 36 component variables.

2.3.2 Research hypotheses

+ Hypothesis 1: Income (salary + bonus ...) (X1) has a positive correlation with the working motivation of employees in health-care facilities in Vietnam (Y).

+ Hypothesis 2: Learning and career development opportunities (X2) has a positive correlation with the working motivation of employees in health-care facilities in Vietnam (Y).

+ Hypothesis 3: Working environment (X3) has a positive correlation with the working motivation of employees in health-care facilities in Vietnam (Y).

+ Hypothesis 4: Working conditions (X4) has a positive correlation with the working motivation of employees in health-care facilities in Vietnam (Y).

+ Hypothesis 5: Manager's influence (X5) has a positive correlation with the working motivation of employees in health-care facilities in Vietnam (Y).

+ Hypothesis 6: Relationship with colleagues (X6) has a positive correlation with the working motivation of employees in health-care facilities in Vietnam (Y).

+ Hypothesis 7: Reputation (Pride) (X7) has a positive correlation with the working motivation of employees in health-care facilities in Vietnam (Y).

+ Hypothesis 8: Contributions to society (X8) has a positive correlation with the working motivation of employees in health-care facilities in Vietnam (Y).

CHAPTER 3

THE REALITY OF MOTIVATING EMPLOYEES AT HEALTH-CARE FACILITIES IN VIETNAM

3.1. THE STATUS OF HEALTH-CARE FACILITIES AND EMPLOYEES AT HEALTH-CARE FACILITIES IN VIETNAM

3.1.1. Overview of the health system, health-care facilities in Vietnam.

The system of health-care facilities in our country currently includes public health-care facilities and non-public health-care facilities, in which public health-care facilities play a key role in providing the medical examination and treatment service and health care for the people.

3.1.2. Status of development of health-care facilities in Vietnam

The process of reforming mechanisms and policies has a great impact on the development of medical human resources at health-care facilities in Vietnam.

By 2020, the whole country will have more than 700 district and town medical centers; more than 11,200 medical stations in communes, wards and townships, of which more than 60% have met the National Criteria for Commune Health in the 2010-2020 period; 100% of communes have medical stations or inter-commune polyclinics; 90.5% of commune medical stations have doctors working; 96.5% of commune medical stations have midwives/obstetrician-gynecologists and more than 95.2% of villages have medical staffs or midwives...

The index of doctors per ten thousand people in Vietnam has been continuously raised, reaching 1.76 doctors per ten thousand people in 2010; By 2020, it will reach 2.51 doctors/ten thousand people. The patient-bed capacity of most hospitals at all levels from central to local levels will increase next year compared to the previous year.

3.1.3. The current situation of employees at health-care facilities in Vietnam

The health workforce in Vietnam, including medical personnel and pharmaceutical personnel, is basically divided into two public and private sectors, but there is a certain degree of interference after the State allows medical

personnel to public sector employees are allowed to work overtime and encourage public-private partnerships in providing the health service.

3.2. THE STATUS OF MOTIVATION OF EMPLOYEES AT HEALTH-CARE FACILITIES IN VIETNAM

The current status of working motivation of employees at health-care facilities in Vietnam as assessed through a number of work-related manifestations:

3.2.1. Working time: Employees at health-care facilities in Vietnam have not yet fully focused on their work. The rate of using time to concentrate on work of health employees at the central level is higher than at the provincial level and the lowest is at the district level.

3.2.2. Productivity and work efficiency: Employees at health-care facilities in Vietnam always strive to complete their assigned work goals and tasks, but their efficiency is not high. In which, health employees rated the highest productivity and work efficiency at the district level, followed by the provincial and central levels.

3.2.3. High sense of discipline at work: In fact, there are still quite high levels of disciplinary violations at health-care facilities in Vietnam, the quality of health services is still inadequate, and the level of satisfaction of "customers" for public health services are still low. In particular, the sense of discipline of health employees at the central level tends to be higher than at the provincial and district levels.

3.2.4. Initiative and creativity at work: Our policies to encourage innovation are not yet motivating for innovation initiatives; There is no separate fund to encourage employees to innovate. The creativity of health employees at all three levels is quite equal.

3.2.5. Satisfaction with work: Employees at health-care facilities in Vietnam are not satisfied with the income they bring from their work, not commensurate with the labor they spend, and the reward and welfare policies have not had an positively influence their work motivation. Criterias of job satisfaction, health employees at the central level have a higher level of satisfaction than at the provincial and district levels.

