

ANALYSIS OF HUMAN RESOURCES MANAGEMENT IN COMMUNITY HOSPITALS IN CHINA

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This paper therefore aims to discuss how to improve the human resource management of community hospitals in China. This paper therefore aims to discuss the current situation of HRM in Chinese community hospitals and the HRM issues exposed by the new epidemic.

Key words: community hospitals; human resource management; challenges.

Introduction

With the outbreak of the new crown epidemic in 2019, China has adopted a unique approach to epidemic prevention. Primary hospitals, represented by community hospitals, have taken on the task of epidemic prevention in addition to their basic daily work. Primary hospitals, represented by community hospitals, are the main force in carrying out epidemic prevention work and are truly the gatekeepers of people's health. Although the human resource management system in Chinese hospitals has made great progress in recent years, there are still many problems, especially in the case of public health emergencies, which have caused many contradictions between the already inadequate human resource management system and the reality of Chinese hospitals.

Community hospital in China

Community hospitals take communities, families and residents as the service object, take the health of residents as the center, provide basic medical services and basic public health services for common diseases, multiple diseases and chronic diseases, and are non-profit medical institutions [1].

After the medical service capacity reaches a certain level of Community Healthcare Centers and health centers, and with actual open beds of 30 or more are China's community hospitals [2].

With the decreasing of health centers, on the contrary the number of high-quality Community Healthcare Centers has been increasing. Therefore, we regard the Community Healthcare Center as the research subject of the community hospital. By the end of 2020 there were 35365 Community Healthcare Centers in China, accounting for 36.5% of the number of primary medical and health institutions [3].

Economic foundations of its functioning

The income of government-run community hospitals is composed of government financial subsidies and service charges (including medical service

revenue and public health service revenue), and at present, the pharmaceutical revenue is no longer the main financing method for community hospitals [4].

When the central government allocates transfer payment funds, it mainly considers factors such as the number of permanent residents in the implementation of basic public health services in various localities, the national basic standards, and the proportion of the central and local governments.

From 2016 to 2020, according to data from the National Bureau of Statistics of China, China's annual health expenditure has increased year by year. Government expenditure on health of 2020 has reached 2,199,830 million yuan [3].

HRM issues in community hospitals

Human resource management in hospitals in China has gone through four historical stages and is currently in its fourth stage. I analysis the human resource management issues of Chinese community hospitals based on the Harvard Model and the HR Value Chain Model.

Employee

Community hospitals lack a recruitment plan and initiative in recruitment. They are overly dependent on their parent units for recruitment. Many positions went unregistered, and no staff could be recruited, even if there were long-term employment positions in vacant.

A shortage of medical staff. According to the end of 2019, the ratio of doctors to nurses in Chinese Community Healthcare Centers and sites cannot reach 1:1, while ratio of doctors to nurses has reached the level of 1:4 as in Finland and the United States. China's grassroots doctors work an average of 9.1 hours a day on weekdays and 4.7 hours a day on rest days [5]. Under normal circumstances, even if the recruitment of medical staff is insufficient, community hospitals can barely maintain their daily work. And the outbreak of COVID-19 has increased the workload of hospitals. Community hospitals can't be able to carry out their normal daily operations with the shortage of medical staff, and have to choose to suspend outpatient clinics and other operations, keeping only emergency services. Staff in community hospitals need to take on many additional tasks in addition to their own work.

A shortage of professionals. On the one hand, the management of the hospital basically comes from the clinic, and rarely has the educational background of management, only 7.2% of the managers have a postgraduate degree or above [3].

In addition, the COVID-19 prevention and control plan during the epidemic requires community hospitals to arrange psychological counselors at isolation points, and in fact, community hospitals are very short of talents in this area, usually by doctors from other departments. Similarly, although current community hospitals are responsible for nucleic acid sampling, because they

do not have the equipment and staff to conduct nucleic acid testing, samples usually need to be sent to a higher level for testing.

Training

The training system and training content need to be improved. There is a shortage of grass-roots medical staff, and the busy work makes it impossible for doctors to take free time to study and grasp what they want to learn. And advanced training basically requires employees to go to higher-level hospitals to learn, and community hospitals themselves cannot provide such training. In the face of a public health emergency such as the COVID-19 pandemic, it can become tricky without training and learning on infectious disease prevention and control.

Compensation and Benefits System

According to the 2021 China Grassroots Doctor Insight Report, 1/3 of grassroots doctors have a monthly income of less than 5,000 yuan. At the same time, the report also shows that more than 80% of grassroots doctors hope that their monthly income can exceed 10,000 yuan [5]. Therefore, community hospitals need to improve the treatment of employees and improve the salary system.

Community hospitals, as representatives of grass-roots hospitals, also face the problem that employees are not only troubled by work but also have problems with learning and career development. These troubles seriously affect their happiness and motivation. Therefore, it is necessary to consider employee motivation in the compensation and welfare system.

Conclusion

Community hospitals, as representatives of grassroots hospitals, are not only the gatekeepers of people's health, but also an important part of China's medical system. Community hospitals are currently facing many challenges, and there are many areas for improvement in human resource activities. They are the following:

- 1) lack of recruitment plan and initiative in recruitment;
- 2) shortage of medical staff;
- 3) lack of management background in management;
- 4) lack of professional and technical personnel;
- 5) difficulties in business training;
- 6) long working hours;
- 7) employee incentives.

At the same time, the number of contradictions have become particularly prominent under the catalysis of the epidemic, specifically

- 1) the shortage of medical staff;
- 2) the lack of professional and technical personnel;
- 3) the unmet needs of employees for professional training.

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