



# Exploration of Issues Related to the Welfare of Medical Personnel in Grassroots Hospitals

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## ABSTRACT

Grassroots hospitals, like other medical service institutions, are public welfare undertakings that the government provides services to the people. Because of its close to home, quick medical treatment, and good effect, grassroots hospitals have an important role in the treatment of small diseases. However, this feature also brings the drawbacks of heavy tasks, low pay, and low status for medical workers, which directly lead to difficulties in the introduction of outstanding talents and the loss of current workers. Given this situation, this paper discusses how to supplement the existing programs to solve these problems through literature comparison, puts forward the program of improving welfare benefits, and brings views on the existing problems and how to further improve the living standards of grass-roots doctors.

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## Introduction

On July 12, 2022, the National Health Commission of China issued the Notice on Several Requirements for the Implementation of the Party's Health and Health Work Policy in the New Era focusing on the grassroots in the Health System. The circular stressed the need to increase investment and improve the welfare of grassroots medical workers. To further implement the policy, the Health and Health Commission has taken into consideration the promotion of the welfare benefits of grassroots medical workers from multiple perspectives in terms of specific measures. From doing a good job of grassroots investigations to the establishment of a special welfare policy to doing a good job of supervision and evaluation and a series of processes, we have put forward detailed measures. Among them, it is proposed to raise the salary level of primary medical workers. In terms of graded treatment, it is not difficult to see how much attention the state attaches to the quality of work and life of grassroots hospitals and workers. However, looking back at the present, it is still difficult to solve the problems that the workload of grassroots staff is higher than the compensation, the status is difficult to

get attention to, the unemployment rate is high, and the talent is easily lost. To improve the lives of medical workers, national policies alone are not enough, and more needs to be tailored to practical practices and joint efforts across multiple themes. Only grassroots medical workers can truly stay on the front line of grassroots treatment.

## 1. Situation Analysis

A striking problem with current research on primary health care workers and their policies is that there is agreement only on salary. In the "Increasing Investment in Grassroots Medical and Health Care to Improve the Capacity of Grassroots Medical and Health Care Services in Rural Areas" submitted by NPC deputies, they pointed out that the salary, working environment, and promotion space of medical workers are important reasons for the failure of grassroots workers to retain talents. In the "Reply to Proposal No. 1409 of the Second Session of the 13th National People's Congress" by the Health Commission, only the salary of medical workers in service was highlighted. Even just mentioned in the "Notice on several requirements for the implementation of the

Party's health and health work Policy in the New Era with a grassroots focus on the health system", only salary treatment is regarded as the focus and main requirement.

Salary is the basic survival and development of primary medical workers. This must be faced to retain them, and this issue must be solved. But is it just a salary rise that health workers need? Health care relationship, management/hospital policy, work recognition and recognition, personal growth and development, family and work balance, workload, work itself, salary, and benefits [1]. Everything I have just mentioned plays a vital role in the professional life of medical workers. Each of these areas, not just salary, needs to be guided by more rational and more beneficial mechanisms for health workers if they are to improve their situation. Because not all problems can be solved by raising wages [2], increasing wages cannot solve the high-pressure problem. High wages cannot solve the issues of most medical disputes in grassroots hospitals, and there is a need for more attention to grassroots workers. Therefore, for grassroots medical workers, just increasing investment and improving the salary level of medical workers will still be limited in improving the lives of medical workers.

Even if the salary issue is getting much attention, many places must improve. First, look at the current salary level of grassroots hospitals: the salary level of medical staff in most public hospitals could be higher, and most of most are dissatisfied with their salary level [3]. This dissatisfaction mainly comes from the particularity of the doctor's profession itself and the mismatch between the doctor's salary and occupational pressure. The challenges and pressures doctors face are enormous. Living under the pressure of life every day, emotions are always filled with depression and worry. Most doctors would argue that they are paid too little for what they do. However, the current salary level is still influenced by many factors, such as hospital type, job type, educational background, establishment, etc., affecting aspects of salary satisfaction. Although these factors are reasonable, for doctors, the intensity and difficulty of most people's work is not related to it, and many people with more vigorous work intensity and difficulty have lower salaries. The "equal pay for equal work" proposal by Song Weijian and others is excellent, and many doctors' existing factors cannot be why doctors do not get better pay. The compensation system needs to be made more reasonable to respond to the efforts of

most of the primary healthcare workers.

