

ORIGINAL ARTICLES

## Care competencies of nurses at clinical departments: A cross-sectional study in Bac Giang provincial general hospital of Vietnam

Bui Thi My Anh<sup>1\*</sup>, Nguyen Hoang Thu Giang<sup>1</sup>, Phung Thanh Hung<sup>1</sup>, Luong Bao Khanh<sup>2</sup>, Ta Minh Tien<sup>3</sup>, Nguyen Thi Diem Quynh<sup>1</sup>, Nguyen Thi Hoai Thu<sup>1</sup>

### ABSTRACT

**Objectives:** Nurses play a crucial role in healthcare delivery; however, in Vietnam, the number of nurses and their practical care competencies do not meet the requirements of healthcare quality. This study aimed to describe the basic care competencies of clinical nurses and identify some associated factors.

**Methods:** A cross-sectional study was conducted among all nurses working in the clinical departments of Bac Giang Provincial General Hospital. Data were collected in 2023 using a 60-item self-reported tool based on the 15 criteria of the Basic Competency Standards for Vietnamese Nurses, employing a 5-point Likert scale. The data were statistically analyzed using descriptive and inferential statistics, including the Mann-Whitney U test and linear regression.

**Results:** There were 344 clinical nurses who participated in this study. The mean score for nurses' care practice competence was  $4.06 \pm 0.30$  out of 5, with 74.1% of nurses feeling confident in their competencies. The multiple linear regression model found that female nurses (coef. = 0.11,  $p = 0.022$ ), nurses in surgical departments (coef. = 0.11,  $p = 0.002$ ), and nurses who received training in the past two years (coef. = 0.20,  $p = 0.003$ ) were associated with higher competence.

**Conclusions:** The findings highlighted the necessity of continuous training to enhance nurses' care competencies. It is recommended that hospital management foster and prioritize training programs for clinical nurses to improve the quality of healthcare services.

**Keywords:** Nursing competency, basic nursing care practice, nursing training, clinical departments, hospital.

## INTRODUCTION

Nurses play a crucial role in providing healthcare services, including prevention, treatment, rehabilitation, and epidemic response (1). Nursing care competencies directly affect treatment outcomes, patient satisfaction, and overall patient experience, necessitating the enhancement of professional capabilities, particularly care competencies

(2,3). One significant challenge faced by the Vietnamese healthcare system is that the number of nurses and their practical care competencies do not meet the required healthcare quality standards (4). To address this, the Ministry of Health (MOH) issued Decision No. 1352/2012/QĐ-BYT, which promulgates the Basic Competency Standards for Vietnamese Nurses. This standard includes three domains, 25 criteria, and 110



**Corresponding author:** Bui Thi My Anh

Email: [buiithimyanh@hmu.edu.vn](mailto:buiithimyanh@hmu.edu.vn)

<sup>1</sup>Hanoi Medical University

<sup>2</sup>Dept of Medical Service Administration,  
Ministry of Health, Vietnam

<sup>3</sup>Hospital of Transportation

Submitted: 11 July, 2024

Revised version received: 22 August, 2024

Published: 30 August, 2024

DOI: <https://doi.org/10.38148/JHDS.0804SKPT24-061>

items to precisely define the tasks, functions, and competency standards for nurses (5). Bac Giang Provincial General Hospital is a Grade I provincial general hospital, that is responsible for medical examination and treatment for people in the province and some neighboring provinces. The total number of nurses in the internal medicine and surgical departments is 383 people, of which each nurse is responsible for caring for 1 to 18 patients. Currently, the hospital faces challenges such as workforce shortages and patient overload, which hinder the assessment and full implementation of nurses' care competencies according to these standards. Therefore, this study was conducted to describe the basic care competencies and analyze the associated factors among clinical nurses working at Bac Giang Provincial General Hospital.

