Original article

Assessment of inpatient satisfaction with the quality of healthcare services at Hue University of Medicine and Pharmacy Hospital in 2026

Tran Thi Thanh Nhan[1,2], Le Thi Phuong Thao[2], Le Thi Bich Thuy[1], Bui Thi Phuong Anh[1,2], Nguyen Thi Phuong Thao[1,2], Nguyen Van Tai[2]*

[1]*Hue University of Medicine and Pharmacy, Hue University*

[2]*Hue University of Medicine and Pharmacy Hospital*

***Corresponding author:** Nguyen Van Tai; email: nvtai@bv.huemed-univ.edu.vn

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Abstract

Background: Patient satisfaction is an important indicator reflecting the quality of healthcare services and the performance of healthcare facilities. Assessing inpatient satisfaction provides evidence to identify areas requiring improvement and to enhance the quality of healthcare services.

Objectives: (1) To assess inpatient satisfaction with the quality of healthcare services at Hue University of Medicine and Pharmacy Hospital in 2026; (2) to identify factors associated with inpatient satisfaction.

Methods: An analytical cross-sectional study was conducted among 350 inpatients at Hue University of Medicine and Pharmacy Hospital from April to August 2026. The sample was proportionally allocated across inpatient clinical departments based on inpatient volumes in 2025, and eligible patients were consecutively recruited at discharge. Satisfaction was assessed using the Inpatient Satisfaction Questionnaire issued by the Ministry of Health. Data were analyzed using IBM SPSS Statistics version 26.0. Associations between patient characteristics and overall satisfaction were assessed using the chi-square test or Fisher's exact test.

Results: The overall inpatient satisfaction rate was 88.9%. Among the five domains, attitudes and professional competence of healthcare professionals had the highest satisfaction rate (92.9%), whereas accessibility had the lowest (86.0%). Lower satisfaction was observed for toilets and bathrooms (60.9%), medication-use instructions and information on potential adverse effects (71.7%) and transparency of healthcare service prices (79.7%). Sex and age group were significantly associated with overall satisfaction ($p < 0.05$). No statistically significant associations were observed for educational level, occupation, place of residence, distance from home to the hospital, or length of hospital stay.

Conclusions: Overall inpatient satisfaction was high. Satisfaction was highest for the attitudes and professional competence of healthcare professionals and lowest for accessibility. Hospital navigation and signage, sanitary facilities, transparency of healthcare service prices and medication counseling were identified as priority areas for quality improvement. Sex and age group were associated with overall inpatient satisfaction.

Keywords: *patient satisfaction; inpatient; healthcare service quality; hospital; Hue*.

1. INTRODUCTION

Patient satisfaction is an important indicator reflecting the quality of healthcare services and the performance of healthcare facilities. According to the World Health Organization, high-quality healthcare should not only achieve effective health outcomes but also meet patients' needs and expectations. Therefore, patient satisfaction is considered an important indicator for evaluating and improving the quality of healthcare services [1]. In Vietnam, the Ministry of Health has incorporated patient satisfaction into the Vietnam Hospital Quality Criteria to promote quality improvement activities in healthcare facilities [2].

Numerous studies conducted internationally and in Vietnam have shown that inpatient satisfaction is associated with various factors, including the quality of care, the hospital environment and patient characteristics [3, 4]. In Vietnam, overall inpatient satisfaction has generally been high, although satisfaction rates vary across healthcare institutions. A study at Hanoi Medical University Hospital reported an overall satisfaction rate of 96.5%, whereas a study at Le Huu Trac National Burn Hospital reported a satisfaction rate of 95.4%. Previous studies have also shown that age, educational level, occupation and length of hospital stay are associated with patient satisfaction [5, 6].

Hue University of Medicine and Pharmacy Hospital is a 700-bed general hospital providing tertiary-level healthcare services in Hue City. However, evidence on inpatient satisfaction and associated factors at

the hospital remains limited. In particular, updated evidence is needed not only to assess overall inpatient satisfaction but also to identify specific aspects of healthcare services with lower satisfaction and patient characteristics associated with overall satisfaction. Such information is important for identifying priority areas and informing targeted hospital quality improvement activities. Therefore, we conducted the present study with the following objectives:

1. To assess inpatient satisfaction with the quality of healthcare services at Hue University of Medicine and Pharmacy Hospital in 2026.

