International Journal of Social Sciences and Management Review

Volume: 09, Issue: 06 November - December 2026

ISSN 2582-0176

LEVEL OF SATISFACTION WITH HEALTHCARE AMONG OLDER ADULTS IN DONG DA WARD, HANOI CITY, VIETNAM

TRAN VIET LONG
Institute of Sociology and Psychology
Vietnam Academy of Social Sciences

https://doi.org/10.37602/IJSSMR.2026.9613

ABSTRACT

This article examines the level of satisfaction with healthcare among older adults in Dong Da Ward, Hanoi, Vietnam, across three dimensions: convenience of medical examination and treatment, quality of medical examination and treatment, and the capacity for self-care. The study employed a questionnaire survey involving 130 older adults and in-depth interviews with 10 participants. The findings indicate that the highest level of satisfaction was reported for the capacity for self-care (26.0%), followed by the convenience of medical examination and treatment (24.7%) and the quality of medical examination and treatment (20.5%). Meanwhile, neutral evaluations accounted for the largest proportion across all three dimensions. The findings suggest the need to further improve healthcare service quality, enhance access to healthcare services, and strengthen support for older adults in proactively managing their own health.

Keywords: level of satisfaction, healthcare, older adults, Vietnam.

1.0 INTRODUCTION

Vietnam officially entered the population ageing phase in 2011, when the proportion of people aged 60 and above reached 10% of the country's total population. Since then, the ageing process has accelerated rapidly, making Vietnam one of the countries experiencing one of the fastest rates of population ageing in the world (Nguyen, 2023). The size of the older population has continued to increase, from 9.5 million in 2014 to 11.4 million in 2019, reaching approximately 14.2 million in 2024. According to projections, the population aged 60 and above will continue to grow, reaching nearly 18 million by 2030 (General Statistics Office, 2024). Furthermore, this population group is projected to account for approximately 20% of the total population by 2038. By 2050, the level of population ageing in Vietnam is expected to be comparable to that of countries with some of the world's oldest populations, such as Japan and South Korea (Chu, 2026). This trend places increasing demands on the development and implementation of healthcare policies for older adults.

Older adults often face declines in physical and mental capacities, an increased risk of illness, and a higher likelihood of experiencing multiple coexisting health conditions (WHO, 2025a). Therefore, healthcare needs extend beyond medical examination and treatment to include support for self-care, the maintenance of functional ability, and ensuring access to appropriate, timely, and quality healthcare services (WHO, 2025b). Meeting these needs is essential to safeguarding the health, independence, and quality of life of older adults.

 Copyright © The Author, 2026

Volume: 09, Issue: 06 November - December 2026

ISSN 2582-0176

In addition to examining access to and utilization of healthcare services, assessing people's satisfaction with healthcare provision is also an important aspect of health system research and evaluation. Klose et al. (2016) argue that patient-reported satisfaction is associated with the assessment of health outcomes or various aspects of healthcare delivery. It represents a subjective perspective of service users and provides supplementary information for evaluating healthcare provision. According to Goodrich and Lazenby (2023), patient satisfaction is a multidimensional concept influenced by various factors throughout the care process, ranging from waiting times and quality of care to the characteristics of healthcare providers. Therefore, studying patient satisfaction is important for identifying aspects of healthcare delivery that require improvement, thereby contributing to enhanced service quality and a greater capacity to meet the needs of service users.

Against this background, this article focuses on analyzing the level of satisfaction with healthcare among older adults in Dong Da Ward, Hanoi, across three dimensions: (1) the convenience of accessing medical examination and treatment when needed; (2) the quality of medical examination and treatment received; and (3) the capacity for self-care. The research findings provide empirical evidence that serves as a basis for proposing recommendations to improve the quality of healthcare for older adults in the study area.

2.0 METHODOLOGY

2.1 Analysis of Existing Documentary Sources

The study collected, synthesized, and analyzed secondary sources relevant to the research topic, including published research studies, legal and regulatory documents, thematic reports, scientific journal articles, and materials from official sources. Through reviewing, comparing, and systematizing these documents, the study drew upon relevant information, arguments, and empirical evidence to provide a foundation for analyzing and addressing the research objectives.

