



Human Resources Development and System Design in Primary Medical Care Organizations in Urban Areas in China

Fang Pengqian

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Preface

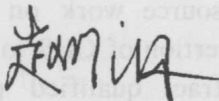
It is widely recognized that the chief task to improve the primary health service in both the health care system reform and the worldwide health care service. As the community health service institution plays a fundamental role in the primary medical care organizations of urban area, the community health service (CHS) has been an essential part of urban health system, and it has been the most important strategy for achieving *Health for All* by 2020. Human resources, which are one of the most important resources of health service, are the foundation of CHS delivery. For this reason, optimizing the CHS human resources is the significant component to improving primary health service.

However, there still exist some problems and barriers in the human resource work on community health service, which affect function exertion of CHS to some extent. Firstly, it is difficult to introduce and attract qualified personnel to work in CHS institutions and the qualification of the personnel becomes the bottleneck of improvement of service capacity in CHS institutions. Secondly, the reserve of human resources for community health (HRCH) is insufficient. Currently, the availability of general practitioners and medical knowledge of the staff in CHS institutions cannot meet the growing health demands of community residents. Thirdly, the existing unreasonable allocation standards of HR restrict the function of CHS institutions. Finally, sustainable strategies to improve the capacity of HR are still under exploring.

In the background of new health care system reform, this work has a modern subject with a large number of samples and comprehensive data, using the multi-disciplinary analysis. It makes the spot empirical study in the basic health demands and needs for CHS of urban residents in surveyed districts, and collects some typical cases and data up to date, by

means of questionnaire survey, in - depth interview, focus group discussion, etc. This research details HR ability and quality demand and further improves its allocation standards in CHS institutions by reasonably testing the standard workload of professionals and deeply analysing the stability and ability building situation and its related factors. On the basis of that, this research aims to structure the HR performance evaluation and payment index system in CHS and further structure overall model of HR development system which meets the demand of urban CHS delivery in China. Besides, the research summarizes the experience of HR system reform in CHS and therefore proposes policy suggestions to the HR development of CHS in China and other comparable developing countries, with special reference to health care system reform and related system designs in primary medical care organizations.

Based on my acquaintance with Professor Fang Pengqian who has been working at Tongji medical college in Huazhong University of Science and Technology with a strong educational background in Peking University and Stanford University, I believe he has been an expert devoting himself to health policy and hospital management research for many years. This book does not merely embody his diligence and academic skills, but also demonstrates his focuses on the health care system reform in China.



September 3rd, 2012

Foreword

The concept “community health” (CH) first appeared in the governmental document *Decisions of the Central Committee of the Communist Party of China and the State Council Concerning Public Health Reform and Development* (No.3 [1997] of the central committee of the communist party of china) in 1997. This document indicated that CHS had progressed into the initial stage. In 1999, in the document *Suggestions on Urban CHS Development* (No.326 [1999] of the Ministry of Health), policies and strategies to develop CHS and CHS development goal in 2010 were proposed, which marked the pilot phase of CHS development. CHS system framework has begun to take shape from 2000 to 2005. In 2006, the State Council published *The Guiding Suggestions on Urban CHS Development* (No. 240 [2006] of the State Council) and its nine supportive documents, which indicated that CHS development model became clearer.

2012 serves as a linkage between past and future in the process of health care system reform. In this year, the reform obtained initial success, while the state council published *The Development and its Scheme of Deepening the Health Care System Reform Between the Twelfth Five-Year*. This document clearly proposes the necessity to improve the service capacity of primary medical care organizations and to continuously support the building of standardization of CHS institutions according to the principle of filling up and making even. Additionally, this document states that the contradiction between the amount and the component of skilled labor still exists. Besides, the deeper investigation about the issue of CHS system is coming along with, the more awareness of the significance of the complicated interest relationship determining the way of health care system reform when it comes to the primary medical care organizations. On the basis of the research platform, of *the Major Project in Philosophy and Social Science of the Ministry of Education* and *the China – Australia Health and HIV/AIDS Facility*, and

the received achievement, the new research achievement is integrated in this book as a supplement to investigate the evolution origin of the primary health service with the view of human resource building.

This research analyses the situation and problems of HR in CHS institutions and summarizes the experience of HR system reform in CHS by means of quantitative survey, qualitative evaluation, typical cases analysis and interviews with related people about performance evaluation, payment design and other index systems, in order to propose policy suggestions to the HR development of CHS in China and other comparable developing countries with reference to health care system reform and related system designs in primary medical care organizations.

