Nat. Volatiles & Essent. Oils, 2021; 8(5): 4185 - 4193

A study to understand the perspectives on medical personnel in Chinese public Class A hospitals in a variety of methods

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Abstract

China's health-care system has improved dramatically since the country adopted the reform and opening-up strategy. The population's need for health care is being satisfied to an extent. However, public hospitals, which are the most important providers of healthcare, have been beset by several conflicts of interest in this sector (Hu, 2010). As a result, reforming public hospitals has proven to be the most challenging aspect of implementing comprehensive health care reform (Yan, 2010). Reforming public hospitals, as Minister of Health has stated, is the most difficult assignment. In February 2010, five ministries, including the Ministry of Health, released the Guidelines on the Pilot Reform of Public Hospitals and agreed to reform public hospitals on a trial basis in sixteen cities across the country. This shows that the new hospital reform has begun its long and hard path (Zhou, 2010).

This paper examines the impact of the new healthcare reform on county-level hospitals like Ronggui Hospital through a case study.

This hospital is a Level 2-A rated one and is situated in Foshan City's Shunde District A general hospital and a public institution with its own legal identity. This hospital used to have twelve community medical care service stations, but they are now independent. The growth of public hospitals in the area, as well as the emergence of private hospitals, have heightened the level of market rivalry. The administration of Ronggui Hospital has been arguing how the hospital may flourish in a distinctive way in Shunde and even in the Pearl River Delta region, and this has been a hot topic

Keywords: New healthcare reform, Ronggui Hospital, Strategic management, Market competitive strategy

Introduction

As an essential element of China's healthcare system, county-level public hospitals are located at the heart of the healthcare system in China. On the one hand, they act as a bridge between the urban and rural health care systems. But public hospitals, which are key participants in the rural medical service system, are crucial in helping people overcome the challenges and high costs of getting medical care.

The Chinese mainland has over 20,000 hospitals, of which over 1,000 are "Level Three Grade A" (written as "" in Chinese, meaning the best of all hospitals, usually above county level) comprehensive and specialised hospitals, and over 6,000 are county-level hospitals (2012 China's Healthcare Statistics Summary). Quality medical resources abound at hospitals with Level Three Grade A ratings, making it easy for them to stay in business and grow. The recently adopted healthcare reform divides township hospitals and community health service centres' revenue and spending into two distinct streams, both of which are under the direct control of the federal government. As a result, their continued existence and growth are unaffected. County hospitals, on the other hand, are under pressure from both a high number of hospitals as well as strong rivalry from big-scale hospitals as well as township hospitals (Li, 2012).

After the 1990s tax reform, county-level hospitals were handed back to local governments, who were often strapped for cash and unable to provide the assistance they desired to these facilities. What's more, the launch of the last phase of health reform, which had a market-oriented approach, resulted in fierce rivalry between private medical service providers and state medical service providers of all types and levels. As China's economy expanded, an increasing number of urban and rural inhabitants began to call for better medical care and better health care. Without enough funding, county hospitals would be unable to

maintain their overall strength by either affording necessary medical equipment or retaining qualified personnel (Ji, 2012). As a result, they were forced to put up with a lot of hardship in order to make it.

According to the CPC Central Committee as well as the State Council, county-level health care reform is a major goal for the party. Then-Chairman Mao Zedong said plainly on June 26th, 1965, in his famous Instructions that "focus of medical and health activities must be put on rural regions". Opinions from the Ministry of Health on Reorganizing and Improving Health Services in One-Third of the Counties, as well as Opinions from the Ministry of Health on Strengthening Work at County-level Hospitals, were released in 1980, and they were published consecutively. The Office of the State Council published a Notice of Opinions on Trials of Comprehensive Reform of County-Level Public Hospitals in June of 2012. (the General Office of the State Council, [2012] No.33). When it comes to public hospital reform, the focus has shifted to county-level hospitals since they are considered a critical first step.