2. To identify factors associated with inpatient satisfaction with the quality of healthcare services at Hue University of Medicine and Pharmacy Hospital in 2026.

2. MATERIALS AND METHODS

2.1. Study participants

The study participants were inpatients admitted to clinical departments at Hue University of Medicine and Pharmacy Hospital during the study period.

Inclusion criteria

- Aged 18 years or older.
- Admitted to clinical departments at Hue University of Medicine and Pharmacy Hospital.
- Hospitalized for at least 24 hours.
- Surveyed at the time of hospital discharge.
- Provided informed consent to participate in the study.

Exclusion criteria

- Patients who were unable to complete the interview due to impaired consciousness, cognitive impairment or severe illness.
- Patients with communication difficulties (hearing impairment, speech impairment or language barriers) who did not have a caregiver available to assist in completing the questionnaire.
- Patients who were enrolled in the study but did not complete the questionnaire.

2.2. Study setting and period

- Study setting: clinical departments at Hue University of Medicine and Pharmacy Hospital.

- Study period: from March 2026 to March 2027, with data collection conducted from April to August 2026.

2.3. Research methods

2.3.1. Study design

An analytical cross-sectional study was conducted.

2.3.2. Sample size and sampling method

2.3.2.1. Sample size

The sample size was calculated using the formula for estimating a single population proportion:

$$n = Z^2_{1-\alpha/2} \times \frac{p(1-p)}{d^2}$$

Where:

- n is the minimum required sample size.
- $Z_{1-\alpha/2}$ = 1.96, corresponding to a 95% confidence level.
- p = 0.848, representing the overall inpatient satisfaction rate reported by Vu Van Du et al. at the National Hospital of Obstetrics and Gynecology [7].
- d = 0.04, the desired absolute precision.

Based on this formula, the minimum required sample size was 310 patients. After allowing for an additional 10% to account for potential non-response or incomplete questionnaires, the required sample size was 341 patients. A total of 350 eligible inpatients were ultimately recruited and included in the analysis.

2.3.2.2. Sampling method

The sample was proportionally allocated across inpatient clinical departments based on the number of inpatients treated in each department in 2025. Within each department, eligible patients were consecutively recruited at the time of discharge until the allocated sample size was reached.

2.3.3. Study instrument

The study used the Inpatient Satisfaction Questionnaire issued by the Ministry of Health under Decision No. 56/QD-BYT dated January 8, 2024 [8]. The questionnaire was administered in accordance with the Ministry of Health guidelines without modification.

The questionnaire consisted of two sections:

- The first section collected participants' general information, including demographic characteristics, healthcare access characteristics and treatment-related characteristics.
- The second section assessed patients' satisfaction with healthcare service quality using criteria grouped into five domains: accessibility; transparency of information and procedures for medical examination and treatment; facilities and patient amenities; attitudes and professional competence of healthcare professionals; and service outcomes.

2.3.4. Study variables and outcome measures

The primary outcome variable was inpatient satisfaction with the quality of healthcare services. Satisfaction was assessed across five domains: (1)

accessibility; (2) transparency of information and procedures for medical examination and treatment; (3) facilities and patient amenities; (4) attitudes and professional competence of healthcare professionals; and (5) service outcomes [8].

Each item was rated on a five-point Likert scale: 1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied and 5 = very satisfied. For each item, responses were classified as satisfied (scores of 4 or 5) or not satisfied (scores of 1, 2 or 3). The mean score for each domain was calculated as the mean of all item scores within that domain, while the overall mean satisfaction score was calculated as the mean of all satisfaction item scores. For the calculation of satisfaction rates at the domain and overall levels, the mean scores were rounded to the nearest integer and then classified according to the five-point Likert scale; scores of 4 or 5 were classified as satisfied, while scores of 1, 2 or 3 were classified as not satisfied. The satisfaction rate was calculated as the proportion of participants classified as satisfied [8].

The independent variables included age, sex, educational level, occupation, place of residence, distance from home to the hospital, clinical department, length of hospital stay, number of hospital admissions, and payment method for hospital expenses.

