

HANDLING ADMINISTRATIVE VIOLATIONS BY STATE MANAGEMENT AGENCIES AGAINST NON-PUBLIC HOSPITALS IN THE CENTRAL PROVINCES

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Abstract

State management of non-public hospitals is a part of state management of health and one of the basic activities of the State in social management. This activity plays an important role in promoting and creating quality medical examination and treatment in the non-public sector. Result is 72.2% of surveyors rated this activity as important and very important. This study has also shown that there are five contents of management activities and six factors affecting State management for non-public hospitals. Surveying the level of implementation and achievement of management contents and limitations is an important basis for recommending solutions to improve state quality for non-public hospitals in the Central provinces at the present and in the future.

Keywords: State management, non-public hospitals, Central provinces, Vietnam

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INTRODUCTION

According to the English noun “Hospital” means charity organization, today it is officially translated into many languages as a “place for medical examination and treatment” (Vu Khac Luong, 2020). Perhaps in the old days, inpatient medical examination and treatment facilities were all charity organizations, helping sick people for free. Through the process of development, the concept of “hospital” is increasingly widely used and hospitals are considered an important component of the medical service delivery system. According to the World Health Organization (WHO), a hospital is a type of medical examination and treatment facility, an inseparable part of a medical social organization, its function is to provide health care for the people, including disease prevention, treatment and outpatient services of the hospital must reach the family and residential environment. The hospital is also a center for training medical staff and scientific research (World Health Organization, 2000).

In the Central provinces (from Thanh Hoa to Binh Thuan), besides public hospitals that are including there are central hospitals, provincial and district hospitals, and medical centers and clinics organized and activities by the State; the system of non-public medical examination and treatment facilities is strongly developing, including general and specialized hospital systems; general clinics, specialized clinics, traditional medicine clinics, etc. with thousands of establishments. Among them, in provinces from Thanh Hoa province to Binh Thuan province, there are 80 non-public hospitals in operation (General Statistics Office, 2022). In general, state management for non-public hospitals in the Central provinces has achieved many results; the implementation of legal regulations on the organization and operation of non-public hospitals is strictly implemented; medical examination and treatment services (medical examination and treatment) of non-public hospitals are increasingly improved, actively contributing to the task of taking care of people’s health, reducing the burden on public hospitals (Governor General millet, 2022). However, besides the achieved results, state management of non-public hospitals in the Central provinces still has many shortcomings and limitations such as regularity and continuity in management, and administration; limitations in policy promulgation and policy implementation, inspection and supervision; planning and mobilizing the participation of resources in investing in equipment and medical human resources have not met development requirements, and the quality of medical examination and treatment is not high; the laxity in state management when allowing medical staff to both work at public health facilities and also participate in non-public hospitals has led to many negative impacts; Some non-public hospitals

providing medical examination and treatment services operate illegally, have inadequate facilities, doctors lack professional qualifications as well as practice conditions, etc. The situation of hiring people who are qualified to practice medical examination and treatment under their own name, but operating the non-public hospital in someone else's name, is also quite common, etc. (Ministry of Health, 2022).

There are many subjective and objective reasons leading to the above situation, including the ability to regulate comprehensively, as well as the effectiveness of the legal system in regulating supply behavior. Medical examination and treatment services at non-public hospitals do not meet the requirements and are not consistent with the nature of this specific service provision. State management agencies in the Central region have generally not yet built a comprehensive system of criteria for accreditation of medical examination and treatment quality for non-public hospitals, moving towards hospital quality management according to standards determination, in which treatment quality and patient satisfaction are given top priority. Current legal sanctions for violations of professional regulations and violations of conditions for registration to practice medical examination and treatment at non-public hospitals are still lax and lack deterrence.

For the above reasons, research to propose solutions to improve state management of non-public hospitals in Vietnam in general and in the Central provinces today is necessary, contributing to economic development. socio-economic situation of the country and region, meeting the requirements of integration and development, and successfully implementing the cause of protecting, caring for, and improving people's health.

LITERATURE REVIEW

Non-public hospital

The birth and development of private medical facilities in general and non-public hospitals, in particular, are associated with three main causes: First, when a series of countries gained national independence after the colonial period, But due to difficult economic conditions and social fluctuations, the State's role in providing and paying for health services for people has declined, in many countries such as the sub-Saharan region, the United States and Latin has fallen into an economic crisis until 50% (Bennett, 1992, p.97); Second, in the context of many countries industrializing and developing their economies, high GDP income leads to increasing people's needs for health care services, making it difficult for the State to meet them; Third, some countries going through a transition period from a centrally planned economy to a market

economy have also caused the State budget to become overloaded and medical examination and treatment facilities to be subsidized, cannot meet the quality and medical examination and treatment requirements of the people (Sara Bennett, Barbara Mc Pake, Anne Mills, p.312). In addition, with the World Bank setting important conditions for developing countries to receive financial aid investments in the health sector, it is necessary to reduce coverage. State funding in health care and strengthening the role of private medical facilities to create a competitive healthcare environment (World Health Organization, 2000). Many governments seek to attract the participation of the private sector through joint ventures, equitization of state-owned enterprises and even selling state-owned enterprises to private individuals. When it first began “Innovation” (1986), the health service sector and the private sector invested, policymakers call it the process of “privatization”. After a while, people realize that that term is not appropriate, because the medical service business is not completely similar to trading in private goods because the state is still responsible for ensuring the provision of public services even though it has been transferred to the private sector. Therefore, people replace the word “privatization” with “participation in Private area”.

