

Original Research Article

# Current Status of Activities to Enhance the Leadership Competencies of Directors of Private Healthcare Facilities in Vietnam's North Central Region

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## Article History

Received: 10.01.2026

Accepted: 05.03.2026

Published: 09.03.2026

## Journal homepage:

<https://www.easpublisher.com>

## Quick Response Code



**Abstract:** This study analyzes the current status of activities aimed at enhancing the leadership competencies of directors of private healthcare facilities in Vietnam's North Central region during 2020–2025, based on survey data and a synthesis of local reports. The findings show that provinces in the region have implemented various forms of training and professional development, including clinical/professional refresher courses, management training, seminars, and collaborative training programs. However, participation levels and perceived training effectiveness differ markedly across provinces. Training content has largely focused on administrative management and operational techniques, while key domains such as strategic management, long-term financial management, and healthcare digital transformation remain limited. On this basis, the paper proposes several directions to improve training activities and thereby strengthen the leadership capacity of directors of private healthcare facilities in the North Central region in the coming period.

**Keywords:** Activities, Leadership Competencies, Directors of Private Healthcare Facilities.

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## 1. INTRODUCTION

In recent years, together with the policy of promoting healthcare “socialization” (i.e., encouraging non-state and private-sector participation), the Government of Vietnam has issued various policies to foster the development of private healthcare, thereby helping to reduce the burden on the public health system and improve people's access to healthcare services (Government of Vietnam, 1997, 2004). The 2023 Law on Medical Examination and Treatment (National Assembly, 2023) and related implementing guidelines have established a relatively coherent legal framework (Government of Vietnam, 2004), encouraging the development of non-public healthcare facilities in a more professional and sustainable direction. Nevertheless, in practice, the development of private healthcare facilities remains uneven across localities and has not yet matched its potential. One important reason is that directors' managerial and leadership capacity is still limited, because many of them come from clinical backgrounds and have not received systematic training in healthcare management and leadership (Ministry of Health, 2017). Both domestic and international studies indicate that leadership training and development in many developing

countries is often fragmented and insufficiently systematic, resulting in weaknesses in long-term management skills and the ability to adapt to changing environments (Bass, 1985; Burns, 1978; World Health Organization, 2014).

The North Central region is characterized by challenging socio-economic conditions and a substantial disparity in the scale and level of development of the private healthcare system across provinces. During 2020–2025, along with administrative unit restructuring and an increase in the number of private healthcare facilities, the need to strengthen directors' leadership competencies has become increasingly pressing. Evidence suggests that private healthcare facilities with leaders who have received systematic training tend to achieve better operational performance, higher service quality, and greater staff satisfaction (Burns, 1978).

Against this backdrop, examining the current status of activities to enhance leadership competencies among directors of private healthcare facilities in Vietnam's North Central region has clear scientific and practical significance. The findings help identify

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limitations and gaps in leadership training and development, and provide an evidence base for proposing appropriate solutions to strengthen leadership capacity and promote the sustainable development of the region’s private healthcare system.

## 2. RESEARCH METHODS

The study employs a quantitative approach combined with qualitative methods, and adopts a multi-perspective assessment orientation to ensure objectivity in analyzing the current status of activities aimed at enhancing the leadership competencies of directors of private healthcare facilities in Vietnam’s North Central region.

### Data Collection Methods

#### Sample Size Determination

Sample size was determined using Cochran’s formula, which is widely applied in social science and management research and is suitable for studies with large and dispersed populations. The study population comprises directors, managers, and professional staff working in private healthcare facilities in the North Central region.

Cochran’s formula was applied as follows:

$$n = (Z^2 \times p \times (1 - p)) / e^2$$

Where:

- n is the minimum required sample size;
- Z is the critical value of the standard normal distribution corresponding to the confidence level;
- p is the estimated proportion of the population;
- e is the acceptable margin of error.

The study selected a 95% confidence level (Z = 1.96). Because no precise estimate of the target characteristic proportion was available, p = 0.5 was used to ensure methodological conservativeness. The allowable error was set at e = 0.05. Accordingly, the

minimum sample size was calculated as 384 observations. In practice, the study surveyed 530 respondents—exceeding the Cochran minimum—to increase reliability and generalizability. After data cleaning, 496 valid questionnaires were retained for analysis.

Survey participants included directors of private healthcare facilities, deputy directors or middle managers, professional staff, as well as a number of experts and representatives of local health authorities in provinces in the North Central region. The sample was distributed relatively evenly across provinces to ensure representativeness and facilitate cross-province comparisons.