2.3.5. Data collection

Data were collected through face-to-face interviews conducted at the time of hospital discharge using the Inpatient Satisfaction Questionnaire issued by the Ministry of Health under Decision No. 56/QD-BYT dated January 8, 2024 [8]. Data collectors received standardized training on the questionnaire, interviewing techniques and data collection procedures before data collection. Upon completion of each interview, the questionnaire was reviewed for completeness and consistency before data entry.

2.4. Data processing and statistical analysis

Data were analyzed using IBM SPSS Statistics version 26.0. Categorical variables were summarized as frequencies and percentages, while continuous variables were summarized as means and standard deviations. Associations between participants' characteristics and overall inpatient satisfaction were assessed using the chi-square test or Fisher's exact test, as appropriate. Crude odds ratios (ORs) with 95% confidence intervals (CIs) were calculated to quantify the strength of associations. A p-value < 0.05 was considered statistically significant.

2.5. Ethical considerations

This study was approved by the Rector of Hue University of Medicine and Pharmacy, Hue University, under Decision No. 972/QD-DHYD dated February 23, 2026, on the approval of the list of university-level science and technology research projects for 2026. The study was also approved by the Biomedical Research Ethics Committee of Hue University of Medicine and Pharmacy, Hue University (Approval No. H2026/531, dated May 28, 2026), before implementation.

All participants were informed about the study objectives and procedures before providing informed consent to participate. All collected information was kept confidential and used solely for research purposes.

3. RESULTS

3.1. Sociodemographic and healthcare-related characteristics of the study participants

Among the 350 study participants, 57.7% were female and 42.3% were male. The mean age was 53.5 ± 11.5 years, with a range of 27 – 85 years. Participants aged 30 – 60 years accounted for the largest proportion (68.3%), followed by those aged > 60 years (30.6%) and < 30 years (1.1%).

Regarding educational level, lower secondary education was the most common (38.3%), followed by upper secondary education (25.7%), primary education (20.6%), college/university education or higher (10.3%) and below primary education (5.1%). The most common occupational group was farmers (34.9%), followed by factory workers (23.1%), civil servants/public employees (13.1%), self-employed workers and retirees/homemakers (12.0% each), while other occupations accounted for 4.9%.

The mean distance from home to the hospital was 12.1 ± 8.5 km and the mean length of hospital stay was 8.5 ± 2.8 days. Nearly all participants had health insurance coverage (99.7%). Most participants resided in urban areas (75.1%), followed by rural areas (21.1%) and remote areas (3.7%). Regarding economic status, 10.0% of participants belonged to poor or near-poor households, while the remaining 90.0% belonged to other economic groups.

3.2. Inpatient satisfaction with the quality of healthcare services

3.2.1. Satisfaction with accessibility

Table 1. Inpatient satisfaction with accessibility

No.	Item	Mean ± SD	Satisfied	
			n	%
1	Directional signs to departments, as well as information on consultation and visiting hours, were clear and easy to understand.	4.00 ± 0.23	341	97.4
2	Hospital buildings, stairways, elevators and inpatient wards were clearly numbered and well signposted, making them easy to locate.	3.81 ± 0.41	280	80.0
3	Walkways and corridors within the hospital were level, safe and easy to use.	3.88 ± 0.50	282	80.6
4	Waiting times for elevators, administrative procedures and healthcare services were acceptable.	3.94 ± 0.57	282	80.6
5	Patients were able to contact healthcare professionals whenever needed.	3.98 ± 0.40	318	90.9

Inpatients reported a high level of satisfaction with accessibility. Mean scores ranged from 3.81 ± 0.41 to 4.00 ± 0.23, with satisfaction rates ranging from 80.0% to 97.4%. The highest-rated item was the clarity and comprehensibility of directional signs to departments and information on consultation and visiting hours (4.00 ± 0.23; 97.4%). The lowest-rated item was the numbering and signage of hospital buildings, stairways, elevators and inpatient wards (3.81 ± 0.41; 80.0%).

