



Human Resource Management at BA Thuoc General Hospital, Thanh Hoa, Vietnam

Nguyen Dinh Vinh

Ba Thuoc General Hospital.

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ABSTRACT: Human resources for health are a decisive factor in service delivery capacity, professional quality, and patient safety in public hospitals, especially at the district level, where the conditions for attracting and retaining personnel remain highly constrained. This study aims to analyze the current state of human resource management at Ba Thuoc General Hospital, Thanh Hoa Province, and to propose solutions for improving management effectiveness in the coming period. The study employs document analysis, secondary data synthesis, comparison with current regulations, and a hospital human resource management analytical framework covering the following areas: workforce planning and allocation, recruitment and utilization, training and development, performance evaluation, compensation and motivation, work environment, and professional discipline. The findings show that the hospital's human resource management has achieved positive changes in organizational structure, maintenance of professional operations, and gradual fulfillment of local healthcare needs. However, the hospital still faces limitations in workforce structure, its ability to attract high-quality personnel, the effectiveness of post-training utilization, the degree of alignment between job evaluation and output results, as well as employee motivation under conditions of high occupational pressure. On that basis, the study proposes a set of solutions oriented toward workforce management based on job positions, competency standards, the hospital's actual needs, and continuous improvement, thereby contributing to improved quality of medical examination and treatment, enhanced patient safety, and the sustainable development of district-level hospitals.

Corresponding Author

Nguyen Dinh Vinh

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I. INTRODUCTION

Human resources are the central factor in all hospital activities, because the entire process of medical examination, treatment, care, emergency services, paraclinical services, rehabilitation, and patient safety assurance depends directly on the capacity of healthcare workers. For district-level public hospitals, human resource management is not only about ensuring that there are enough personnel to work, but also about simultaneously addressing requirements related to job structure, professional qualifications, appropriate assignment, continuing education, professional motivation, and the ability to retain staff in a highly pressured environment (Fried & Fottler, 2021).

Ba Thuoc General Hospital is an important healthcare facility in Ba Thuoc District, Thanh Hoa Province, tasked with providing healthcare services for people living in a mountainous area that still faces many difficulties in terms of economic conditions, transportation, and access to specialized medical services. In the context of the healthcare system's push to improve hospital quality, promote digital transformation, and strengthen grassroots-level capacity, the hospital is required not only to maintain routine operations but also to improve the quality of medical examination and treatment, enhance patient satisfaction, and develop human resources appropriate to practical needs (Prime Minister, 2024a).

Studies on health workforce management show that hospital performance depends closely on the ability to plan human resources based on workload, assign the right people to the right jobs, build a positive working environment, and link training, evaluation, and compensation with task performance outcomes. For hospitals located in areas that struggle to attract labor, the

workforce management problem becomes even more complex because they must deal with recruitment competition, differences in working conditions between levels of care, and the pressure of staff migration to areas offering more attractive incomes (Asian Development Bank, 2014).

From this practical context, studying human resource management at Ba Thuoc General Hospital is significant both theoretically and practically. The study not only helps clearly identify the achievements, limitations, and causes in the hospital’s workforce management, but also contributes to proposing solutions suited to the characteristics of a mountainous district-level hospital, where resources remain limited while people’s healthcare needs are increasing.

II. MATERIALS AND METHODS

2.1. Research materials

The study uses three main groups of materials. The first group consists of the foundational materials of the study on human resource management at Ba Thuoc General Hospital, which establish the theoretical framework, objectives, analytical content, and solution orientation. The second group consists of the hospital’s 2025 annual performance report, the directions, tasks, and solutions for 2026, together with appendices on medical examination, treatment, and human resources, which are used to update new data, add practical evidence, and complete the research findings section. The third group includes legal documents, health sector policies, and domestic and international academic materials related to human resource management in healthcare, nursing, workforce planning, performance management, and patient safety (Ba Thuoc General Hospital, 2025a; Ba Thuoc General Hospital, 2025b).

2.2. Research methods

The study uses document analysis as the primary method. The materials were read, classified, systematized, and compared across content groups including workforce planning and allocation, recruitment and utilization, training and development, performance evaluation, compensation and motivation, work environment, and professional discipline. Descriptive statistics were used to synthesize new data from the appendices of the 2025 report, especially data on human resources, medical examination and treatment, and several paraclinical indicators. In addition, the comparative method was used to examine the extent of completion of the 2025 plan and changes compared with the same period of the previous year, thereby clarifying the relationship between professional performance results and the effectiveness of human resource management (Bui et al., 2022; Ministry of Home Affairs & Ministry of Health, 2007).

