

## Doctor's Assessment on Salary, Income in Vietnam Public Hospital



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**ABSTRACT:** This article studies the salary and income of doctors at public hospitals in Vietnam based on the survey results of 228 doctors at 5 central hospitals, 9 provincially run and centrally run hospitals and 10 district hospitals. The surveys were conducted during April and May, 2021. Research results show that it is necessary to have a correct viewpoint of the nature and role of salaries, bonuses and welfare regimes in the total income of doctors paid by public hospitals; It is also necessary to compare and evaluate the salary and income of doctors in public hospitals with the salaries and incomes of other industries and fields, other hospitals, and with colleagues in the same hospital; in order that essential changes can be made in state regulations, hospitals administration following a state-owned manner, and doctors perception of salary and income.

**KEYWORDS:** Salary, Income, Public Hospital, Doctor

**JEL codes:** E64, P46, J48

### 1. INTRODUCTION

Wages are often considered the main source of income that supports workers and their families. Higher wages mean higher living standard for their families, and their material and spiritual needs can be met. Along with the socio-development of the society, living standards of the working class in general, and doctors in particular are constantly improving. However, practice over the years has shown that there are a significant number of doctors who resign from their position in public hospitals to work in another field or apply to private-owned medical facilities. This phenomenon occurs a lot in public hospitals, especially public hospitals in the south, and varies in different provinces and cities. This phenomenon has been reported: in Camau province from 2015 to 2019 when a total of 149 doctors quit their jobs at public hospitals to work in private-owned hospitals and clinics ([thanhvien.vn](http://thanhvien.vn)); in Dongnai province and Binhphuoc province, from the beginning of 2017 to March 2018, more than 120 public hospital doctors resigned to switch to a private hospital or clinic ([suckhoedoisong.vn](http://suckhoedoisong.vn)). At Dongnai public hospital, in 2019 there were 104 doctors resigning from their positions, 80 doctors resigning in 2020. Especially in the first 3 months of 2021, 27 doctors resigned ([vietnamnet.vn](http://vietnamnet.vn)). Another example is at Bachmai Hospital, from the beginning of 2020 to the end of the first quarter of 2021, 28 doctors transferred to work for private medical facilities.

There are several reasons for which doctors quit their jobs or move to the private sector, but it is mainly due to income issues. Firstly, the gap in the income of doctors working in public hospitals is many times lower than that of doctors working in private hospitals. In addition, as suggested by professionals in management and administration, private hospitals and clinics can pay a higher salary for doctors because they have their own mechanism and are proactive in human resources management, hospital fees, etc. Therefore, it depends largely on public hospital doctor's comparison and evaluation of their incomes to make a decision to stay and keep contributing to their current hospitals or to resign and transfer to other private medical facilities, or to quit and choose a different career path.

This article centers around what doctors in public hospitals feel and assess from the salary and income they receive from their hospitals.

### 2. THE NATURE AND APPROACH TO ASSESSING THE SALARY AND INCOME OF DOCTORS IN PUBLIC HOSPITALS

#### 2.1 The nature and approach to salary and income of doctors in public hospitals

Currently, in our competitive market economy, many economic sectors are participating in the economy. As a result, beside public hospitals, there are other non-public hospitals, commonly known as private hospitals. In private hospitals, salary and income depends largely on the supply-demand relationship in the labour market. Researches by Dohmen (2004), Zingheim and Schuster (2007), Tiep and Ha (2011) all present that in the labor market, wages and salaries are determined by a consensus between the

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related parties and is influenced by the principle of supply and demand. Beside this factor, wages are required to be consistent with the provisions of the law, especially the provisions of the law on wages. In Article 90 of the 2019 Labor Code, a salary is an amount the employer pays the employee under an agreement for a work performed by the latter. Salary equals (=) base salary plus (+) allowances and other additional amounts. (National Assembly, 2019). In accordance with this law, we can define salary as money employees will receive in exchange for the labors they provide to employers, organizations, or enterprises. Employee's wages depend on the nature of their jobs, positions, allowances and other additional amounts, including bonuses and perquisites & benefits for food, phone charge, petrol, housing support, etc. From this sense of understanding, salary is the income employers acquire from their labor activities.