## **METHODS**

**Study design:** A cross-sectional study.

**Study site and time:** The study was conducted at Bac Giang Provincial General Hospital between October 2023 and June 2024

**Participants:** The participants were clinical nurses responsible for patient care in the 10 departments (including internal medicine and surgical departments) of Bac Giang Provincial General Hospital. Managers of health facilities were not involved in this study.

**Sample size and sampling method:** The sampling frame comprised all clinical nurses in the internal medicine and surgical department of Bac Giang Provincial General Hospital. The study included 344 participants.

**Study instrument and data collection:** The questionnaire survey included 8 background variables and 60 items to evaluate nurses' care competencies. Background variables were social-demographic factors and

professional related factors, including gender (male, female); age group (30 years old and below; above 30 years old); department (internal medicine; surgery); monthly income (10 million dong and below; above 10 million dong); educational degree (college/diploma; bachelor/postgraduate); nursing classification (II, III; IV); work experience (10 years and below; above 10 years); additional training within 2 years (no; yes), respectively.

The 60-item self-assessment questionnaire were designed based on 60 items of 15 criteria of domain no.1 "Care competencies" from the Basic Competency Standards for Vietnamese Nurses (5, 6). A 5-point Likert scale from 1 (not confident at all) to 5 (completely confident) was used for self-assessment in each item.

To ensure internal consistency, we calculated the Cronbach's alpha coefficients to measure how closely related a set of questions are as a domain. For all 15 criteria, Cronbach's alpha coefficients were at least acceptable (Cronbach's alpha  $\geq 0.7$ ) and indicate internal reliability as suggested. Total 15 domains were including Criterion No.1. Demonstrating understanding of patients' and families' health status and illness (2 items); Criterion No.2. Making care decisions appropriate to the demands of patients and their families (4 items); Criterion No.3. Determining care priorities based on patients' and families' needs (2 items); Criterion No.4. Applying the nursing process to develop care plans and nursing interventions (9 items); Criterion No.5. Ensuring patients' safety, comfort, and privacy (3 items); Criterion No.6. Performing care techniques following regulations (3 items); Criterion No.7. Ensuring safe and effective medication usage (7 items); Criterion No.8. Ensuring continuous care (3 items); Criterion No.9. First aid and emergency response (4 items); Criterion No.10. Establishing good relationships with

patients, families, and colleagues (3 items); Criterion No.11. Effectively communicating with patients and their families (4 items); Criterion No.12. Effective usage of communication channels and audiovisual aids (2 items); Criterion No.13. Supplying information about health conditions to

patients and their families (2 items); Criterion No.14. Identifying needs and organizing health education for patients and families (6 items); Criterion No.15. Collaborating with care team members (6 items).

To ease understanding, the summary of the core measures is presented in Table 1.

**Table 1. Core measures of perception**

Core measures	Number of items	Cronbach's alpha
Criterion No.1: Demonstrating understanding of patients' and families' health status and illness	2	0.81
Criterion No.2: Making care decisions appropriate to the demands of patients and their families	4	0.85
Criterion No.3: Determining care priorities based on patients' and families' needs	2	0.84
Criterion No.4: Applying the nursing process to develop care plans and nursing interventions	9	0.92
Criterion No.5: Ensuring patients' safety, comfort, and privacy	3	0.84
Criterion No.6: Performing care techniques following regulations	3	0.90
Criterion No.7: Ensuring safe and effective medication usage	7	0.91
Criterion No.8: Ensuring continuous care	3	0.83
Criterion No.9: First aid and emergency response	4	0.91
Criterion No.10: Establishing good relationships with patients, families, and colleagues	3	0.86
Criterion No.11: Effectively communicating with patients and their families	4	0.90
Criterion No.12: Effective usage of communication channels and audiovisual aids	2	0.86
Criterion No.13: Supplying information about health conditions to patients and their families	2	0.79
Criterion No.14: Identifying needs and organizing health education for patients and families	6	0.92
Criterion No.15: Collaborating with care team members	6	0.90
<b>Overall care competencies</b>	<b>60</b>	<b>0.98</b>

**Note:** scale from 1 (not confident at all) to 5 (completely confident). They are 1) not confident at all, 2) slightly confident; 3)

somewhat confident, 4) fairly confident and 5) completely confident.

