

ORIGINAL ARTICLES

Inpatient experience and influencing factors at Ho Chi Minh city Blood Transfusion and Hematology hospital in 2022

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ABSTRACT

Objective: Policymakers and healthcare managers globally are increasingly focused on collecting Patient Experience (PE) Data to identify information and issues that require improvement for enhancing service quality. For several years, the Ho Chi Minh City Blood Transfusion and Hematology Hospital has prioritized improving patient experience and satisfaction with its services.

Methods: A cross-sectional study incorporating both quantitative and qualitative approaches. Quantitative data were gathered from 250 patients or their main caregivers in six inpatient departments. Quantitative data analysis employed descriptive statistics and non-parametric tests. Qualitative information was obtained through six in-depth interviews with customers (patients and their family members) and seven in-depth interviews with medical staff (hospital leader, 02 clinical department leaders, 02 doctors, and 02 nurses).

Results: The overall Patient Experience (PE) score was 8.5 (median) on a 10-point scale. PED at admission: the waiting time for admission to the inpatient department had the lowest rate of positive experiences (48.8%). Internal Audit on Facilities and Utilities serving patients: the criterion for positive experiences regarding hospital quietness had the lowest rate (65.2%). Internal Audit on the attitude and spirit of service by medical staff, medical examination and treatment activities, and hospital fee payment: all criteria received a fairly high positive evaluation rate of over 86%. Internal accounts before discharge: over 12% of respondents reported difficulties in hospital discharge payment. Factors influencing Internal Revenue Service: Positive factors included the correct application of medical examination and treatment regulations according to the Ministry of Health, administrative procedure reform, new facilities and equipment, training on codes of conduct, and appropriate treatment method selection according to the diagnosis. Negative factors included an incomplete call center for medical examination and treatment, long waiting times for admission to the inpatient department and medical examination, and a lack of methods for patients to pay hospital fees directly in the department or treatment room.

Conclusions: The hospital's overall PED score is 8.5 points. Develop a plan to adjust the process to reduce waiting time for admission from the medical examination department and discharge time; Increase medical human resources to support patient fee collection directly in the treatment department/room.

Keywords: Patient experience, inpatients, patients, hematology blood transfusion.

INTRODUCTION

According to the World Health Organization (WHO), "Patient Experience" (PE) reflects

the interaction of patients (P) with the services provided by healthcare facilities (HF), encompassing aspects from the planned care of HF compared to reality, to interactions with

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Submitted: 24 May, 2023

Revised version received: 15 February, 2024

Published: 29 February, 2024

DOI: <https://doi.org/10.38148/JHDS.0801SKPT23-032>



doctors, nurses, and other medical staff within the hospital (H), including the practices of physicians and facilities serving patients (1).

In Vietnam, several hospitals nationwide have begun researching PE, such as a study at Hanoi University Hospital in 2018, research at 3 departments of Cho Ray Hospital in 2020, and a study at Kien Giang General Hospital in 2020, indicating an overall positive experience rate of 65.5% (2-4).

The Ho Chi Minh City Blood Transfusion and Hematology Hospital is a specialized Hematology hospital, Grade I under the Ho Chi Minh City Department of Health. The hospital provides emergency care, examination, diagnosis, and treatment for all blood-related diseases for residents mainly in Ho Chi Minh City and southern provinces. On average, the hospital sees around 500 outpatients and 200-220 inpatient cases daily, with a capacity of 300 beds (5). The question arises: What is the inpatient experience at the hospital? And what factors influence the inpatient experience in the inpatient departments? Based on this reality, we conducted a study: ***“Inpatient Experience and Influencing Factors at Ho Chi Minh City Blood Transfusion and Hematology Hospital in 2022”*** to describe the current situation and analyze factors influencing PE in inpatient treatment at the hospital in 2022.

METHODS

Study Design: The research employed a cross-sectional design, combining both quantitative and qualitative methods.

Research subjects: Patients and their family members undergoing inpatient treatment in the 6 clinical departments; Hospital leaders; Leaders of the Adult Hematology 1 and Adult Hematology 2 departments; Head Nurse of the Stem Cell Transplantation department;

Physicians and Nurses in the Adult Hematology 3 and Pediatric Hematology departments.

Study site and time: Period: January to September 2022.

Study location: 6 clinical departments of the Hematology and Blood Transfusion Hospital in Ho Chi Minh City: Pediatric Hematology 1, Pediatric Hematology 2, Adult Hematology 1, Adult Hematology 2, Adult Hematology 3, and Stem Cell Transplantation.