A public hospital is an entity established and managed by a competent state agency in accordance with law, in order to provide public services or support state's management in the field of medical examination and treatment. In Vietnam, public hospitals can be categorized according to their degrees of autonomy into 4 types: (i) autonomous in recurrent and investment expenditures; (ii) autonomous in recurrent expenditures; (iii) autonomous in a part of recurrent expenditures; (iv) fully dependent on the state for recurrent expenditures.

At present, wages and incomes of doctors in public hospitals include: (i) income in accordance with payrolls and prescribed allowances by the state; (ii) additional income determined by performance of the hospital and each own individual (this amount can also be referred to as additional wage); (iii) bonuses and benefits paid by the hospital's reward funds and welfare funds. Thus, for public hospitals in Vietnam, salary is the amount paid according to payrolls and allowances prescribed by the state; income consists of salary and other amounts, such as additional payment, bonuses, and benefits.

Additional payment (or additional wage) are funded from the additional income fund, the scope of which depends on the degree of autonomy of each hospital. According to Decree No. 16/2015/NĐ-CP dated February 14, 2015, public hospitals that are autonomous in recurrent and investment expenditures are not required to set a maximum on additional income funds. Other types of public hospitals are required a level of additional income fund, which is no more than 1 to 3 times the salary fund according to the payroll and salary allowance prescribed by the State in the year (Government, 2015). Therefore, public hospitals, especially those with financial conditions or those that operate effectively, are likely to "circumvent the law" by transferring the money to other funds, namely reward or welfare funds. However, these two funds are also required to remunerate "no more than 1 to 3 time monthly salary or wage in the year". This circumvention is the reason why wages are segmented into several components, which distort the original meaning of salary, bonus and benefits.

According to the definition of salary in our market economy, the salaries of doctors at private hospitals equal the incomes of doctors in public hospitals. Therefore, comparing only the salaries of doctors in public hospitals (including salaries based on payroll and salary allowances prescribed by the State) with those of doctors in private hospitals, it is unfair to assume the comparison reflects correctly and thoroughly. Therefore, to correctly assess the discrepancy of the salaries of doctors in public and private hospitals, it is necessary to take into consideration the following approach: Doctors' salaries at public hospitals in Vietnam are the incomes consisting of salaries according to state payrolls, state-regulated salary allowances, additional income, bonuses and benefits due to the performance of public hospitals.

### 2.2 Approach to assessing doctors' salaries and incomes at public hospitals

From the approach towards salary and income as mentioned above, the author of this article consulted researches by Colquitt et al. (2005), Whisenant and Smucker (2009), Al-Zu'bi (2010) and Liang (2011) for reference, with a view to analyzing different rating scales by doctors on the topic of salary and income in public hospitals in Vietnam. Doctors' assessments on salary and income are based on their observations and evaluations when they compare their salary and income to the average salary on the labor market, salaries of other professions, salaries in other hospitals and salaries of their colleagues in the same hospital. In addition, doctors are asked to evaluate their own salary and in comparison with their contributions and dedications to the hospital. With that goal, the author believes that the study of Liang (2011) is more suitable for applying to assess the salary and income of doctors in public hospitals of Vietnam.

This study assesses the salary and income of doctors in public hospitals in Vietnam based on the following aspects: (i) The salary and income of doctors are higher than the average salary in the region; (ii) Doctor's salary and income are higher than that of other hospitals; (iii) The salary and income of doctors are higher than in other industries; (iv) Salary and income in proportion to the doctor's working experience; (v) The doctor's salary and income are fair compared to other doctors in the hospital; (vi) The doctor's salary and income are commensurate with the doctor's contribution and dedication to the hospital; (vii) The doctor's salary and income are commensurate with the position the doctor is doing. These assessment indicators will point out the factors of "attraction and repulsion" affecting the decision whether or not to stay and devote to the hospital.

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## 3. RESEARCH METHODOLOGY

### 3.1. Methodology

The article uses descriptive statistical methods, including Crosstabs table of SPSS software to study the relationship between doctor's salary, income and doctor's hospital level, position, title, qualification and seniority. The monthly wages and average income of doctors paid by public hospitals are divided into 5 levels: (i) Under 15 million VND, (ii) From 15 million VND to less than 20 million VND, (iii) From 20 million VND to under 25 million VND, (iv) From 25 million VND to less than 30 million VND, (v) More than 30 million VND. The division into different levels is based on survey data on salary and average monthly income of doctors in 3 hospitals (including 1 central hospital, 1 provincial hospital, 1 district hospital). The Crosstabs table is also used to find out the relationship between salary levels, income and autonomy of public hospitals through the components of salary, income of doctors in public hospitals and doctors' assessment on how independent the hospital is in determining their wages.

