

Original Research Article

Current Status of Leadership Capacity of Directors of Private Healthcare Facilities in the North Central Region of Vietnam

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Abstract: This study focuses on analyzing and evaluating the current status of leadership capacity and the factors affecting the leadership capacity of directors of private healthcare facilities in the North Central region during the 2020-2025 period. Research data were collected from a survey of 496 respondents in five provinces in the North Central region. The results show that the leadership capacity of the directors still has many limitations, especially in modern management knowledge and digital competence, while leadership qualities are assessed relatively positively. On that basis, the study proposes several orientations to improve the leadership capacity of directors of private healthcare facilities, thereby contributing to the sustainable development of the non-public healthcare system in the North Central region.

Keywords: leadership capacity, directors of private healthcare facilities, North Central region.

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I. INTRODUCTION

In recent years, along with the reform of the healthcare system and the promotion of socialization policies under the direction of the Party and the State, the private healthcare sector in Vietnam has developed rapidly in both scale and service coverage. The 2023 Law on Medical Examination and Treatment (National Assembly, 2023) and its guiding documents have created an increasingly complete legal framework, encouraging the development of non-public healthcare in a professional, sustainable, and socially responsible direction (Government, 2004, 2014). In this context, private healthcare facilities have not only played a supporting role but have also become an important component of the national healthcare system. The North Central region is an area with many socio-economic difficulties and clear disparities among localities. By 2025, after administrative restructuring, the region consists of five provinces/cities: Thanh Hoa, Nghe An, Ha Tinh, Quang Tri, and Thua Thien Hue. The 2020-2025 period witnessed rapid growth in the private healthcare system in the region, with a growth rate higher than the national average. However, this development has been uneven, concentrated mainly in localities with large populations and more favorable economic conditions.

In practice, differences in the level of private healthcare development among localities stem not only from socio-economic conditions but are also closely associated with the managerial and executive capacity of leadership teams. In the context of increasingly intense competition and growing pressure for digital transformation, directors of private healthcare facilities are responsible not only for administrative and professional management but also for strategic leadership, resource management, finance, service quality, and organizational innovation.

However, many private healthcare facilities are currently managed by doctors with strong medical expertise but limited knowledge and skills in modern management. This leads to shortcomings in strategic planning, resource management, and the ability to adapt to policy and market changes. Therefore, studying the current leadership capacity of directors of private healthcare facilities in the North Central region is of important scientific and practical significance, contributing to a basis for policy design and training programs to improve leadership capacity and promote the sustainable development of the non-public healthcare system in the region.

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II. RESEARCH METHODS

This study employs a quantitative method combined with qualitative methods and a 360-degree assessment approach to ensure objectivity in evaluating the leadership capacity of directors of private healthcare facilities in the North Central region.

Data Collection Method

Sample size:

In this study, the survey sample size was determined using Cochran’s formula, a common method in sociology and management science for determining the minimum sample size for a large population or a population whose exact size is unknown. Applying Cochran’s formula is appropriate for this study because the target population consists of directors, managers, and employees working in private healthcare facilities in the North Central region, which is geographically dispersed and changes over time.

Cochran’s formula used was: $n = Z^2 p(1-p) / e^2$

Where:

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

The study selected a 95% confidence level (corresponding to $Z = 1.96$); because no precise estimate of the population proportion was available, $p = 0.5$ was used to ensure methodological caution; the acceptable error was $e = 0.05$. Substituting these values into the formula yielded a minimum sample size of 384 observations.

In practice, the study surveyed 530 respondents, exceeding the minimum threshold required by Cochran’s formula in order to improve reliability and generalizability. After data cleaning, 496 valid questionnaires were retained. Survey respondents included the following groups: directors of private healthcare facilities, deputy directors or middle managers, professional staff, and experts or representatives of healthcare management agencies.

These respondents were selected across localities in the North Central region with relatively balanced distribution to ensure representativeness across geographic areas and facilitate comparative analysis by group.