Sample size and sampling method

Quantitative Research

Sample size calculation formula for estimating a proportion:

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

n: sample size

p=0.838 (using the overall positive experience rate of patients in the study by author Le Truong Bao at 3 Departments of Surgery, Cho Ray Hospital in 2020, which is 83.8%). (4)

$Z^2_{1-\alpha/2} = 1,96 = 1,96$ at a significance level $\alpha = 0,05$

d: desired absolute accuracy, chosen as $d=0.05$

Substituting values into the formula, $n=209$, with an estimated 10% refusal rate, $n=230$.

In reality, 250 samples were collected.

Convenience sampling: Inpatients in the 6 clinical departments were selected upon discharge from Monday to Friday, fitting the selection criteria within 30 days (expected in May-June 2022) until reaching the required sample size. Projected daily selection: $230/30 = 7.7$ patients/day (rounded up to 8 patients/day).

Qualitative Research:

- Purposive selection: In-depth interviews

with 4 management staff (hospital leaders, department leaders, and head nurse), 1 physician, 2 nurses, 1 patient, and 1 patient's family member.

- Convenience selection: 2 focus groups, each with 4-6 inpatients. Groups were categorized based on positive and less positive experiences.

Research variables and indicators

Quantitative Research: Main variable groups:

- General information of patients.
- Experience at admission (8 variables).
- Experience during hospitalization (20 variables).
- Fee payment experience (3 variables).
- Experience before discharge (4 variables).
- General comments about the hospital (5 variables).

Qualitative Research: Main theme groups:

- Hospital regulations and procedures system.
- Hospital environmental context, facilities, equipment, and medication.
- Human resources (staff, workload, expertise, treatment methods), and healthcare staff attitudes.
- Fee payment procedures, payment regime, and sponsorship support.

Data collection

The study used the survey tool "Patient Experience Survey during Inpatient Treatment at Hospitals" from the Ho Chi Minh City Department of Health, version 3.0. (6)

The tool consists of 49 questions, with 35/49 questions related to patient experience. It includes the following main sections:

- A. Demographic characteristics and previous treatment experience (09 questions).

- B. Experience at admission (08 questions).
- C. Experience during hospitalization:
 - + Physical facilities and amenities for patient service (08 questions).
 - + Psychological attitude of healthcare staff (05 questions).
 - + Medical examination and treatment activities (07 questions).
- D. Fee payment experience (03 questions).
- E. Experience before discharge (04 questions).
- F. General comments about the hospital (05 questions).

Quantitative data was collected by three investigators who are nurses from the Nursing Department, Quality Management Department, and the Extraction Surgery Department. Qualitative data collection was directly conducted by the main researcher.

Evaluation Criteria:

The majority of questions in the PE tool have 5 answer options, and the following criteria were established:

- **Options 1 and 2:** None or incomplete. These represent a negative experience.
- **Option 3:** Acceptable, satisfactory, or unclear but partially detailed. This reflects a moderately acceptable experience.
- **Option 4:** Complete. This indicates a positive experience.
- **Option 5:** Do not remember, not paying attention, no opinion, no concerns. This option is not considered, as it reflects both negative and positive experiences, and is treated as having b.
- For question E3: Options 1 to 4 indicate a negative experience, while option 5 indicates a positive experience.

Data analysis: The collected data was entered into Epidata 3.1 software and processed using SPSS 20.0. Descriptive statistics were employed to describe the demographic characteristics of the study participants and the current situation of PE, serving the first objective. Analytical statistics included the Mann-Whitney U test, used to analyze the correlation between the dependent variable (PE general assessment scores at the hospital) and independent variables with a significance level of $\alpha = 0.05$.

Qualitative information from in-depth interviews and group discussions was recorded, encoded, and transcribed using Word software. It was then synthesized and analyzed based on qualitative themes.

Ethics approval: The study was conducted with the approval of the Ethics Council in Biomedical Research of the University of Public Health, according to Decision No. 171/YTCC-HD3 dated May 30, 2022. Approval was also obtained from the Director and Ethics Council of the Hematology and Blood Transfusion Hospital in Ho Chi Minh City (No. 01/GCC-HĐĐĐ dated January 13th, 2022). The study also relied on voluntary consent from the participants.