The article uses a 5-level Likert scale (1: Very low, 2: Low, 3: Medium, 4: High, and 5: Very high) to evaluate the salary components, doctor's income and employ this scale to learn about how doctors feel about their salary and income paid by public hospitals, and compare that salary and income to external factors such as wage and income of other hospitals, other professions, as well as the wage of the regional labor market where the doctor is working and residing. The scales are based on the scales of Liang (2011) and have been adjusted to suit the actual context of public hospitals in Vietnam at present, as aforementioned .

### 3.2. Research Sample

The author distributed 240 survey questionnaires to doctors working in 24 public hospitals, including 5 central hospitals, 9 provincial hospitals and 10 district hospitals.

Survey subjects are doctors, first degree specialist doctor (or masters), second degree specialist doctor, resident doctor or doctors who are currently working at these hospitals (excluding doctors under training). In this study, the author would collectively refer to them as doctors.

According to Hair et al. (1998), for EFA exploratory factor analysis, the sample size must be at least 5 times the total number of indicators (scales) of the observed variable. The survey questionnaire of this study includes 7 items, therefore, the minimum sample size to be achieved is:  $7 \times 5 = 35$  observations. The author analysed 228 answer sheets, after having collected and cleaned all the answers to ensure the representativeness of the selected sample size.

## 4. DESCRIPTIVE STATISTICS RESULT

### 4.1 The relationships between doctor's salary & income and hospital level & the degree of autonomy of public hospitals

With the average monthly wage and income (AMW) of doctors paid by public hospitals are calculated as aforementioned, the results of the survey are as follows: AMW of "Under 15 million VND" group accounted for the highest percentage of 68.9% (157 responses); AMW of "30 million VND or more" group accounted for 11% (25 responses); AMW "from 25 million VND to less than 30 million VND" group accounted for 10.1% (23 responses); AMW "from 15 million VND to less than 20 million VND" group accounted for 6.6% (15 responses); The monthly AMW "from 20 million VND to less than 25 million VND" group had the lowest percentage, accounting for 3.5% (8 responses).

#### According to hospital level

Central public hospitals received 43/228 responses, accounting for 18.9%; including 5 doctors; 28 first degree specialist doctors and masters; 10 second degree specialists, residents and doctor of Philosophy (doctorates). Provinces and central cities' public hospitals received 88/228 responses, accounting for 38.6%; including 28 doctors, 46 first degree specialist doctors and masters, 14 second degree specialists, residents and doctorates. District public hospitals received 97/228 responses, accounting for 42.5%; including 59 doctors, 37 first degree specialist doctors and masters, 1 second degree specialists, resident doctor and doctorates.

The relationship between the doctor's AMW and the hospital level is shown in Table 1. Among all hospital levels, the AMW below 15 million VND accounts for the highest percentage.

**Table 1: Relationship between the doctor's average monthly wage and income (AMW) and the hospital level**

No	AMW	Unit	Hospital level			Total
			Central	Provinces	District	
1	Under 15 million VND	Quantity	31	38	88	157
		%	13.6	16.7	38.6	68.9
2	From 15 million VND to less than 20 million VND	Quantity	5	3	7	15
		%	2.2	1.3	3.1	6.6

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3	From 20 million VND to less than 25 million VND	Quantity	4	2	2	8
		%	1.8	0.9	0.9	3.5
4	From 25 million VND to less than 30 million VND	Quantity	3	20	-	23
		%	1.3	8.8	-	10.1
5	30 million VND or more	Quantity	-	25	-	25
		%	-	11.0	-	11.0
6	Total	Quantity	43	88	97	228
		%	18.9	38.6	42.5	100.0