The private healthcare sector is increasingly recognized as an important source of healthcare services for the country, especially in countries with average or low levels of development (Bong-Min-Yang, 1997, p. 61). Author Bitran, R. (1995), when researching private healthcare and evaluating the effectiveness and quality of medical examination and treatment services between the public and private healthcare sectors in Senegal, it was found that private healthcare “is established by individuals or organizations under forms of medical examination and treatment facilities such as clinics and private hospitals, which are outside the State system and operate under strict legal conditions” (p. 271). Reality shows that the majority of medical services, including medical examination and treatment services, are provided by private establishments (in the form of midwives and traditional healers). In developing countries, rapid urbanization and industrialization have led to the formation of labor groups that have organized themselves to provide health insurance through “sickness funds” or propose the establishment of state-funded social insurance systems. Only in the twentieth century did the State play an important role in providing social services such as education and health care, and today, in the trend of state reform around the world, service provision public services are transferred in appropriate parts to the non-state sector, and this is becoming a development trend.

According to the Ordinance on Private Medical and Pharmaceutical Practice (2003), domestic and foreign individuals and organizations that are qualified to practice private medicine and pharmacy are called private medical and pharmaceutical establishments and medical establishments. Private pharmaceutical establishments, accordingly, private medical and pharmaceutical establishments are “establishments registered, managed and operated by individuals, households, and enterprises” (Clause 2, Article 3) and private medical establishments. A private pharmacy is “an establishment established by an organization, invested with capital outside the state budget, contributed by organizations and individuals, and self-managed and operated” (Clause 3, Article 3). The Law on Medical Examination and Treatment (2023) has provided a general definition of medical examination and treatment facilities (including both state and private healthcare) as “a facility that has been approved by a competent Vietnam agency” grant medical examination and treatment operation licenses to provide medical examination and treatment services (Clause 6, Article 2). Thus, the right to provide medical examination and treatment services belongs to state and private medical facilities.

Thus, based on the practice conditions and organizational forms of current private medical facilities, the author proposes the concept: “Non-public hospital is a medical examination and treatment facility with the following infrastructure: Minimum floors and equipment meet the standards and conditions for medical examination and treatment according to regulations, located outside the State medical system, licensed to provide legal medical services, self-insurance operating expenses are from capital outside the state budget, with commercial or non-commercial goals; non-public hospitals have appropriate human resources and practitioners (with practice certificates); licensed by a competent state agency to operate medical examination and treatment; have an organized management apparatus and functional departments, coordinate the use of resources, organize medical examination and treatment activities and apply scientific, technical and management advances to maintain and participate. Improve the quality of medical examination and treatment to meet the people’s increasing medical examination and treatment needs. In addition, non-public hospitals also participate in a number of preventive activities, training, scientific research, line direction, and international cooperation.

The State management of non-public hospitals

There are many different concepts about state management according to different approaches. In a broad sense: “State management is the activity of the entire state apparatus from state power agencies: the National Assembly and People’s Councils at all levels; State administrative agencies: Government, Ministries, People’s Committees at all levels; procuracy agency; the Supreme People’s Procuracy and the People’s Procuracy at all levels” (Khue, p. 56). In this sense, state management: Is the organizational and administrative activity of the entire state apparatus, which means including the impact and organization of state power in the legislative, executive, and Justice. According to this understanding, state management is placed in the mechanism of “the Party leads, the State manages, and the working people own”. In a narrow sense, “State management is the activity of the system of state administrative agencies: the Government, Ministries and ministerial-level agencies, People’s Committees at all levels, and specialized departments and divisions of the Committee, etc.” (Khue, p. 57). In this sense, state management is mainly the process of organizing and operating the system of state administrative agencies for social processes and human behavior according to the law to achieve goals requirements for state management tasks. At the same time, state administrative agencies in general also carry out activities of executive, administrative, and state-administrative nature to build the organizational structure and consolidate the internal working regime of the state.

Thus, the term state management can be approached from many different angles, but in essence, these concepts all have the same common characteristics in terms of state power, subject, object, executive and administrative activities of the state, direct organization of the state in all areas of social life, initiative, creativity, organization, politics, democracy, science, etc. However, state management and state administrative management have different levels and contents. The activities of state administration are the activities of enforcing the law and turning legal ideas into specific products (Phuc, 2002, p. 38).

From the above analysis, according to the author, state management is understood in a narrow sense, according to its inherent meaning: “State management is the organizational impact and state power of administrative agencies. State (state administrative management agency including state administrative agencies and agencies affiliated to state administrative agencies) to management objects using different management tools to achieve goals develop the economic, social, security and defense sectors of the country as set out”.

State management of hospitals is part of state management of health and is one of the basic activities of the State in social management. Clause 1, Article 38 of the Constitution of

the Socialist Republic of Vietnam (2013) stipulates that “Everyone has the right to protection, health care, equality in using the hospital system and to have obligation to implement regulations on disease prevention, medical examination and treatment. On that basis, also in the Constitution (2013), in Article 96 on the duties and powers of the Government, Clause 1 stipulates “Unified management of the economy, culture, society, education, health, science, technology, environment, information, communication, foreign affairs”.