**Data management and analysis**

The quantitative data was entered into EPIDATA 3.1 software and analyzed using Stata 15.1 software. Mean, standard deviation, frequency and percentage were used to present the participants' general characteristics and their total care competencies' score, average care competencies' score and the proportion of their confidence in care competencies. Mann-Whitney U test was used to describe the difference between average care competencies score and background factors; the associations between average score and background factors were explored using multiple linear regression model. The level of significance was set to 0.05, and the confidence interval was calculated at 95%.

The outcome of this study was the average care competency score, evaluated by total care competency score divided by the number of items. The total care competency score

was evaluated by the sum score of items. Participants were considered confident with their care competencies when their average score was at least 4 out of 5 points.

**Research ethics:** The study procedures were reviewed by the Internal Review Board of Institute for Hanoi University of Public Health (No. 135/2023/YTCC-HD3 on 24/3/2023). and Board of director of Bac Giang Provincial General Hospital. Workers who participated in this study was anonymous and voluntary. They were informed about research content and objectives as well as how the interview data would be recorded and reported, and that respondent's confidentiality would be respected. Participants provided verbal informed consent and could withdraw at any time.

## RESULTS

**Table 1. Characteristics of participants (n = 344)**

Characteristics	Total, n (%)
<b>Total</b>	344 (100.0)
<b>Gender</b>	
Male	47 (13.7)
Female	297 (86.3)
<b>Age group</b>	
≤ 30	75 (21.8)
Above 30	269 (78.2)
Mean (Min; Max)	35.67 ± 6.40 (24; 56)
<b>Department</b>	
Internal Medicine	231 (67.2)
Surgery	113 (32.8)
<b>Monthly income</b>	
≤ 10 million dong	305 (88.7)
Above 10 million dong	39 (11.3)
<b>Educational degree</b>	
College/Diploma	109 (31.7)
Bachelor/Postgraduate	235 (68.3)

Characteristics	Total, n (%)
<b>Nursing classification</b>	
Class II/III	237 (68.9)
Class IV	107 (31.1)
<b>Work experience</b>	
≤ 10 years	160 (46.5)
Above 10 years	184 (53.5)
Mean (Min; Max)	11.67 ± 6.30 (1; 35)
<b>Additional training within 2 years</b>	
No	22 (6.4)
Yes	322 (93.6)

Of the 344 participants, 47 (13.7%) were male and 297 (86.3%) were female. All participants were in the age ranging from 24 to 56, the majority of participants (78.2%) were in the age ranging over 30. As depicted from the table, the majority of participants' department (67.2%) were internal medicine, followed by surgery (32.8%). The data revealed that 305 (88.7%) participants earned 10 million dong and below per month. Academically,

there were 235 (68.3%) obtained bachelor or postgraduate degree. A large number of participants (68.9%) were class II and class III nurses. The employment data revealed that 160 (46.5%) had less than 10 years working in the medical field, 184 (53.5%) had over 10 years of work experience; the average year of work experience was 11.67 years. Almost all the participants (93.6%) enrolled in training courses within the past 2 years.