Source: Author's survey, (-) stands for no answer

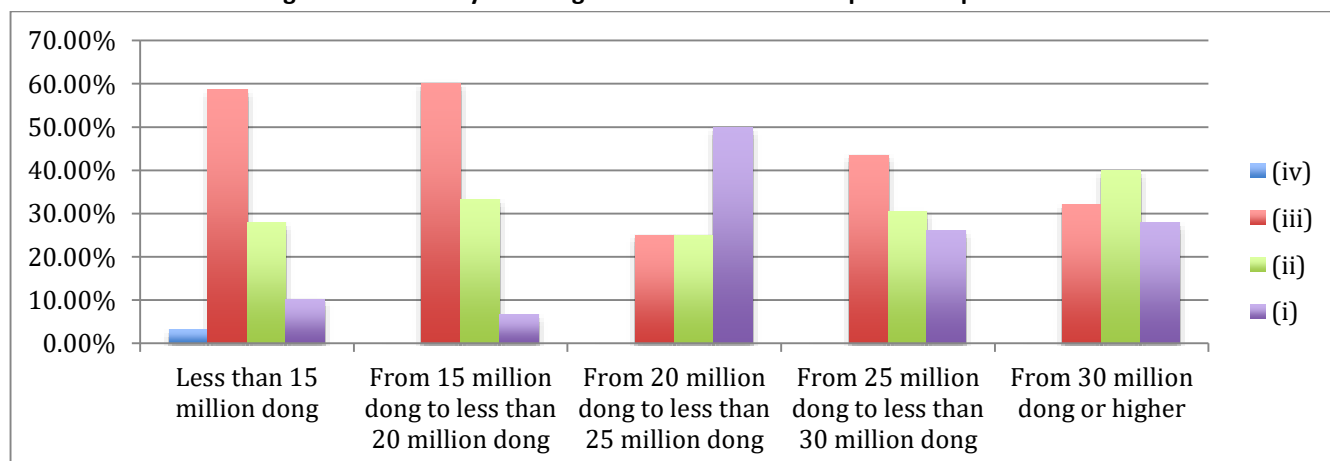
For district-level public hospitals, "from 25 million VND or more" received no response, AMW of "under 15 million VND" group represented the majority, accounting for 88/97 responses. "From 15 to less than 20 million VND" group accounted for 7/97 responses and the AMW of "from 20 to under 25 million VND" group accounted for 2/97 responses. For central hospitals, AMW of "30 million VND or more" received no response, most of the average monthly wages and incomes belonged to the group "under 15 million VND", and there was no significant difference amongst the remaining income levels. However, for provincial public hospitals, there was a significant discrepancy in amounts of wage and income groups; AMW of "30 million VND or more" received 25 responses, accounting for 100% of this AMW group in the whole survey and accounting for 28.4% (25/88 responses) in the group of provincial hospitals, which was equivalent to 11% of the survey's answers; AMW of "From 25 to less than 30 million VND" group had 20 responses, accounting for 87% (20/23 responses) of this income level, accounting for 22.7% (20/88 responses) in the group of provincial hospitals and accounting for 8.8% of the total number of answers.

To summarize, although there are first degree specialists, masters, second degree specialists, residents, and doctorates, at district and central hospitals, the number of responses in the AMW group of "20 to under 25 million VND" or higher accounted for a next-to-none percentage. Therefore, it can be safe to assume that in provincial hospitals, high-level titles and positions received a higher income from the hospital, as a measure for provincial hospitals to attract and retain talents.

### The relationship between average monthly wage and income and the degree of autonomy of public hospitals

The degree of autonomy of the public hospital in terms of salary is reflected by the components of income (including: (i) income in accordance with payrolls and prescribed allowances by the state; (ii) additional income determined by performance of the hospital and each own individual; (iii) bonuses and benefits paid by the hospital's reward funds and welfare funds). According to the survey results obtained, the average score of the assessment levels of each component according to the specific AMW can be described as following: salary according to the payroll and allowances prescribed by the state and additional income paid by the hospital all received a higher rating than the hospital's bonuses and welfare regime; All of these ratings had average scores above the medium (ranging from 3.1 to 3.7 points). In the "from 30 million VND or more" group, all components had an average rating of at least 3 points, among which, additional income received the highest average score of 3.5. This proves that the degree of autonomy of the hospital influenced the salary and income of doctors, which are also generally agreed with by doctors. This also shows how much the autonomy of a hospital can influence in terms of salary and income for the sake of recruiting and retaining talents.

