ASSESSMENT OF INDIVIDUALS’ SATISFACTION WITH THE QUALITY OF FAMILY HEALTH INSURANCE SERVICES IN DONG NAI PROVINCE, VIETNAM

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Based on fundamental theoretical framework, hypothetical research models, and primary data via direct surveys of 250 individuals who use family health insurance services in Dong Nai Province, we propose a research model consisting of 6 influencing factors with 28 observed variables. The study uses quantitative methodology of Cronbach’s Alpha test, exploratory factor analysis, multiple regression analysis, and robustness test, to determine the factors influencing individuals’ satisfaction with family health insurance services. The research results reveal five significant factors influencing individuals’ satisfaction with the quality of family health insurance services in the study area, ranked in order of importance: (1) administrative procedures; (2) hospital infrastructure; (3) hospital service capacity; (4) convenience of family health insurance; (5) medical staff empathy. Based on these findings, the study proposes several managerial implications to enhance overall satisfaction with the quality of family health insurance services in Dong Nai Province.

Keywords: quality; service; health insurance; satisfaction

Introduction

National wide health insurance is the most important social policy with deep humanitarian significance and community sharing values in Vietnam. The health insurance policy is highly regarded by the Vietnamese Government, and always strongly emphasized in Vietnamese social-security policy systems. Since the Resolution No. 21-NQ/TW dated November 22, 2012, by the Political Bureau of the Communist Party of Viet Nam on strengthening the Party’s leadership in social insurance and healthcare, the percentage of

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Vietnamese individuals participating in health insurance has increased from 45% in 2009 to 90% in 2022.

However, this figure still falls short of the Government's target of reaching 91%. In Dong Nai Province, the number of individuals enrolled in health insurance is 2.724 million with a health insurance coverage rate of 89% of the population.

This figure is lower than the national average by 1.0% and 2% lower than the Government's predetermined target. Although the current Vietnamese family health insurance policy is deemed necessary, it fails to achieve the government’s intended participation rate. There are many reasons that contribute to the reluctance of communities to join family health insurance, such as a lack of understanding and insufficient information regarding its purpose and functions. Additionally, the complex and often improper procedures starting from insurance registration to final payment usually create dissatisfaction for family health insurance policy’s participants.

These factors often lead to the people’s eventual reluctance to participate in these policies. Consequently, this research aims to identify the factors influencing people’s satisfaction with the quality of family health insurance services in Dong Nai province and propose recommendations to improve the quality of health insurance services provided in Dong Nai Province.

**Literature review**

*Related concepts and definitions*

According to Oliver & Bearden (1985), the consumer satisfaction is defined as the consumer's contentment as a response to consuming a product or service when it fulfils their demand, including those below or beyond their expectations.

Kotler & Keller (2006) propose that customer satisfaction depends on the perceived performance of a product or service compared to the buyer's expectations. If the product's performance falls below the buyer's expectations, they will feel dissatisfied, and vice versa. If the performance significantly exceeds the buyer's expectations, they feel much delighted. Additionally, Kotler & Keller (2006) describe satisfaction as the emotional state of an individual resulting from comparing their perception of a product to their own expectations.

**Service quality**

According to Parasuraman et al. (1988), service quality is "the degree of difference between consumers' expectations about a service and their perceptions of the service outcome".

Parasuraman et al. (1988) introduced the SERVQUAL scale for measuring service quality, consisting of five main components: (1) Tangibles - physical facilities and equipment; (2) Reliability - the ability to perform promised services dependably; (3) Responsiveness - willingness to help customers promptly; (4) Assurance - knowledge and courtesy of employees and their ability to inspire trust and confidence; (5) Empathy - caring, individual attention to customers.

Cronin & Taylor (1992) suggest that customer satisfaction should be evaluated over a short period, while service quality should be assessed based on customers' long-term perceptions of the service.
Kotler & Keller (2006) define quality as all the characteristics and features of a product or service that relate to its ability to satisfy implicit or explicit needs. A product or service is of high quality when it meets or even exceeds the expectations of the customer.

**The relationship between service quality and customer satisfaction**

According to Cronin & Taylor (1992), there is a close relationship between service quality and customer satisfaction in service research. Service quality is related to the process of service delivery, while customer satisfaction only appears after the customer has made use of the service. Hence, when customers experience high service quality, they will feel satisfied with the service, and vice versa.

