ISSN 2616-5783 Vol.6, Issue 9: 20-24, DOI: 10.25236/AJHSS.2023.060903

The Problems and Wayouts of China's Rural Doctors: Taking Those in Shanxi Province as an Example

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Abstract: *Rural Doctors are medical personnel rooted in the vast rural areas and have been playing an active role in maintaining the physical health of our country's rural people. Generally speaking, the rural doctors in our country are developing in a positive direction, but they also meet the bottleneck of development and face some challenges. To further improve the quality of medical and health services in rural areas of China and enable rural residents to enjoy high-quality and convenient basic healthcare, we are now conducting a study on strengthening the team construction of rural doctors. By investigating the age, educational background, and job content of the rural doctors in this county, we can understand the current situations of rural doctors in this place. Given these problems, this paper puts forward some constructive suggestions to stabilize and develop the rural doctors to solve the existing problems.*

Keywords: *Rural doctors; Team building; Health Services*

1. Introduction

1.1 Background study

A rural doctor refers to the professional worker who has the medical license of a rural doctor and works in a village health center. Rural doctors are an essential part of China's public health service team, the closest "guardian" of health to hundreds of millions of farmers, and the vital force in developing rural public health work and ensuring the health of farmers. The original name of rural doctors was "barefoot doctors". Due to the imperfect medical facilities in rural areas and the poor economic development of people, a team composed of urban medical personnel was born to provide medical services for rural areas. They train young farmers to work as "barefoot doctors" in almost every village and form the backbone of rural cooperative medical care. The responsibility of rural doctors is to bring medical and health care and the treatment of common diseases to rural residents. The medical and health care of rural doctors mainly includes: one is to provide national basic health care, including creating household health records, vaccination, health education, preventing infectious diseases, child care, maternal care, elderly care, chronic diseases treatment, serious mental disorder management, and the second is to help professional public health service organizations provide health care beyond national basic medical and health care, including help deal with sudden health events. To see a doctor at the grassroots level in rural China, it is more to see whether the doctor is skilled or not. If doctors are poor, they won't win the trust of the people. At present, under the influence of the strategy of "rural revitalization" and "Healthy China", the rural medical and health work has increasingly become a solid net of the health system and a strong line of defense of the people's health security. However, as the "gatekeeper" of rural people's health, rural doctors have the dilemma of unclear identity and weak post treatment. It is known that China has more than 700,000 rural doctors, their identity is farmers. "The village doctor does a lot of 'public' work, but he is not a 'public' person."

At the same time, in the grass-roots countryside, rural doctors have their unique advantages. Many village doctors are local people, and it is easier for them to put down roots. Village doctors themselves also have a strong local complex, and it is easier to get along with villagers in the rural acquaintance society. They are also more familiar with local endemic diseases. However, with the development of economic level and the convenience of urban and rural transportation, more and more people choose to seek medical treatment in large hospitals, and gradually lose their trust in rural doctors. More and more villagers are questioning the village doctors they once trusted. The villagers doubted the ability of these rural doctors, who were not licensed to practice medicine and could not match the expertise of specialist

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doctors in big cities.

More serious, at present, the treatment of village doctors is generally weak. In Shanxi Province, for example, the average monthly income of medical staff in township health centers is about 4,000 yuan, a big gap between them and those in city and county medical institutions with the same qualifications. In addition, there are obvious career development bottlenecks, and there is no obvious promotion path. Most rural doctors will remain rural doctors all their lives, and their salaries and positions will not change much. This paper studies this phenomenon and tries to find ways to solve the dilemma of rural doctors and gives suggestions