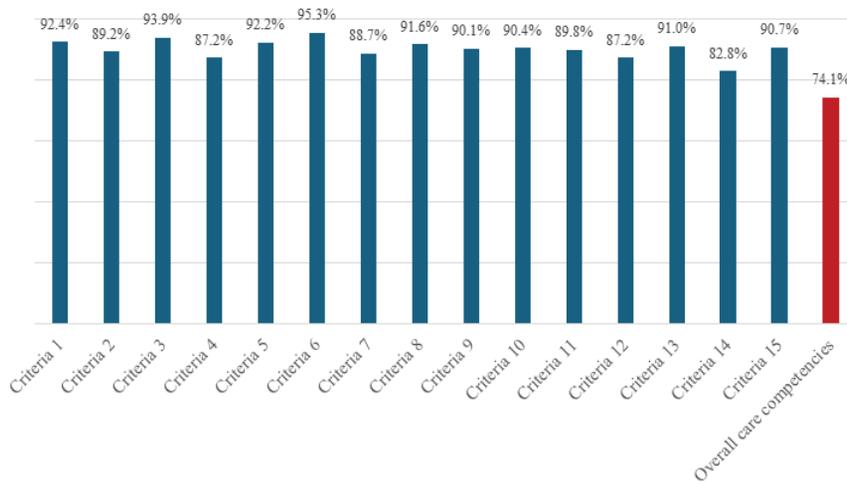
**Table 2. Care competencies of nurses at clinical departments of Bac Giang Provincial General Hospital in 2023**

Contents	Average score (Mean ± SD)
Criterion No.1: Demonstrating understanding of patients' and families' health status and illness	4,05 ± 0,35
Criterion No.2: Making care decisions appropriate to the demands of patients and their families	4,02 ± 0,31
Criterion No.3: Determining care priorities based on patients' and families' needs	4,02 ± 0,37
Criterion No.4: Applying the nursing process to develop care plans and nursing interventions	4,06 ± 0,33
Criterion No.5: Ensuring patients' safety, comfort, and privacy	4,08 ± 0,40
Criterion No.6: Performing care techniques following regulations	4,12 ± 0,38
Criterion No.7: Ensuring safe and effective medication usage	4,11 ± 0,37
Criterion No.8: Ensuring continuous care	4,08 ± 0,37
Criterion No.9: First aid and emergency response	4,05 ± 0,37

Contents	Average score (Mean ± SD)
Criterion No.10: Establishing good relationships with patients, families, and colleagues	4,07 ± 0,36
Criterion No.11: Effectively communicating with patients and their families	4,06 ± 0,37
Criterion No.12: Effective usage of communication channels and audiovisual aids	3,99 ± 0,40
Criterion No.13: Supplying information about health conditions to patients and their families	4,04 ± 0,38
Criterion No.14: Identifying needs and organizing health education for patients and families	4,00 ± 0,37
Criterion No.15: Collaborating with care team members	4,08 ± 0,34
Overall care competencies	4,06 ± 0,30

The average score of overall care competency of nursing were 4.06 ± 0,30 out of 5 points. 15 criterions scored ranging from 3.99 (Criterion

No.12) to 4.12 (Criterion No.6) out of 5 points. The majority of criterions obtained the average score over 4.00 out of 5 points.



**Figure 1. The proportion self-confidence in care competencies of nurses at clinical departments of Bac Giang Provincial General Hospital in 2023**

As depicted in the graph, 74.1% of participants felt confident in their care competencies. The confidence rate among participants ranged from 82.8% (Criterion No. 14) to 95.3%

(Criterion No. 6). Some criteria had a lower proportion of confident responses, including Criterion No. 4, Criterion No. 7, Criterion No. 12, and Criterion No. 14.

**Table 3. Differences between the average score of care competencies and nurses' background variables**

Characteristics	Average score (Mean ± SD)	p-value
<b>Gender</b>		
Male	3.96 ± 0.35	0.160
Female	4.08 ± 0.29	
<b>Age group</b>		
≤ 30	4.00 ± 0.27	0.059
Above 30	4.07 ± 0.31	
<b>Department</b>		
Internal medicine	4.02 ± 0.29	<b>0.032*</b>
Surgery	4.14 ± 0.32	
<b>Monthly income</b>		
≤ 10 million dong	4.05 ± 0.30	0.108
Above 10 million dong	4.13 ± 0.30	
<b>Educational degree</b>		
College/Diploma	4.07 ± 0.33	0.974
Bachelor/Postgraduate	4.06 ± 0.29	
<b>Nursing classification</b>		
Class II/III	4.05 ± 0.28	0.508
Class IV	4.09 ± 0.34	
<b>Work experience</b>		
≤ 10 years	4.03 ± 0.29	0.073
Above 10 years	4.08 ± 0.31	
<b>Additional training within 2 years</b>		
No	3.86 ± 0.20	<b>0.0003*</b>
Yes	4.08 ± 0.30	