Moreover, compensation is a challenging problem for most primary hospitals, subject to their conditions and the nature of their workers. Policy changes make it difficult for grassroots workers to raise wages quickly. Therefore, another term for compensation is more practical in this case: welfare treatment. Benefits are more flexible than wages. It will improve the form of primary medical workers from a single level of compensation to a variety of ways of flexible compensation [4]. For example, increasing wages to increase paid leave or replacing the salary with more perfect, appropriate subsidies that doctors need. This change has two benefits: First, for many primary hospitals, it is more realistic. Raising the level of compensation is a kind of pressure on hospitals, not to mention paying the equivalent of the actual remuneration paid by each doctor. It is an onerous requirement for hospitals, and it is difficult for hospitals to implement it. Hospitals can regard welfare treatment as long-term financial compensation [5], which first reduces the pressure on hospital finances.

Moreover, flexible compensation is more conducive to institutional implementation. For grassroots workers, each benefit is more important than more welfare treatment. It is more difficult to establish a mechanism system than a large hospital. Moreover, even primary hospitals, which are the same size as hospitals, are also public and private. Scholars have investigated the policies proposed by the central government; public hospitals tend to be better implemented than private hospitals. Even if it is strong enough to implement policies, it is unnecessary to mention the self-conscious policy of improving welfare treatment [6]. Therefore, in this case, the lower the execution pressure, the better the degree of implementation. Second, this variety of compensation changes also helps to better meet the doctors' needs in more aspects [7]. Establish better welfare models for doctors, such as transparency and openness in the medical diagnosis process, which can effectively reduce the probability of medical disputes in the hospital in the event of accidents.

Regarding personnel system arrangements, medical workers can reduce stress and arrange more rest time by reasonably arranging holidays and personnel arrangements. Regarding internal management mechanisms, better management means a better working environment for medical workers. Therefore, flexible compensation changes are meant to meet the

needs of medical workers in more ways. Therefore, we should consider improving the specific situation of medical workers.

## 2. The dilemma of welfare treatment

Improving welfare benefits is a measure that can be better implemented to meet various needs. However, due to the complexity of welfare treatment and the uncertainty of its implementation, improving welfare treatment in primary hospitals is still faced with many difficulties.

### (1) *The complexity of welfare benefits itself*

The welfare package itself includes many things. It not only includes the increase in salary level but also includes holiday planning, humanization adjustment at work, holiday gifts, etcetera, which belong to the category of welfare treatment. This sounds diverse and allows managers to adjust flexibly. However, this is only the classification of measures, and the actual layout and planning need to be flexibly adjusted by each hospital according to the actual situation [8]. For example, for medical workers who live in a high-pressure environment every day, if the company can replace the role of other benefits by providing holiday gifts during the holidays, then this kind of welfare itself does not play a substantial role in helping medical workers.

Similarly, for doctors living in poor conditions without a salary, simply giving them holidays or leisure work will not substantially help. Moreover, some types just mentioned are only allowed in sufficient conditions. If the staff of a hospital department is small, then the duty schedule is difficult to be reasonable, and there is no way to give appropriate holidays. If there is a gap in the amount and difficulty of tasks between some departments and other departments, it is not appropriate to increase their salary level without cause. Therefore, hospital managers need to consider how to arrange practical benefits carefully. The arrangement needs to be realistic and prevent unexpected situations; otherwise, it will spend a lot of effort to do useless things. Not to mention, benefits are a more flexible way for hospitals to compensate medical workers than salaries. More flexibility means not only more flexibility but also more consideration and countermeasures. Managers must respond to the needs of each person in a misplaced manner without affecting the operation of the entire hospital. For wel-

fare benefits, the setting itself is a difficult and complex topic, and most managers are often unwilling to spend such efforts, which also makes most of the welfare benefits eventually become a muddling through.