RESULTS

General Characteristics of Study Participant

Table 1. Demographic characteristics of study subjects (n=250)

	Characteristic	Number (n)	Percentage (%)
Residence	- Ho Chi Minh City	102	40.8
	- Other provinces/cities	148	59.2
Gender	- Male	110	44.0
	- Female	140	56.0
Age Group	- 18 - 60	213	85.2
	- Over 60	37	14.8
Education Level	- Secondary school or below	47	18.8
	- High school or above	203	81.2
Occupation	- Worker/Farmer	35	14.0
	- Civil servant, employee	59	23.6
	- Freelancer	108	43.2
	- Unemployed/Other	48	19.2
Health Insurance	- Yes	235	94.0
	- No	15	6.0
Number of Hospitalizations	- First time	108	43.2
	- Second time and above	142	56.8

Nearly 60% of the surveyed patients lived outside Ho Chi Minh City. The age group

from 18 to 60 years old accounted for over 85% of the participants. Education levels were

distributed across various categories, with the majority having completed high school or above (over 80%). Freelancers constituted the highest proportion of occupations (43.2%). The majority of participants utilized health

insurance for treatment (94%), and almost 60% of patients had been hospitalized more than once.

Current Status of Inpatient Experience

Table 2. Inpatient Experience at Admission (n=250)

Experience Content	Negative (%)	Moderately Acceptable (%)	Positive (%)	No Opinion (%)
Physician explaining the reason for admission	14 (5.6)	14 (5.6)	214 (85.6)	08 (3.2)
Waiting time for admission to the inpatient department	128 (51.2)	0 (0)	122 (48.8)	0 (0)
Explaining the illness and treatment direction	10 (4.0)	02 (0.8)	230 (92.0)	08 (3.2)
Publicizing prices for services and techniques	38 (15.2)	29 (11.6)	168 (67.2)	15 (6.0)
Explaining BHYT payment items and self-payment items	18 (7.2)	20 (8.0)	197 (78.8)	16 (6.0)
Attitude of healthcare staff	02 (0.8)	31 (12.4)	210 (84.0)	07 (2.8)

Positive experiences were highest for physicians explaining the illness and treatment direction (92%), while waiting time for admission to the inpatient department had the lowest positive experience rate (48.8%).

Publicizing prices for services and techniques, as well as explaining BHYT payment items and self-payment items, had relatively low positive experience rates (67.2% and 78.8%, respectively).

Table 3. Patient Experience during Hospitalization (n=250)

Experience Content	Negative (%)	Neutral (%)	Positive (%)	No Opinion (%)	
Patient Experience on Infrastructure and Patient Services	Shared bed with another patient	0 (0)	0 (0)	250 (100)	0 (0)
	Hygiene conditions	05 (2)	45 (18)	194 (77.6)	06 (2.4)
	Disinfectant availability in the room	08 (3.2)	16 (6.4)	221 (88.4)	05 (2)
	Miscellaneous services (cafeteria, convenience store, phone charging, transportation, taxi)	42 (16.8)	23 (9.2)	176 (70.4)	09 (3.6)

Experience Content		Negative (%)	Neutral (%)	Positive (%)	No Opinion (%)
Patient Experience on Infrastructure and Patient Services	Support activities for patients in difficult situations	23 (9.2)	23 (9.2)	186 (74.4)	18 (7.2)
	Cleanliness of the hospital	13 (5.2)	62 (24.8)	164 (65.6)	11 (4.4)
	Healthcare staff attire	05 (2)	24 (9.6)	216 (86.4)	05 (2)
	Respectful and courteous behavior of healthcare staff	01 (0.4)	25 (10)	222 (88.8)	02 (0.8)
Patient Experience on Staff's Attitude and Spirit	Healthcare staff providing clear explanations about the patient's condition and progress	03 (1.2)	14 (5.6)	230 (92)	03 (1.2)
	Satisfactory responses from healthcare staff about the patient's condition	02 (0.8)	19 (7.6)	225 (90)	04 (1.6)
	Consistency in responding to the progress of the disease	03 (1.2)	13 (5.2)	224 (89.6)	10 (89.6)
	Doctor informing the reason for using medication	05 (2)	08 (3.2)	231 (92.4)	06 (2.4)
Patient Experience on Medical Examination and Treatment Activities	Doctor providing information and explaining the reason for conducting tests and diagnostics	04 (1.6)	11 (4.4)	229 (91.6)	06 (2.4)
	Doctor informing and explaining the reason for performing surgery or procedures	10 (4)	15 (6)	219 (87.6)	06 (2.4)
	Nurse instructing the daily use of medication	02 (0.8)	10 (4)	237 (94.8)	01 (0.4)
	Doctor examining promptly when there are abnormal signs	02 (0.8)	14 (5.6)	225 (90)	09 (3.6)
	Doctor advising on choosing appropriate treatment methods	01 (0.4)	12 (4.8)	232 (92.8)	05 (2)
	Ensuring privacy when doctors and nurses perform examinations	01 (0.4)	14 (5.6)	231 (92.4)	4 (1.6)

In terms of Facility and Amenities experience, the highest positive experience rate was for not sharing beds (100%), while the lowest positive experience was for "Hospital Cleanliness" (65.6%).