III. RESEARCH FINDINGS

3.1. Size and structure of the hospital workforce

Data from 2025 show that Ba Thuoc General Hospital had a total of 171 personnel. In the overall structure, nurses accounted for the highest proportion, with 88 people, equivalent to 51.5% of the total workforce; physicians numbered 42, accounting for 24.6%; the remaining groups included pharmacists, medical technicians, midwives, public health bachelors, other staff, and contract personnel. This structure reflects the characteristics of a district-level general hospital, in which nurses play a core role in patient care, while physicians are the group determining diagnostic, treatment, and professional technical capacity (Ba Thuoc General Hospital, 2025b).

Table 1. Workforce structure of Ba Thuoc General Hospital in 2025

No.	Workforce group	Number of staff	Percentage (%)
1	Physicians	42	24.6
2	Pharmacists	7	4.1
3	Nurses	88	51.5
4	Medical technicians	11	6.4
5	Midwives	4	2.3
6	Public health bachelors	1	0.6
7	Other staff	7	4.1
8	Contract staff	12	7.0
	Total	171	100.0

Source: Compiled by the author from the human resources appendix of the hospital’s 2025 performance report.

In terms of the professional qualifications of the main workforce groups, the physician team included 1 Specialist Level II physician, 17 Specialist Level I physicians, and 24 general practitioners; the pharmacist team included 1 Specialist Level I pharmacist, 2 university-level pharmacists, and 3 college-level pharmacists; nurses were mainly at the college level; and medical technicians were also concentrated at the college level. This structure shows that the hospital has made progress in developing specialized personnel, but the proportion of postgraduate physicians and highly qualified personnel in some job groups is still not

truly large compared with the need to improve hospital quality and expand professional techniques in the new period (Ministry of Health, 2024).

Table 2. Qualification structure of several main professional workforce groups in 2025

Workforce group	Qualification structure	Number of staff	Proportion within group (%)
Physicians	Specialist Level II	1	2.4
	Specialist Level I	17	40.5
	General practitioner	24	57.1
Pharmacists	Specialist Level I	1	14.3
	University level	2	28.6
	College level	3	42.9
Nurses	University level	17	19.3
	College level	71	80.7
Medical technicians	University level	4	36.4
	College level	6	54.5
	Intermediate level	1	9.1

Source: Compiled by the author from the human resources appendix of the hospital’s 2025 performance report.

From the perspective of human resource management, the two tables above show that the hospital has formed a relatively complete workforce framework to maintain operations, but they also raise several important management requirements. First, the large proportion of nurses reflects the pressure of organizing patient care; therefore, the assignment, supervision, training, and evaluation of nurses must be treated as a key area. Second, although the number of physicians has increased, the specialized structure remains thin, which directly affects the hospital’s ability to implement new techniques, limit referrals, and improve treatment quality. Third, the qualification structure in some groups shows the need to continue standardizing personnel according to job positions and the hospital’s development orientation (Flynn et al., 2021).

3.2. Current state of human resource management at the hospital

The analysis shows that the hospital’s human resource management in 2025 experienced many positive developments. In terms of leadership and administration, the hospital closely followed the professional plans of the Department of Health, maintained supervision of professional regulations, reinforced professional ethics and labor discipline, and emphasized administrative reform in patient reception and guidance. The hospital also strengthened its social work team, customer care team, and quality management team, thereby contributing to higher patient satisfaction and more effective coordination among departments (Ba Thuoc General Hospital, 2025b).

Regarding workforce allocation and utilization, the hospital coordinated among the Planning and Professional Affairs Department, the Organization and Administration Department, and the Nursing Department to arrange personnel in accordance with the work demands of each department and unit. Work shifts were assigned in a scientific, fair, and reasonable manner. However, this approach still mainly relies on immediate operational needs and does not yet clearly reflect a medium- and long-term workforce planning system linked to workload, disease patterns, and technical development orientation. This is a common limitation in workforce management at district-level hospitals, where staffing quotas and recruitment capacity remain heavily constrained by the public-sector mechanism (Ministry of Home Affairs & Ministry of Health, 2007).

With regard to recruitment, attraction, and retention of personnel, the hospital report shows that the institution continued to carry out recruitment, rotation, appointment, and training activities in accordance with its needs. Even so, the hospital still acknowledged difficulties caused by the shortage of physicians with strong technical expertise and by its inability to retain patients in the context of competition among healthcare facilities of the same level, clinics, and private hospitals. This implies that the problem of retaining high-quality personnel is not only related to income levels but also depends on the organization’s professional capacity, working conditions, career development opportunities, and the hospital’s professional reputation in the locality (Britnell, 2019).