3.2.2. Satisfaction with transparency of information and medical examination and treatment procedures

Table 2. Inpatient satisfaction with transparency of information and medical examination and treatment procedures

No.	Item	Mean ± SD	Satisfied	
			n	%
1	Administrative procedures (admission, discharge, inter-hospital transfer and transfer between departments) were clear, transparent and convenient.	4.07 ± 0.40	333	95.1
2	Healthcare service prices were publicly displayed in locations that were easy to see, read and understand, and explanations were provided for high-cost services when applicable.	3.87 ± 0.52	279	79.7
3	Procedures and waiting time for hospital bill payment at discharge were clear, transparent and convenient.	3.89 ± 0.44	294	84.0
4	Patients were clearly and adequately informed about hospital regulations and essential information during hospitalization.	3.95 ± 0.50	299	85.4
5	Patients received clear and adequate explanations regarding their medical condition, treatment plan and expected duration of treatment.	3.98 ± 0.47	309	88.3
6	Patients received clear and adequate explanations before undergoing laboratory tests, diagnostic procedures or advanced medical techniques.	3.96 ± 0.41	313	89.4
7	Information on prescribed medications and treatment costs was publicly available and regularly updated.	3.94 ± 0.41	310	88.6

Inpatients reported a high level of satisfaction with the transparency of information and medical examination and treatment procedures. Mean scores ranged from 3.87 ± 0.52 to 4.07 ± 0.40, with satisfaction rates ranging from 79.7% to 95.1%. The highest-rated item was the clarity, transparency and convenience of administrative procedures, including admission, discharge, inter-hospital transfer and transfer between departments (4.07 ± 0.40; 95.1%). The lowest-rated item was the public display of healthcare service prices in locations that were easy to see, read and understand, together with explanations provided for high-cost services when applicable (3.87 ± 0.52; 79.7%).

3.2.3. Satisfaction with facilities and patient amenities

Table 3. Inpatient satisfaction with facilities and patient amenities

No.	Item	Mean ± SD	Satisfied	
			n	%
1	Patient rooms were clean, well maintained and equipped with appropriate temperature control devices, such as fans, heaters or air conditioners.	4.01 ± 0.34	333	95.1
2	Patient rooms were quiet, safe, secure and protected against theft, providing peace of mind during hospitalization.	3.82 ± 0.46	276	78.9
3	Each patient was provided with an individual bed, bed linen and pillows; the beds were sturdy and in good condition.	3.99 ± 0.42	318	90.9
4	Hospital clothing was provided adequately and kept clean.	3.95 ± 0.50	301	86.0
5	Toilets and bathrooms were convenient, clean and in good working condition.	3.64 ± 0.55	213	60.9
6	Adequate supplies of hot and cold drinking water were available in the inpatient department.	3.84 ± 0.48	280	80.0
7	Wireless internet (Wi-Fi) was available to patients and their family members in inpatient rooms.	3.95 ± 0.43	315	90.0
8	Patients' privacy was protected during hospitalization (e.g., when changing clothes, undergoing physical examinations or using bedside toilets) through the use of curtains, partitions or private rooms.	3.98 ± 0.36	324	92.6
9	The hospital cafeteria adequately met the food and essential daily living needs of patients and their family members.	3.90 ± 0.35	309	88.3
10	The hospital environment was green, clean and pleasant.	3.93 ± 0.36	314	89.7
11	Internal patient transportation services, such as wheelchairs, stretchers and electric carts, were available in a timely manner and functioned well whenever needed.	4.01 ± 0.26	340	97.1

Inpatients reported a high level of satisfaction with facilities and patient amenities. Mean scores ranged from 3.64 ± 0.55 to 4.01 ± 0.34, with satisfaction rates ranging from 60.9% to 97.1%. The highest-rated item was the availability and timely provision of internal patient transportation services, such as wheelchairs, stretchers and electric carts, whenever needed (4.01 ± 0.26; 97.1%). The lowest-rated item was the convenience, cleanliness and functionality of toilets and bathrooms (3.64 ± 0.55; 60.9%).