The survey questionnaire consisted of two parts: (i) respondents’ demographic information and (ii) assessment of leadership competency groups, including healthcare management knowledge, leadership skills, leadership qualities, and digital competence (UNDP, 2008). The criteria were measured using a 5-point Likert scale, from 1 = very poor to 5 = good.

Data Analysis Method

After data collection, the study used descriptive statistics, analysis, and inter-provincial comparison to examine the leadership capacity of directors of private healthcare facilities in the North Central region. Mean, variance, and standard deviation were used to assess the level of achievement for each criterion. In addition, comparative analysis between the leadership/management group and employees was conducted to identify differences in perceptions regarding human resource quality. SPSS 22.0 software was used for data processing to ensure objectivity and reliability. The results provide a basis for conclusions and recommendations on improving the leadership capacity of directors of private healthcare facilities in the North Central region toward 2030.

III. RESEARCH RESULTS

3.1. Current Development Status of Private Healthcare in the North Central Region

The North Central region is one of the socio-economic regions with a particularly important role in the national healthcare development strategy and is also an area where the private healthcare sector has shifted strongly in recent years. By 2025, following the process of administrative reorganization and adjustment under central government policy, the North Central region consists of five provincial-level administrative units and centrally governed cities, including: Thanh Hoa, Nghe An, Ha Tinh, Quang Tri province (after the administrative merger of Quang Binh and Quang Tri), and Thua Thien Hue City.

Table 3.1: Development status of private healthcare in the North Central region by 2025

Province/City	Area (km ²)	Population (people)	Private hospitals	Private clinics	Private hospital beds	Growth of private healthcare facilities, 2020-2025 (%)
Thanh Hoa	11,129	4,324,783	20	1,765	4,021	35
Nghe An	16,489.97	3,470,988	16	650	2,700	33
Ha Tinh	5,997	1,622,901	3	215	879	29
Quang Tri (post-merger)	12,700	1,870,845	5	530	1,300	30
Thua Thien Hue	5,033	1,287,366	6	407	1,500	32
Total	51,349	10,777,871	50	3,567	10,400	-

Source: Provincial Statistical Yearbooks of the North Central region, 2020-2025 [5]

Administrative reorganization has significantly changed the population scale and management space of the North Central region, thereby directly affecting the organization and distribution of the healthcare network, especially the private healthcare sector. Table 3.1 shows that by 2025, the scale and level of development of the private healthcare system in the North Central region differed markedly among localities. Thanh Hoa plays a central role in the region, with the largest population and the most developed private healthcare system, as reflected in the outstanding number of private hospitals, private clinics, and private hospital beds compared with the other provinces. This reflects a large private healthcare market and a high level of competition, while also imposing stricter requirements on the managerial and leadership capacity of directors of private healthcare facilities in the province (National Assembly, 2023). Nghe An ranks second in terms of the scale of the private healthcare system, consistent with its position as a populous province and regional center. However, the private healthcare network in Nghe An tends to be dispersed, requiring directors to possess coordination capacity, network management capability, and long-term strategic planning skills.

After administrative reorganization, Quang Tri has a relatively large area and population in the region, but the number of private hospitals and private hospital beds remains limited. This situation indicates substantial potential for private healthcare development, while also reflecting current limitations in investment attraction, market scale, and management capacity of private healthcare facilities. Ha Tinh and Thua Thien Hue have a medium-scale private healthcare system. Thua Thien Hue has a particular advantage as the region's specialized healthcare center, with the presence of many central-level hospitals, creating favorable conditions for

private healthcare to develop toward specialized and high-quality services. The growth rate of private healthcare facilities during 2020-2025 ranged from 29% to 32% across localities, showing a clear trend of expansion in the non-public healthcare sector throughout the region.