The content includes: Introduction (Fang Pengqian), Chapter 1 *Analysis of Community Residents' Community Health Service Needs and Utilization* (Fang Pengqian, Fu Xinqiao), Chapter 2 *Study on Human Resource Allocation Standards in Community Health Service Institutions* (Chen Jing, Fang Zi), Chapter 3 *Analysis of Human Resource Management System in Community Health Service Institutions* (Tang Changmin, Zhang Chunmei), Chapter 4 *Evaluation of Development Strategies of Human resource capacity building in Community Health Service Institutions* (Fang Pengqian, Zhu Haidi), Chapter 5 *Analysis of Contributing Factors of Human Resource Capacity Building And Stability in Community Health Service Institutions* (Xiong Chang'e, Luo Zhenni), Chapter 6 *Research on Performance appraisal of Human Resource in Community Health Service Institutions* (Zhang Fengfan, Li Lu), Chapter 7 *Study on Payment System in Community Health Service Institutions* (Fang Pengqian, Yao Yao), Chapter 8 *Study on System Framework of Human Resource Development in Community Health Service Institutions* (Zhang Jin, Fang Pengqian).

This book could be considered as the reference book for managers in health administration institutions and related government departments, senior managers in different kinds of public hospitals, as well as the text book for teaching and researching in colleges and related training institutions majoring in health care management, CH, medical insurance, health resources and so on.

Since the HR development theory and method involved in CHS institutions is of wide range, with insufficient time and limited level of written English, this book may have some mistakes and omissions that earnestly need readers' criticism and corrections.

Finally, thanks a lot for vigorous support and cooperation of the team workers. Let us pay more attention to the development of primary medical care organizations, take care of the HR in CHS institutions and struggle for a better future of "Health for All by 2020".

Fang Pengqian

September 3rd, 2012

Introduction

Background

Chinese medical and health care system was characterized by the dual structure because of the dual economy. In terms of health care service system, the three-tier medical care system (county-town-village) was established in rural areas, and the two-tier medical care system (hospital-community) was established in urban areas. Community health service (CHS) was an essential part of urban health system, and it was the most important strategy for achieving “health for all by 2020”. China had gradually established the health service system largely (its main parts were hospitals and primary medical care organizations) in urban areas since 1949. And the concept “community health” (CH) firstly appeared in the governmental document *Decisions of the Central Committee of the Communist Party of China and the State Council Concerning Public Health Reform and Development* (No.3 [1997] of the Central Committee of the Communist Party of China) in 1997. This document indicated that CHS progressed into the initial stage. In 1999, in the document *Suggestions on Urban CHS Development* (No. 326 [1999] of the Ministry of Health), policies and strategies to develop CHS and CHS development goal in 2010 were proposed. This stage was the pilot phase of the CHS development.

CHS system framework has begun to take shape from 2000 to 2005. Some relevant governmental documents such as *Suggestions on Development of General Medicine Education* (No.34 [2000] of the Ministry of Health), *The Guiding Suggestions on Urban Medical System Reform* (No.16 [2000] of the

State Council), and *Suggestions on Acceleration Development of Urban CHS* have been issued. In 2003, national CHS demonstration area activities started, and CHS activities were carried out excellently in Tianjin, Shanghai, Beijing, Shenyang, Yinchuan, Chengdu, Wuhan, Shenzhen, Ningbo, Hangzhou, Guangzhou, Guiyang, etc.

In 2006, the State Council distributed *The Guiding Suggestions on Urban CHS Development* (No. 240 [2006] of the State Council) and its nine supportive documents, which indicated that the CHS development model was clearer. The guiding suggestions further clarified the guiding philosophy, the basic principle and the goals of urban CHS development, and concrete policy measures were stipulated in 12 aspects. In order to fully implement the guiding suggestions and follow the national conference on urban CHS, the Ministry of Health, the State Commission Office for Public Sector Reform, the National Development and Reform Committee, the Ministry of Personnel, the Ministry of Finance, the Ministry of Civil Affairs, the Ministry of Labor and Social Security, and State Administration of Traditional Chinese Medicine jointly promulgated nine supportive policy documents such as *The Guiding Suggestions on the Organization and Staffing of Urban CHS Institutions* (No. 96 [2006] of the State Commission Office for Public Sector Reform).

Up to now, national CHS network has been established. CHS institutions are backbones that provide the primary health service in urban areas. CHS institutions consist of CHS centers and stations, and their goals are to meet the health service demand of urban residents and improve people's health. Their six service contents include community prevention, health care, medical care, health education, rehabilitation, and family planning services. Some CHS institutions originated from street hospitals or first-grade hospitals, and some CHS institutions were newly built. Up to November 2006, 97.4% prefecture-level and above cities and 92.5% municipal districts have carried out CHS. According to the 2010 *China Health Statistical Yearbook*, there were 27,308 CHS institutions in China in 2009 of which 5,216 were CHS centers and 22,092 were CHS stations, and 295,125 health personnel worked in the CHS institutions with 205,996 in the centers and 89,129 in the stations.