3.2.4. Satisfaction with the attitudes and professional competence of healthcare professionals

Table 4. Inpatient satisfaction with the attitudes and professional competence of healthcare professionals

No.	Item	Mean ± SD	Satisfied	
			n	%
1	Physicians and nurses communicated politely and treated patients with courtesy and respect.	4.11 ± 0.33	347	99.1
2	Support staff (nursing assistants, security personnel, accounting staff, etc.) communicated politely and treated patients with courtesy and respect.	3.76 ± 0.47	262	74.9
3	Patients were treated with respect, fairness, care and support by healthcare professionals.	4.02 ± 0.31	336	96.0
4	Physicians and nurses worked collaboratively and provided care competently and promptly.	4.01 ± 0.37	329	94.0

5	Patients were visited and encouraged by physicians during hospitalization.	3.98 ± 0.33	327	93.4
6	Patients received counseling on diet, physical activity, monitoring and the prevention of complications.	3.97 ± 0.36	321	91.7
7	Healthcare professionals did not request informal payments or gratuities.	5.00 ± 0.05	350	100.0

Inpatients reported a very high level of satisfaction with the attitudes and professional competence of healthcare professionals. Mean scores ranged from 3.76 ± 0.47 to 5.00 ± 0.05, with satisfaction rates ranging from 74.9% to 100.0%. The highest-rated item was that healthcare professionals did not request informal payments or gratuities (5.00 ± 0.05; 100.0%). The lowest-rated item was the communication and attitudes of support staff, including nursing assistants, security personnel and accounting staff (3.76 ± 0.47; 74.9%).

3.2.5. Satisfaction with service outcomes

Table 5. Inpatient satisfaction with service outcomes

No.	Item	Mean ± SD	Satisfied	
			n	%
1	Waiting time for healthcare services at the hospital was acceptable.	3.96 ± 0.28	330	94.3
2	Medications were administered on time and patients received adequate instructions on medication use and potential adverse effects.	3.73 ± 0.47	251	71.7
3	Before discharge, patients were reminded of their follow-up appointments and received guidance on diet, exercise and self-care at home.	4.01 ± 0.32	334	95.4
4	Medical equipment and supplies were adequate, modern and appropriate for patients' healthcare needs.	4.12 ± 0.46	331	94.6
5	Treatment outcomes met patients' expectations.	4.16 ± 0.40	346	98.9
6	Overall, patients had confidence in the quality of healthcare services provided by the hospital.	4.05 ± 0.28	344	98.3

Inpatients reported a high level of satisfaction with service outcomes. Mean scores ranged from 3.73 ± 0.47 to 4.16 ± 0.40, with satisfaction rates ranging from 71.7% to 98.9%. The highest-rated item was that treatment outcomes met patients' expectations (4.16 ± 0.40; 98.9%). The lowest-rated item was the timely administration of medications together with adequate instructions on medication use and potential adverse effects (3.73 ± 0.47; 71.7%).

3.2.6. Overall inpatient satisfaction with the quality of healthcare services

Table 6. Overall inpatient satisfaction with the quality of healthcare services

No.	Domain	Mean ± SD	Satisfied	
			n	%
1	Accessibility	3.92 ± 0.44	301	86.0
2	Transparency of information and medical examination and treatment procedures	3.95 ± 0.46	305	87.1
3	Facilities and patient amenities	3.91 ± 0.43	302	86.3
4	Attitudes and professional competence of healthcare professionals	4.12 ± 0.50	325	92.9
5	Service outcomes	4.00 ± 0.40	323	92.3
6	Overall satisfaction	3.98 ± 0.45	312	88.9

The overall inpatient satisfaction rate was 88.9%. Among the five domains, satisfaction was highest for attitudes and professional competence of healthcare professionals (92.9%), followed by service outcomes (92.3%). Satisfaction was lowest for accessibility (86.0%), followed by facilities and patient amenities (86.3%) and transparency of information and medical examination and treatment procedures (87.1%).

3.3. Factors associated with inpatient satisfaction with the quality of healthcare services

Table 7. Associations between participants' characteristics and overall inpatient satisfaction

Characteristics	Satisfied		Not satisfied		OR (95% CI)	p
	n	%	n	%		
Sex						
Male	126	85.1	22	14.9	0.493 (0.249 – 0.975)	0.039
Female	186	92.1	16	7.9	Ref.	
Age group						
≤ 60 years	222	91.4	21	8.6	1.997 (1.007 – 3.960)	0.045
> 60 years	90	84.1	17	15.9	Ref.	
Educational level						
Lower secondary education or below	199	88.8	25	11.2	0.916 (0.451 – 1.860)	0.808
Upper secondary education or above	113	89.7	13	10.3	Ref.	
Occupation						
Manual workers (farmers, factory workers, self-employed workers)	218	89.0	27	11.0	0.945 (0.450 – 1.984)	0.881
Other occupations	94	89.5	11	10.5	Ref.	
Place of residence						
Urban	235	89.4	28	10.6	1.090 (0.506 – 2.346)	0.826
Rural/remote areas	77	88.5	10	11.5	Ref.	
Distance from home to the hospital						
≤ 10 km	176	90.3	19	9.7	1.294 (0.659 – 2.539)	0.453
> 10 km	136	87.7	19	12.3	Ref.	
Length of hospital stay						
≤ 7 days	160	89.4	19	10.6	1.053 (0.537 – 2.064)	0.881
> 7 days	152	88.9	19	11.1	Ref.	