Olajide (2011) also asserts that because service quality and customer satisfaction are related; high service quality often leads to increase in customer satisfaction.

Therefore, it is essential to assess customer satisfaction when measuring service quality. If the actual service outcomes meet the customers' expectations, they will be satisfied; in the case that the actual outcomes exceed the customers’ expectations, they will be highly satisfied (On, 2021).

**Related studies on customer satisfaction with service quality**

Parasuraman et al. (1985, 1988, 1991) have developed a scale to measure the difference between service performance and customer expectations, comprising five gaps. This is because the customers’ expectations of service quality may differ from their perceptions of the actual service quality.

Therefore, Parasuraman et al. (1985, 1988, 1991) construct a measurement tool consisting of 22 observed variables and 10 service quality attributes from the five components of service quality, namely: Reliability, Responsiveness, Serviceability, Empathy, and Tangibles.

Abhichandaniet el. (2006) used the EGOVSAT model to measure individual satisfaction when using e-government services on a website platform. The model consists of five factors: (1) Convenience; (2) Reliability; (3) Efficiency; (4) Customization; and (5) Flexibility affecting individual satisfaction through electronic government transactions.

The empirical findings illustrate that both service quality and customer satisfaction have a positive relationship with customer loyalty. Additionally, service quality has a fundamental role compared to customer satisfaction in terms of customer loyalty. The findings of this study suggest that in order to improve customer loyalty, the telecommunication providers should focus on dimension “customer services and pricing structure” of service quality as it has the strongest positive impact on customers' satisfaction and then customer loyalty, according to Vu et al. (2021).

Hieu (2021) has identified the factors influencing the level of satisfaction among participants in health insurance regarding the medical examination and treatment services at Binh An General Hospital. These factors include: responsiveness, information provision, work efficiency, reputation, and reasonable costs.

**Research model**

Based on previous studies by Parasuraman et al. (1988), Kim et al. (2004) and Vu (2021) the specific characteristics of family health insurance services in Dong Nai Province share several significant similarities with these studies.
Therefore, we propose a research model examining the factors influencing individuals' satisfaction with the quality of family health insurance in Dong Nai Province. The model consists of six independent factors with 28 observed variables and one dependent factor with five observed variables (Fig. 1) as follows:

![Proposed research model](source: authors' proposal)

The proposed hypotheses are as follows (Tab. 1).

**Methodology**

**Description of data**
The primary data is obtained from direct surveys using questionnaires completed by current users of family health insurance services in Dong Nai Province. The surveys and interviews are conducted using a convenient stratified random sampling method and are based on pre-designed questionnaires.

**Research method**

**Sample Size:**
The minimum sample size for conducting Exploratory Factor Analysis (EFA) is 50, preferably 100, and the observation-to-variable ratio should be 5:1. This means that there should be a minimum of 5 observations per measured variable.

The number of observations refers to the valid survey responses required, while measured variables are the questions in the survey. The formula N=5*m is used, where N is the minimum sample size required and m is the number of questions in the survey.
Table 1 - Summary of research hypotheses
(Source: author's proposal, 2023)

<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>The easier the access to the healthcare insurance system as assessed by individuals, the higher the level of satisfaction they have with the quality of family health insurance services.</td>
<td>+</td>
</tr>
<tr>
<td>H2</td>
<td>The higher the level of individuals’ satisfaction with hospital infrastructure for medical examination and treatment, the higher their satisfaction with the quality of family health insurance services.</td>
<td>+</td>
</tr>
<tr>
<td>H3</td>
<td>The higher the level of individuals’ satisfaction with the medical staff’s service attitude, the higher their satisfaction with the quality of family health insurance services.</td>
<td>+</td>
</tr>
<tr>
<td>H4</td>
<td>The higher the level of individuals’ satisfaction with the hospital service capacity, the higher their satisfaction with the quality of family health insurance services.</td>
<td>+</td>
</tr>
<tr>
<td>H5</td>
<td>The higher the level of individuals’ satisfaction with medical staff empathy, the higher their satisfaction with the quality of family health insurance services.</td>
<td>+</td>
</tr>
<tr>
<td>H6</td>
<td>The higher the level of individuals’ satisfaction with the administrative procedures, the higher their satisfaction with the quality of family health insurance services.</td>
<td>+</td>
</tr>
</tbody>
</table>

In this study, to align with the previous research recommendations and ensure the study's adequacy, we utilize a sample size of 160 observations corresponding to 28 measured variables and 6 factors: \( N > \max (5 \times 32; 50 + 8 \times 6) = (160; 98) = 160 \) observations. To minimize errors, the authors plan to collect 250 survey questionnaires and distribute 270 questionnaires to participants in a convenient stratified random sampling manner, ensuring equal representation of male and female respondents from Dong Nai Province who are using family health insurance services. The data collection for the survey will be conducted from March 2023 to July 2023.