*p-value is based on Mann-Whitney U test; bold value indicated statistical significance (p-value < 0.05)*

The table revealed that the care competencies of nurses working in surgical departments scored significantly higher than those in internal medicine departments. with scores of  $4.14 \pm 0.32$  and  $4.02 \pm 0.29$ , respectively. A significant difference was also observed in the mean scores of nursing care competencies based on continuous training: participants who had enrolled in additional training courses

within the past two years had higher scores ( $4.08 \pm 0.30$ ) compared to those who had not ( $3.86 \pm 0.20$ ). However, no statistically significant differences were found between care competency scores and variables such as gender, age group, monthly income, educational degree, nursing classification, and work experience.

**Table 4. Correlation between the mean care competency score and nurses' background variables using linear regression model**

Characteristics	Univariable model			Multivariable model		
	Coef.	p-value	95%CI	Coef.	p-value	95%CI
<b>Gender</b>						
Male	ref.			ref.		
Female	0.11	<b>0.018*</b>	0.02 - 0.21	0.11	<b>0.022*</b>	0.01 - 0.20
<b>Age group</b>						
≤ 30	ref.			ref.		
Above 30	0.07	0.119	-0.008 - 0.14	0.05	0.225	-0.003 - 0.15
<b>Department</b>						
Internal medicine	ref.			ref.		
Surgery	0.11	<b>0.001*</b>	0.05 - 0.18	0.11	<b>0.002*</b>	0.04 - 0.18
<b>Monthly income</b>						
≤ 10 million dong	ref.			ref.		
Above 10 million dong	0.08	0.109	-0.02 - 0.18	0.08	0.099	-0.02 - 0.18
<b>Educational degree</b>						
College/Diploma	ref.			ref.		
Bachelor/Postgraduate	-0.02	0.660	-0.08 - 0.05	0.03	0.633	-0.09 - 0.15
<b>Nursing classification</b>						
Class II/III	ref.			ref.		
Class IV	0.03	0.316	-0.03 - 0.10	0.09	0.158	-0.03 - 0.21
<b>Work experience</b>						
≤ 10 years	ref.			ref.		
Above 10 years	0.04	0.194	-0.02 - 0.11	-0.002	0.813	-0.08 - 0.07
<b>Additional training within 2 years</b>						
No	ref.			ref.		
Yes	0.22	<b>0.001*</b>	0.09 - 0.35	0.20	<b>0.003*</b>	0.07 - 0.32

*Bold value indicated statistical significance (p-value < 0.05)*

In the multiple linear regression model, female nurses, nurses working at surgical departments, nurses reporting the enrolment in training courses within the past 2 years were positively associated with higher average care competency score (p-value < 0.05). Particularly, the female nurses (coef. = 0.11, p = 0.022), nurses in surgical departments (coef. = 0.11, p = 0.002), and nurses who

received training in the past two years (coef. = 0.20, p = 0.003) were associated with higher competence.

## DISCUSSION

This research, conducted on 344 nurses working in the internal medicine and surgical

departments of Bac Giang Provincial General Hospital, revealed that nursing care competencies were notably high. In this research, we used the 60-item self-assessment divided into 15 criteria of domain of basic care competencies Vietnamese nurses, those criteria were also used in some studies in Vietnam and other countries. Particularly, the mean care competency score in this study was 4.06 out of 5 points, higher than the scores reported by Nekouei Marvi Langari M et al. (2024) in Finland ( $4.00 \pm 0.49$ ) and Karaman A et al. (2018) in Turkey ( $3.52 \pm 0.50$ ) (7,8). Regarding confidence in care competencies, 74.1% of our participants reported confidence, higher than the 63.9% reported by Karaca A et al. (2019) in Turkey but lower than the 76.9% and 86.2% reported by Nguyet TT et al. (2019) and Tuan NV et al. (2014) in Vietnam, respectively (9,10,11).