2.2 Questionnaire Survey Method

The study conducted a questionnaire survey involving 130 older adults residing in residential groups in Dong Da Ward, Hanoi, Vietnam. Survey participants responded directly to the questions in the questionnaire to provide information for assessing and analyzing the current level of satisfaction among older adults with healthcare.

2.3 In-depth Interview Method

The study conducted in-depth interviews with 10 older adults in Dong Da Ward, Hanoi, Vietnam, to explore the current situation and identify factors influencing their level of satisfaction with healthcare. The findings from these interviews provide further insights into the research topic and serve as a basis for proposing solutions to improve older adults' satisfaction with healthcare in Dong Da Ward, Hanoi.

3.0 RESEARCH CONCEPTS

3.1 Concept of Older Adults

 Copyright © The Author, 2026

The concept of older adults is not universally defined across the world. Many countries define older adults as individuals aged 65 and above, while others consider people aged 60 and above to be older adults. The World Health Organization (WHO) also acknowledges that there is currently no universally agreed definition of older adults worldwide. However, the United Nations (UN) recognizes the age of 60 and above as a benchmark for identifying older persons. Nevertheless, this age threshold is not universally adopted by all countries, as it may not be appropriate to their specific socio-economic circumstances (as cited in Trinh, 2020).

According to Article 2 of the 2009 Law on the Elderly, promulgated by the National Assembly of the Socialist Republic of Vietnam, older persons are defined as Vietnamese citizens aged 60 and above.

Vietnamese studies on older adults also commonly adopt the definition stipulated in this Law. However, given the specific scope of this research, older adults are defined as individuals aged 60–79 who reside in Dong Da Ward, Hanoi, Vietnam.

3.2 Concept of Satisfaction with Healthcare

In this study, satisfaction with healthcare is understood as the subjective assessment made by older adults regarding the healthcare activities and services they receive. This assessment is shaped by each individual's perceptions, actual experiences, needs, and expectations, rather than being based on a predetermined set of evaluation criteria established by the researchers. Specifically, older adults' satisfaction with healthcare is examined across three dimensions: (1) the convenience of accessing and utilizing medical examination and treatment services when needed; (2) the quality of medical examination and treatment received by older adults; and (3) individuals' capacity for self-care. These dimensions serve as the basis for older adults to assess their own level of satisfaction with healthcare.

The study employs a five-point Likert scale (Very dissatisfied/Dissatisfied/Neither satisfied nor dissatisfied/Satisfied/Very satisfied). However, because the number of responses in the two categories "Very dissatisfied" and "Very satisfied" was relatively small, the five response categories were consolidated into three groups for data analysis: "Dissatisfied" (combining levels 1 and 2), "Neither satisfied nor dissatisfied" (level 3), and "Satisfied" (combining levels 4 and 5). This regrouping was undertaken to ensure the suitability of the data for statistical analysis.

4.0 INTRODUCTION TO THE RESEARCH AREA

The establishment of Dong Da Ward marks an important milestone in Hanoi's efforts to restructure its administrative system, with the aim of optimizing governance and promoting sustainable development. According to Resolution No. 1656/NQ-UBTVQH15, Dong Da Ward was established by incorporating the entire land area and population of Thinh Quang Ward, together with parts of the land areas and populations of Quang Trung, Lang Ha, Nam Dong, O Cho Dua, and Trung Liet Wards. The newly established ward covers an area of approximately 2.08 km² and has a population of more than 81,700, making it one of the most populous ward-level administrative units in Hanoi. Its local government apparatus is organized towards greater streamlining and efficiency, in accordance with the two-tier local government model and the principle of placing citizens at the center of public service delivery.

 Copyright © The Author, 2026

5.0 SOME CHARACTERISTICS OF THE STUDY SAMPLE

To provide an overview of older adults in Dong Da Ward, Hanoi, Vietnam, represented in the study sample, this section examines selected characteristics of the respondents based on the criteria presented in Table 1.