3.2. Results of Assessing the Components of Leadership Capacity of Directors of Private Healthcare Facilities in the North Central Region

3.2.1. Characteristics of the Research Sample

After data processing, 496 valid questionnaires were obtained. Table 3.2 shows that the research sample was relatively evenly distributed among localities, with Quang Tri accounting for the highest proportion, which reflects the rapid increase in private healthcare facilities after administrative merger. In terms of position, the group of directors and deputy directors accounted for more than 50% of the total sample, consistent with the study's focus on leadership capacity and influencing factors. At the same time, the proportion of professional staff and experts/healthcare management representatives ensured a multidimensional perspective in assessing leadership capacity under the 360-degree approach.

In terms of educational level, nearly 88% of respondents held bachelor's or postgraduate degrees, indicating a relatively solid knowledge base within the private healthcare system and contributing to the reliability of the collected assessments. Regarding gender, males accounted for a higher proportion than females, reflecting a common characteristic of current leadership teams in the private healthcare sector, although the female proportion was still sufficiently large to represent the perspectives and leadership experiences of this group.

Table 3.2: Characteristics of the research sample

Criterion	Category	Number (people)	Percentage (%)
Locality	Thanh Hoa	94	18.9
Locality	Nghe An	99	20.0
Locality	Ha Tinh	79	15.9
Locality	Quang Tri (merged)	149	30.1
Locality	Thua Thien Hue	75	15.1
Position	Director of private healthcare facility	141	28.4
Position	Deputy director / middle manager	119	24.0
Position	Professional staff	192	38.7
Position	Expert / management agency representative	44	8.9
Educational level	Postgraduate	197	39.7
Educational level	University	240	48.4
Educational level	College and others	59	12.0
Gender	Male	306	61.7
Gender	Female	190	38.3
Total	Total	496	100

Source: Author's survey results

3.2.2. Assessment of the Components of Leadership Capacity of Directors of Private Healthcare Facilities in the North Central Region

Survey results show that the leadership capacity of directors of private healthcare facilities in the North Central region consists of four main competency groups:

leadership knowledge, leadership skills, leadership qualities, and digital competence. The level of achievement in these competency groups differs markedly among localities, reflecting uneven development levels of the private healthcare system across the region.

Table 3.3: Mean scores of leadership competency groups of directors of private healthcare facilities in the North Central region

Province/City	Knowledge	Skills	Qualities	Digital competence
Thanh Hoa	4.10	3.95	4.25	3.65
Nghe An	3.85	3.70	4.00	3.50
Ha Tinh	3.70	3.55	3.90	3.35
Quang Tri	3.50	3.40	3.75	2.90
Thua Thien Hue	4.05	4.00	4.30	3.75

Source: Author's survey results

Table 3.3 shows that leadership qualities are the competency group with the highest mean scores in all localities, ranging from 3.75 to 4.30. This reflects a relatively solid foundation in responsibility, professional ethics, and commitment among directors of private healthcare facilities in the region. Thua Thien Hue and Thanh Hoa stand out with scores above 4.25, indicating stability in professional values and leaders' orientation capacity.

Leadership knowledge reached a fairly good average level, with the highest scores in Thanh Hoa and Thua Thien Hue, reflecting advantages in access to medical knowledge, health law, and hospital management. In contrast, Quang Tri and Ha Tinh had lower scores, indicating gaps in strategic management and hospital finance knowledge - key areas for the sustainable development of private healthcare facilities.

Leadership skills showed relatively clear differentiation among localities. Operational skills such as communication and problem-solving were rated fairly well, whereas strategic vision building and resource mobilization skills remained limited, especially in Quang

Tri and Ha Tinh. This suggests that directors in many localities still tend to focus on short-term administration and are not yet strong in strategic leadership roles.

Digital competence was the competency group with the lowest mean score among the four groups and also the largest inter-provincial gap. Thua Thien Hue and Thanh Hoa scored above average due to earlier implementation of management software and electronic medical records, while Quang Tri had the lowest score, reflecting a clear lag in the application of information technology in private healthcare management. This is the competency group that most clearly reveals the gap between digital transformation requirements and the actual capability of leadership teams.

Competency Gaps Relative to the Target Threshold

To guide effective training and capacity building, the study further analyzed the gap between current capacity and the target threshold (4.00 points). This approach helps identify priority intervention areas to optimize resource investment in developing leadership teams for private healthcare facilities.