**Data processing and analysis method**

The research uses statistical analysis software SPSS 23.0 to conduct Exploratory Factor Analysis (EFA) to identify the factors influencing the satisfaction of individuals with the quality of family health insurance services in Dong Nai Province.

The scales in the research model are constructed using Cronbach's Alpha coefficient and the EFA method to test the convergent and discriminant validity of the scales.

After performing the EFA, the hypotheses in the research model are tested using the multivariate regression analysis method.

**Research results and discussion**

**Validation of Scale Quality Using Cronbach's Alpha Coefficient**

The reliability of the scale can be assessed by Cronbach's Alpha coefficient. Cronbach's Alpha coefficient is a statistical test that measures the consistency of the items in the scale.

Accordingly, the scale is considered acceptable when the Cronbach's Alpha coefficient is larger than 0.6, and the corrected item-total correlation is larger than 0.3.
Table 2 - Results of Cronbach's Alpha Analysis for the Factor Group  
(Source: compiled from data exported from SPSS, 2023)

<table>
<thead>
<tr>
<th>No</th>
<th>Variable description</th>
<th>Number of observations</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Convenience in participating in family health insurance.</td>
<td>5</td>
<td>0.808</td>
</tr>
<tr>
<td>2</td>
<td>Infrastructure at hospitals</td>
<td>5</td>
<td>0.737</td>
</tr>
<tr>
<td>3</td>
<td>Medical staff’s service attitude.</td>
<td>5</td>
<td>0.815</td>
</tr>
<tr>
<td>4</td>
<td>Hospital service capacity</td>
<td>5</td>
<td>0.860</td>
</tr>
<tr>
<td>5</td>
<td>Medical staff empathy</td>
<td>4</td>
<td>0.792</td>
</tr>
<tr>
<td>6</td>
<td>Administrative procedure process</td>
<td>4</td>
<td>0.772</td>
</tr>
<tr>
<td>7</td>
<td>Satisfaction with the quality of family health insurance services</td>
<td>5</td>
<td>0.798</td>
</tr>
</tbody>
</table>

The results of Cronbach's Alpha analysis above show that all scales meet there liability requirements. Cronbach's Alpha correlation coefficients for all variable groups are high (>0.6), and the item-total correlation coefficients for all components are > 0.3.

Therefore, all scales will be included in the exploratory factor analysis (EFA) in the next step.

**Exploratory Factor Analysis (EFA) Results**

**EFA of Independent Variables**

Based on the exploratory factor analysis of the independent variables, in the first round of testing with the hypotheses, two variables, STT2 and TDPV4, were excluded due to lack of statistical significance. Continuing with the second round of analysis, the results are shown in Tab. 3 as follows:

Table 3 - KMO and Bartlett's Test of Independent Variables  
(Source: Extracted from SPSS, 2023)

<table>
<thead>
<tr>
<th>Kaiser-Meyer-Olkin Measure of Sampling Adequacy</th>
<th>0.765</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartlett’s Test of Sphericity</td>
<td></td>
</tr>
<tr>
<td>Approx. Chi-Square</td>
<td>2246.650</td>
</tr>
<tr>
<td>df</td>
<td>325</td>
</tr>
<tr>
<td>Sig.</td>
<td>0.000</td>
</tr>
</tbody>
</table>

From Tab. 3, it can be observed that Kaiser-Meyer-Olkin (KMO) measure is 0.765, satisfying the condition (0.5 < KMO < 1), indicating that the data is suitable for exploratory factor analysis.

Bartlett's Test of Sphericity yields a statistically significant result with Sig. = 0.000 < 0.05, indicating that the characteristic variables have a linear correlation with the underlying factor.

Thus, factor analysis is appropriate for the data and variables that are correlated in the overall context.
Based on Table 4, the aggregate test shows that the extracted variance is 61.274%, meaning that 61.274% of the factors are explained by the observed variables. From the analyses above, it can be concluded that exploratory factor analysis (EFA) is appropriate for the overall data. The eigenvalues test shows that 6 factors have a Total > 1. Therefore, we identify 6 factors to be included in the EFA analysis.