### Data Analysis Methods

After data collection, the dataset was processed using SPSS 22.0. The study used descriptive statistics and cross-province comparative analyses to assess participation levels, training content, and perceived effectiveness of activities aimed at enhancing leadership competencies. Indicators such as frequency, proportion, mean values, and standard deviation were employed to capture overall trends and differences among provinces.

## 3. Current Status of Activities to Enhance Leadership Competencies among Directors of Private Healthcare Facilities in the North Central Region

### 3.1. Participation Levels in Leadership Competency Development Activities

During 2020–2025, in the context of administrative unit restructuring and the promotion of healthcare socialization, provinces in the North Central region implemented various activities to strengthen leadership competencies among directors of private healthcare facilities. These activities were organized at both central and local levels; however, participation and effectiveness differed markedly across provinces, reflecting differences in the size of the private healthcare system, organizational resources, and development orientation.

**Table 1: Participation levels in training and leadership competency development activities (2020–2025)**

Activity / Content	Unit	Thanh Hoa	Nghe An	Ha Tinh	Quang Tri	Thua Thien Hue
Professional refresher training	Times	720	570	330	480	360
Management training	Times	540	420	210	360	270
Self-study rate	Average (%)	32.89	38.54	38.24	38.91	38.18
Seminar participation	Times	90	48	36	54	60
International cooperation	Programs	18	12	0	6	12
Total participations	Times	1368	1050	576	900	702

**Source:** Ministry of Health (2020–2025); General Statistics Office (2020–2025).

As shown in Table 1, Thanh Hoa Province implemented relatively systematic and coordinated leadership development activities, with close collaboration between the provincial Department of Health and the provincial Association of Private Healthcare. During the study period, Thanh Hoa recorded the highest total number of training

participations (1,368 times), and more than 80% of directors of private healthcare facilities reported that the training activities had a positive impact on managerial effectiveness.

Nghe an Province has a large private healthcare system and a relatively high total number of training

participations (1,050 times). However, training activities remain fragmented and rely largely on the efforts of individual facilities. The lack of a dedicated professional organization for private healthcare has resulted in discontinuous and less sustainable professional development, although approximately 70–75% of directors participated in refresher courses after 2022.

In Ha Tinh and Quang Tri Provinces, the total number of training participations was lower (576 and 900 times, respectively), mainly due to the smaller scale of the private healthcare system and limited conditions for organizing training. Leadership development activities in these provinces have primarily consisted of short-term courses focusing on basic management skills and legal compliance, which have not fully met the demand for more specialized training.

Meanwhile, although Thua Thien Hue did not lead in participation volume (702 times), it stood out in terms of training depth. Thanks to its high-quality

healthcare environment and the presence of major medical training institutions, directors in Thua Thien Hue reported relatively high participation in professional seminars and international cooperation programs, indicating a shift from day-to-day operational management toward strategic governance.

The self-study rate among directors ranged from 32% to 39% across provinces, indicating that self-directed learning is relatively common across the region. Overall, however, leadership development activities still lack a cross-provincial coordination mechanism, a unified competency assessment system, and diversified training content. These shortcomings need to be addressed to improve the effectiveness of leadership competency development for directors of private healthcare facilities in the North Central region in the next phase.

### 3.2. Current Status of Training Content

#### 3.2.1. Training Content on Hospital Management

**Table 2: Directors participating in hospital management-related training content (2020–2025)**

Indicator	Unit	Thanh Hoa	Nghe An	Ha Tinh	Quang Tri	Thua Thien Hue	Total
Directors in hospital management training	Persons	15	12	10	12	20	69
Share by province (hospital management training)	%	21.74	17.39	14.49	8.70	28.99	100.00
Directors in process improvement training	Persons	12	10	8	10	15	55
Share by province (process improvement training)	%	21.82	18.18	14.55	8.33	27.27	100.00

Source: Ministry of Health (2020–2025); General Statistics Office (2020–2025).