The state management entity for non-public hospitals is the State with a system of State agencies divided into levels from the Central to local levels and including 3 areas: Legislative and executive and justice, in which administrative (executive) management of non-public hospitals is a very important field. The objects of state management of non-public hospitals are organizations, individuals of non-public hospitals, practitioners, and patients. The goal of state management of non-public hospitals is to improve the quality of medical examination and treatment, ensure the legal rights and interests of patients, practitioners, patient safety, and meet patient satisfaction.

RESEARCH METHODS

Secondary document research method: to research, refer to, and analyze books, documents, scientific research works, and scientific data published domestically and internationally related to the issue Research in the thesis to form a theoretical basis, evaluate the current situation, as well as the development trend of providing medical examination and treatment services of non-public hospitals, the trend of marketization of the medical examination and treatment service industry curing diseases in the world as well as in Vietnam today.

Analysis and synthesis method: On the basis of collected documents, we will analyze theoretical and practical issues of state management of non-public hospitals, and synthesize meaningful data quantitative and qualitative issues, in order to provide objective, comprehensive, and scientific assessments on the current state of state management of non-public hospitals in the Central provinces. From there, propose some solutions to improve state management of non-public hospitals in the Central provinces.

The sociological survey by questionnaire: The number of ballots issued was 245, and the number of ballots collected was 213, of which 205 were valid ($n=205$) and 08 were invalid. The subjects of the investigation were people coming for medical examination and treatment at non-public hospitals were 165 people (n_1), of which 159 were valid ballots and 06 were invalid;

the team of civil servants performing the state management of non-public hospitals and managers at non-public hospitals in the Central region (n2) is 46 people, of which all 46 votes are valid. Thus, the number of evaluators according to the proportion of valid votes will be used in the entire study n=205; where, n1=159, n2=49.

RESULTS

The importance of State management for non-public hospitals in the Central province

To evaluate the level of awareness about the importance of State management for non-public hospitals, the authors conducted a survey of 205 people. Of the 205 people (including people coming for medical examination and treatment at non-public hospitals; civil servants performing the state management of non-public hospitals and managers at non-public hospitals in the Central region) Survey, 72.2% evaluating is “important” and “very important”. Of these, up to 32.2% of awareness is at the “very important” level (Table 1). This result reflects the correct awareness of people coming for medical examination and treatment at non-public hospitals; Civil servants performing state management for non-public hospitals and managers at non-public hospitals in the Central region about the importance of state management for non-public hospitals.

Table 1. Perception of the importance of State management for non-public hospitals (number of people)

Evaluate	Frequency	Ratio (%)	Valid percentage (%)	Cumulative percentage (%)
Not important	3	1.46	0.0	0.0
Less important	13	6.34	0.99	0.99
Rather important	41	20.00	8.37	8.37
Important	82	40.00	54.19	54.19
Very important	66	32.20	36.45	36.45
Total	205	100.0	100.0	100.0

(Source: Author survey, n = 205)

When comparing survey results for each population who came for medical examination and treatment at non-public hospitals (n1=159); Civil servants performing state management for non-public hospitals and managers at non-public hospitals (n2=46) in the Central region about the importance of state management for non-public hospitals non-public hospitals, the results are shown in Figure 1 below:

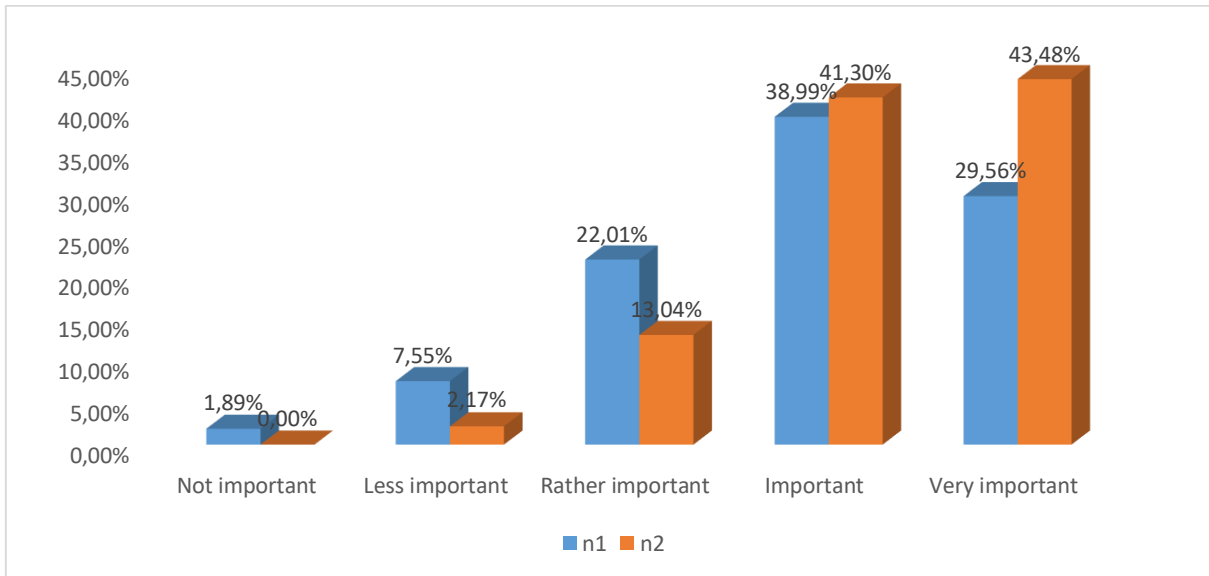


Figure 1. Awareness of the importance of State management for non-public hospitals (%)
 (Source: Author's survey, n=205: n1=159, n2=46)