Table 1: Selected Characteristics of the Study Sample

Unit: %

Gender	Male	40.8
	Female	59.2
Age group	60–69 years	46.9
	70–79 years	53.1
Marital status	Married (living with spouse)	62.3
	Widowed/Divorced/Separated	37,7
Highest educational attainment	Upper secondary or below	46.2
	Elementary/Vocational/College or above	53,8
Employment status	Retired	75.4
	Currently employed	24,6
Income	No income	7.7
	Below VND 5 million	43.8
	VND 5 million or above	48.5
Health status	Below average	17.8
	Average	71.5
	Above average	10.7
Total		100.0
N		130

Source: Calculated from the study's survey data, 2026.

Table 1 shows that the study sample consisted of 130 older adults. In terms of gender, women accounted for a higher proportion than men, at 59.2% and 40.8%, respectively. Regarding age groups, older adults aged 70–79 accounted for a higher proportion than those aged 60–69, at 53.1% and 46.9%, respectively. In terms of marital status, the majority of older adults in the study sample were married and living with a spouse (62.3%), while those who were widowed, divorced, or separated accounted for 37.7%. Regarding educational attainment, 53.8% of older adults had completed elementary vocational training, intermediate-level education, college, or higher, while 46.2% had attained upper secondary education or below. In terms of employment status, the majority of older adults in the study sample were retired (75.4%), while 24.6% were still working. Regarding income, the group earning VND 5 million or above accounted for the largest proportion (48.5%), followed by those earning below VND 5 million (43.8%), while those with no income accounted for the smallest proportion (7.7%). In terms of self-rated health status, the majority of older adults reported that their health was at an average level (71.5%). Those rating their health as below average accounted for 17.8%, while those rating it as above average accounted for 10.7%.

 Copyright © The Author, 2026

Overall, the study sample had several notable characteristics: women accounted for a higher proportion than men; the 70–79 age group represented a larger share than the 60–69 age group; most older adults were married and living with a spouse and had retired; and the proportion with elementary vocational training, intermediate-level education, college, or higher was greater than that with upper secondary education or below. Most older adults had an income, and the majority rated their health as average.

6.0 RESEARCH FINDINGS

Healthcare is an important aspect of older adults' well-being, as the ageing process is often accompanied by physical and mental changes and an increased risk of chronic diseases, thereby giving rise to diverse and ongoing healthcare needs. According to the World Health Organization (WHO), healthy ageing is defined as the process of developing and maintaining functional ability that enables well-being in older age. In this regard, healthcare systems and services should be organized in a manner that is person-centred, integrated, and responsive to the needs of older adults (WHO, 2015).

Table 2: Older Adults' Level of Satisfaction Across Different Dimensions of Healthcare

Unit: %

Level of satisfaction	Convenience of accessing medical examination and treatment when needed	Quality of medical examination and treatment received	Capacity for self-care
Dissatisfied	12.8	13.2	14.0
Neither satisfied nor dissatisfied	62.5	66.3	60.0
Satisfied	24.7	20.5	26.0

Source: Calculated from the study's survey data, 2026.

Among the three dimensions of healthcare, the capacity for self-care had the highest proportion of satisfied older adults (26.0%), followed by the convenience of accessing medical examination and treatment when needed (24.7%). The quality of medical examination and treatment received had the lowest proportion of satisfied respondents (20.5%) (Table 2).

The in-depth interview findings also indicate that some older adults considered their capacity for self-care to be an important factor contributing to their life satisfaction. An older adult from Residential Group 11 shared:

"I believe that my ability to take care of my own health is very important. I have high blood pressure, so I have to take my medication on time every day, maintain a balanced diet, limit my salt intake, exercise, and monitor my blood pressure. When I can keep my health stable, I can still move around and carry out daily activities independently, and I also feel more relaxed mentally." (In-depth interview, Female, 72 years old, Upper secondary education, Retired, Residential Group 11, Dong Da Ward, Hanoi, Vietnam).

 Copyright © The Author, 2026

Volume: 09, Issue: 06 November - December 2026

ISSN 2582-0176

Similarly, an older adult from Residential Group 27 emphasized the importance of proactively maintaining healthy habits:

"I think the most important thing is to take the initiative in looking after my health every day. By eating in moderation, making an effort to walk, doing light exercise, and paying attention to changes in my body, I can maintain better health. For example, I sometimes experience joint pain, but if I pay attention to physical activity and get adequate rest, the pain becomes more manageable." (In-depth interview, Female, 60 years old, University education, Retired, Residential Group 27, Dong Da Ward, Hanoi, Vietnam).