1.2 Previous studies on rural doctors

The plight of rural doctors has been widely concerned. Previous studies have conducted multi-dimensional discussions on rural doctors' economic income, career development, age trends, continuing education needs, and pension security. However, there are few case studies targeted at a specific region. Among them, a study investigated the current situation of rural doctors in Anhui Province [1]. It is found that the proportion of rural doctors under 30 was only 1.8%, and 77.7% thought the income was unreasonable. According to statistics on rural doctors, only 7 percent of the country's 4 million rural doctors are qualified doctors who have received systematic medical education. The other 93 percent are not well-educated and have not received systematic medical training, so there are still uneducated rural doctors scattered throughout the country [2]. According to the 2020 Statistical Bulletin of China's Health Development, more than 70 percent of rural doctors are over 40 years old, 96.39 percent of them have received medical professional training, 33.26 percent of them have rural doctor practice certificates, and 21.39 percent of them have rural assistant doctor licenses. Nearly 80% of rural doctors have been practicing for more than 10 years, and 50.98% of rural doctors need to walk more than one hour to reach the farthest villager's home.[1] It can be seen that there are various commonalities in the current situation of rural doctors in various regions. If the educational level is not high, the general age is older. This paper selects a county in Shanxi Province to enrich the empirical research in this field. The study aims to have an in-depth understanding of the status and plight of rural doctors in this county and puts forward corresponding solutions. The innovation and research value of this paper lies in taking a certain region as a sample, using the method of combining questionnaire survey and interview, sampling data on the spot, intuitively reflecting the problem, and better proposing solutions through the field survey and based on the local, which is more representative and worth participating in.

In the work, we conducted a survey on the working status and professional plight of rural doctors in specific areas of Shanxi Province, aiming to explore the salary, work development and villagers' recognition of rural doctors. On this basis, suggestions and conclusions are given.

2. Problems with rural doctors in Shanxi Province

The study employed a combination of a questionnaire survey and interviews. The analysis shows that the current situation of the development of rural doctors in the county mainly has the following problems.

2.1 Rural doctors are seriously aging and young people are unwilling to engage in the rural doctor industry

The aging of rural doctors is serious. There are 10 rural doctors over the age of 60 in the county, accounting for about 11.1% of the total number of rural doctors; 16 aged 50-60, accounting for 17.8%; 43 aged 40-50, accounting for 23.3%; 21 aged 30-40, accounting for 23.3%. There are no village doctors under the age of 30. It shows that the aging of village doctors is serious, and young people are not engaged in village doctors in the county. When asked whether rural doctors support their children to return to the village to work as rural doctors, 64% said they do not. They think that rural doctors "have no development prospects, little money, no weekends and no holidays. Therefore, young people are reluctant to work as rural doctors.

2.2 The educational level of rural doctors is generally low, the knowledge and technical level is not ideal, and the training mechanism is not perfect

According to the survey, 35.59% of rural doctors in the county have a junior college degree, and 52.54% have a technical secondary school level. 90 people have 4 doctors with high school education; 3

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junior high school education or below; no university bachelor's degree. In comparison, a study on rural doctors in Zhang Jiawan Town, Beijing Province found higher levels of government purchasing and subsidizing services for the academic degree (1.30% high school degrees, 94.80% middle school degrees, 1.30% college degrees, and 2.60% undergraduate degrees, respectively. From the above data, we can see that the academic qualifications of rural doctors in the county in Shanxi province are generally low, and half of the doctors only have a technical secondary school level. 42% of the rural doctors surveyed indicated that their existing knowledge and skills were barely or completely inadequate in health work. For example, public health work involves using computer office software, which touches the rural doctors' knowledge blind. In addition, some clinical medical and health emergency knowledge needs strengthening. Rural doctors' knowledge reserve is not enough, and the villagers prefer to go to the distant towns for medical treatment, which is also one of the reasons for the poor income of rural doctors.

2.3 Work emphasizes public health, lights medical care, and does not fundamentally meet the needs of the residents

Public health work mainly includes residents' health archives management, popularizing health knowledge, eligible vaccination, and health management for children aged 0-6, the elderly, pregnant women, diabetes pressure patients, and hypertension patients. It also involves assisting superior departments to prevent the outbreak of infectious diseases and deal with public health emergencies [3]. Although the country requires rural doctors to complete 40% of the public health work, in the process of superior supervision, rural doctors have to complete all the public health work. The result is that rural doctors are busy with follow-ups, physical examinations, and health management every quarter and even every day. Clinics are often closed, and people cannot see a doctor and receive timely treatment. In addition, the villagers do not understand the importance of tedious public health work and are unwilling to cooperate, leading to a heavier burden on rural doctors.