Figure 1: Assessments of the degree of autonomy affecting the AMW of doctors in public hospitals



Source: Author's survey data

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The survey results show that the degree of autonomy of the public hospital has a great influence on the AMW of doctors in the hospital. The group of "15 million VND or more" all belonged to hospitals that have implemented autonomy from a low level of covering a part of recurrent expenditure to the highest level of autonomy, which is to cover the entire recurrent and investment spendings. Public hospitals that are fully dependent on the state for recurrent expenditures only had "under 15 million VND" group.

The gathered data indicate that the autonomy of public hospitals can cause a rise in AMW of doctors. However, with the same degree of autonomy, the increase in salaries & incomes of doctors in different hospitals also varies.

### 4.2. The relationship between income & wage of public hospital doctors and their professional titles, qualifications & seniority

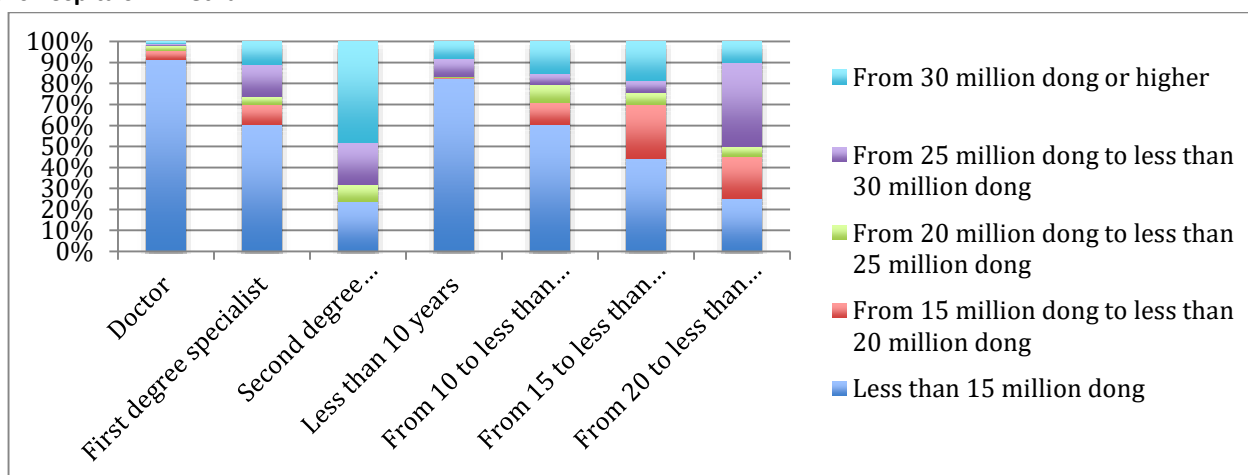
According to the position of professional title & qualifications, the title of "doctor" with the AMW of "lower than VND 15 million" accounted for the highest percentage with 84 responses obtained (36.8%). First degree specialist doctors and masters with AMW belonging to "lower than VND 15 million" group reported 67 responses (29,4%); 17 first degree specialists doctors & masters reported AMW of "from 25 million VND to under 30 million VND" (7.5%); AMW "from 30 million or more" received 12 responses (5.3%). For second degree specialists and doctorates, AMW group of 30 million or more accounted for the highest proportion of this title group, reporting 12 responses (5,3%). In figure 2, the number of cases reporting AMW of group "30 million or more" showed a tendency to increase corresponding to the higher professional titles and qualifications. In contrast, the number of cases of AMW of "15 million or lower" showed a decrease in higher professional titles and qualifications.

**Table 2: The relationship between the doctor's AMW and the positions, professional titles & qualifications**

No	AMW	Unit	The position of professional title & qualifications			Total
			Doctors	First degree specialist doctors, masters	Second degree specialists, doctorates	
1	Under 15 million VND	Quantity	84	67	6	157
		%	36.8	29.4	2.6	68.9
2	From 15 million VND to less than 20 million VND	Quantity	4	11	0	15
		%	1.8	4.8	0	6.6
3	From 20 million VND to less than 25 million VND	Quantity	2	4	2	8
		%	0.9	1.8	0.9	3.5
4	From 25 million VND to less than 30 million VND	Quantity	1	17	5	23
		%	0.4	7.5	2.2	10.1
5	30 million VND or more	Quantity	1	12	12	25
		%	0.4	5.3	5.3	11.0
6	Total	Quantity	92	111	25	228
		%	40.4	48.7	11.0	100.0

Source: Author's survey

**Figure 2: The relationship between the doctor's AMW and the positions, professional titles, qualifications & seniority of doctors at public hospitals in Vietnam**



Source: Author's survey data

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### According to professional seniority level

The survey results show that doctors with 25 years of professional experience or more reported an income of over 15 million VND. As presented in figure 2, the number of cases reporting AMW of under 15 million decreased in higher professional seniority group.