For the Patient Experience on Staff's Attitude and Spirit, all 5 criteria had positive experiences above 86%, with the highest being "Healthcare

staff providing clear explanations about the patient's condition and progress" (92%) and "Satisfactory responses from healthcare staff about the patient's condition" (90%).

Regarding the Patient Experience on Medical Examination and Treatment Activities, most criteria had rates above 90%, except for

“Doctor informing and explaining the reason for performing surgery or procedures,” which had the lowest positive experience rate at 87.6%.

Table 4. Patient Experience on Fee Payment (n=250)

Experience Content	Negative (%)	Neutral (%)	Positive (%)	No Opinion (%)
Transparency in hospital fees	07 (2.8)	17 (6.8)	220 (88)	06 (2.4)
Additional payment to supplement healthcare staff	0 (0)	0 (0)	250 (100)	0 (0)
Support for fee payment for financially disadvantaged patients	14 (5.6)	10 (4)	76 (30.4)	150 (60)

All patients responded that they did not have to supplement any additional fees for healthcare staff. However, support for fee payment for financially disadvantaged patients had the lowest positive experience rate at 30.4%.

Table 5. Patient Experience before Discharge (n=250)

Experience Content	Negative (%)	Neutral (%)	Positive (%)	No Opinion (%)
Instructed on medication use, dietary regimen, and self-care at home	04 (1.6)	09 (3.6)	230 (92)	07 (2.8)
Instructed on signs and time to return for re-examination	02 (0.8)	12 (4.8)	233 (93.2)	03 (1.2)
Time from notification to receiving discharge papers	Average wait time: 198 minutes. Standard deviation: 114			

Positive experiences rate when being instructed by doctors and nurses about signs, time to return for re-examination, and dietary regimen and medication use were 92%, 93.2%, and 92%, respectively. The average waiting time for discharge was 198 minutes.

Table 6. Overall Evaluation of Patient Experience at the Hospital (n=250)

Feature	Evaluation Score	
Patient Experience Score for the Hospital	Median	8,5
	Interquartile Range (IQR)	8/9
Willingness to return for treatment at the hospital	Yes	221 (88.4%)
	No	29 (11.6%)

The Patient Experience Score was 8.5, with a high willingness to return for treatment at the hospital, as 221 out of 250 patients (88.4%) expressed their intention to return.

Factors Influencing Patient Experience

Patient-related Factors

Table 7. Relationship between Patient Demographics and Overall Hospital Experience

Features	Mann-Whitney U test	Overall Experience Score		Mann-Whitney U	Z	P
		n	Median			
Study Subjects	Patients	148	132.1	6570	-2.572	0.01
	Patients Relatives	102	115.9			
Health Insurance	Yes	235	127.2	135	-2.163	0.031
	No	15	99			

Characteristics of the study population and the impact of health insurance on the overall experience scores of patients show differences between the patient group and the patient relatives' group, as well as between the insured and uninsured groups. These differences are statistically significant, with Z-values of -2.572, -2.165, and corresponding p-values of 0.01 and 0.031, respectively.

Hospital-related Factors

Factors related to procedures, regulations, and administrative processes

The hospital focused on treatment methods, information disclosure, and advice for patients throughout the treatment process. Patients and their families received thorough advice and obtained consensus from the patient and their family before treatment. Before treatment, both patients and their families received meticulous advice from doctors and obtained consent from the patient and family:

“The doctor explained in detail any concerns I raised, advised on the best treatment for me, and the most suitable for my family’s circumstances. During treatment, when using medication, the doctor and nurse always

explained clearly the main effects, side effects, and provided instructions for self-monitoring after taking the medicine...” (IDI-KH02 - Patient).