3.2.6. Loyalty to work: The loyalty and commitment of employees at health-care facilities in Vietnam is consistent with job satisfaction and dedication to work. The degree of commitment to work of health employees at all three levels is quite similar.

3.2.7. Overall assessment of employees' work motivation

Although there are still many difficulties, low income, and limited working facilities, the motivation of employees at health-care facilities in Vietnam is also relatively high. In which, the working motivation of health employees at the central level is higher than at the provincial and district levels.

3.3. REALITY OF MOTIVATION FOR EMPLOYEES AT HEALTH-CARE FACILITIES IN VIETNAM

3.3.1. Use economic tools

Currently, employees at health-care facilities in Vietnam are paid salaries in accordance with current laws, allowances (vocational incentives, seniority....) and other incomes they collectively referred to as income.

The survey results show that the majority of employees at health-care facilities in Vietnam are not satisfied with the income they get from their current job when the average value of this factor is still low.

3.3.2. Create opportunities for learning and career development

The survey results show that most employees at health-care facilities agree that learning and career development opportunities are an important policy.

3.3.3. Improve the working environment

The survey results show that employees highly appreciate the working environment factor, with the majority of opinions saying that the distance and power boundaries are obscured by solidarity, sharing, affection and friendliness...

3.3.4. Upgrade the working conditions

The survey results quite accurately reflect the shortage of supplies, modern equipment, essential supplies... in health-care facilities in Vietnam, especially at the district level.

3.3.5. Influence of managers

The results show that, for employees, the fact that managers listen to and absorb ideas from subordinates also helps to create a friendly atmosphere where employees are willing to discuss with their superiors the problems they encounter in the workplace.

3.3.6. Motivation through relationships with colleagues

The results show that the perception of employees in health-care facilities in Vietnam about the supportive role of colleagues in performing their jobs is clear.

3.3.7. Motivation through reputation (pride)

Employees at health-care facilities in Vietnam strongly agree with the view that the reputation of the health-care facility affects their work motivation, and is positively affected by the reputation and prestige of the service facility

3.3.8. Motivating through contribution to society

The survey results show that employees at health-care facilities in Vietnam are always aware of the importance of their careers to society.

EVALUATE THE IMPACT OF MOTIVATIONAL TOOLS FOR EMPLOYEES AT HEALTH-CARE FACILITIES IN VIETNAM

3.4.1. Estimation results and validation of the evaluation model

From the variable estimation table and the variable relationship model, the impact assessment model of employee motivation tools in health-care facilities in Vietnam is represented by the equation:

$$DLLV = 0,152*TN + 0,133*HT + 0,118*DK + 0,157*QL + 0,141*STH + 0,145*XH + e$$

The model shows that 66.3% of the change in employee's work motivation in health-care facilities in Vietnam is explained by 08 impact tools in the model ($R^2 = 0,663$).

3.4.2. Determine the degree of influence from the model estimation results

1) Motivation through income

The estimated results show that income (TN variable) has a positive impact on employee's working trong health-care facilities in Vietnam, with a standardized β_{TN} by 0,153 and at the significance level 99% ($P_value = 0,002$).

2) Motivation through creating opportunities for learning and career development

The estimated results show that this factor has a positive relationship with the working motivation of employees in health-care facilities in Vietnam, with a standardized β_{HT} by 0,119 and at the significance level 95% ($P_value = 0,035$).

3) Motivation through improving the working environment

According to the estimated results, the working environment variable has an impact on the motivation of employees trong health-care facilities in Vietnam ($P_value = 0,725$).

4) Motivation through improving working conditions

The factor of working conditions has an impact on the working motivation of employees in health-care facilities in Vietnam, with a standardized β_{DK} by 0.126 and at the significance level 99% ($P_value = 0,004$). Ensuring working conditions will motivate employees to work in health-care facilities.

5) Motivation to work through the influence of the manager

The impact of managers on employee's motivation in health-care facilities has a proportional relationship, with a standardized β_{QL} 0,131 and at the significance level 95% ($P_value = 0,022$). In fact, a manager in health-care facility often has to be both professional and good at managing.

6) Motivation through relationships with colleagues

According to the estimated results, it has been shown that the peer relationship (DN variable) is not statistically significant ($P_value = 0,282$). That means without accept the DN hypothesis that have an impact on the working motivation of employees in health-care facilities.