### (2) *Uncertainty in the implementation of benefits*

In implementing the uncertainty of welfare treatment, there are various problems with whether the welfare treatment system can be implemented. As mentioned above, the implementation effect of private hospitals is not so good because welfare treatment is not a mandatory measure, and even in national policies, the improvement of welfare treatment tends to be more as a means of stimulating the introduction and preventing the loss of personnel. For private hospitals, improving welfare treatment requires consciousness, which determines that not all hospitals can implement and do an excellent job in welfare treatment.

Different hospitals respond differently to a social policy. It is rare to actively respond to reform policies and make subjective initiatives to effectively change the quality of life of medical workers in a natural way. However, it is more superficial, formalistic, and errand feedback for most hospitals. Most of this policy is difficult to monitor, as an example of whether doctors know about education. For this policy, it is simple to test its implementation, if it goes directly into the group of doctors, to detect whether their service consciousness has changed and improved. However, in the implementation of welfare treatment policies, the requirement object is fundamentally different. If the policy of organizing education learning requires doctors, the doctor's reality can reflect some problems even if the hospital handles errands. However, for welfare policy, the fundamental requirement is the hospital itself. This situation is not suitable for doctors. Even if it is checked, the hospital will be ready one day in advance. To avoid direct conflict with the hospital, even if the hospital puts forward the corresponding requirements, there will be no excessive resistance. Most doctors still acquiesced in the hospital's behavior and performed with the hospital. This is because workers' awareness of rights protection cannot compete with actual power. In this case, it is difficult for us to make accurate tests on the actual situation of doctors.

If we decide on the actual situation of doctors, it may affect the improvement of the actual situation of medical workers in the future, make unrealistic pol-

icies, make unrealistic claims, and so on. Once such problems arise, they will hinder the improvement of doctors' actual situation.

In addition, in the implementation, this uncertainty still exists in the actual effect and conditions. For a policy, there may be many changes and adjustments in a period, during which period many primary hospitals do not have the cost and conditions to continue to try and fail. This will lead to greater stress in the transformation of hospitals, greater competition with other hospitals, and greater pressure on retaining talent and staff.

To sum up, whether it is the concept of welfare benefits itself or the difficulties in the implementation of welfare benefits, there are still some difficulties in the improvement of welfare benefits for medical staff.

### 3. Solution

#### (1) Go deep into practical problems

First, the dilemma of the welfare state should be understood; because of the complexity of the problems it encounters, the reasons for the obstacles it encounters are also complex. Therefore, when analyzing such problems, we must adhere to specific problem-specific analysis [9]. There must be different solutions to different problems. For policies supported by health care workers, find reasons to support them and vice versa. Insist on everything from the perspective of medical workers, everything back to the medical workers. At the same time, the selection of actual cases and pilots should start from small to large, and it is best to start with grassroots hospitals at the county level [10], where the demands of medical workers can best represent the most basic demands and most demands of all medical workers for welfare benefits. Moreover, grassroots hospitals generally play a more core role in county-level cities, and we can also think about improving the status of grassroots medical workers by analyzing the cases of county-level grassroots hospitals.

We can do both to seek truth from facts and go deep into the problem. On the one hand, from the top down, we need the management to have such a sense of responsibility and action to go to the grassroots to understand the actual situation of grassroots doctors. On the other hand, we also need to come from the bottom up. Doctors need to have enough effective feedback channels and public power comparable to that of management personnel in hospitals, and they

also need to have a sense of rights protection. In any case, for the welfare of grassroots medical workers, both sides need to raise awareness and strengthen the relevant awareness education. More importantly, promoting this awareness needs the incentive of successful cases. Only when successful cases appear can it play the role of deterring managers and motivating grassroots workers.

#### (2) Policy refinement

For the complexity of welfare benefits themselves, the best way is to make an acceptable policy to minimize their impact. For complex and difficult-to-understand problems, detailed and rigorous welfare policies and mechanisms can be better solved. Here, we can think of the so-called more refined policy as a kind of rule, which, according to Giddens, is essentially man's domination of matter, and here, man is not merely a manager. A good, refined rule should be the control of substances proposed by managers and medical workers. This rule affects the resources, that is, the so-called domination of one group of people over another, that is, the so-called personalized arrangement of welfare benefits for everyone. If everyone completes this policy, acceptance will improve when they get the corresponding welfare treatment. The refinement of this policy not only comes from the needs of everyone but also is an adaptive measure of grassroots hospitals to national policies.