Table 3.4: Gaps between current capacities and the target threshold

Province	Knowledge	Skills	Qualities	Digital competence
Thanh Hoa	-0.10	0.05	-0.25	0.35
Nghe An	0.15	0.30	0.00	0.50
Ha Tinh	0.30	0.45	0.10	0.65
Quang Tri	0.50	0.60	0.25	1.10
Thua Thien Hue	-0.05	0.00	-0.30	0.25

Source: Author's survey results

Table 3.4 allows a more specific assessment of the extent to which leadership competency expectations are met in each locality, based on the calculated difference between the achieved score and the target threshold of 4.00 points. This approach clearly identifies which competency groups are deficient and thereby helps determine priority training content for each province. It is easy to see that digital competence is the most serious deficiency across the region. Except for

Thua Thien Hue (0.25 points) and Thanh Hoa (0.35 points), which have relatively small gaps, the remaining provinces show larger gaps, especially Quang Tri (1.10 points). This indicates a very large gap in healthcare IT application capacity and highlights the need for urgent training in areas such as data management, management software, and electronic medical records. This is a direct barrier to competitiveness and service quality improvement in private healthcare facilities.

Regarding leadership skills, Quang Tri and Ha Tinh continue to be the two localities requiring priority attention. Skills in strategy development, organizational development, and human resource management need to be designed in ways that fit regional characteristics. Meanwhile, leading localities such as Hue and Thanh Hoa have nearly reached or exceeded the threshold. Notably, the leadership qualities group has already met or exceeded expectations in three localities (Hue, Thanh Hoa, and Nghe An), indicating that this competency group has a relatively high overall level, reflecting good responsibility and professional ethics among directors in the North Central region. However, in Quang Tri and Ha Tinh, deficiencies remain, reflecting inconsistency in standardization and screening of leadership personnel in private hospitals.

Finally, the gap in knowledge is concentrated mainly in Quang Tri (0.50 points) and Ha Tinh (0.30 points). These are two localities with weaker academic foundations and fewer opportunities to access formal

healthcare management training programs. Designing foundational courses on sectoral law, hospital finance, and strategic management is therefore a solution that should be implemented immediately in the short term.

Results of Assessing the Perceived Necessity of Each Leadership Competency Criterion

Identifying leadership competency groups suitable for private healthcare management in the current context is a foundational step in developing a standardized competency framework for the surveyed respondents, including directors, managers, and experts experienced in the private healthcare sector. The survey results presented in *Figure 3.1* show a very high level of consensus regarding the survey criteria: for all criteria, the proportions rating them as “highly necessary” and “necessary” exceeded 90%, reflecting a consistent and comprehensive awareness among relevant stakeholders of the central role of leadership capacity in private healthcare management today.

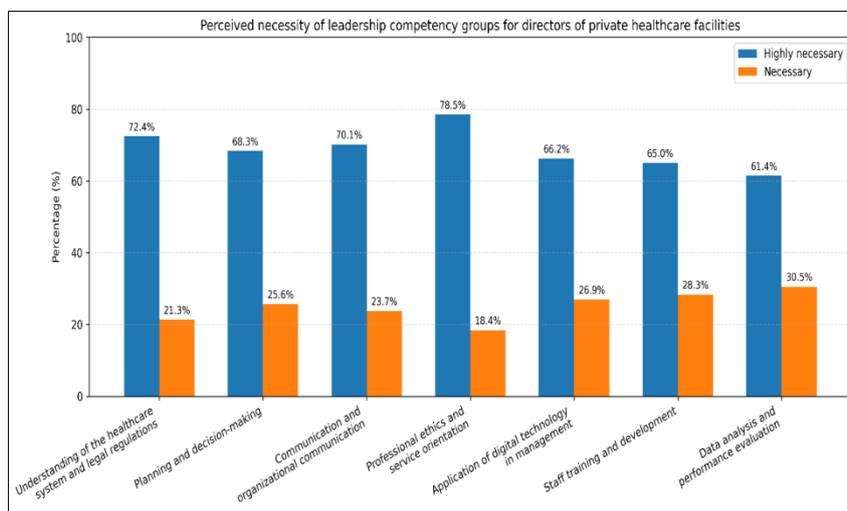


Figure 3.1: Results of assessing the perceived necessity of leadership competency groups for directors of private healthcare facilities

