

# Exploration and Practice in Building the Middle Management Team of County-Level Public Hospitals from the Perspective of High-Quality Development

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**Abstract:** In the management and service of public hospitals, middle-level cadres, as the core and backbone, shoulder the important responsibility of conveying instructions and performing tasks. County-level public hospitals are the link and leader of urban and rural medical and health service system. At present, county-level public hospitals are facing severe challenges such as shortage of medical resources, frequent conflicts between doctors and patients, and medical reform entering the deep water area, which puts forward higher requirements for hospital management and service capabilities. Therefore, it is of great significance to establish and improve the policy of hospital cadre management, effectively allocate and use medical and personnel resources, and promote the scientific, standardized and refined management of hospitals, so as to realize the high-quality development of the management and service system of county-level public hospitals.

**Keywords:** high-quality development; county public hospitals; middle-level cadres management

## 1. Introduction

In the new journey of comprehensively building a healthy China, it is of great significance to strengthen the construction of the middle-level cadre team in county-level public hospitals, and it is necessary to build a systematic training mechanism. By improving the selection and appointment system to ensure the quality of the team at the source, establishing a hierarchical and categorized training system to enhance the ability to perform their duties, and innovating the assessment and evaluation mechanism to stimulate the endogenous motivation, and ultimately forming a politically firm, business superb, efficient management of the composite cadres echelon for the high-quality development of the public hospitals to provide a sustainable support for the talent.

## 2. The multidimensional value of the construction of the middle cadre team in county-level public hospitals

### 2.1 Strengthening the institutional logic of the party building leadership

Under the strategic layout of the overall strict governance of the party, the construction of the middle cadre team in county-level public hospitals carries the institutional mission of implementing the principle of the party in charge of the cadres, which is conducive to the realization of the party building to promote the business<sup>[1]</sup>. Since the 18th Party Congress, the CPC Central Committee has put forward the twenty-word standard of “firm conviction, service to the people, diligence and pragmatism, courageous and responsible, honesty and integrity” around the construction of the cadre force, and the 20th Party Congress further clarified that “politically sound, adapted to the requirements of the new era, and with the ability to lead the construction of modernization”, which is a standard for the cadre force. In 2018, the General Office of the CPC Central Committee issued the Opinions on Strengthening the Party Construction Work in Public Hospitals, which establishes the position of the Party Committee as the leading nucleus in hospital governance at the institutional level, and calls for the realization of the Party's overall leadership of talent work through the improvement of the cadre selection and appointment mechanism. The subsequent implementation measures issued by Sichuan Province and Chengdu Municipality have further constructed a systematic framework that includes key aspects such as talent introduction, title evaluation and recruitment, and performance assessment, which provides operational

policy tools for the construction of cadres in county-level public hospitals.

### ***2.2 Management Logic of Driving Quality Change***

In the strategic transformation of high-quality development of public hospitals, the middle-level cadre group constitutes the pivotal force of organizational change. In May 2021, the Opinions on Promoting the High-quality Development of Public Hospitals issued by the General Office of the State Council explicitly put forward the requirements of the “three transformations”, namely, the development mode from scale expansion to quality and efficiency, and the operation mode from quality and efficiency to quality and efficiency. In May 2021, the General Office of the State Council issued the Opinions on Promoting the High-Quality Development of Public Hospitals, which clearly put forward the requirements of “three shifts”, namely, the development mode from expanding scale to improving quality and increasing efficiency, the operation mode from rough management to refined management, and the resource allocation from focusing on the material elements to focusing on the elements of talent and technology. In June 2024, the General Office of the People's Government of Sichuan Province issued the “Measures to Promote the High-Quality Development of Public Hospitals in Sichuan”, which further emphasized the core task of establishing a modern hospital management system, and called for the optimization of the internal governance structure to achieve the management efficiency Enhancement. As composite talents with both professional and technical backgrounds and management functions, middle-level cadres play an irreplaceable role in discipline construction, process optimization, resource integration and other aspects. Their professionalism directly affects the quality of medical services, management ability determines the operational efficiency of the organization, and the sense of innovation is related to the deepening of the reform process.