In our study, female nurses reported higher care competency scores than their male counterparts (Coef. = 0.11; 95% CI: 0.01 to 0.20). This finding aligns with studies by Kalani Z (2023) and Chan ZCY (2014) (12,13). It has been suggested that females are often more suited for nursing due to their precision and meticulousness (14). Some former studies have reported that male nurses experienced stigma and harassment from colleagues, doctors, and patients (15). Additionally, in Vietnam, societal stereotypes and a patriarchal culture may hinder male nurses from thriving in a profession perceived as female-oriented (16). These aforementioned factors could contribute to lower job satisfaction and motivation among male nurses, impacting their care competencies.

We also found an association between nursing care competency and department: participants working in surgical departments scored higher than those in internal medicine departments (Coef.: 0.11; 95% CI: 0.04

to 0.18). Surgical interventions require nurses to adequately prepare patients for their mental and physical health needs pre-, during, and post-operation, necessitating a broad and comprehensive set of clinical skills (16). This role demands adherence to care frameworks, treatment guidelines, and effective communication and collaboration with the surgical team, patients, and their families. According to Bac Giang Provincial General Hospital's "Development of hospital beds plan to 2030, orientation to 2035," from 2020 to 2024, surgical specialties deployed over 70% of the total number of techniques according to the correct classification, whereas the internal medicine department's pass rate was 41.96%. Therefore, surgical nurses have more opportunities to practice and acquire up-to-date knowledge and professional skills.

Additionally, nurses who enrolled in continuous training courses within the past two years scored higher than those who did not (Coef.: 0.20; 95% CI: 0.07 to 0.32), a finding consistent with Nguyet TT (2023) and Vikström-Dahl I (2023) (9,17). According to the Law on Medical Examination and Treatment No. 15/2023/QH15 and the Circular No. 26/2020/TT-BYT issued by the Ministry of Health, nursing is a professional position requiring a license to practice, with a term of five years. Nurses are obliged to participate in continuous training for at least 48 lessons in two consecutive years to maintain their license (18,19). Continuous training, including Continuing Medical Education (CME) and Continuing Professional Development (CPD), is a professional ethic that helps nurses promptly update advancements and innovations in treatment. This training reflects the nurse's responsibility to patients and the community, enabling them to adapt to changes in healthcare systems, policies, and patient needs. Consequently, nurses can improve their professional skills, become more confident in their work, improve patient

care outcomes, reduce errors, and increase the safety of healthcare service delivery.

**Study limitations:** There were some limitations in this study. Nurses' competency in this study is self-reported and not double-checked by validated questionnaire. This research using a cross-sectional design has not clearly evaluated the role of training courses in improving care practice competency scores. Further studies should verify and widen findings in this study, as well as broadly conduct this type of study in other hospitals in Vietnam to accurately, and comprehensively assess Vietnamese nursing competencies.

## CONCLUSION

Overall, the care competencies of clinical nurses at Bac Giang Provincial General Hospital in 2023 were quite high; however, some criteria related to health promotion and communication with patients and their families (criteria no. 2 and no. 14) had lower scores and lower confidence rates compared to other criteria. In the multiple linear regression model, female nurses, nurses working at surgical departments, nurses reporting the enrolment in training courses within the past 2 years were positively associated with higher average care competency score (p-value < 0.05). Based on these findings, it is suggested that hospital management should prioritize and enhance training programs for clinical nurses to improve the quality of healthcare services.