Another respondent also emphasized this point:

"The ability to take care of my own health is very important, especially as I am getting older and have high blood pressure. If I am not conscious of the need to look after my health, then no matter how good the hospitals are or how convenient it is to access medical examination and treatment, it would still be difficult to maintain stable health." (In-depth interview, Female, 68 years old, College education, Retired, Residential Group 27, Dong Da Ward, Hanoi, Vietnam).

These accounts suggest that proactively taking medication, maintaining an appropriate diet, exercising, and monitoring one's health help older adults maintain their ability to live independently and feel more reassured about their health. This helps explain why older adults regarded the capacity for self-care as an important dimension of their satisfaction with healthcare.

In addition, the proportion of older adults reporting a neutral level of satisfaction was the highest across all three dimensions of healthcare. Specifically, 66.3% reported a neutral assessment of the quality of medical examination and treatment received, followed by 62.5% for the convenience of accessing medical examination and treatment when needed, and 60.0% for the capacity for self-care.

The in-depth interview findings indicate that neutral assessments of satisfaction with healthcare were often associated with situations in which basic healthcare needs had been met, although certain limitations remained in the healthcare process. An older adult from Residential Group 11 shared:

"I still have access to medical examinations when needed, and my family also cares for and supports me. Basic medications are generally available. However, my health is no longer as good as it used to be. I often experience back pain, and my blood pressure is sometimes unstable, so I have to monitor it regularly. I have also not been able to maintain a regular exercise routine or undergo health check-ups consistently. Therefore, I feel that my current healthcare arrangements meet my basic needs, but there are still some aspects that need improvement." (In-depth interview, Male, 68 years old, Upper secondary education, Retired, Residential Group 11, Dong Da Ward, Hanoi, Vietnam).

Similarly, another older adult from Residential Group 11 stated:

 Copyright © The Author, 2026

Volume: 09, Issue: 06 November - December 2026

ISSN 2582-0176

"Overall, I would rate it as average. I can still take care of my daily needs independently and can access medical examination and treatment when necessary. However, I have started experiencing health problems, such as joint pain and frequent fatigue, while my regular health monitoring has not been consistent. I live alone and still have to run my fruit-selling business, so sometimes I only go for a medical examination when it becomes necessary. If I had more time and better conditions, I would like to take a more proactive approach to looking after my health." (In-depth interview, Female, 65 years old, Lower secondary education, Fruit vendor, Residential Group 11, Dong Da Ward, Hanoi, Vietnam).

In Residential Group 27, another older adult also mentioned difficulties associated with long-term healthcare:

"I would rate it as average. I can access medical examinations when needed, have medication for treatment, and receive support from my wife in my daily activities. My diabetes is still being monitored and has not yet affected my daily life too severely. However, I still have health problems, particularly the need for long-term treatment and occasional recurrences of spinal pain. My ability to exercise is also limited, and the costs of medication and medical examinations are expenses that I have to take into account." (In-depth interview, Male, 70 years old, University education, Retired, Residential Group 27, Dong Da Ward, Hanoi, Vietnam).

These accounts suggest that meeting basic healthcare needs helps older adults maintain a relatively stable health status. However, limitations in regular health monitoring and proactive self-care continue to influence their perceptions of satisfaction with their own healthcare.

7.0 CONCLUSION

The findings indicate that the overall level of satisfaction with healthcare among older adults in Dong Da Ward, Hanoi, Vietnam, remains relatively modest. Among the three dimensions examined, the capacity for self-care had the highest proportion of satisfied respondents, followed by the convenience of accessing medical examination and treatment when needed, and the quality of medical examination and treatment received. Notably, neutral assessments accounted for the largest proportion across all three dimensions, suggesting that healthcare provision has generally met some of the basic needs of older adults, although certain limitations remain.