7) Motivation through reputation promotion (pride)

The estimated results confirm that the reputation of the medical facility has a positive impact on the work motivation of the employees, with a standardized β_{STH} by 0,127 and at the significance level 99% ($P_value = 0,003$). The greater

the reputation and prestige of the medical facility, the better for the patient, the higher the motivation of employees in the health-care facilities

8) Motivation through contribution to society

Contribution to society is this factor that has the strongest impact and is directly proportional to the motivation of employees in health-care facilities in Vietnam, with a standardized β_{XH} by 0,156 and at the significance level 99% ($P_value = 0,000$).

3.5. GENERAL ASSESSMENT ON MOTIVATING FOR EMPLOYEES AT HEALTH-CARE FACILITIES IN VIETNAM

3.5.1 Result achieved

1) Contributing to attracting more employees to work in health-care facilities

2) Contributing to improving work motivation for employees

3) Strengthening the relationship between health-care facilities and employees

4) Contributing to improving the living conditions and working conditions for medical employees.

5) Forming a number of motivational tools to help the State and health-care facilities more favorable in motivating employees

3.5.2. Some limitations and weaknesses

1) There is an unequal attraction of quality medical employees between levels

2) Work motivation is still weaker than some non-public health facilities

3) Motivation for employees is not comprehensive, there is still a large percentage of employees who lack motivation to work

4) The standard of living of employees in health-care facilities is not high, leading to many activities that do not cause difficulties for patients

5) Working conditions for employees at health-care facilities are not guaranteed

3.5.3. Causes of limitations and weaknesses

- *Reasons from the State:* The policy on autonomy for health-care facilities has not been drastically implemented; Salary policy for medical employees is not high; The remuneration and reward policy for medical employees is not attractive; Public investment in health-care facilities has not yet made a breakthrough

- *Cause from the side of health-care facilities:* The autonomy and marketability of health-care facilities are not high; Using some motivational tools is not really effective; It hasn't used up some motivational tools

CHAPTER 4

SOLUTIONS OF MOTIVATING EMPLOYEES AT HEALTH-CARE FACILITIES IN VIETNAM

4.1. CONTEXT AND MOTIVATIONAL ORIENTATIONS FOR EMPLOYEES AT HEALTH-CARE FACILITIES IN THE COMING TIME

4.1.1. The context is related to the development and motivation of employees at health-care facilities in Vietnam in the coming time

- 1) International context
- 2) Domestic context

4.1.2 Orientation to motivate employees in public health-care facilities in Vietnam in the coming period

1) It is necessary to focus on motivating work, because work motivation is the most important factor in ensuring the quality and efficiency of work.

2) Motivational tools must be considered not only as a competitive way to retain good employees, but also as a way to indirectly support people when they come for medical examination and treatment.

3) It must use a variety but focus on tools to motivate employees to be effective.

4) Diversify financial resources to improve the effectiveness of tools to motivate employees.

4.2. SOME SOLUTIONS TO MOTIVATION FOR EMPLOYEES AT HEALTH-CARE FACILITIES IN VIETNAM

4.2.1. Group of solutions from the State

4.2.1.1. It is necessary to direct the drastic implementation of the autonomous policy of health-care facilities

Implementing an autonomous mechanism will help public health-care facilities improve the quality of service supply;

Actively mobilize non-budget resources;

Be proactive in remuneration policies, attract a team of highly skilled specialists, medical professionals, and doctors, thereby improving the quality of medical examination and treatment and health service provision.

4.2.1.2. Renovating the wage policy for the workforce

1) Mechanism of salary determination. Payment must be made according to the job position.

2) Salary paid. The salary level should be considered higher than in other industries because employees in the health sector have a higher level of risk, a higher level of service for welfare and social security.

4.2.1.3. Renovate the policy of remuneration and reward for employees

1) Create more favorable conditions for the consideration and award of emulation and commendation forms.

2) Additional forms of emulation and commendation, especially in special cases such as anti-epidemic, creativity in work...

4.2.1.4. Increase public investment spending in the health sector

Investing in health-care facilities is very important, it not only increases the effectiveness of motivational tools for medical employees through improving working conditions and working environment, but it also helps enhance quality of people's health, thereby improving labor productivity of the whole economy.

1) *Investment sector:* The state should spend public investment to build infrastructure for medical examination and treatment.

2) *Investment form:* Currently, the State is implementing the policy of

socialization, implementing an autonomous mechanism in public health-care facilities.