Table 5 - KMO and Bartlett's Test of the dependent variable
(Source: Compiled from SPSS data, 2023)

<table>
<thead>
<tr>
<th>Kaiser-Meyer-Olkin Measure of Sampling Adequacy</th>
<th>0.777</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartlett's Test of Sphericity</td>
<td>Approx. Chi-Square</td>
</tr>
<tr>
<td></td>
<td>df</td>
</tr>
<tr>
<td></td>
<td>Sig.</td>
</tr>
</tbody>
</table>

Table 4 - Total Variance Explained
(Source: Processed results from SPSS software, 2023)

<table>
<thead>
<tr>
<th>Component</th>
<th>Initial Eigenvalues</th>
<th>Extraction Sums of Squared Loadings</th>
<th>Rotation Sums of Squared Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% of Variance</td>
<td>Cumulative %</td>
</tr>
<tr>
<td>1</td>
<td>4.037</td>
<td>15.528</td>
<td>15.528</td>
</tr>
<tr>
<td>3</td>
<td>2.662</td>
<td>10.240</td>
<td>36.943</td>
</tr>
<tr>
<td>4</td>
<td>2.413</td>
<td>9.280</td>
<td>46.224</td>
</tr>
<tr>
<td>5</td>
<td>2.255</td>
<td>8.671</td>
<td>54.895</td>
</tr>
<tr>
<td></td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>26</td>
<td>0.236</td>
<td>0.910</td>
<td>100.000</td>
</tr>
</tbody>
</table>
**Exploratory Factor Analysis (EFA) of the dependent variable**

The EFA of the measurement "individual satisfaction with the quality of family health insurance services" yields a KMO coefficient of 0.777 and a total extracted variance of 56.961%. The factor loadings are all > 0.55 (Tab. 5).

Therefore, EFA is appropriate, and these observed variables meet the requirements for further analyses.

After conducting Exploratory Factor Analysis (EFA) on the independent and dependent variables, we performed variable rotation; this reduces the initial 26 observed variables into 6 factor groups. Subsequently, we run the correlation matrix and excluded the TDPV variable group (due to a Sig. (2-tailed) coefficient of 0.751 > 0.05). The next step involves conducting regression analysis.

**Regression analysis**

The regression analysis was conducted with 5 independent variables: H1(STT), H2(CSVC), H4(NLPV), H5(DCNV), H6(TTHC), and the dependent variable: Y(HL) - the satisfaction of the people regarding the quality of family health insurance services. These variables are simultaneously put into the regression model.

The results of the regression are presented in Tab. 6 as follows.

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
<th>Collinearity Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>-0.320</td>
<td>0.281</td>
<td>-1.140</td>
<td>0.255</td>
<td></td>
</tr>
<tr>
<td>NLPV</td>
<td>0.219</td>
<td>0.038</td>
<td>0.254</td>
<td>5.721</td>
<td>0.000</td>
</tr>
<tr>
<td>STT</td>
<td>0.070</td>
<td>0.039</td>
<td>0.077</td>
<td>1.793</td>
<td>0.004</td>
</tr>
<tr>
<td>CSVC</td>
<td>0.409</td>
<td>0.055</td>
<td>0.343</td>
<td>7.430</td>
<td>0.000</td>
</tr>
<tr>
<td>DCNV</td>
<td>0.022</td>
<td>0.030</td>
<td>0.032</td>
<td>0.752</td>
<td>0.003</td>
</tr>
<tr>
<td>TTHC</td>
<td>0.370</td>
<td>0.037</td>
<td>0.448</td>
<td>10.026</td>
<td>0.000</td>
</tr>
</tbody>
</table>

With a significance level of 5% for conventional studies, if the Sig of the t-test is < 0.05, it can be stated that the independent variables have an impact on the dependent variable.

The results of the regression coefficient analysis show that the Sig of all 5 independent variables in the model is less than 0.05, indicating statistical significance.