The in-depth interview findings further clarify these assessments. Older adults who were satisfied with their capacity for self-care tended to take a proactive approach to maintaining appropriate dietary habits, engaging in physical exercise, taking medication, and monitoring their health status. Meanwhile, those reporting a neutral level of satisfaction continued to face difficulties in accessing regular health check-ups, maintaining proactive healthcare practices, managing their time, and covering the costs of medical examination and treatment.

8.0 RECOMMENDATIONS

Based on the research findings, this article proposes several recommendations to improve the level of satisfaction with healthcare among older adults in Dong Da Ward, Hanoi, Vietnam.

 Copyright © The Author, 2026

First, the quality of medical examination and treatment services for older adults should be further improved. Healthcare facilities should focus on enhancing professional standards, improving staff attitudes towards patients, reducing waiting times, and strengthening medical consultation and treatment guidance. Particular attention should be paid to health monitoring for older adults with chronic diseases, thereby better meeting their long-term healthcare needs.

Second, greater efforts should be made to facilitate older adults' access to healthcare services. Local authorities should coordinate with healthcare facilities to provide more information about medical examination and treatment services, organize consultation activities, and conduct regular community-based health check-ups. At the same time, particular attention should be given to supporting older adults who experience mobility difficulties, have limited financial resources, or lack family support, in order to ensure that they can access healthcare services whenever needed.

Third, communication, consultation, and guidance activities should be strengthened to encourage older adults to take a proactive approach to their own healthcare. Support should focus on maintaining a balanced diet, engaging in physical activities appropriate to their physical condition, taking medication as prescribed, and regularly monitoring their health status. Furthermore, the roles of families, residential groups, and mass organizations should be promoted in encouraging and supporting older adults to maintain healthy practices, identify unusual health symptoms at an early stage, and seek medical examination and treatment when necessary.

Overall, improving older adults' satisfaction with healthcare requires a coordinated approach that combines improvements in healthcare service quality, enhanced access to healthcare services, and the strengthening of individuals' capacity for self-care.

REFERENCES

1. Chu, T. L. (2026). Comprehensive digital transformation in Vietnam: Strategies and challenges for older workers in Vietnam. Institute of State Organizational Sciences and Labour. https://isos.gov.vn/nghien-cuu-trao-doi/chuyen-doi-so-toan-dien-o-viet-nam-chien-luoc-va-thach-thuc-cho-lao-dong-la-nguoi-cao-tuoi-o-viet-nam-43934.html
2. General Statistics Office. (2024). Key findings of the 2024 mid-term population and housing census as of 00:00 on April 1, 2024. Statistical Publishing House.
3. Goodrich, G. W., & Lazenby, J. M. (2023). Elements of patient satisfaction: An integrative review. Nursing Open, 10(3), 1258–1269. https://doi.org/10.1002/nop2.1437
4. Klose, K., Kreimeier, S., Tangermann, U., Aumann, I., & Damm, K. (2016). Patient- and person-reports on healthcare: Preferences, outcomes, experiences, and satisfaction – An essay. Health Economics Review, 6, Article 18. https://doi.org/10.1186/s13561-016-0094-6
5. National Assembly. (2009). Law on the Elderly (Law No. 39/2009/QH12).
6. Nguyen, T. T. T. (2023). Applying digital technology to adapt to active ageing in the era of global population ageing. Vietnam Journal of Science and Technology. https://vjst.vn/ung-dung-cong-nghe-so-thich-ung-gia-hoa-nang-dong-trong-ky-nguyen-gia-hoa-cua-the-gioi-56572.html

 Copyright © The Author, 2026

Volume: 09, Issue: 06 November - December 2026

ISSN 2582-0176

7. Trinh, T. Q. (2020). Promoting the role of older adults as a resource in socio-economic development in response to Vietnam's population ageing [Ministerial-level research report]. Vietnam Academy of Social Sciences.
8. World Health Organization. (2015). World report on ageing and health.
9. World Health Organization. (2025a). Ageing and health. https://www.who.int/vietnam/news/fact-sheets/detail/ageing-and-health
10. World Health Organization. (2025b). Integrated care for older people (ICOPE): Guidance for person-centred assessment and pathways in primary care (2nd ed.). https://www.who.int/publications/i/item/9789240103726

 Copyright © The Author, 2026