4.2.2. Group of solutions from the governing body and health-care facilities

4.2.2.1. Enhance self-control

1) For owners of health-care facilities: Need to strengthen guidance and support for health-care facilities to build autonomous content in terms of tasks, personnel and finances; when it is necessary to make an investment in the form of a public-private partnership.

2) For Leaders of health-care facilities: Need to find and call for private investors to invest in their health-care facilities; it is necessary to develop feasible autonomy projects; need to standardize the accounting system and report publicly and transparently.

4.2.2.2. Further promote some motivational tools that are effective but not high

From the research results, it is shown that, currently, health-care facilities are using 8 basic tools to motivate employees, of which 3 are promoting efficiency but not high. Therefore, health-care facilities need to focus on adjusting the way they are managed to improve the effectiveness of these three tools. Specifically:

1) Increase income for employees

In the coming period, while waiting for the State to adjust the salary increase policy, health-care facilities need:

- Rebuild job positions, number of people working in each position; then review the labor force to match the job position, and at the same time reduce the labor force that is not really motivated to work, currently this rate accounts for about 13.7%.

- Strengthening socialization of health services through investment in medical equipment to organize many medical examination and treatment activities on demand to meet the needs of society, thereby increasing revenue for the hospital. , increase income for medical employees.

- Carry out additional salary payment based on work results, develop criteria as a basis for calculating additional salary such as: completion level of assigned work; trustworthiness of colleagues; patient service attitude; initiative at work. Along with that is fairness and comprehensiveness.

2) Improve working conditions for employees

Investment in facilities, technical equipment and medical supplies should be based on the needs of each locality based on the population size and the rate of medical examination and treatment of the residential area. It is necessary to develop standards to standardize and diversify the working conditions for hospitals at all levels, to avoid having too large a disparity between health-care facilities at the same level.

3) Increased impact from managers

It is necessary to change the mindset about human resource management, the human resource management method at health-care facilities to follow more modern management models and operate like an enterprise.

Director will handle all professional matters

Board decides on common issues according to the principle of democratic centralism, attaching responsibility to individual leaders and putting employees at the center of activities at health-care facilities..

Change the mechanism of decentralization and power control of managers to avoid abuse of power and power acquisition to operate more effectively.

Changing the way to choose leaders for management positions must be transparent enough to convince subordinates; must come from the lower level through the form of election and entrance exam.

4.2.2.3. Focus on exploiting some motivational tools for employees that have been used but they have not been effective

Currently, health-care facilities are using 8 basic tools to motivate employees, of which 2 motivational tools have not really had a clear impact on employees' work motivation. Therefore, in the coming period, public health-care facilities need to focus on exploiting these two motivations well. Specifically:

1) Foster working relationships with colleagues

2) Improve working environment for employees

Develop principles and rules in the working relationship to create a friendly working environment and maintain good relationships with the community.

Focus on building organizational culture to create a working atmosphere, friendly working environment to support medical examination and treatment activities, improve the natural environment: Green, clean, beautiful, arrange areas in a scientific and convenient way such as working areas, medical examination and treatment, reception, canteen, cafeteria.

CONCLUSIONS AND RECOMMENDATIONS

FURTHER RESEARCH DIRECTIONS AFTER THESIS

1. Conclusion:

First: The working motivation of employees in health-care facilities in Vietnam is expressed as: working time; productivity and efficiency; sense of discipline; creative initiative; job satisfaction and loyalty.

Second: The current status of the working motivation of employees in health-care facilities in Vietnam in terms of actual working time is still low, and work efficiency is not high, the sense of discipline and creativity in the work of employees is still limited.

Third: The motivational tools to employees in health-care facilities in Vietnam currently considered in the study include 08 tools and are divided into material tools (1) and immaterial tools (7).

Fourth: Research has suggested a number of solutions to motivate employees in health-care facilities in Vietnam but only the most general solutions.

The research results both theoretically and practically presented in the thesis are consistent with the proposed hypothesis and the research objectives and tasks that have been solved.

2. Limitations:

In this study, despite great efforts, the new surveys stopped at employees in public health-care facilities, but did not consider non-public health-care facilities, labor subgroups. Therefore, the author also proposes further research directions based on these limitations.

3. Further research directions:

From the results of this study, it is possible to develop research towards: Comparative study of the working motivation of employees at non-public and public health-care facilities in Vietnam; Studying the characteristics of positions affecting the working motivation of human resources in health-care facilities in Vietnam; Research international experience and recommendations of the World Health Organization.

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