Upon the patient’s arrival for examination, the hospital linked with the 1080 hotline for customers to call to make appointments and be admitted quickly without having to queue at the hospital. However, recently, this system has been congested due to the high volume of calls, especially for making appointments at the Hematology and Blood Transfusion Hospital. A patient’s mother complained:

“...The 1080 hotline is not always able to make appointments because many patients who were discharged a month ago have already booked all the slots. When I call, there are no available slots, and I have to come to the hospital to draw a number on the day of the examination, which delays the admission process... I have reported many times that the 1080 hotline sometimes calls continuously for two days without anyone answering to schedule a follow-up appointment for my family.” (FGD-KH02 - Patient’s mother).

Facilities and Equipment

The hospital is constructed with a new, clean, and modern facility, ensuring good security and order. This is aimed at providing a positive experience for patients amidst the complex developments of the COVID-19 pandemic.

“The facilities and equipment of the hospital, in general, are modern because this new facility was just built and operational since July 2021. Each hospital room with an area of over 30 m² has only 2-3 beds, a private bathroom, a 42-inch TV, a refrigerator, a spacious wall cabinet, a bedside table, and a dining table. There are windows facing outside to let in natural light, a hot and cold water system, and modern, well-invested machinery and equipment...” (IDI 01-Management Board).

However, during the initial phase of operation, the hospital’s facilities and ancillary services for patients (cafeteria, convenience store, parking, meal provision, laundry, etc.) were not fully completed.

“Due to moving to the new facility during the peak of the COVID-19 pandemic, many amenities were not implemented in a timely manner (only a convenience store and a meal service for hospital staff). In the future, the hospital will introduce more amenities such as free parking, cafeteria for outpatients and their relatives, laundry services” (IDI 01-Management Board).

Medical Staff

The medical staff at the hospital has a high level of professional competence, ensuring proper patient care according to regulations. During the pandemic, healthcare personnel had to balance providing medical care at the hospital and participating in disease prevention efforts on various fronts.

“Staff (doctors, nurses, technicians) have professional qualifications from universities

and above. Healthcare personnel still ensure good patient care according to regulations while actively participating in disease prevention efforts on different fronts” (IDI01-Management Board).

The attitude and behavior of healthcare personnel in various departments significantly influence the overall patient experience.

“When family members report any issues, the staff responds immediately, which is different from other hospitals. In other hospitals, healthcare staff may scold the family, but here, the nurses show great respect. If a patient is in distress and presses the call button, the nurse arrives promptly with a cheerful attitude” (FGD-KH02 – Mother of a patient).

However, the communication and behavior of some outsourced service staff still need improvement.

“Besides healthcare personnel, there are many outsourced service staff such as security guards, janitors, meal providers, and parking attendants who do not meet communication standards” (IDI 03 – Department of General Planning).

Healthcare Finance

The inpatient fee payment system is transparent, with the hospital openly disclosing payment details and utilizing temporary utility payment channels and card swiping for banking transactions.

“When I went to the hospital for examination, I used the temporary utility payment channel, so I didn’t have to wait in line to pay each time there were additional tests or procedures. The hospital applies card swiping payment methods, reducing the need to carry cash. All hospital fees are publicly disclosed and explained thoroughly by the nurses” (FGD-KH4 – Adult patient).

However, supporting payment methods for patients directly at the wards or hospital rooms is still limited, lacking personnel to assist with fees at each ward or floor, leading to extended discharge times.

“The hospital should support fee collection at the counters on each floor to alleviate concerns during the payment or deposit process. Shorten the payment and discharge time for patients” (IDI-KH2 – Adult patient).

Impact of COVID-19

Impact on Patients

COVID-19 has negatively affected the general psychological well-being of individuals, particularly impacting patients who face difficulties and delays in transportation due to the pandemic.

“Because my family lives far from the city in Quang Ngai, during the pandemic, it’s very difficult and exhausting to travel for follow-up appointments or hospitalizations, including the journey and the examination process” (FGD-KH02 – Mother of adult patient).

The economic impact of COVID-19 has made it challenging for patients to afford treatment, especially for severe and chronic illnesses.

“Frankly speaking, the pandemic has hindered the development of our family’s economy. Production facilities are either limited or have to close during the peak of the pandemic. We have to bear the basic salary for key employees. Moreover, having blood cancer adds to the treatment expenses” (IDI-KH02 – Patient).

Impact on the Hospital

The hospital has adapted its procedures, regulations, operational methods, and management to comply with the guidelines of the Party, the State, and the Ministry of Health, suitable for each stage of the evolving

pandemic. Significant changes were made in essential healthcare services and outpatient activities, aligning with the complex situation.