Source: Author’s survey results

The survey results indicate a very high level of consensus on the necessity of the proposed competency criteria: all criteria received ratings of “highly necessary” and “necessary” totaling above 90%. This reflects a consistent awareness among the community of private healthcare facility directors in the North Central region regarding the central role of leadership capacity in ensuring organizational effectiveness and sustainable development in the face of increasingly complex challenges in the private healthcare sector.

DISCUSSION OF RESEARCH RESULTS AND PROPOSED SOLUTIONS

The research results show that the leadership capacity of directors of private healthcare facilities in the North Central region during 2020-2025 is at a fairly good

average level, but it does not fully meet the development requirements of the non-public healthcare system in the context of competition and digital transformation. The structure of leadership capacity reveals a clear imbalance: leadership qualities are highly rated, while competencies associated with modern management and digital competence remain limited. The positive assessment of leadership qualities reflects a relatively solid foundation of professional ethics and responsibility among directors. However, these qualities have not been translated proportionately into managerial effectiveness and organizational leadership capacity due to limitations in management knowledge, leadership skills, and the ability to use modern management tools. This explains why many private healthcare facilities are able to maintain stable operations but face difficulties in expanding scale and improving service quality.

Leadership knowledge and leadership skills differ significantly among localities, with provinces that have more developed private healthcare systems, such as Thanh Hoa and Thua Thien Hue, receiving higher ratings than Ha Tinh and Quang Tri. These findings suggest that leadership capacity depends not only on individual factors but is also strongly influenced by the organizational environment, operational scale, and the level of professionalization in local private healthcare management. Digital competence is identified as the most prominent weakness in the leadership capacity structure. The large gap between healthcare digital transformation requirements and the actual capacity of directors reflects a systemic bottleneck, especially in localities with difficult socio-economic conditions, reducing the adaptability and innovation capacity of private healthcare facilities.

Based on these findings, the study proposes several key solution orientations. First, it is necessary to develop and apply a standardized leadership competency framework (UNDP, 2008) for directors of private healthcare facilities, emphasizing modern management competencies and digital competence, as a basis for recruitment, assessment, and leadership development. Second, it is essential to strengthen training and capacity-building programs in healthcare management, hospital administration, health finance, and digital transformation, closely linked to practical facility-level operations. Third, mechanisms should be established to support private healthcare facilities in investing in information technology infrastructure and accessing digital management models, while strengthening the coordinating role of local health authorities to reduce inter-provincial gaps in leadership capacity.

In general, improving the leadership capacity of directors of private healthcare facilities should be positioned within the overall strategy for developing the non-public healthcare sector (National Assembly, 2023) in the North Central region, thereby contributing to improved operational efficiency at the facility level and promoting the sustainable development of the regional healthcare system in the coming period.

IV. CONCLUSION

This study examined the leadership capacity of directors of private healthcare facilities in Vietnam's

North Central region and found a mixed but actionable picture. Overall, directors were rated at a fairly good level, with leadership qualities—especially professional ethics, responsibility, and service orientation—emerging as the strongest competency domain. However, gaps remain in management knowledge, strategic leadership skills, and digital competence, which showed the lowest scores and the largest disparities across localities. The findings also indicate that leadership effectiveness is shaped not only by individual capability but also by local development conditions and the level of organizational professionalization. Provinces with stronger private healthcare systems performed better across most competency domains. These results suggest an urgent need for a standardized leadership competency framework, targeted training in hospital management and digital transformation, and stronger policy support for technology adoption. Improving leadership capacity is essential to enhance service quality and ensure the sustainable growth of the private healthcare sector in the region.

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