### ***2.3 The innovation logic of cultivating new quality productivity***

Under the requirements of the era of the development of new quality productivity, the construction of middle-level cadres in public hospitals has become a key variable in promoting management innovation, releasing innovation power, vitality and potential<sup>[2]</sup>. New quality productivity requires the transformation of development kinetic energy through institutional innovation, technological innovation and management innovation. As the leader of the county medical service system, county-level public hospitals have a demonstration effect on improving the capacity of primary medical services through management innovation. Actively explore the county-level public hospitals in the middle cadres management and practice of new models, new paths, and constantly promote the development of hospital management mode refinement, promote the development of hospitals to improve the quality and efficiency of hospitals, and promote the rational distribution of hospital resource allocation, is to achieve high-quality development of the management of public hospitals, to promote the new quality of the productivity of the necessary way. Cadre as the development of the “first resource”, the development of new productivity, it is necessary to firmly grasp the middle cadres team this “key variable”.

## **3. JY City People's Hospital middle-level cadres management problems**

JY City People's Hospital (hereinafter referred to as the hospital) has 2,315 active employees, the establishment of 1,600 beds, there are 212 management cadres (92 men, 120 women, 69 middle-level positions, middle-level deputy 143), of which there are 200 people with undergraduate education and above, accounting for 94.34%; CPC membership of 122 people, accounting for 57%; CCP members of the party, accounting for 57%; the number of people in the middle-level cadres, accounting for 94.34% of the total number of people with bachelor's degree and above. 122 people, accounting for 57%; 148 people with senior titles, 50 people with intermediate titles, 4 people with junior titles, 10 other people, the average age of management cadres 46.9 years old. Combined with the actual work, the main problems in the management of hospital cadres in the “selection, education, use and management” of the four chains of work, specifically as follows:

### ***3.1 Selection and appointment mechanism is not detailed enough***

At the administrative level, the number of middle-level cadres by the relevant departments of the approval of the higher level, it is difficult to fully take into account the demand for jobs, workload and other practical factors, the independent dynamic adjustment mechanism of staffing is missing. Adjustment mechanism is missing. At the same time, the hospital cadre selection system is not perfect

enough, and the regular analysis and evaluation of the cadre force, cadre tenure system and cadre tenure objectives are not implemented enough. Part of the selection and appointment conditions failed to closely combine the actual situation of the hospital, the abstract work failed to quantify, concrete, visualization, can not quantify the work content failed to set qualitative indicators<sup>[3]</sup>. In addition, although the Health Bureau has formulated the “Guidelines for the Selection and Appointment of Middle-Level Cadres in Healthcare Units”, the hospital has formulated and repeatedly revised the “Cadre Selection and Appointment Methods” and other programs, but the policies and conditions for the selection of cadres for the different sequential functions and specific disciplines have not yet been refined, and have not been able to formulate refined cadre selection conditions based on the specific characteristics of the work of different departments/disciplines and according to the local conditions.

### ***3.2 Cultivation method is not scientific enough***

At present, the scientific level of the cultivation of middle-level cadres in hospitals needs to be improved. First, the cadres training lack of systematic and planning, the beginning of the year did not uniformly formulate cadres training plan or planning, there is the phenomenon of multi-departmental training of the Organization Department, Education and Training Department, Medical Department and other multi-departmental training. Secondly, the cultivation method is relatively single, mostly carried out in the form of meetings and lectures, with a lack of field and practical training, and the training time is often in conflict with the clinical business work, resulting in the cadres' low motivation to participate in the training, low training participation rate, and unsatisfactory training effect. Third, the training content is not comprehensive enough, mainly focusing on business skills training, management, general training is more lacking. Fourth, the combination of learning and utilization is not close enough, most of the hospital cadres from the clinical business positions, some cadres are not experienced in management, there is a focus on business rather than management, empiricism and other issues. Overall, the middle-level cadres in hospitals lack scientific and systematic guidance, and the effectiveness of cadres in improving their comprehensive management ability is limited.

### ***3.3 Insufficient incentives for talent retention***

Talents should be introduced, and more importantly, they should be able to stay and be used properly. However, at present, there are many deficiencies in the retention of talents in the hospital. First of all, the siphon effect is weak, the introduction of high-level talent needs to be increased. Restricted by geographic location and other factors, the total number of high-level talent is insufficient, high-precision and specialized talents are scarce, for the introduction of leading talents in the field of medicine, domestic and foreign outstanding medical experts, professional management personnel, etc. is urgent. Secondly, the cadre talent gradient construction is not strong enough, and there is a talent fault phenomenon. The hospital has not yet systematically build a reserve talent pool, some departments lack of excellent reserve talent reserves, green and yellow, the age structure of cadres tends to aging. Furthermore, the use of talent is not sufficient. At present, the proportion of high-level talents in the management cadres of the hospital is about 10%, and the limited management platform is also an important factor leading to the loss of high-level talents. Finally, the lack of incentives for talent, the hospital's assessment of talent content is relatively single, has not yet established a set of perfect, flexible and can fully match the professional strengths of the talent and outstanding contribution of the performance appraisal and compensation system.