Public hospitals are extremely reliant on the overall health of the system. If public hospitals are to serve the public interest, they must first obtain functioning cash. Governments must contribute to the creation of county hospitals and medical equipment under a new health care reform that goes into effect in 2014. Can and will municipal governments, on the other hand, invest? They may go bankrupt if forced to pay off years of healthcare bills. For the time being, county governments' investment in county hospitals accounts for just 1.1% of overall hospital income, if not less (Yao, 2005). Even yet, medical equipment updates take up over 10% of hospital income (whether or not the argument "bad equipment leads to backwardness" is based on this investment is debatable). Local government resource distribution is challenged to fulfil public demand while also keeping pace with technological advances. On the one hand, public hospitals must serve the public interest, while on the other, they must make due with inadequate funding. Medical cost reimbursement is prohibited by the government, yet it is unable to come up with an acceptable solution to medical compensation practise (Chai, 2011). Because of this predicament, hospitals have had to find creative ways to make up for the money they've lost through governmental laws. Some of the methods include health care fraud and the creation of incomprehensible prescriptions in order to sell medicine to patients in the hospital at a considerably greater price than in ordinary drugstores, as well as compelling people to be hospitalised when they do not need to.

According to the Ministry of Health's China Health Statistics Abstract 2012, 80 percent of China's medical resources are concentrated in major cities. And major metropolitan hospitals account for 30% of all hospital beds. Only a third of the medical facilities below the county level can function properly. Another one-third is on the edge of imploding. And the remaining one-third are already disabled. Few specialists are ready to stay in county-level hospitals long-term to serve the grassroots because of the poor salary, outdated medical facilities, and harsh living conditions. In addition, due of knowledge asymmetry, many medical school graduates rush to hospitals in major and medium cities or choose careers unrelated to healthcare. Many medical professionals will not do their jobs unless there is substantial policy backing for them. rather than stay in their current positions, they would go on to better ones after gaining valuable clinical experience (Deng, 2010).

Literature Review

The economic value of county-level hospitals has grown in recent years, but the hospital structure still has to be adjusted. Inspection, examination, and operation fees are the primary source of the additional revenue. Doctors' diagnosis have not resulted in an increase. In addition, hospitals have been managed at random since there is no standard for managing hospital costs (Wu, 2009). As a result of past mismanagement, county hospitals are strapped financially. Weak asset and fund usage means the capital turnover ratio will be negative. According to a study published on January 12th, 2012 in the Guangzhou

Daily, 188 of the province's 192 county-level hospitals were saddled with an average debt of 48.26 million yuan. Only four hospitals have no outstanding debt. An essay titled "How Should County-Level Hospitals Break Through?" According to Guangdong's Deputy Director-General of Health, Liao Xinbo, the operating capital ratio of county-level public hospitals was 1.67 percent on average in 2010. Many county-level public hospitals had a ratio that was much lower than the actual safe boundary number and were caught in a vicious loop with issues such as financial flow shortages.

Despite their enormous numbers, county hospitals only provide a quarter of all outpatient, emergency, and inpatient services. Large metropolitan hospitals are still used to treat more difficult illnesses. County-level hospitals seldom undertake operations costing more than 20,000 yuan. Hospitals at the county level have expanded their scope despite poor use of medical care resources because of an unclear separation of service areas and duties. Due to a shortage of qualified medical staff, many institutions' service quality is still underappreciated. In certain areas, county hospitals compete with medical institutes at the grass-roots level for people in need of basic medical treatment.

For now, the goal of a systemic change is still unachieved:

Health care workers are distributed based on factors including population density, patient demographics, and illness prevalence. The current system, which allocates medical staff based on the number of hospital beds, was put in place in 1978. Depending on where you live, hospitals may even be classified and operated on the basis of the administrative region they are in.

Research Gap

People now have access to better health care thanks to the most recent hospital reform. However, the rivalry amongst hospitals has heated up as well. Many hospital administrators have acted rashly in response to the growing competition. To be more precise, they compete for the purchase of cutting-edge equipment without recognising the benefits and drawbacks of their hospitals, environmental changes as well as possibilities and problems facing their facilities. Regardless of the long-term aims of their hospitals, they are solely concerned with making short-term profits. Hospital managers lack strategic thinking and managerial skills when faced with a constantly changing and complex environment. County-level hospitals in China, which are at the very bottom of the healthcare system, account for the greatest number of beds, yet they lack modern medical equipment. Therefore, their economic benefit and competitive edge are far behind those of major Level-Three Grade A institutions. For this reason, county hospital administrators must establish the strategic positioning of their institutions and create market competitiveness plans for county hospitals as part of the current wave of health reform. Strategic research using Ronggui Hospital as a case study might help illuminate how hospitals at the county level can improve.

With the right regulations in place, adequate funding, and a larger market, medical institutions at the county level will have a great potential to grow and flourish in the coming years. So, how can medical facilities at the county level take advantage of this chance and make history?