The comparison results show that at the rating level of “Not important”, “Less important”, and “Rather important”, civil servants performing the state management of non-public hospitals and managers Doctors at non-public hospitals in the Central region tend to give lower ratings to people who come for medical examination and treatment at non-public hospitals. Meanwhile, the “Important” and “Very important” ratings for civil servants performing state management of non-public hospitals and managers at non-public hospitals in the Central provinces tend to have a higher appreciation for people who come for medical examination and treatment at non-public hospitals. This is understandable since many people only care about the quality of medical examination and treatment, and pay little attention to the management of non-public hospitals.

In general, people go for medical examination and treatment at non-public hospitals; Civil servants performing state management for non-public hospitals and managers at non-public hospitals in the Central provinces about the importance of state management for non-public hospitals. This is very meaningful in improving the quality of medical examination and treatment of non-public medical facilities. Because, in order for outdoor activities to achieve good results, management plays a very important role. It is management activities that will help hospital management activities in particular and health care activities, in general, achieve good results.

Contents of the State management of non-public hospitals in Central provinces

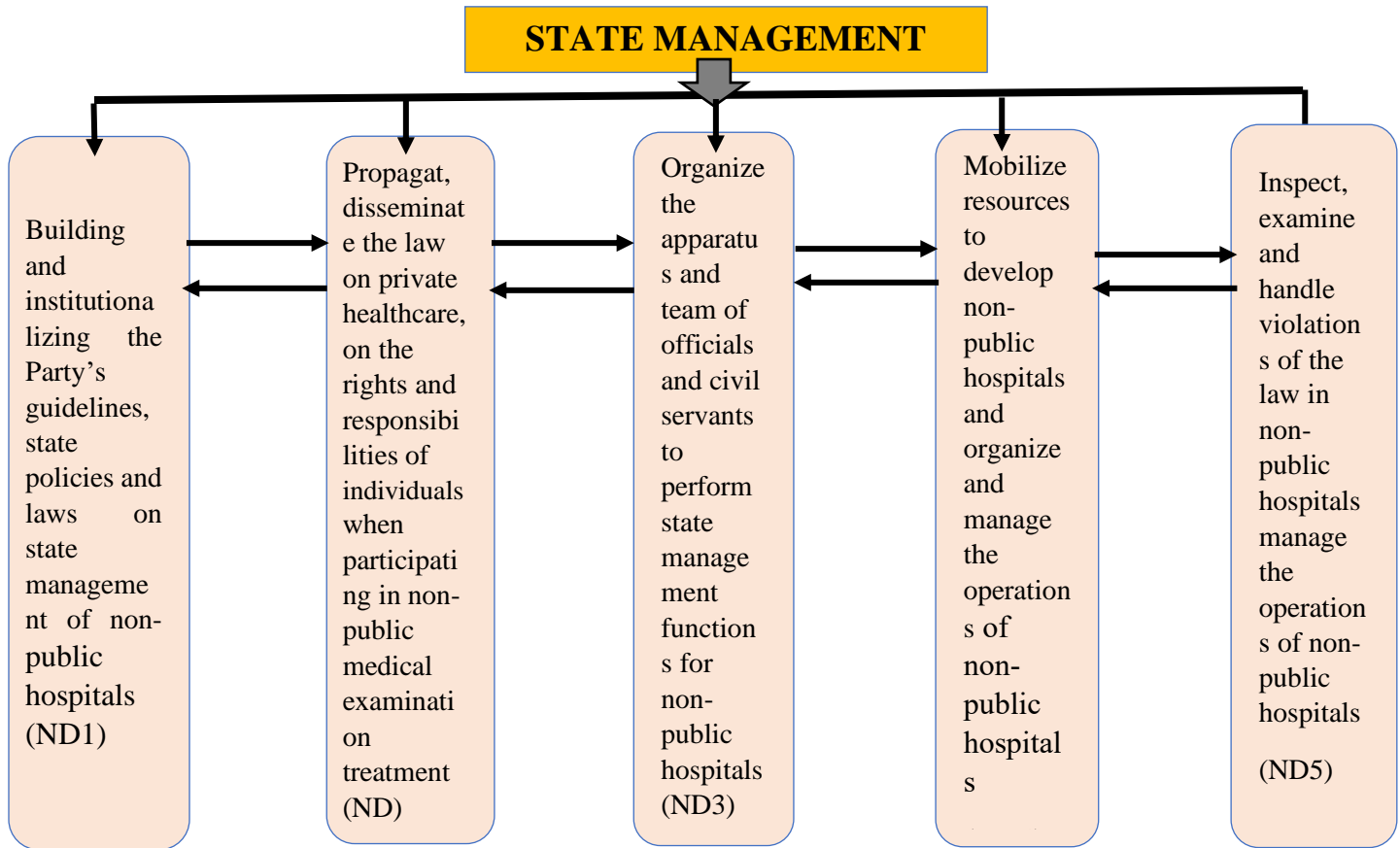


Figure 2. Content of state management for non-public hospitals

To determine the content of state management for non-public hospitals, the author conducted a survey of n=205 people (of which, n1=159 and n2=46). In particular, the rating scale convention and scoring scale convention are as follows: 1 point. Unnecessary; 2 points. Little needed; 3 points. Rather necessary; 4 points. Necessary; 5 points. Very necessary. Specifically as follows:

Building and institutionalizing the Party’s guidelines, state policies and laws on state management of non-public hospitals (ND1);

Propagating, disseminate the law on private healthcare, on the rights and responsibilities of individuals when participating in non-public medical examination treatment (ND2);

Organize the apparatus and team of officials and civil servants to perform state management functions for non-public hospitals (ND3);

Mobilize resources to develop non-public hospitals and organize and manage the operations of non-public hospitals (ND4);

Inspect, examine and handle violations of the law in non-public hospitals manage the operations of non-public hospitals (ND5).

The results of testing the Cronbach’s Alpha scale show that all seven independent variables have high reliability (table 2).

Table 2. Content of state management for non-public hospitals

TT	Nội dung	Degree evaluation					\bar{X}	Cronbach’s Alpha
		1	2	3	4	5		
1	Building and institutionalizing the Party’s guidelines, state policies and laws on state management of non-public hospitals (ND1)	7	15	93	75	15	3.37	.788
2	Propagat, disseminate the law on private healthcare, on the rights and responsibilities of individuals when participating in non-public medical examination treatment (ND2)	6	16	95	79	9	3.34	.728
3	Organize the apparatus and team of officials and civil servants to perform state management functions for non-public hospitals (ND3)	11	17	95	80	2	3.22	.698
4	Mobilize resources to develop non-public hospitals and organize and manage the operations of non-public hospitals (ND4)	10	16	95	80	4	3.25	.703
5	Inspect, examine and handle violations of the law in non-public hospitalsmanage the operations of non-public hospitals (ND5)	10	17	94	79	5	3.25	.7.8
Total		8.80	16.20	94.40	78.60	7.00	3.29	.725

(Source: Author’s survey, n=205)

Survey results in table 2 show that: $\bar{X}_s=3.29$, are all within the range of $3.41 \leq \bar{X} \leq 4.20$, reaching the “Necessary” level. Cronbach’s Alphas results also show that the surveyed contents are all within the allowed regulations. Therefore, all 05 contents on State management of non-public hospitals in the Central provinces are accepted.

Impact factors

To evaluate the factors affecting state management of non-public hospitals, the author conducted a survey of 205 (n) people (n1=159 and n2=46). In particular, the assessment level convention is as follows: Impact level: 1. Barriers; 2. Motivate. Degree of influence: 1 point.

No influence; 2 points. Little impact; 3 points. Quite influential; 4 points. Many influences; 5 points. Very influential.

The factors we consider in this study include State policies; Institutional system of state management for non-public hospitals; Awareness of private healthcare and non-public hospitals; The country's economic development process; Trend of international integration; Awareness of law compliance and management capacity of owners of non-public medical examination and treatment facilities. Specific results are in Table 3.

Table 3. Factors affecting state management of non-public hospitals (number of people)

Order	Content	Impact				Influence level					\bar{X}
		1		2		1	2	3	4	5	
		Frequency	Ratio %	Frequency	Ratio %						
1	State policy	9	4.39	196	95.61	8	14	91	73	19	3.40
2	Institutional system of state management for non-public hospitals	10	4.88	195	95.12	8	15	93	74	15	3.36
3	Awareness of private healthcare and non-public hospitals	9	4.39	196	95.61	9	17	90	79	10	3.31
4	The country's economic development process	15	7.32	190	92.68	13	20	88	80	4	3.20
5	The trend of international integration	13	6.34	192	93.66	17	20	95	70	3	3.11
6	Awareness of law compliance and management capacity of owners of non-public medical examination and treatment facilities	17	8.29	188	91.71	17	21	90	72	5	3.13
Total		121	5.93	19283	94.07	120	173	917	747	933	3.25

(Source: Author's survey, n=205)

The survey results in Table 3 show: Regarding the level of impact, the survey results show that almost all surveyed subjects said that these are "motivating" factors with the above rate of 90% or more. This result also reflects that we have determined that these objective

factors are reasonable, well-founded, and receive the approval of people coming for medical examination and treatment at non-public hospitals; civil servants performing state management of non-public hospitals, and managers at non-public hospitals in the Central region. However, according to the opinions of some people who come for medical examination and treatment at non-public hospitals; Civil servants performing state management of non-public hospitals and managers at non-public hospitals in the Central region, in addition to the 6 factors mentioned above, need to add the following factors: local socio-economic development” and “Content and management program”. According to a manager at a private hospital in Thanh Hoa province: “The local socio-economic situation and the content and state management program for non-public hospitals are also objective factors.” important impact on state management of non-public hospitals in the Central region. Because, if local socio-economic conditions develop, there will certainly be financial support from the locality as well as people will have more conditions to take care of their health with medical facilities for the people. Particularly for content and management programs; if the program content is rich, diverse, and scientifically arranged, it will certainly be one of the important conditions for state management of non-public hospitals to achieve high results.