Therefore, the linear regression equation based on the unstandardized regression coefficients is as follows:

\[ Y(HL) = -0.320 + 0.219\text{NLPV} + 0.070\text{STT} + 0.409\text{CSVC} + 0.022\text{DCNV} + 0.370\text{TTHC} \]

The research results have shown that there are 5 factors influencing people's satisfaction with the quality of family health insurance services in Dong Nai Province, ranked in order of impact as follows: (1) Administrative procedures (TTHC); (2) Facilities at hospitals (CSVC); (3) Hospital service capacity (NLPV); (4) Convenience when participating in family health insurance (STT); (5) Medical staff empathy (DCNV). Among these, the
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The strongest factor is "Administrative procedures" with $\beta = 0.448$, and the least influential factor is "Medical staff empathy" with $\beta = 0.032$.

Model validation

Hypothesis testing

Table 7 - Results of hypothesis testing in the research
(Source: Processed results from SPSS software, 2023)

<table>
<thead>
<tr>
<th>Factors</th>
<th>P values</th>
<th>Results of Hypothesis Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1 Convenience in participating in family health insurance</td>
<td>0.004 &lt; 0.05</td>
<td>$H_0$ Rejection y &amp; x are correlated</td>
</tr>
<tr>
<td>H2 Hospital infrastructure</td>
<td>0.000 &lt; 0.05</td>
<td>$H_0$ Rejection y &amp; x are correlated</td>
</tr>
<tr>
<td>H3 Medical staff’s service attitude</td>
<td>0.751 &gt; 0.05</td>
<td>$H_0$ Accepted y &amp; x are uncorrelated</td>
</tr>
<tr>
<td>H4 Hospital service capacity</td>
<td>0.000 &lt; 0.05</td>
<td>$H_0$ Rejection y &amp; x are correlated</td>
</tr>
<tr>
<td>H5 Medical staff empathy</td>
<td>0.003 &lt; 0.05</td>
<td>$H_0$ Rejection y &amp; x are correlated</td>
</tr>
<tr>
<td>H6 Administrative procedure process</td>
<td>0.000 &lt; 0.05</td>
<td>$H_0$ Rejection y &amp; x are correlated</td>
</tr>
</tbody>
</table>

Tab. 7 above shows the presence of linear correlation between the dependent variable "satisfaction with the quality of family health insurance services" and the 5 independent factors in the research model. After excluding the factor group "medical staff attitude", all hypotheses in the model are statistically significant.

Testing the model fit

The level of significance in Regression Coefficients Analysis table (sig = 0.000 < 0.05) indicates that the null hypothesis $H_0$ is rejected. Therefore, the constructed model holds at a significance level of 5%. In conclusion, the independent variables are related to the dependent variable, and the model can be considered valid.

Table 8 - Model Summary
(Source: Processed results from SPSS software, 2023)

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
<th>Durbin-Watson</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.744*</td>
<td>0.553</td>
<td>0.544</td>
<td>0.29456</td>
<td>1.929</td>
</tr>
</tbody>
</table>
Table 9 – ANOVA results  
(Source: Processed results from SPSS software, 2023)

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>26.201</td>
<td>5</td>
<td>5.240</td>
<td>60.395</td>
<td>.000b</td>
</tr>
<tr>
<td>Residual</td>
<td>21.171</td>
<td>244</td>
<td>0.087</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>47.372</td>
<td>249</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Testing for multicollinearity

The correlation matrix between the variables shows that all correlation coefficients among the independent variables are <0.8.

Tab. 6, which presents the regression coefficients analysis, indicates that all variance inflation factors (VIF) are <10.

The Durbin-Watson statistic (residual test) is 1.929 (1<D<3), indicating no autocorrelation.

In conclusion, there is no evidence of multicollinearity in the model.

Testing assumptions of normal distribution and residuals

![Figure 2 - Normality and residual plot](Source: Extracted from SPSS software, 2023)

The frequency chart of standardized residuals (Fig. 2) shows that the distribution of residuals is approximately normal, with the values of mean and and standard deviation being 0 and 0.992, respectively.

Therefore, we can conclude that the assumption of normal distribution for the residuals is not violated. The scatter plot also reveals that the Regression Standardized Residual does
not follow any pattern concerning the Regression Standardized Predicted Value. Hence, there is no evidence of heteroscedasticity.

**Discussion of research results**

The strongest influencing factor is "Administrative procedure process" with $\beta = 0.448$ and a positive sign (+), indicating a positive relationship with the satisfaction of individuals participating in family health insurance. This result shows that a good administrative procedure process will contribute to enhancing the satisfaction of individuals participating in family health insurance.