Author's hospital experience and theoretical understanding are included into this thesis. As the most recent health care reform takes root, the author first presents the study issue of how hospitals should develop plans and accomplish strategic management. The author then conducts extensive research and analyses on Ronggui Hospital's strategic planning for market competition and its current management situation in an effort to discover a universal strategic management solution for market competition that also fits with the distinctive characteristics of Ronggui Hospital. In this approach, the author intends to provide future county-level hospitals with some useful lessons.

In this article, the author uses strategic management theory and techniques (such as PEST analysis, three competitive strategies, BCG, BCS, SWOT and trend extrapolation) to analyse and investigate Ronggui Hospital's internal and industrial environments. In addition, the author designed the "Questionnaire on the Current Situation of Ronggui Hospital" and the "Questionnaire on Market Demand for Ronggui Hospital in Shunde District, Foshan City" to conduct random investigations among local residents and in-depth interviews among hospital employees in order to understand people's demand for medical services and employees' views on the competitiveness of Ronggui Hospital in the current medical market.

An effective hospital director knows the strengths and weaknesses of his or her hospital and is able to adapt to changes in the external environment, seize possibilities for growth while also addressing the problems already in place.

As a result, they should pick and develop suitable hospital competitiveness strategies, define strategic objectives, and lay out workable operational stages and assessment techniques with care. To move one step further, they should concentrate on strengthening the organisation and operation procedures and building up the core competitiveness of hospitals against the backdrop of limited government financing and poor management. All of these efforts are aimed at helping hospitals grow steadily and healthfully.

Research Objective & Methodology

The rural family contract responsibility system was introduced in 1978 as the first step in China's 30-year reform. On the one hand, the reform served as a catalyst for healthcare reform. However, China's social growth was profoundly impacted by the economic system reform, which continuously imposed new needs on health care services. As a result of the reform, the health sector has been working to improve the way health services are managed in accordance with the values of the Communist Party. Then-Health Minister Qian Xinzhong stated in an interview that "economic measures should be utilised to govern health care" back in 1979. During the Health Department's Secretarial Meeting, he emphasised that "modernization of health care services, especially in establishing one third national-level important counties," should be given priority. Also in the same year, a joint notice by the Health Ministry and two other ministries called for strengthening the hospital economic management pilot programme. Later, the economic responsibility system was established with "five fixes and one prize," measures of "providing fixed amount of subsidy, conducting economic accounting, and determining awards and punishment by assessment" were put forward and implemented on a trial basis. These measures were then fully implemented. At the pilot stage, the shortcomings of the standard hospital management strategy became apparent. Following that, measures aimed at improving hospital management were put in place. The Interim Measures on Economic Management of Hospitals and Advice on Strengthening Economic Management of Health Institutions, published in March 1981 by the Ministry of Health (1981), began to reverse the situation in which health institutions were not excellent at financial accounting. It is because of these laws that the Ministry of Health published administrative regulations outlining criteria for hospital-related activities in 1982. This law instrument not only strengthened hospital administration, but it also broadened the scope of healthcare providers for the first time. The State Council authorised the Ministry of Health's Request for Instructions on Allowing Individuals to Practice Medicine in 1980. This

As a result of this document, medical service providers such as hospitals, clinics, and health insurance companies will have a stronger foothold.

In the meanwhile, it compensated for the lack of central government investment in medical resources by supporting the reform of state-owned hospitals.

The year 1985 saw the start of China's medical reform. When the State Council endorsed the Report on Policies and Issues about Health Reform (State Council, [1985] No. 62] this year, it stressed that "reform measures like opening up policies, streamlining administration procedures, conducting deregulation and financing from multiple sources must be taken to further improve health services." This was the beginning of China's formal medical reform. The Ministry of Health released the Policy Demarcations in the Health Reform in August 1985 as a supplemental policy to better execute the No. 62 Document rules in order to encourage reform. The Ministry of Health, the Ministry of Finance, the Ministry of Personnel, the State Price Bureau, and the State Administration of Taxation submitted Opinions on Issues of Expanding Healthcare Services to the State Council in 1989 (the State Council, 1989 No. 10). According to this paper, the market-oriented strategy should also be implemented in order to fully stimulate the initiative of businesses and necessary employees to extend the area of health care services. The Ministry of Health's "Three Confirmation" Program was released by the State Council in November 1988. (namely confirmation of functions, institution and establishment). This programme outlined the Ministry of Health's primary responsibilities, which included managing the businesses and organisations that report directly to it rather than directly.

When level-to-level hospital management was implemented, the Ministry of Health formally published a notice and measures in November 1989.