Training, professional development, and capacity building were given considerable attention by the hospital in 2025. The institution sent staff for postgraduate training, including 1 Specialist Level II physician, 8 Specialist Level I physicians, and 3 Specialist Level I nurses, while also organizing numerous online knowledge-updating classes for physicians and nurses throughout the hospital. At the same time, scientific research and technical innovation initiatives were promoted, with 7 institution-level scientific research projects accepted and submitted to the Department of Health for approval. These results show that the hospital has clearly recognized the role of developing internal capacity; however, the assessment of training impacts on job performance and output quality still needs to be designed more rigorously in order to avoid a situation in which training is not fully linked to post-training utilization (Ba Thuoc General Hospital, 2025b; Fried & Fottler, 2021).

In relation to nursing, patient care, and infection control, the hospital developed plans and care procedures suited to the characteristics of each department, implemented team-based care models, maintained patient council meetings, and complied well with regulations on washing, sterilizing, and drying instruments, as well as handling waste and medical waste. These are highly significant areas in human resource management because they reflect not only the number of workers but also the quality of work organization, the degree of procedural compliance, and the ability of departments to operate in a coordinated manner. Maintaining these activities directly contributes to ensuring patient safety and building a disciplined working environment (Agency for Healthcare Research and Quality, 2023).

Regarding quality evaluation and performance management, the hospital conducted a self-assessment based on the hospital quality criteria set and achieved a score of 3.17/5.0 after reassessment. This result shows that the hospital has maintained a certain quality management foundation, but there are still many areas that require continued improvement. The report also points out several limitations, such as the fact that interim and year-end reviews of annual plans in some departments and units were not conducted regularly; the leadership and management capacity of some units remained limited; the detection and handling of violations were at times not timely; and the awareness of thrift, discipline compliance, and cooperation among some individuals was still not high. These shortcomings reflect that performance evaluation is still oriented more toward administrative supervision and needs to be upgraded in a direction more closely linked to task performance outcomes, individual accountability, and continuous improvement (Ba Thuoc General Hospital, 2025b).

3.3. Professional performance results and implications for human resource management

Operational data for 2025 show that the hospital maintained a relatively large workload under conditions of still-limited human resources. The total number of outpatient visits reached 58,016, equivalent to 89.3% of the annual target and 94.69% compared with the same period in 2024. Inpatient admissions reached 14,120, exceeding the plan by 0.8% and increasing by 4.7% compared with the same period of the previous year. Notably, the total number of procedures reached 82,105, equivalent to 112.7% of the plan and up 23.9% year-on-year, while the total number of inpatient treatment days reached 84,892, up 4.6% from the previous year. These figures show that the hospital’s work intensity is fairly high, creating substantial demands on work organization, shift allocation, workload management, and ensuring occupational endurance among healthcare workers (Ba Thuoc General Hospital, 2025b).

Table 3. Several key medical examination and treatment indicators of the hospital in 2025

Indicator	2025 Plan	2025 Actual	Same period in 2024	Compared with plan (%)	Compared with same period (%)
Total outpatient visits	64,950	58,016	61,271	89.3	94.69
Outpatient visits covered by health insurance	61,703	53,756	57,247	87.1	93.9
Inpatient admissions	14,014	14,120	13,481	100.8	104.7
Total surgeries	1,615	1,416	1,468	87.7	96.4
Total procedures	72,878	82,105	66,253	112.7	123.9
Biochemistry tests	188,166	215,988	171,060	114.8	126.3
Microbiology tests	6,162	6,561	5,359	106.5	122.4
Electrocardiograms	20,276	22,421	18,433	110.6	121.6
Diagnostic and therapeutic ultrasound	40,057	41,459	36,416	103.5	113.8
Total inpatient treatment days	95,250	84,892	81,178	89.1	104.6
Bed occupancy rate	100.40	89.45	86.00	89.1	104.6

Source: Compiled by the author from the 2025 medical examination and treatment appendix.

From the perspective of human resource management, these professional indicators show that the hospital is operating under considerable workload pressure, especially in activities requiring direct personnel such as inpatient treatment, procedures, laboratory testing, and diagnostic imaging. When workload increases rapidly in certain areas but staffing cannot expand proportionally, the risks of overload, inappropriate allocation, and declining work motivation may emerge. Therefore, the use of operational data as a basis for workforce planning, coordination, and evaluation needs to be strengthened in the coming period, instead of relying mainly on staffing quotas and short-term emerging needs (Bui et al., 2022).