Overall inpatient satisfaction was significantly associated with sex and age group ($p < 0.05$). Specifically, female patients had a higher satisfaction rate than male patients (92.1% vs. 85.1%; p = 0.039), while patients aged ≤ 60 years had a higher satisfaction rate than those aged >60 years (91.4% vs. 84.1%; p = 0.045). No statistically significant associations were found between overall satisfaction and educational level, occupation, place of residence, distance from home to the hospital or length of hospital stay ($p > 0.05$).

4. DISCUSSION

The overall inpatient satisfaction rate in this study was 88.9%, lower than that reported at Hanoi Medical University Hospital (96.5%) but higher than those reported at the National Hospital of Obstetrics and Gynecology (84.8%) and the Hospital of Post and Telecommunications (86.6%) [5, 7, 10]. These differences may reflect variations in patient characteristics, hospital settings, clinical specialties and study periods.

Satisfaction was highest for the attitudes and professional competence of healthcare professionals among the five domains. Similar findings were reported at the Hospital of Post and

Telecommunications and Viet Tiep Friendship Hospital [10, 11]. Service outcomes were also highly rated, particularly treatment outcomes. However, the relatively low satisfaction with instructions on medication use and information on potential adverse effects highlights the need to strengthen medication counseling and patient education, particularly before discharge.

Relatively lower satisfaction was observed for the domains of information transparency and facilities and patient amenities. Specific areas of lower satisfaction included transparency of healthcare service prices and the convenience, cleanliness and functionality of toilets and bathrooms. Previous studies have also reported lower satisfaction with specific aspects of information transparency and hospital facilities [9, 12]. These findings suggest that improving information transparency, particularly regarding healthcare service costs and explanations of medical expenses, should be prioritized in hospital quality improvement initiatives.

Satisfaction was lowest for accessibility among the five domains, although differences in satisfaction rates across domains were relatively small. The same satisfaction rate for accessibility (86.0%) was reported at the Hospital of Post and Telecommunications [10]. Lower satisfaction with the numbering and signage of hospital buildings, stairways, elevators and inpatient wards highlights the need to improve the hospital navigation system to facilitate patients' access to services.

Sex and age group were significantly associated with overall satisfaction. Female patients reported higher satisfaction than male patients, consistent with the findings of Luu Van Tuong et al. [9]. Differences by sex may reflect variations in expectations, perceptions of care and communication experiences. Patients aged ≤60 years also reported higher satisfaction than those aged >60 years; greater healthcare needs and more complex care experiences among older patients may partly explain this difference. The age-related pattern differed from previous studies, possibly because of differences in age classification, patient characteristics and study settings [5, 7]. No significant associations were observed for educational level, occupation, place of residence, distance from home to the hospital or length of hospital stay, consistent with the findings of Truong Van Hieu et al. [12]. Given the cross-sectional design and unadjusted analyses, these associations should be interpreted cautiously and not as causal relationships.

5. CONCLUSION

The overall inpatient satisfaction rate at Hue University of Medicine and Pharmacy Hospital was high (88.9%). Satisfaction was highest for the attitudes and professional competence of healthcare professionals and lowest for accessibility. Priority areas for quality improvement included hospital navigation and signage, toilets and bathrooms, transparency of healthcare service prices and medication counseling. Sex and age group were significantly associated with overall inpatient satisfaction. These findings provide practical evidence to guide targeted quality improvement activities aimed at enhancing inpatient experience and healthcare service quality at the hospital.

Conflict of interest: The authors declare that there are no conflicts of interest related to the research, authorship or publication of this article.

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