Data in Table 2 show that, during 2020–2025, the proportion of directors of private healthcare facilities participating in hospital management training remained low, at only 34.5% (69 persons), while participation in training on management process improvement and patient care reached 27.5% (55 persons). This suggests that current training activities still focus mainly on administrative management and basic operations, and have not met the needs for management innovation, operational efficiency improvement, and service standardization in the non-public sector (Ministry of Health, 2017). Across provinces, Thua Thien Hue recorded the highest participation rate thanks to advantages in specialized training and linkages with central-level hospitals. Thanh Hoa ranked second,

reflecting a clear orientation toward developing private healthcare in the context of attracting investment. Nghe An and Ha Tinh were at a moderate level, while Quang Tri recorded the lowest, indicating a substantial gap in training support given the relatively nascent private healthcare system. Overall, key areas such as strategic governance, digital transformation, healthcare marketing, and financial management have not been adequately integrated into training programs, which is a primary reason for the gap between competency requirements and actual leadership capacity (Ministry of Health, 2017).

#### 3.2.2. Training on Human Resource Management and Team Development

**Table 3: Directors participating in HR management and high-quality team development training (2020–2025)**

Indicator	Unit	Thanh Hoa	Nghe An	Ha Tinh	Quang Tri	Thua Thien Hue	Total
Directors in HR management training	Persons	60	48	42	30	90	270
Share by province (HR management training)	%	16.00	13.00	11.00	5.00	24.00	100.00
Directors in high-quality team development training	Persons	48	36	30	24	72	210

Indicator	Unit	Thanh Hoa	Nghe An	Ha Tinh	Quang Tri	Thua Thien Hue	Total
Share by province (team development training)	%	13.00	10.00	8.00	4.00	20.00	100.00

Source: Ministry of Health (2020–2025); General Statistics Office (2020–2025).

During the study period, there were 270 participations by directors in training on human resource management and 210 participations in training on building high-quality teams (Table 3). Thua Thien Hue continued to lead in both volume and proportion, reflecting a systematic focus on human resource governance thanks to advantages in high-quality human resources and a developed medical training network. Thanh Hoa had a relatively high number of participations; however, given it has the region’s largest private healthcare system, utilization of training programs remains below what might be expected. In Nghe An, training activities depend heavily on each facility’s financial conditions and awareness, and lack consistency in content and methods. Ha Tinh and Quang Tri showed low participation levels, reflecting

constraints related to facility scale, training resources, and the absence of specialized support mechanisms.

### 3.2.3. Training on Financial Management and Long-Term Financial Strategy Planning

In private healthcare facilities, financial management capacity and long-term financial strategy planning are among the key pillars determining operational effectiveness and organizational sustainability. This is especially important in the North Central region, where most private healthcare facilities are small- and medium-sized, with limited resources and strong competitive pressures. Accordingly, strengthening directors’ financial governance capacity has become increasingly critical.

**Table 4: Proportion of directors participating in training on financial management and long-term financial strategy planning**

Province/City	Financial management training (persons)	Share (%)	Long-term financial strategy training (persons)	Share (%)
Thanh Hoa	72	25.00	48	24.24
Nghe An	60	20.83	36	18.18
Ha Tinh	48	16.67	30	15.15
Quang Tri	18	6.25	12	6.06
Thua Thien Hue	90	31.25	72	36.36
<b>Total</b>	<b>288</b>	<b>100.00</b>	<b>198</b>	<b>100.00</b>

Source: Synthesized from performance reports of private healthcare facilities.

Training on financial management and long-term financial strategy planning remains an area with substantial limitations. During 2020–2025, there were 288 participations by directors in financial management training and 198 participations in financial strategy training (Table 4). Thua Thien Hue led in both areas, reflecting advantages in training infrastructure and human resources. Thanh Hoa ranked second, but the proportion trained in strategic finance still appears inconsistent with the scale of its private healthcare

system. In Nghe An and Ha Tinh, training programs were mostly short-term and focused on administrative financial procedures, lacking content on capital mobilization, investment analysis, and risk management. Quang Tri recorded the lowest participation rate, indicating a considerable gap in financial training, particularly in the context of post-merger expansion.

### 3.2.4. Training on Technology Application and Innovation

**Table 5: Number of directors applying technology in hospital management (2020–2025)**

Province/City	Number (persons)	Share (%)
Thanh Hoa	109	54.50
Nghe An	88	44.00
Ha Tinh	51	25.50
Quang Tri	39	19.50
Thua Thien Hue	71	35.50
<b>Total</b>	<b>358</b>	<b>51.14</b>

Source: Ministry of Health (2020–2025); General Statistics Office (2020–2025).

Table 5 shows that, during 2020–2025, 358 directors of private healthcare facilities (51.14%) began applying technology in hospital management. This

reflects a positive shift in awareness regarding digital transformation; however, the implementation level still

falls short of the requirements for modernizing healthcare governance.