IV. DISCUSSION

The study results show that human resource management at Ba Thuoc General Hospital has achieved several important foundations. The hospital maintained a workforce of 171 personnel to operate its professional system, ensure routine medical examination and treatment, and implement many nursing, infection control, quality management, and internal training activities.

Under the conditions of a mountainous district-level hospital still facing many difficulties in infrastructure, equipment, and a competitive labor environment, maintaining stable professional operations and achieving many important targets is a noteworthy result (Ba Thuoc General Hospital, 2025b).

However, when viewed from the perspective of modern human resource governance, the hospital's management still mainly remains at the level of ensuring operations rather than optimizing efficiency. The most prominent issue is that workforce planning has not truly been based on job positions, competency standards, and workload data. In the absence of a sufficiently strong system for forecasting workforce needs, the hospital can easily fall into a situation of case-by-case handling, short-term adjustments, and difficulty in building a personnel strategy for key specialties. This is consistent with the observation of many studies that public hospitals often face difficulties in shifting from administrative personnel management to strategic human resource management (Flynn et al., 2021).

Another notable issue is the latent imbalance between the need for professional development and the advanced competencies of the current workforce. Although the hospital has 18 postgraduate physicians, the proportion of deeply specialized physicians is still not large when measured against the requirements of improving treatment quality, reducing referrals, and developing new techniques. Similarly, nurses account for more than half of the total workforce, which means that the quality of patient care, the level of safety, and the hospital's operational efficiency depend heavily on the quality of nursing management. Therefore, competency standardization, competency-based task assignment, and output-based performance evaluation need to be further promoted throughout the hospital (Ministry of Health, 2011).

Training activities in 2025 reflect a clear effort to develop the hospital's internal capacity, especially through sending staff for specialist training, organizing knowledge updates, and promoting scientific research. Even so, training management is truly effective only when it is linked to staff planning, the workforce needs of each department, and post-training utilization mechanisms. Without establishing this close connection, training can easily lean toward completing degrees and certificates or addressing immediate demands without being strongly translated into improved organizational quality. This perspective is consistent with the approach of modern health workforce management, in which training must directly serve to improve job-position competencies and service output quality (Fried & Fottler, 2021).

The medical examination and treatment indicators in 2025 also clearly highlight the pressure on workforce management. When inpatient admissions, procedures, biochemistry tests, microbiology tests, electrocardiograms, and ultrasounds all increase, the demands on shift coordination, work intensity, interdepartmental collaboration, and compliance with professional procedures will increase accordingly. In that context, if motivational policies, occupational health care, and psychological support for staff are not given proper attention, the risk of occupational fatigue and declining service quality is entirely possible. This shows that human resource management cannot be separated from quality management and patient safety management (Agency for Healthcare Research and Quality, 2023).

From the above findings, five key solution directions can be proposed for Ba Thuoc General Hospital in the coming period. First, improve workforce planning based on job positions, workload, and professional development orientation. Second, strengthen the attraction and retention of highly qualified physicians by combining material policies with non-material motivation such as learning opportunities, a positive professional environment, and recognition of achievements. Third, build a competency-based continuing education system with pre- and post-training evaluation and close linkage to workforce planning and utilization. Fourth, reform job performance evaluation in a direction combining task compliance, output quality, professional responsibility, and contributions to improvement. Fifth, improve the work environment, strengthen the culture of safety and professional discipline, and support staff under conditions of high pressure. These are feasible solutions and are consistent with the current national orientation for developing health human resources (Ministry of Health, 2024; Prime Minister, 2024b).

V. CONCLUSION

The study shows that human resource management is a decisive factor in the quality of operations at Ba Thuoc General Hospital. In 2025, the hospital had 171 personnel, maintained a large volume of medical examination and treatment activities, and achieved many positive results in professional organization, nursing, training, scientific research, and quality management. However, human resource management still has limitations in long-term planning, specialized professional structure, attraction and retention of high-quality personnel, performance evaluation linked to output results, and the creation of sustainable work motivation.

In the coming period, the hospital needs to shift strongly from an administrative personnel management mindset to strategic human resource governance, using job positions, competency standards, operational data, and the quality of medical examination and treatment as the basis for decision-making. By effectively implementing this orientation, the hospital will not only improve the efficiency of workforce utilization but also contribute to better treatment quality, greater patient satisfaction, and a stronger role for the district-level hospital within the local healthcare system.

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