## REFERENCES

1. World Health Organization. Nursing and Midwifery. Accessed October 31, 2023. <https://www.who.int/health-topics/nursing>
2. Willman A, Bjuresäter K, Nilsson J. Newly graduated registered nurses' self-assessed clinical competence and their need for further training. *Nurs Open*. 2020;7(3):720.

- doi:10.1002/nop2.443
3. Papastavrou E, Efstathiou G, Tsangari H, et al. A cross-cultural study of the concept of caring through behaviours: patients' and nurses' perspectives in six different EU countries. *J Adv Nurs*. 2012;68(5):1026-1037. doi:10.1111/j.1365-2648.2011.05807.x
4. Vietnam Ministry of Education and Training. Decision 1215/2013/QĐ-BGDĐT Action program of the Education sector. 2013
5. Vietnam Ministry of Health. Decision 1352/2012/QĐ-BYT documents Basic Competency Standards of Vietnamese Nurses. 2012
6. Nga NP. Self-assessment of nursing care competency of nurses at clinical departments of Hanoi Oncology Hospital in 2018. Doctoral thesis in public health. 2018
7. Nekouei Marvi Langari M, Lindström J, Heponiemi T, et al. Integrated care competencies and their association with cross-cultural competence among registered nurses: A cross-sectional questionnaire survey. *Nurs Open*. 2024;11(1):e2062. doi:10.1002/nop2.2062
8. Karaman A, Sagkal Midilli T. The relationship between nurses' perceptions and competency about spiritual care and influencing factors. *Perspect Psychiatr Care*. 2022;58(3):1021-1028. doi:10.1111/ppc.12894
9. Nguyet TT et al. Self-assess the nursing care competency of nurses at Hue University of Medicine and Pharmacy Hospital. *Journal of Academic Research*. 2023;163(2):244-254. doi:10.52852/tcncyh.v163i2.1173
10. Tuan NV. Self-assessment of nursing care competency of nurses at Bac Ninh Provincial General Hospital in 2014. Thesis. 2014
11. Karaca A, Durna Z. Patient satisfaction with the quality of nursing care. *Nurs Open*. 2019;6(2):535-545. doi:10.1002/nop2.237
12. Kalani Z, Barkhordari-Sharifabad M, Chehilmard N. Correlation between moral distress and clinical competence in COVID-19 ICU nurses. *BMC Nurs*. 2023;22:107. doi:10.1186/s12912-023-01277-x
13. Chan ZCY, Chan Y tung, Lui C wa, et al. Gender differences in the academic and clinical performances of undergraduate nursing students: a systematic review. *Nurse Educ Today*. 2014;34(3):377-388. doi:10.1016/j.nedt.2013.06.011
14. Horman DJ, Campbell JD, DeGregory JL. Gender and the attribution of the nurse practitioner and physician status. *Med Care*.

- 1987;25(9):847-855.
15. Younas A, Ali N, Sundus A, Sommer J. Approaches of male nurses for degendering nursing and becoming visible: A metasynthesis. *J Clin Nurs*. 2022;31(5-6):467-482. doi:10.1111/jocn.15958
  16. Mlambo M, Silén C, McGrath C. Lifelong learning and nurses' continuing professional development, a metasynthesis of the literature. *BMC Nurs*. 2021;20(1):62. doi:10.1186/s12912-021-00579-2
  17. Vikström-Dahl I, Bing-Jonsson PC, Rauhala A, Fagerström L. Revealing a gap in the clinical competence of nursing staff in nursing homes: a cross-sectional study with the Ms. Olsen test. *BMC Nurs*. 2023;22:130. doi:10.1186/s12912-023-01297-7
  18. Vietnam Ministry of Health. Law on medical examination and treatment 2023 No. 15/2023/QH15. 2023
  19. Vietnam Ministry of Health. Circular 26/2020/TT-BYT amending and supplementing Circular 22/2013/TT-BYT on continuous training for newest medical staff. 2020