### ***3.4 The management system is not perfect***

At present, the hospital cadre management system needs to be improved. First, there is a lack of process management. Discipline Inspection Department of the hospital is insufficient to supervise the whole process of management of middle-level cadres, and there is a lack of supervision of cadres outside of eight hours. The higher management department pays too much attention to the year-end assessment results, ignores the work process management, lacks specific guidance on the supervision and management of hospital cadres, and the communication between the upper and lower levels needs to be further strengthened. Second, the promotion channel is not smooth enough. Hospital autonomy is limited, failed to combine the actual situation of the establishment of the staff team with the appropriate promotion system, the hospital talent allocation structure needs to be optimized. Hospital personnel employment title and job adjustment failed to synchronize, over the years the phenomenon of seniority still exists, and failed to effectively implement the “capable of mediocrity” concept, young cadres, especially functional cadres of the title promotion channels need to be broadened. Third, the direction of

reform management is not clear enough. Hospitals in the cadre management and assessment system reform is still in the exploratory stage, cadre assessment and evaluation methods and methods are relatively single, more qualitative evaluation, quantitative evaluation, the lack of forward-looking, guiding policy documents, cadre management work is not sufficiently rigid, and there are occasional lapses in leniency, lapses in softness, the individual department heads take the initiative to take responsibility for the weak sense of organization, there is the phenomenon of shirking, resulting in slow progress, management effectiveness needs to be improved. Advancement is slow, management effectiveness needs to be improved.

#### **4. Exploration and practice of middle-level cadre management in JY People's Hospital**

In recent years, JY People's Hospital has attached great importance to cadre management, and actively explored new modes and new paths of middle-level cadre management in county-level public hospitals. Around the cadre management “selection, education, use and management” of the whole chain, through the “four focus”, is committed to building a high quality of virtue and talent, the ability to perform their duties excellence and loyalty of the cadre force.

##### ***4.1 Focus on echelon building, adhere to the combination of source reserves and merit selection to optimize the structure***

First, improve the institutional mechanism. 2018, the hospital formulated the high-quality development of the “12331” strategy and talent “dual training” mechanism, and successively introduced the “cadre Selection and Appointment of Cadres”, “Management Cadre Assessment Indicators”, “Leadership Cadre Supervision System” and other series of systems, continue to improve the system of cadre whole chain management system, to provide a solid institutional guarantee for cadre management work. Secondly, reserve talents. The company has formulated progressive training programs for cadres, established a reserve cadre talent pool of more than 200 cadres, and made dynamic adjustments at the right time according to the real performance of cadres, so as to ensure the scientificity and timeliness of the talent pool. Thirdly, it boldly selects outstanding young talents. The Party Committee of the hospital regularly carries out analysis and judgment of the cadre force, conducts combing and inventory of the management positions of the whole hospital, timely adjusts the cadres who are not matched with their positions, and promotes the effective operation of the mechanism of being able to go up and down. Adhering to the principle of equal priority, under the premise of ensuring that the selection standards are not lowered, we actively build a management platform for high-level talents. In the past three years, nearly 100 management cadres have been promoted and reappointed, making the average age of management cadres drop by 3 years, and the proportion of personnel with bachelor's degree or above increase by 5%, optimizing the age and education structure of the cadre.

##### ***4.2 Focus on capacity enhancement, adhere to the combination of theoretical armament and practical training to train cadres***

First, optimize the training method. The hospital takes the “Regulations on Cadre Education and Training” as the guidance, pushes forward the “five batch” project (i.e. selecting a batch on the basis of merit, optimizing and upgrading a batch, concentrating on training a batch, exchanging a batch of training and focusing on stockpiling a batch), and follows the principle of cadre education and training that is politically oriented, serving the overall situation, hierarchical and classified, and connected with the actual situation to vigorously strengthen the cultivation work of cadres. Cultivation work. Through the two modes of “inviting in and going out”, in the past three years, we have carried out more than 30 training sessions on political quality and business ability of middle-level cadres, covering more than 3,000 times of cadres, and effectively improving the theoretical quality of cadres. Secondly, it focuses on practical training. Actively open the “up and down” cultivation channel, has recommended more than 20 outstanding cadres to the provincial and municipal health care commission and other departments to follow the study, selected and sent 5 cadres to the medical community unit of the job training, prompting cadres to accumulate experience in practice, enhance the comprehensive ability.