The group of doctors with less than 10 years of seniority reported the highest number of responses for AMW of “less than 15 million VND”, accounting for 110 responses (48.2% of the total number of responses) and 70.1% (110/157) of the group of doctors with less than 10 years of experience. This group of seniority also reported a higher rate of AMW “from 25 to less than 30 million VND” and “30 million VND or more” than that of other seniority groups. To understand the reason behind this, the author has conducted further analysis into the data obtained from this group of seniority. The results are summarized as follows: 43/134 responses, which account for 32.1% of this seniority group, reported the position & qualification as first degree specialist doctor & master degree, and 9/134 votes reported the position & qualification as second degree specialist & doctorate. As a result, despite having low seniority, their AMWs still belong to the upper range of 25 million VND or more.

For the group with seniority from 20 to less than 25 years, AMW from 25 to under 30 million VND reported 8 votes, which accounted for 3.5% of the total number of responses and 40% of the response of this seniority group (8/20 votes), which is highest rate in comparison with that of other seniority group. In this seniority group, the number of people whose AMW below 15 million VND came second, accounting for 25% of the group's responses (5/20), and was followed by the number of people with AMW from 15 to under 20 million VND, which accounted for 20% (4/20).

In conclusion, the analysis of the survey results shows a connection between the AMW group of under 15 million VND and seniority level. For higher AMW groups, seniority level showed a less noticeable influence.

### 4.3. Doctor's assessments in public hospitals on salary and income

When asked to assess their salary and income from the hospital", the results showed that doctors' responses all reported lower-than-medium ratings, i.e. all lower than 3.0. The question with the highest average rating score of 2.81 was: “How fair do you think salary and income are, compared to other doctors in the hospital”. Next, the question "How fair do you think your salary and income are, in comparison with your contribution and dedication to the hospital" received an average rating of 2.54. The question regarding wage and income of a doctor corresponding to the doctor's work experience and the salary and income of a doctor corresponding to the position the doctor is in charge of reported average scores of; 2.46 and 2.45, respectively. The questions regarding doctor's comparison of their salaries, income with regional wages, with other hospitals, and with other professions all reported low rating scores. The statement "wages and salaries of doctors are higher than the average salary in the region" received an average score of 2.33; the statement "doctors 's salary and income are higher than those of other hospitals" received an average score of 2.35; the statement "doctor's salary and income are higher than those of other industries" reported an average rating score of 2.30.

The lowest rating occurred in doctors' assessment of their salary and income of doctors in comparison with other industries. This phenomenon calls for a necessary discussion for several reasons. Medical students are demanded a higher level of entrance requirements. They are also trained for a longer time, in comparison with other professions. In addition, their working condition and environment carry a risk of infection, which is hazardous to their own health. Meanwhile, doctors still feel unappreciated for receiving lower wages, which is socially unfair to them.

**Table 3: Doctor's assessment on salary, income**

No	My salary and income is	Doctor's assessment					Average rating score
		Very low (%)	Low (%)	Medium (%)	High(%)	Very high (%)	
1	Higher than average salary in the region	16.2	37.7	42.5	3.5	0	2.33
2	Higher than that of other hospital	13.6	41.7	41.2	3.5	0	2.35
3	Higher than that of other professions	17.5	43.0	31.1	8.3	0	2.30
4	Commensurate with my experience	13.2	36.0	43.9	6.1	0.9	2.46
5	Fair in comparison with other doctors in my hospital	5.3	21.9	61.4	9.2	2.2	2.81
6	Commensurate with my contribution and dedication to the hospital	10.1	36.4	44.7	7.0	1.8	2.54
7	Proper for my position	10.5	41.7	42.5	3.1	2.2	2.45