The second strongest influencing factor is "Hospital infrastructure" with $\beta = 0.343$ and a positive sign (+), this factor is positively related to the satisfaction of individuals regarding the quality of family health insurance services. This result suggests that good hospital infrastructure will contribute to enhancing the satisfaction of individuals with the quality of family health insurance services.

The third influencing factor is "Hospital service capacity" with a coefficient value $\beta = 0.254$. This result suggests a positive relationship between hospital service capacity and the satisfaction of individuals regarding the quality of family health insurance services. We conjecture the hospital service capacity will contribute to enhancing the satisfaction of individuals with the quality of family health insurance services.

The next factor is "Convenience of family health insurance", its coefficient value $\beta$ is 0.077. This result suggests that the convenience of family health insurance will contribute to enhancing the satisfaction of individuals with the quality of family health insurance services.

The last factor that influences individuals’ satisfaction with the quality of family health insurance services is "Medical staff empathy " with $\beta = 0.032$ and a positive sign (+). This result suggests that the medical staff empathy will contribute to enhancing the satisfaction of individuals with the quality of family health insurance services.

These findings are consistent with previous studies. Based on these, we propose several managerial implications to enhance the satisfaction of individuals with the quality of family health insurance services in Dong Nai Province as follows:

(1) Administrative procedure process:

Regarding optimizing administrative procedures, we suggest continuing the process of researching, reviewing, and simplifying the administrative procedures; this process should be accompanied by the application of information technology, and the databases of social insurance agencies and healthcare facilities.

Additionally, we recommend further government investment in physical healthcare-related infrastructure, equipment, and training of specialized personnel. This increased investment should be focused on optimizing process and procedures in medical examination and treatment, reducing waiting time and inconvenience, and improving service quality for patient satisfaction.

Finally, the statistics and person surveys should be conducted for those who have not participated in health insurance.

This is necessary to clearly identify family circumstances, and the reasons why these people to not participate in health insurance.

Additionally, the implementation of appropriate advocacy and mobilization solutions should be researched and implemented.
Hospital infrastructure:
Regarding the infrastructure of hospitals or other local healthcare facilities, we recommend that the physical infrastructure in healthcare facilities should always be clean, comfortable and convenient, equipped with lighting systems, ventilation systems to meet the needs of the public.
Implementation of improvements in the medical examination and treatment processes at the outpatient clinics should also be considered.

Hospital service capacity:
To improve hospital service capacity, we suggest enhancing the quality of medical examination and treatment to ensure the rights of individuals with health insurance; this could be carried out by continuing to reinforce and improve the system of healthcare facilities from community to the provincial levels, ensuring that healthcare facilities have adequate physical infrastructure and basic equipment to serve initial health insurance medical examination and treatment. Additionally, further training and retraining of medical personnel, improvement of professional qualifications are also needed to meet the healthcare needs of the public. Finally, we recommend continuing to innovate the style and attitude of patient care.

Convenience of family health insurance:
To ensure the convenience of family health insurance, we believe that a strengthened advocacy policy on health insurance implementation for the wider public, with coordinated implementation to ensure relevance to each target group, is the best solution.
Additionally, we believe that by promoting the application of information technology in insurance sector management, the supply of health insurance services could be further improved.
Finally, the network of health insurance collection agencies collaborators should be maintained or expanded throughout the region. This applies to villages, hamlets, and neighborhoods.

Medical staff empathy:
Medical staff need to change their perception, attitude, and service style, and improve their communication and behavioral skills to provide patient satisfaction.
Medical staff should enthusiastically support and assist individuals in health insurance participation, family health insurance from the registration process, purchasing health insurance, to the medical examination and treatment procedures, payment procedures, and other support services for individuals participating in health insurance.

Conclusion
This study uses a regression model comprising 6 independent variables and one dependent variable, and standardized survey data collected from family health insurance services involving 270 distributed questionnaires.
The collected data is analyzed using SPSS version 23 with 250 questionnaires. The results show that 55.3% of the variance in the research model is explained with a level of 5% confidence.
The research results reveal that there are 5 factors influencing the satisfaction of individuals with the quality of family health insurance services in Dong Nai Province. These factors are arranged in the following order of influence:

1. administrative procedure process;
2. hospital infrastructure;
3. hospital service capacity;
4. convenience of family health insurance;
5. medical staff empathy.

Based on these results, several managerial implications are proposed to enhance the satisfaction of individuals with the quality of family health insurance services in the study area.

References:


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