The hospitals were separated into three tiers, each with 10 grades, based on their specific roles and responsibilities. This is a better approach since it reflects hospitals' real levels more accurately, and it encourages government-controlled institutions to cooperate and compete in a more organised manner. China's health-care reforms have come a long way since 1990. Directors of health departments from around the nation met to discuss the lessons learned from the health reform and the prerequisites for advancing the reform on the basis of the principles of the Fifth Plenary Session of the Thirteenth Central Committee.

The State Council's Opinions for Deepening Reform of the Medical and Health Care Systems were released in September 1992. The Ministry of Health was in charge of putting into practise the idea of "relying on the government to enhance the processes and self-sufficiency and the idea of "creating revenue from sideline and small industrial companies to finance the growth of agricultural output and medical and health services" are both present. Developing health outreach businesses as a sideline and other industries is necessary for medical institutions. These reforms are mostly a generalisation and continuation of those implemented before, beginning in 1985. Introduce medical service system contract responsibility system and execute business operation, to be precise. In the words of Wang (2012) Despite the fact that this strategy increased hospital revenue and therefore compensated for the shortfall in income, it damaged the commonwealth nature of medical facilities, leading to access issues and general public concerns. People continue to argue about whether the government or the market should be in charge of healthcare reform since then. Furthermore, the subject became into a source of dispute for people across the political spectrum. It was in September 1993 that the Ministry of Health published a Notice on Strengthening Medical Quality Management, urging medical professionals to become more conscious of the significance of providing high-quality medical care. The Medical Institutions Regulations (the State Council, Decree No. 179) were issued by the State Council in February 1994, legalising the management of medical institutions' practise with specific regulations on the planning, distribution, accreditation, registration, practise, supervision, management and relevant legal responsibilities. The CPC Central Committee and the State Council jointly released the Decisions on Health Reform and Development in January 1997, which clearly stated the aim and guiding philosophy of health services, as well as the general needs of health reform. Stage III remained an experimental stage for healthcare reform. Despite the expected disagreements over

the adoption of a market-oriented approach to medical institutions, a number of reforms that were experimental continued to advance. That same "leveraging economic means to manage health sector" idea remained in effect. At this point, the medical system saw many new demands from patients, such as surgery performed by a designated doctor, a need for specialised treatment, and a need for specialised wards.

Data Analysis & Findings

A medical reform in China began in the early 1990s when hospitals allowed employees to hold stock in the companies they worked for. This was the beginning of the ownership reform in China. We came to this conclusion after learning from the successful reform of state-owned companies and considering the unique peculiarities of the medical industry (Jiang, 2006). The government began the first wave of reform by giving subsidies to hospitals, establishing a fixed workload quota and adopting a contract-based system, which limited medical service costs and delegated control to lower levels. In light of this, hospitals boosted economic resources by boosting service items and broadening the area of services on the one hand, and implemented a system of fiscal responsibility that guaranteed increased compensation for overtime labour on the other. These initiatives improved hospital revenue and doctor pay to some extent and stoked the passion of the medical community's workforce. As a result of government policy rather than financial assistance, hospitals became increasingly corrupt. If you want to be explicit, when the sale of medications was regulated, they began to hike medical examination costs to make up for lost revenue from medicine sales. Because their business revenue was directly tied to their personal income, physicians began to provide patients with needless prescriptions and examinations. Ethics among doctors deteriorated rapidly, resulting in significant damage to hospitals' reputations and a deterioration in physician-patient interactions and patients, as well as making medical treatments unavailable or costly for some. As a result, public hospitals were confronted with an unparalleled development challenge. As a result, a comprehensive overhaul became an unavoidable need.

Examining healthcare reforms in other nations reveals a tendency toward emphasising equitable fund-raising as well as effective medical treatment. In the UK's healthcare reform, the government incorporated more competitive elements to boost medical service efficiency and quality. U.S. Healthcare Legislation enacted on December 21, 2009 sought to expand the health insurance system's coverage as well as improve medical services itself (Cai, 2007). The German healthcare reform emphasised equitable fund-raising and increased risk-sharing between various insurance groups. Despite the fact that no country has a flawless health care system, and that there may never be a perfect one owing to continuously changing circumstances, a suitable model and direction have already been identified.