As for the level of influence, the survey results show that, with $\bar{X}_s=3.25$, it is in the range of $3.41 \leq \bar{X} \leq 4.20$. Thus, the level of influence of factors influencing state management on non-public hospitals is at the level of “high influence”. From the perspective of each rating level, rating number “Many influences” is the most numerous. However, if we add up the average, the “high influence” level is dominant. What needs attention is that some people come for medical examination and treatment at non-public hospitals; Civil servants performing the state management of non-public hospitals and managers at non-public hospitals in the Central region rated it as having “no influence” and “little influence”. Some managers add two additional factors: “Local socio-economic” and “Content and program of activities”. Because, according to the opinions of many people surveyed, these two factors are also important factors, affecting the state management process for non-public hospitals in the Central region.

DISCUSSION

Building and institutionalizing the Party’s guidelines, state policies, and laws on state management of non-public hospitals

In order for state management of non-public hospitals to be effective, the state needs to build a system of policies, strategies, and plans for the development of private medical services

in general and hospital care non-public institutes in particular. Non-public hospital development policies are strategies and measures issued by the State to promote the development of non-public hospitals (private, foreign investment, etc.) to contribute to improving the quality of hospitals quality of medical examination and treatment and protection and care of people's health. Some main contents of the non-public hospital development policy include: Developing preferential mechanisms and policies to encourage investment in building non-public hospitals; Developing planning and plans for reasonable development of the non-public hospital system; Complete regulations on conditions for establishment and operation of non-public hospitals; there is a mechanism to monitor and evaluate the quality of operations of non-public hospitals; Support investment in facilities and medical equipment for non-public hospitals.

Development strategies are decisions in long-term directions for many years. The basic content of state management of non-public hospitals of the non-public hospital development strategy includes a system of viewpoints and directions for implementing strategies, planning, and development plans. Non-public hospital development planning is a form of long-term development orientation for private medical services to meet the strategic goals of caring for and protecting people's health. Therefore, planning is the premise for building plans, programs, and projects to develop non-public hospitals.

Currently, we have a fairly complete system of legal documents including important Laws, Ordinances, Decrees, and Circulars as the foundation for building and developing the non-public hospital system socialist orientation in a multi-sector economy. In addition to the central documents regulating and guiding, localities have also issued legal documents on private medical practice such as the Directive of the Provincial People's Committee on non-public hospitals, and other documents on private medical practice. Directive on strengthening state management of non-public hospitals, specific decisions in this field, etc.

The organization of implementation of legal documents on private medical practice is up to the Ministry of Health as well as the Department of Health of provinces and cities to organize training to fully and specifically disseminate the required contents in the ordinance as well as other documents on the field of private medical services. The above documents are the legal basis for the state and competent levels to manage and administer all activities of non-public hospitals locally as well as nationwide (Luongngoc, et al., 2022). At the same time, it is also the legal operating corridor of all management agencies and establishments throughout the country on the path of national development, affirming the humanity and socialist superiority of our state in the field of development healthcare sector, especially private healthcare.

Propagate and disseminate the law on private healthcare, on the rights and responsibilities of individuals when participating in non-public medical examination and treatment

Propagating, disseminating, and educating the law can be understood as a purposeful, organized, and planned process of influence (activity) of the educator (subject of legal education) to convey and transmit the law reaching the content (information, knowledge about laws, statutes, etc.) through scientific educational methods and appropriate forms of education to the recipients of legal education in order to achieve the goals of certain educational goals and effectiveness (Huong, 2003).

Propagating, disseminating, and educating about the law on state management of private healthcare is 1) disseminating the content of the system of relevant legal documents and newly issued documents; 2) contents related to operating licenses and specialized management in the field of medical examination and treatment; 3) on licensing and revocation of practice certificates for medical practitioners and operating licenses for medical examination and treatment facilities; 4) regulations on medical examination and treatment information and advertising; 5) on the implementation of processes and regulations on rehabilitation, forensic examination, psychiatric forensics, medical examination, health examination and massage, acupuncture and cosmetic surgery services; 6) propagate the implementation of regulations on testing quality management; Regulations on nutrition and control of patients, etc.

The work of propaganda, dissemination, and legal education not only focuses on public officials managing the state in this field but also propagates to managers in private medical facilities, even those who serve (work) at private medical facilities. Managers in non-public hospitals play an important role in implementing guiding documents, using human resources, and properly performing prescribed functions, tasks, and authority. Currently, some leaders in non-public hospitals abuse their power, pursue profits, and violate the law.

In addition, propagating documents and regulations to people working at private medical facilities plays an important role in improving labor efficiency. Medical staff working directly in the specialized field of medical examination and treatment require a thorough understanding of current legal regulations on expertise, professional ethics, handling situations during the examination and treatment process, etc.