Source: Author's survey data

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When comparing the AMW with the aforementioned assessments, it is evident that: In the AMW group of "Under 15 million VND", doctors who rated the external equity criteria in salary payment (criteria with numbers from 1 to 3) as low and very low accounted for a high percentage, but for the remaining criteria, their ratings of internal equity within hospital were higher than other AMW groups of 15 million VND or more. Doctors with less than 15 million VND AMW seemed to feel that the hospital does attempt to ensure the internal equity in terms of wages (the salary is closely based on doctor's professional title, seniority and, especially, contribution & dedication to the hospital), while doctors with higher incomes reported to feel that there is little difference in salary, regarding their positions, professional titles, contribution and dedication. This is a worth-considering point that hospital managers need to pay attention to when developing methods for calculating salaries, bonuses and benefits for doctors.

To summarize, doctors' assessments and perceptions of salary & income they receive are based on not only the salary level and income level, but also comparisons of their salaries and incomes to other people's as well as the existing reality in other hospitals and other professions. The salary and income of doctors received higher ratings for internal equity factors, but external equity factors still received poor ratings, which is one of the reasons why doctors resign, or switch from one hospital, mainly public one, to another, mainly private one.

### 5. SUGGESTIONS AND RECOMMENDATIONS

#### 5.1. It is necessary to have the right perspective and awareness about the nature of wages and income in public hospitals in Vietnam

First of all, the nature of wages in the market economy must first be understood. Under the current law of the state, the salary of doctors in public hospitals commonly includes salary according to payroll, allowances prescribed by the state and additional amounts. However, the author of this article believes that, with the implementation of Decree 60/2021/NĐ-CP dated June 21, 2021 (Government, 2021) (referred to as Decree 60) on financial autonomy in public non-business units, the term "additional income" should be made redundant, only a single term "salary" should be used, so as to stay true to the nature of wages in the market economy. Although Decree 60 has made significant changes compared to Decree 16/2015/NĐ-CP dated February 14, 2015 on the financial autonomy mechanism for public non-business units, it still referred to the terms "additional income" and "income supplementary fund", therefore, it is necessary to consider removing these terms. At the same time, the author suggested not prescribing the amount of funding from additional income funds, bonus funds and welfare funds, with a view to preventing "circumvention of the law", which distorts the meaning behind wages, bonuses and welfare benefits as well as their role.

It is also necessary to structure wages management for public hospitals in a similar fashion as management for state-owned enterprises, even if the hospital is only partially autonomous in recurrent expenditures. Besides, public hospital administrators need to have a management mindset of a public hospital as if it was a state-owned enterprise providing public services, not a non-profit organization. Adjusting human resources management policies in a market economy manner is important, too. If done, it is possible to build a universal understanding of salary as well as getting better perceptions on the different nature of salary, bonus and welfare benefit. As a result, public hospitals can employ these policies for different purposes in a variety of motivational activities for doctors in particular, and medical staff in the hospital in general. Thus, doctors can easily compare their salary and income with other professions, other fields and other hospitals as reference for their decision of whether to leave or stay and continue to devote.

#### 5.2. It is necessary to innovate and promulgate synchronously the system of legal documents related to hospital's autonomy in general and public hospital administration in particular

For public hospitals, hospital autonomy should not be restricted to financial autonomy but also extend to autonomy in other areas such as people, facilities, etc. Therefore, it is necessary to perfect and synchronize the system of documents related to hospital autonomy, assigning the head of public hospital administration to full authority as well as responsibility.

According to Decree 60, regarding public hospitals that cover their own recurrent and investment expenditures (referred to as group 1), and public hospitals that cover their own recurrent expenditures (referred to as group 2), although there have been instructions to follow the structures of a one-member limited liability company with 100% of class I and class II charter capital held by the State (corresponding to groups 1 and 2), but the system of documents on salary of the grades I and II company have not yet been implemented according to Resolution 27-NQ/TW dated May 21, 2018 on salary reform. Therefore, the promulgation of documents in accordance with this guideline is very necessary.

For public hospitals that cover parts of their recurrent expenditures, instead of having the State use the budget for recurrent expenditures and salary payments, that amount of money can be repurposed for investment activities of the hospitals, with a view to investing in human resources, modern facilities and equipment, construct a better environment, etc. This can increase the

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operational efficiency of the hospital, thereby the hospital can have more opportunities to increase its sources of income and use these sources to pay salaries. In this case, the State is considered both as an investor and as a customer of the hospital. When the State uses the hospital's services, the state pays. For these public hospitals, this investment mechanism can have a certain term, the State will set a point of time to stop investing, and the hospital can invest and pay salaries to doctors and medical staff.