“In the context of the COVID-19 pandemic, the hospital’s leadership promptly adjusted operational and management methods, issuing timely regulations, procedures, and guidelines applied throughout the hospital. Strict adherence to the 5K regulations, providing adequate protective equipment for healthcare personnel, was implemented to ensure pandemic prevention and control at the hospital” (IDI 03-Department of General Planning).

DISCUSSION

Patient Inpatient Experience

Our research shows that patients generally evaluate their hospital experience positively, with an overall experience rating of 8.5 points (median). This result aligns with the findings of Le Thien Quynh Nhu’s study conducted at Gia Định People’s Hospital in 2019 and Ngo Van Chua’s study at the City General Hospital of Can Tho in 2021, both achieving an average rating of 8.5 points. Compared to the 2019 evaluation results of the Ho Chi Minh City Department of Health, our study’s results are lower than public city-level hospitals with 8.65 points but higher than private hospitals with 8.91 points. However, it surpasses district-level hospitals with an average patient experience rating of 8.33 and exceeds the findings of Le Truong Bao’s research at Cho Ray Hospital in 2020, with a score of 8.28.

Influencing Patient Experience

Our research indicates that the patient group (NB) generally has a more positive experience than the patient family group. The non-insured group evaluates their experience less favorably than the insured group. This poses a

barrier to patient satisfaction, consistent with the findings of Le Thien Quynh Nhu's study.

Implementing regulations and procedures to ensure the rights of patients and prevent errors in the healthcare process is crucial. This aligns with the findings of Quinton J. Nottingham and colleagues (2018), highlighting the impact of regulations, procedures, and processes on patient satisfaction. The hospital has undertaken administrative reforms, implemented utility payment procedures, and timely issued regulations and processes suitable for each stage during the evolving COVID-19 pandemic.

The quality of infrastructure, equipment, and healthcare personnel are closely related to patient satisfaction, in line with other studies (11) (12). Our research results are consistent with the findings of Ngo Van Chua's study (8).

Our research shows that the quality of healthcare staff, their attitude and behavior significantly influence patient satisfaction. According to Shannon D., attire, counseling, explanations, tone of voice, and body language, such as smiles or caring eye contact, impact patient experience and satisfaction. (13)

Inpatient Healthcare Costs are generally acceptable to most interviewed patients, given the nature of mainly severe and chronic diseases. The patient's health insurance coverage is ensured according to regulations. Notably, the COVID-19 pandemic has impacted patient income and fee payments.

The impact of the COVID-19 pandemic directly affects patients, the hospital, and healthcare personnel. This aligns with reports from the Preventive Health Department (Ministry of Health), the Ho Chi Minh City Department of Health, and global research. (14) (15)

Limitations of the Study

The time and resources for our research were limited. During the study period, the COVID-19 situation continued to evolve. Therefore, the number of in-depth interviews/discussions was relatively low, and the number of subjects was restricted. Further research is needed to gain a deeper understanding of the causes and processes of events that patients experience negatively. Additionally, surveys should extend beyond the six inpatient departments to cover the entire hospital and the outpatient group.

CONCLUSION

Patient Experience in Inpatient Care

- The overall evaluation of Patient Experience is relatively favorable with a score of 8.5 (median).
- 100% of the patients responded that they did not have to pay any additional fees for medical staff, and 100% of them did not share beds with other patients.
- The criterion with the lowest positive experience rate is the waiting time for admission to the inpatient ward, at 48.8%.
- The criterion of nursing guidance on medication usage has the highest positive experience rate at 94.8%.
- 88.4% of patients responded that they plan to return in the future if needed.

Some factors influencing the inpatient experience

Positive factors: Adherence to regulations on medical examinations according to the Ministry of Health guidelines, administrative procedure streamlining, availability of new facilities and equipment, training on behavioral norms, and selecting appropriate treatment methods based on diagnosis.

Negative factors: The reception hotline for medical examinations is not yet perfect; Waiting time for admission to the inpatient ward and long waiting times for examinations; Lack of payment methods for hospital fees for patients directly in the ward or treatment room.

Recommendations: Develop plans to adjust processes to reduce waiting times for admission from the Examination Department and discharge times; improve utility services, establish a cafeteria, enhance the quality of inpatient meals; improve the communication behavior of healthcare staff and increase healthcare personnel to support fee collection for patients directly at the ward/treatment room.

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