To effectively propagate and educate the law on private health care, it is necessary to: Orient the work of disseminating and educating the law; establish programs and plans for law dissemination and education; apply forms of law dissemination and education; Implement

programs and plans for law dissemination and education; inspect, urge, correct, summarize and summarize the work of disseminating legal education, drawing experience, doing scientific research, and improving theoretical qualifications through the work of disseminating legal education.

Organize the apparatus and team of officials and civil servants to perform state management functions for non-public hospitals

The State forms an organizational system of the health sector to realize the goals of caring for and protecting people's health. The organization of the state management apparatus ensures basic principles such as: ensuring timely and highly effective service to the people, meeting people's needs for health care when needed; appropriate to local economic situation and disease patterns; consistent with the scientific and technical level and management ability of the industry, ensuring continuous improvement of service quality in system management; ensure the principle of combining state management by industry/field and territory.

According to the provisions of the Law on Medical Examination and Treatment (2023), agencies with management authority for non-public hospitals include the government, People's Committees at all levels; the Ministry of Health, the Ministry of National Defense, the Ministry of Public Security; the Department of Health, the Department of Private Medical Practice, and the Department of Health are responsible for advising the Government and People's Committees at all levels on implementing state management of non-public hospitals. The Law on Medical Examination and Treatment (2023) is the highest legal document to issue practice certificates to practitioners and operating licenses to current medical examination and treatment facilities (including medical facilities public health and private health). Accordingly, the Government unifies state management of medical examination and treatment; the Ministry of Health is responsible before the Government for uniform management of the issuance, re-issuance, and revocation of practice certificates and operating licenses; build and manage a national database of practitioners and medical examination and treatment facilities; Inspect, examine, resolve complaints and denunciations and handle violations of the law on medical examination and treatment. In addition, the management of medical examination and treatment activities of private medical facilities is also decentralized by specialized agencies according to the decentralization from central to local levels.

The Department of Medical Examination and Treatment Management, Ministry of Health advises the Minister of Health to perform state management functions for non-public hospitals. The Inspectorate of the Ministry of Health carries out the work of checking and

inspecting the implementation of policies, laws, and regulations on expertise and techniques of non-public hospitals. At the same time, the Ministry of Health established advisory councils to assist the Minister of Health in considering and granting certificates of eligibility and practice conditions to private hospitals and medical examination and treatment facilities with capital investment. foreign investment.

The Departments of Health of provinces and centrally run cities all have specialized staff in the Department of Medical and Pharmaceutical Operations. Some Departments of Health (Hanoi, Ho Chi Minh City; Thanh Hoa province, etc.) have private medical and pharmaceutical practice management departments to assist the Director of the Department of Health in managing private medical practice activities in the locality. provincial table. In some localities, the Department of Health assigns medical centers of districts, towns, provincial cities and communes, and ward and town health stations to directly manage, inspect, and assist the Department of Health in managing and inspecting the operations of non-public hospitals.

In addition, supporting the health sector in performing state management functions in the private health sector in general, and for medical examination and treatment facilities in particular, there is also the Vietnam Medical Association and other specialized associations.

Build a team of officials and civil servants to perform the management function of non-public hospitals

Building a team of managers and civil servants working at health management agencies in general and non-public hospitals in particular plays an important role in improving management efficiency. If the institution regulates the functions and tasks of agencies that are determined specifically and scientifically without a team of civil servants capable of performing the tasks, the organization's tasks will not be fulfilled. success or performance will be limited. The activities of non-public hospitals are very diverse, with many areas of activity and sophistication; the qualifications and capabilities of civil servants working in state management agencies significantly affect the results of state management. Therefore, it is required that managers, civil servants, and public employees working in state administrative agencies managing non-public hospitals regularly improve their knowledge and skills in the process of performing public duties.

In addition to a number of requirements to improve the quality of civil servants in general such as political theoretical level, state management knowledge, professional qualifications, computer skills, and foreign languages, In the process of building a team of civil servants to manage non-public hospitals, it is necessary to have research skills, policy planning

in the health sector, skills to establish plans, develop projects, and ability to organize and implement the law, etc.

Therefore, the team of civil servants working in health management agencies in general and non-public hospitals in particular are required to have sufficient ability and capacity to complete assigned functions and tasks. At this time, civil servants must have qualifications, knowledge, and management skills with a broader vision, and more comprehensive analysis, synthesis, and evaluation skills, especially for leading civil servants. manage. The performance results of this team of civil servants are important in determining the quality, effectiveness, and efficiency of the civil service's operations.

Mobilize resources to develop non-public hospitals and organize and manage the operations of non-public hospitals

For the private healthcare sector to develop effectively, state regulations must not only be based on provisions in legal documents directly regulating healthcare activities but must also consider other regulations. provisions of other legal documents containing provisions related to health. The State creates conditions for legal procedures, purchase and sale of machinery, equipment, operating headquarters, etc. for non-public hospitals, creating all conditions for these facilities to operate in accordance with the law.