##### ***4.3 Focus on have a position, adhere to the combination of steady progress and reform and innovation in the use of cadres***

First, to break the cadres to grow the “hidden steps”. Hospital in 2006 and 2010, the implementation

of the reform of the cadre and personnel system, to a certain extent, to stimulate the vitality of the cadres. However, after more than ten years of development, the internal “backlog” phenomenon, resulting in the aging of the cadre structure, lack of vitality, low motivation and other issues. Based on this, in 2023, the hospital once again launched a hospital-wide cadre competition for employment, step by step, sequence organization of functional departments, medical medical technology and nursing and other more than 200 management cadres to participate in the competition for the growth of cadres to open up new channels. Secondly, the implementation of the matter to choose people. In the process of cadres competing for jobs, fully consider the combination of qualitative and quantitative selection conditions, for different departments/sections of a clear range of specialties, taking into account the technical strengths of young cadres, the public's reputation, the number of patients served, the results of the fight against the difficulties, as well as experience in aid of Tibet and aid to Yi, etc., so as to achieve the “make the best use of talent, make the best use of talent,” to promote the man-post To make the best use of talents, and to promote the suitability of personnel, to realize the win-win situation of the personal development of cadres and the advancement of the cause of the hospital.

#### ***4.4 Focusing on a balanced approach to rewards and sanctions, we adhere to a management style that combines strict oversight with genuine care, alongside incentives and accountability***

First, the quantitative management assessment. Adhering to the principle of strict control and generous love, strengthen supervision and management. The hospital has formulated more than 10 relevant management methods covering daily management of cadres, assessment and supervision, warning and reminder. Taking the performance appraisal of three-level public hospitals as a guide, it incorporates the leadership of party building, “one job, two responsibilities”, behavioral management, basic management, notification and processing, execution, efficiency indicators, special control indicators, disciplines and technologies, talent team building, safety and quality indicators, and satisfaction into the scope of cadres' management performance appraisal, and carries out performance appraisal of management cadres once every half a year. Performance appraisal work, the results of the assessment as an important basis for the annual selection of outstanding management cadres. Second, the implementation of care and concern. Seriously organize cadres to report their responsibilities and duties; in cadres sick in hospital, encountered sudden major difficulties in a timely manner to give organizational care; strict cadres go out on leave approval process, cadres appeared in the incipient, tendency to timely reminder of the early warning to correct the deviation, to motivate cadres to play a role in cadres to help cadres grow up healthily.

## **5. Discussion**

The county public hospitals as the key hub of urban and rural health care service system, in the upper level of high-quality medical resources at the same time, shoulder to the grassroots to extend the important mission of the service, playing the role of the dual role of the deliverer and implementer. This special positioning makes it face more complex and severe responsibility, and then put forward higher requirements for hospital management service capacity. At present, there are some common problems in the management of hospital middle-level cadres, such as the lack of targeted and comprehensive selection mechanism, the lack of scientific cultivation methods leading to poor training results, talent retention incentive mechanism is not perfect, it is difficult to break through the “can't attract, can't stay” talent dilemma, management system is not sound, there is a lack of process management, assessment management is not flexible, the direction of reform is not clear, etc.. management system is not sound, there is a lack of process management, assessment management is not flexible, the direction of reform is not clear and other issues.

In the face of the above situation, the hospital in recent years around the management of cadres “selection, education, use and management”, by focusing on the echelon to build a standardized selection mechanism, focusing on the enhancement of the ability to optimize the cultivation method, focusing on the rational allocation of cadre resources, focusing on the rewards and punishments to strengthen the cadre construction. These initiatives have played an important role in promoting the optimization of the management system structure of public hospitals, improving the level of hospital management and service, helping the construction of hospital culture, enhancing the sense of hospital staff's sense of achievement and well-being, improving the people's satisfaction, and solving the problem of the masses' “urgency, difficulty, worry and hope”.

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