In addition, state management agencies need to properly determine the value of health services through correct and adequate calculation of costs in the price of medical services. In particular, when calculating the cost of wages in the price of medical services, it should be determined with the average salary in the market for the corresponding type of work. In particular, when calculating the cost of wages in the price of medical services, it should be compared with the average salary in the labor market for a similar type of work. Currently, it is not reasonable for Decree 60 to still stipulate wages according to the State's regulations to calculate salary costs in the price of medical services. Hence, it is possible to overcome the situation that the salary of doctors in public hospitals is lower than that of other professions and the average salary of the market.

The purpose of these recommendations is to increase the revenue and autonomy of public hospitals in determining salary sources, determining salary funds and payment methods for doctors in particular, and medical staff, overall hospital health.

These recommendations aim at increasing the revenue and autonomy of public hospitals in locating salary sources, determining salary funds and payment methods for doctors in particular, and medical staff in the hospital in general. Public hospitals must determine for themselves which subjects need to be strengthened among internal and external equity factors, in order to attract and retain good, talented, enthusiastic and dedicated doctors. For doctors, it is also necessary to advocate to them, so that they can understand and thereby support the hospital's salary policy. They should be informed about which factors affect their salary and income so that they can focus more on them. It is necessary to eliminate the mindset of "higher seniority, higher salary" or "central hospitals guarantee higher incomes". Salary needs to be based on the doctor's job position, and the value of the doctor's contribution to the hospital, his own work efficiency and the operational efficiency of the hospital as a whole. All must be accordingly rewarded by the hospital.

## REFERENCES

- 1) Al-Zu'bi, H. A. (2010). A Study of relationship between Organizational Justice and Job satisfaction. *International Journal of Business and Management*, 5(1), 102 – 109.
- 2) Colquitt, J. A., Greenberg, J., & Zapata-Phelan, C. P. (2005). What is organizational justice? A historical overview. In J. Greenberg & J. A. Colquitt (Eds.). *Handbook of organizational justice* (pp. 3–56). Lawrence Erlbaum Associates Publishers.
- 3) Dohmen, T. J. (2004). Performance, seniority, and wages: Formal salary, systems and individual earnings profile. *The Organisation of Labour within Firms: Labour Economics*, 11(6), 741-763.
- 4) Government (2015). Decree No.16/2015/NĐ-CP, Regulations on the autonomy mechanism of public non-business units, dated February 14, 2015.
- 5) Government (2021). Decree No.60/2021/NĐ-CP, Regulation on the financial autonomy mechanism of public non-business units, dated June 21, 2021.
- 6) Hair, J. F. J., Anderson, R. E., Tatham, R. L., Black, W. C. (1998). *Multivariate Data Analysis*, 5th edn, Prentice Hall, Upper Saddle River, New Jersey.
- 7) Liang, Y. (2011). Employee evaluation of compensation in China, Master in Management, ISCTE Business School
- 8) National Assembly (2019). Pursuant to the Labor Code No. 45/2019/QH14 dated November 20, 2019.
- 9) Tiep, N., & Ha, L. T. (2010), *Textbook of Salary - Wages*, Labour and Social Publisher.
- 10) Whisenant, W. & Smucker, M. (2009). Organizational Justice and Job Satisfaction in Coaching. *Public Organizational Review*, 9, 157-167.
- 11) Zingheim, P. K. & Schuster, J. R. (2007), What are key pay issues ringh now? *Compensation and Benefits Review*, 39(3), 51-55
- 12) Web: <https://suckhoedoisong.vn/bac-si-bo-cong-ra-tu-benh-vien-cong-phai-nhin-lai-minh-n154694.html>, Accessed March 15, 2019; <https://thanhvien.vn/thoi-su/ca-mau-bac-si-bo-viec-gia-tang-so-y-te-de-nghi-bao-cao-khan-1148079.html>, Accessed November 14, 2019; <https://vietnamnet.vn/vn/suc-khoe/hon-100-bac-si-nghi-viec-tai-benh-vien-cong-o-dong-nai-729730.html>, April 22, 2021.