The State advocates the socialization of non-public hospitals. This is a policy and an important tool to improve performance and quality in the health sector. Socializing non-public hospitals means encouraging non-state economic sectors to participate in hospital investment and management. This is an important policy in reforming Vietnam's health system. Some characteristics of socialization of non-public hospitals: In terms of form, hospitals are invested in and managed by non-state economic sectors such as businesses, social organizations, individuals, etc. Regarding ownership, the hospital is owned by non-state entities. The State does not directly manage it but only plays a state management role. Regarding operations, the Hospital operates under an autonomous mechanism and is responsible for financial revenues and expenditures. Be able to decide for yourself the price of medical services. Regarding quality, commitment to better service quality than public hospitals. In general, the socialization of non-public hospitals aims to improve the quality of medical services, reduce the load on public hospitals, and meet society's increasing needs for health care.

The State's diversifies types of medical examination and treatment services; organizations and individuals participating in the construction of medical examination and treatment facilities are entitled to preferential policies according to the provisions of law on

socialization, ensuring the principles of openness, transparency, equality, sustainability, and effectiveness efficiency, harmonizing interests between the State, investors, patients and the community; Encourage private medical examination and treatment facilities to operate humanitarian medical examination and treatment activities, not for profit purposes; encourage the establishment of a fund to support medical examination and treatment.

Inspect, examine, and handle violations of the law in non-public hospitals

The State's inspection of non-public hospitals is especially important because the medical examination and treatment activities of non-public hospitals are directly related to the lives and health of people and development. of the race; They are the eyes and ears of management, so it is necessary to conduct regular and flexible combinations of many forms of inspection: periodic, unexpected, top-down inspection, cross-checking between departments and stages. Therefore, this activity needs to be reformed in terms of organization and mechanism accordingly, bringing the entire non-public hospital system into order and discipline.

Inspection by local government management agencies such as communes, wards, towns, districts, and cities. In this field, state management agencies inspect the pharmaceutical sector; drug bidding, drug prices, and drug use; inspect the issuance, re-issuance, and revocation of practice certificates and operating licenses of non-public hospitals.

After the inspection process, state administrative agencies and competent individuals when detecting violations of health law, health inspection agencies, health inspectors, and government agencies countries with sanctioning authority must strictly, promptly, and fairly handle violations of the law in the operations of non-public hospitals, ensuring order, discipline, and discipline for non-public hospitals.

Medical inspection activities must ensure compliance with the law, accuracy, objectivity, openness, democracy, and timeliness. The content of checking the implementation of laws for non-public hospitals is the laws related to the functions and tasks of the units under their authority in periodic or irregular forms.

Thus, inspection activities of law enforcement for non-public hospitals are conducted in a subordinate relationship. Therefore, when performing an inspection, superior health agencies and agency heads have the right to apply measures to compensate for material damage or apply measures that have a positive impact on the subject being inspected. such as material and spiritual rewards.

Handling violations of law by non-public hospitals

According to Article 1 of Decree No. 176/2013/ND-CP dated November 14, 2013, of the Government on sanctioning administrative violations in the health sector: “Administrative violations in the health sector are acts of There are errors committed by individuals or organizations that violate the provisions of the law on state management in the health sector but are not crimes and according to the law must be sanctioned for administrative violations, including: a) Violating regulations on preventive medicine and HIV/AIDS prevention and control; b) Violating regulations on medical examination and treatment; c) Violating regulations on pharmaceuticals, cosmetics, and medical equipment; d) Violating health insurance regulations; e) Violating regulations on population.

Administrative sanctions represent the deterrence and punishment of the law against individuals and organizations that violate state management rules by forcing violators to bear the consequences. Adverse physical or mental consequences of an educational nature for individuals and organizations being sanctioned contribute to raising citizens’ awareness in complying with laws and state management rules.

In addition, disciplinary action against the medical team and medical doctors: Discipline is one of the state’s management tools and measures in the process of building, developing, and using the medical team. Disciplinary action and liability for compensation for material damage caused by violations of the law during the performance of duties and official duties (limited compensation and full compensation) for the medical team, medical doctors must ensure compliance with disciplinary forms, ensure objectivity, fairness, rigor, compliance with statute of limitations and other principles, and follow certain orders and procedures.

CONCLUSION

The current model of the healthcare organization system in Vietnam is to divide power between the central government and local governments, according to the principle of “dual dependence”. Specifically: The Ministry of Health manages the industry; local authorities manage according to the territory. Accordingly, medical facilities are both under the management of medical expertise issued by the Ministry of Health and under local leadership in terms of organization and medical human resources. With such a “dually affiliated” management method, the responsibility regime must be established concurrently. However, in reality in the Central provinces, awareness and actions related to the public service responsibilities of each agency and organization are not clear and transparent. Therefore, the implementation of state management of non-public hospitals in the Central provinces in recent

years is still mainly carried out by the Department of Health; the role of local authorities and interdisciplinary groups is still quite blurred.

From that reality, to improve the effectiveness and efficiency of state management for non-public hospitals in the Central provinces, it is necessary to increase awareness of the responsibilities and roles of each state management entity. and coordination mechanism between state management entities on the basis of ensuring strict and specific management to control the activities of non-public hospitals according to the goals set by the State, and at the same time have the opportunity to incentive mechanisms to promote the development of non-public medical examination and treatment activities. At the same time, to raise awareness about the role of non-public hospitals and the need to strengthen state management of non-public hospitals today, non-public hospitals need to operate effectively, Be responsible, regularly learn, and improve the quality of medical care; Invest in funds and modern equipment in medical examination and treatment.

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