Human resources, which is the most important resource of health service, is the foundation of CHS delivery. However, there are still some problems and barriers existing in the human resources work on community health service, which affects function exertion of CHS to some extent. Firstly, it is difficult to introduce and attract qualified personnel to work in CHS institutions, and the qualification of the personnel becomes the bottleneck of improvement of service capacity in

CHS institutions. Secondly, the reserve of human resources for community health is insufficient. General practitioners are not enough and the personnel in CHS institutions cannot meet the growing health demands of community residents because of the limited medical knowledge. Thirdly, the lack of allocation standards of HR restricts the function of CHS institutions. Finally, strategies to improve the capacity of HR are under exploring and are not sustainable.

Some scholars in China have conducted researches on urban CHS, which came up with suggestions and measures of HR building of CHS institutions. Current studies on HR development in CHS have major problems and disadvantages as follows: ① the studies focus on the necessity of the rational allocation of HR with qualitative analysis rather than obtaining the allocation standard with calculation; ② the scholars have pointed out the imperfect HR training system in CHS but fail to put forward a model policy framework; ③ the researchers do not believe that the existing HR development policies and measures in CHS can meet the needs of residents' primary health service, but they fail to perfect them.

In sum, with the residents' increasing health demands and the deepening of health system reform, it calls for higher requirements on CHS. However, China is at the starting stage of the overall construction of CHS institutions. The policies for HR development and capacity building are insufficient. And the local government fails to have supporting measures and sufficient implementation of policies. Therefore, CHS is lack of high quality talents, without the reasonable structure, and facing with the great turn-off.

Therefore, this research aimed at understanding the health needs of urban residents and the status of HR in CHS institutions, exploring the requirements (including the number and the qualification) and allocation of HR, evaluating the existing strategies and policies, analyzing the status of personnel stability and capacity building and their determinants, constructing the HR performance evaluation index system and compensation system, and proposing a policy framework for HR development that is fit for Chinese conditions.

Research Objectives

Objective 1: To understand the primary health service needs, demands and utilization in the sample areas, and this can be served as the basis for the evaluation of the HR allocation criterion for urban CHS.

Output 1.1 Assessment of the current situation of residents' primary health service needs and demands in sample areas

Output 1.2 Assessment of urban residents' CHS utilization and the contributing factors such as medical insurance policies, etc.

Output 1.3 Development of HR allocation's basic standard that meets the current CHS demand of population and ideal standard that meets the current and potential CHS demand of population

Objective 2: To investigate the HR status quo and current strategies in urban CHS institutions (including centers and stations) in sample areas.

Output 2.1 Assessment of the status and problems of HR in urban CHS institutions (including centers and stations)

Output 2.2 Analysis of HR management system in urban CHS institutions

Output 2.3 Evaluation of HR capacity building strategies in urban CHS institutions

Output 2.4 Assessment of the factors that influence the turnover of personnel in urban CHS institutions

Objective 3: To construct a policy framework of HR development in CHS institutions that is suitable to Chinese situation.

Output 3.1 Development of management mechanisms to recruit and retain qualified personnel in urban CHS institutions

Output 3.2 Development of personnel performance evaluation index system and compensation system in urban CHS institutions

Output 3.3 Development of HR capacity development framework and strategies

Output 3.4 Consolidate above outputs into a policy framework on HR development in CHS institutions

Research Methods

Analysis of the Literature and the Document

Literature Review

Review the domestic and abroad literature on CHS institutions' management system, health resource allocation, capacity building, training and development, performance, salary management, etc. Literature review could provide a basis for the research scheme design and the measuring tools' formulation.

Laws, Regulations and Government Policies Analysis

Collect review and evaluate laws, regulations and government policies on CHS, community HR planning, HR allocation standard, personnel administration and so on at national, provincial and municipal levels. It could provide a basis for HR development strategies and policy suggestions.

Second-hand Data Analysis

Collect *China Health Statistical Yearbook*, sample provinces' and cities' *Health Statistical Yearbook*, *The Fourth National Health Service Survey Report*, and other second-hand data, and analyze the health status and health service needs, demands and utilization of residents as well as community HR status quo.