By province, Thanh Hoa led with 54.50% of directors applying technology, mainly in areas such as management software, record digitization, and operational support. Nevertheless, these applications remain largely administrative, and integrated systems such as electronic medical records, clinical decision support, or data analytics for strategic governance have not yet been widely developed. Nghe an reached 44.00%, indicating moderate adoption but still constrained by limited IT human resources and insufficient investment. Thua Thien Hue recorded 35.50%, benefiting from infrastructure and high-quality medical human resources; some facilities have implemented

telemedicine and electronic records, but these are not yet widespread. Ha Tinh and Quang Tri showed lower rates, reflecting challenges related to facility scale, financial resources, and technology strategy.

### 3.2.5. Assessment of Training Program Quality and Effectiveness

To comprehensively assess training programs for directors of private healthcare facilities in the North Central region, in addition to analyzing training volume and content, it is necessary to examine participants' satisfaction and their ability to apply what they learned in practice. This provides an important basis for determining how well leadership development activities meet the requirements for developing healthcare leadership competencies in the new context.

**Table 6: Assessment of quality and effectiveness of training programs**

Province/City	Quality rating	Effectiveness rating	Areas for improvement
Thanh Hoa	4.0	3.8	Strengthen advanced training on development strategy
Nghe An	3.8	3.5	Lack of training courses on information technology in management
Ha Tinh	4.2	4.0	Need more training programs on hospital finance
Quang Tri	3.6	3.5	Training on strategy and governance for private healthcare facilities
Thua Thien Hue	4.5	4.2	Expand training on technology application in management
Region-wide	4.0	3.85	Lack of advanced programs on technology and finance

Source: Authors' survey results.

Results in Table 6 indicate that the quality of training programs for directors in the North Central region was rated as fairly good (mean score 4.0/5), reflecting relatively appropriate content, methods, and currency. However, perceived effectiveness reached only 3.85/5, suggesting a continuing gap between training and the ability to apply learning to real-world management practice.

Thua Thien Hue received the highest ratings for both quality (4.5) and effectiveness (4.2), consistent with its advantages in specialized training systems and active participation by leaders. Although the scale of training in Ha Tinh was limited, it received relatively high ratings, indicating substantive program outcomes, particularly in hospital finance. By contrast, Thanh Hoa and Nghe An achieved only moderate ratings, reflecting that training remains oriented toward policy dissemination and administrative management and has not sufficiently emphasized strategic governance and leadership skills in the context of digital transformation. Quang Tri had the lowest ratings, highlighting constraints in organizational conditions and access to specialized training content. Overall, current programs lack key content such as long-term financial planning, strategic human resource governance, and healthcare digital transformation. Therefore, training programs should be improved toward an integrated and tiered-competency approach, aligned with a competency framework for the director position in private healthcare facilities, and accompanied by mechanisms to evaluate post-training effectiveness to

enhance sustainability in leadership development for the non-public health sector.

## 4. CONCLUSION

The study systematically analyzed the current status of activities to enhance leadership competencies among directors of private healthcare facilities in Vietnam's North Central region during 2020–2025, based on survey data and synthesized reports from localities. The findings indicate that, although provinces have implemented a relatively diverse set of training and professional development activities—including professional refresher courses, management training, seminars, and collaborative training programs—participation levels, training content, and perceived effectiveness vary substantially across provinces. These differences reflect disparities in development conditions, organizational resources, and provincial orientations toward private healthcare governance.

The analysis also shows that current training activities still largely emphasize administrative management and basic operations, while competency domains that are critical for the sustainable development of private healthcare facilities—such as strategic governance, long-term financial management, strategic human resource management, and healthcare digital transformation—have not received adequate attention. In addition, the lack of a standardized leadership competency framework specifically for directors of private healthcare facilities, along with limited cross-provincial and cross-sector coordination mechanisms,

contributes to uneven leadership quality and governance effectiveness across the region.

On this basis, the study underscores the need to renew the approach to training and leadership competency development for directors of private healthcare facilities in a focused and tiered manner, tailored to provincial contexts. This is an important condition for improving governance effectiveness and service quality, and for promoting the sustainable development of the private healthcare system in Vietnam's North Central region in the coming period.

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**Cite This Article:** Nguyen The Hung, Le Hoang Ba Huyen, Le Huy Chinh (2026). Current Status of Activities to Enhance the Leadership Competencies of Directors of Private Healthcare Facilities in Vietnam's North Central Region. *East African Scholars J Edu Humanit Lit*, 9(3), 47-52.

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