Suqian's medical reform is frequently cited as an example of China's market-dominated approach to healthcare. The market mechanism should be fully utilised by promoting ownership reform of fundamental medical facilities, as there is inadequate government investment. The market-dominated approach can aid in resource allocation optimization, operational efficiency improvement, resource waste prevention, and transaction cost reduction (Ding, 2009). The government may lower people's medical costs through market competition in the late period of coexistence between public health services and old barefoot doctors, taking advantage of the previous medical reform to reduce waste caused by public health and eliminate the predicament of insufficient health care funding. As a result, in terms of the market model, medical and health services may be tailored to be a market-dominated model. The government's plan was to let the market take care of all issues in the medical and healthcare sector. In this market-guided public health service model, the American healthcare insurance model serves as an example, which is the only public healthcare system in the industrialised world that does not cover all citizens equally. Instead, private

groups mostly provide investment avenues as well as medical treatment. Aside from insurance acquired by people, private medical insurance mostly refers to collective health insurance obtained voluntarily by companies for their employees and their family members. In such a system, public and private hospitals are on an equal footing in the medical market. Only those in charge of supervision and payment of medical expenses for the impoverished and elderly are allowed to work.

the Opinions of the Central Committee of the Communist Party of China and the State Council (hereinafter referred to as the Opinions) proposed that healthcare reform is aimed at achieving universal access to basic medical and health services and solving the problems that the people are most concerned about, that have the most direct influence on their lives, as well as most practial. The reform will assist to keep public healthcare public and non-profit, with a focus on illness prevention and healthcare in rural regions, as well as a mix of Chinese and Western medical methods to treatment.. The reform will separate practical services from administrative work, healthcare agency operations from management forces, medicine services from consulting, and profit-making organisations from nonprofit ones. It will increase the government's feeling of duty and commitment to improved national healthcare policies, better healthcare systems, supervision and management, innovative institutional mechanisms and promote community-level initiatives in this area. The goal of the reform is to create a basic healthcare system that will benefit individuals in both rural and urban regions, as well as the overall well-being of the population.

By 2011, the basic healthcare system had been implemented for both urban and rural inhabitants, the basic medication system had been set up, and the community-level healthcare system had been significantly enhanced in both urban and rural regions. All of these systems offer consumers easy access to free or low-cost basic healthcare services. These trials have led to major advances that made essential healthcare services more accessible and lowered people' medical expenses, as well as easing the burden of high medical costs.

The reform's goal is to have the basic healthcare system cover both men and women equally.

By 2020, the distinction between urban and rural inhabitants will have been made. In order to achieve diversification in hospital management and ensure that everyone has access to basic medical and healthcare services, such a system will include a relatively complete system of public health services, healthcare services, and a sound medical security system. It will also include a normative system that guarantees basic drug supplies. The system should be able to fulfil the diverse medical and healthcare demands of the population while also improving the general well-being.

Conclusion

It's not only about cutting costs; the goal of the healthcare reform is to find a medical system that best meets China's needs. The medical business aims to make money like any other market participant while also serving the public interest, much like social welfare organisations do today. While the government pays for fixed assets, big equipment, network equipment, and medical costs for low-income patients, everything else is left up to the market to decide. Regulations for industrial management and oversight have been developed by the government with great rigour. These rules aim to keep medical costs fair while also preventing excessively high or cheap fees for consultation and surgery. According to the Ministry of Health's 2012 Guidelines on Medical and Healthcare Work, the medical reform at county-level hospitals, which is a critical component of the medical reform, has been strengthened. There are several county-level hospitals in China, and they serve the bulk of the country's inhabitants. China's medical system places them above township hospitals and below provincial and municipal ones. There are fewer major urban hospitals on the medical resource pyramid, thus these facilities have the finest resources. Patients have been accustomed to going to these huge hospitals no matter what the seriousness of their conditions. Hospitals

of this kind, which should be able to handle only the most critical and difficult illnesses, have had to take on additional responsibilities as a result. With the hospital grading system in place, more people will have access to quality medical care and the capacity and efficiency of hospitals will be improved. Health care reform in county-level hospitals will be critical to the hospital rating system.

It examines the current healthcare reform's difficulties and development pressures on Level-Two hospitals (county-level). As a case study, strategic management techniques such as theory, concept, and nature are being used to examine Ronggui Hospital. As a result, judgments about the medical market's macroenvironment, hospitals' advantages and drawbacks, and resource usage are drawn and used as a guide for developing market competitiveness strategies. When looking at competitive aspects, this article focuses on differentiation strategies that have been deconstructed and developed on in light of the hospital's real circumstances. The goal is to provide a useful framework for developing market rivalry strategies for Level-Two hospitals

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