Empirical Study

Sampling Method

As the instance of *the Major Project in Philosophy and Social Science of the Ministry of Education and the China-Australia Health and HIV/AIDS Facility*, multi-stage sampling was used in this project. In the first stage, provinces were sampled according to their economic level and geographic distribution in China. The sampled provinces were Zhejiang Province and Guangdong Province in the east of China, Hubei Province and Hunan Province in the middle of China, and Yunnan Province and Xinjiang Uygur Autonomous Region in the west of China.

In the second stage, according to city size, economic level and CHS status quo, the provincial capital city and one prefecture city in each province were selected as the sample cities. Altogether, 12 cities were sampled. They were Hangzhou and Wenzhou in Zhejiang Province, Guangzhou and Zhuhai in Guangdong Province, Wuhan and Xiangfan in Hubei Province, Changsha and Yueyang in Hunan Province, Kunming and Qujing in Yunnan Province, and Urumchi and Shihezi in Xinjiang Uygur Autonomous Region.

In the third stage, two districts in each provincial capital city and one district in each prefecture city were selected. Altogether, 18 districts from 12 cities were selected.

In the fourth stage, two CHS centers in each district were selected. If there were CHS stations belonging to the center, one of the stations

was selected. Altogether, 36 CHS centers were investigated.

Investigation Contents

1. Questionnaire Investigation

(1) General Information Questionnaire of the Sample Cities and Districts

In the sample cities and districts, the general information of medical institutions, the medical insurance, the health status of population, the health service utilization and CHS institutions were collected (the results were seen in chapters one and four).

(2) General Information Questionnaire of the Sample CHS Institutions

On-the-spot investigation: As for the sample CHS institutions (centers and stations), the main investigation contents were as follows: general information of the institutions, personnel and medical service; personnel training, personnel turnover in recent five years (not included in CHS station investigation), cost, etc.

Correspondence survey: In the sample districts, correspondence survey was conducted to investigate all the other CHS centers using cluster sampling. The investigating contents were the same as the above. The results were described in chapters three, four and seven.

(3) Personnel Questionnaire of the Sample CHS Institutions

Convenience sample was used to investigate the health technical personnel and administrative managers in the sample CHS institutions. As for the former, general information, training, personal evaluation to the institutions' assessment and salary system, career planning, profession identity and job satisfaction were investigated. As for the latter, general information and training were investigated (the results were presented in chapters three and four).

(4) Patient Questionnaire

Convenience sample was used to investigate the outpatients' evaluation to health system responsiveness in the sample CHS institutions (the results were seen in chapter one).

(5) Community Resident Questionnaire

In order to understand the residents' mental health needs, demands and utilization, the project investigated the residents' anxiety or depression and their attitudes to mental health service in Hubei Province, Hunan Province, Zhejiang Province and Xinjiang Uygur Autonomous Region. The sample communities were the ones in which CHS centers were situated (the results were seen in chapter one).

2. In-depth Interview

In-depth interview with the officials in health administrative sectors: interview the officials of health administrative sectors in charge of CHS at provincial, municipal and district levels. The officials were interviewed to understand the HR status quo, problems, reasons and the experience on capacity building such as training, personnel management, etc.

In-depth interview with the managers of CHS institutions: interview the managers in the sample CHS institutions to investigate the HR status, problems and reasons, to understand the status of HR recruitment, training, development, assessment and motivation, to know the influence of the existing local policies on HR management in the CHS institutions, and to seek suggestions to improve HR management.

Conduct in-depth interviews with the health technical personnel of CHS institutions to investigate their training, job satisfaction, turnover intention, their attitudes to salary system, etc.

3. Focus-group Discussion

Making focus-group discussions among health technicians of CHS institutions to investigate their opinions to salary, promotion, career development, social insurance, personnel stabilization, personal ability development, etc.

4. Expert Consultation

The expert consultation on HR allocation standard: the expert consultation was conducted about basic and ideal standards of HR allocation that obtained from previous research. The title structure of the personnel was recommended based on the expert consultation (the results were seen in chapter two).

The Delphi method on the personnel performance evaluation index system in CHS institutions: the experts on CHS and HR management were selected. Two rounds of consultation were conducted to construct different types of personnel performance evaluation index systems for doctors, nurses, medical technicians, public health personnel and administrative managers. The results were seen in chapter six.

The expert consultation on the personnel performance salary system in CHS institutions: the experts on CHS and HR management were selected. Two rounds of consultation were conducted to construct the salary structure, different position salary coefficients, etc. (the results were seen in chapter seven).

5. Case Study

Case study was used to analyze the HR building, performance evaluation, etc. in CHS institutions.

Australian Experience on Community Health HR Development

Experts from Australia were invited to communicate on the HR development of CHS institutions in order to understand and learn from the experience of Australian community health HR development.