This refinement includes not only the new system but also the improvement of the old system. It includes not only the design of the system by those who make it but also the investigation of the actual situation by those who implement it. Because most systems can only represent general generalizations, managers must be able to apply policies to improve actual conditions accurately. This requires managers to improve their service capabilities and continuously invest more management talents.

#### (3) Establish supervision and feedback mechanisms.

The supervision and feedback mechanism are the best guarantee for the implementation of policies. What is needed for such supervision and feedback is not necessarily the power of the government but the power of rules. In Bourdieu's view, rules as a legitimation mechanism can guarantee power. And this invisible symbolic power is often more powerful than the explicit power. Supervision can serve as a potential internal discipline and directly make the welfare

improvement process more transparent and obvious. However, more than mere supervision is needed to guarantee the implementation of the policy, and it also needs to get effective feedback. The problem's solution requires timely detection and correction of the problem, as well as continuous follow-up improvement and optimization. To achieve both, it is important to establish corresponding feedback mechanisms in the future.

For this monitoring feedback mechanism to operate normally, it has two characteristics: long-term preservation and transparency. For this mechanism, long-term preservation mainly plays a retrospective role. For every doctor, a case that can be stored for a long time can help them provide clear information when policies change when they need to defend their rights, and when they need reference cases. For the government and administrators, each clear and definite case is valuable information for improvement, which can provide a basis for further reform and promotion of medical policies in the future. Therefore, to achieve these two objectives, the durability of such a mechanism requires some substantive practices. First, the records need to be detailed and precise, including the design of the benefits of each doctor's plan, the comparison with the policy provisions at the time, and the actual realization of the situation to prepare for later information. Second, the doctor must determine or fill in the information related to the doctor's actual condition to avoid the emergence of false information, avoid this mechanism, and present a "false prosperity" state.

Transparency is relatively more important, and what is mentioned in long-term preservation is filled in by the doctor himself, which needs to be achieved according to this nature. Transparency and openness are essential to all oversight mechanisms. Long-term preservation also depends on the existence of this nature, and the significance of this transparency is not only for doctors but for the whole society; it needs this role of transparency and openness. The significance of supervision is not only reflected in the protection of the parties' interests but also the imperceptible improvement of the external prestige of this policy.

#### *(4) Incentive and improvement*

So far, most national policies have proposed improving welfare benefits in two ways: attracting medical talent or retaining displaced workers. However, we also need to respond to the hard work of health-care workers. However, what they need is not im-

provement but motivation. Although many medical workers stick to their posts, they need more enthusiasm [11]. The welfare treatment itself has both the incentive and the benefit of the people [12], and its role is not only to attract and retain talents but also to improve the enthusiasm and stimulate the work enthusiasm of primary medical workers.

The lessons of history have taught us the importance of motivation. The Soviet Union adopted a system of surplus grain collection, which led to a sharp decline in food production except for soldiers. They have in common that farmers and medical workers at that time considered their duty and lacked the attention they should pay. Whether they provided food for soldiers at that time or saved lives today, we cannot deny their irreplaceable obligation. However, the consequences of the surplus grain collection system will not be resolved many years after the war's end. The same is true for working doctors. Perhaps on-the-job doctors are diligent in their jobs, and even if the benefits offered are not changed or affected, once a consensus on the benefits of doctors is not too high, it will have a greater impact on the retention of medical talents and prevent the loss of doctors. Therefore, whether it is to preserve the current doctor or attract future talents, it is the only way to provide better benefits for the current on-the-job doctor.

## 4. Summary

The improvement of welfare benefits plays a multi-level role in improving the actual work and life quality of medical workers. Compared with the simple discussion of salary, talking about welfare benefits gives them more flexibility and practicality and has relatively low hospital requirements. However, due to the complexity of the current problems of improving welfare benefits, more time may be needed for a particular discussion. However, for primary health care workers, the beginning of this change can always start to better tangible improvements in their lives.

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