3. Solutions to the above problems

3.1 To strengthen the training and education of rural doctors, and accelerate the transformation to practicing doctors

We should establish a reasonable and perfect training system for rural doctors, and reasonably arrange training from multiple perspectives such as time, place and training needs. In order to ensure that the education and training of rural doctors will not affect their daily work and life, the time and place of training should be uniformly arranged. It is both important to meet the training needs of rural doctors and guarantee the normal progress of diagnosis and treatment and the implementation of public health work. The training sites should be expanded to enable rural doctors to receive higher-level and more all-round training. In addition, more clinical practice should be organized to improve their professional skills while improving their theoretical knowledge and ability. We should provide high-level teaching content and high-quality teaching environment, to meet the constantly improving training needs of rural doctors. The training fees should be charged as little as possible to reduce the burden of rural doctors. The high registration threshold for practicing medical practitioner certificate makes many people who want to apply for the examination unqualified. The state should appropriately reduce the conditions and downgrade the threshold, bring more people into the registration scope of practicing assistant doctors, and attract qualified people to actively apply for the examination.

3.2 To improve the treatment of rural doctors and implement financial subsidy policies gradually

The government should increase economic compensations such as special subsidies according to the local level of economic development and evaluate village doctors in their full range from the aspects of service quality and public satisfaction. The assessment results should be used as a decision-making basis for compensation and performance. According to local economic and social background, the subsidy standard should be adjusted to increase the remuneration level for rural doctors. We should strengthen supervision to ensure the effective allocation of funds and improve the efficiency of fund use. The relevant departments should appropriately increase the subsidies for rural doctors who serve in remote and poor areas. The assessment results about work content and quality will be regarded as a measurement index of public health work funds [4]. According to the business situation of each village clinic, a certain number of authorized posts can be set. Rural doctors can be transferred to cadres with establishment through relevant examination or assessment and enjoy corresponding remuneration and benefits [2]. With

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the development of economy and society, we should dynamically adjust the subsidy standards of rural doctors in various channels and gradually improve the treatment level of rural doctors.

4. Conclusion

The problems for rural doctors in Shanxi Province are serious aging, overall low vocational skills, and an inadequate pension security system. Emergent correspondent measures may be taken as follows:

4.1 To accelerate the implementation of the pension guarantee system for rural doctors

It is advised to implement policies on compensation and old-age care for rural doctors and introduce policies on old-age insurance for rural doctors that match local conditions to relieve rural doctors of their worries after retirement. Government investment in health should be increased to reduce the burden of rural doctors' pension insurance purchases. The "identity" of rural doctors should be clarified as soon as possible to guarantee their interests and rights. Rural doctors are discriminated against because they do not have formal medical qualifications, which leads to a series of problems, such as young people are not willing to engage in the profession of rural doctors, the aging problem of rural doctors is serious, and most of the people engaged in rural doctors are not highly educated. To solve these problems, the first thing to be solved is to increase the pension system and economic burden of rural doctors. Only when the salary is improved will it be more attractive for competent people to join the profession.

4.2 To establish a sound mechanism to gradually improve rural doctors' expertise

It is necessary to actively carry out targeted training for rural doctors and formulate tuition compensation mechanism and other subsidy policies. We should encourage rural doctors on duty to receive medical education, improve the overall educational level, and give appropriate tuition subsidies. It is essential to establish a sound mechanism for free training and advanced study for rural doctors, to standardize on-the-job training for rural doctors and improved their professional skills. As soon as possible, we will set up more examinations for rural assistant general practitioners, and those who have obtained the qualifications for rural assistant general practitioners can take the examinations as required. This advice is aimed at the poor education of rural doctors. Under the bright vision of further attracting high-quality talents in the future, it is important to first improve the professionalism of existing rural doctors. Establishing and improving the on-the-job training system of rural doctors can effectively improve the professional ability of rural doctors and better serve the villagers.

4.3 To strengthen the infrastructure construction of village clinics by the people's government

There are few self-built clinics in poor villages and towns, and the space division of clinics is not standard enough. To solve this problem, first of all, we should set up construction funds and build clinics in strict accordance with the construction standards to further improve the environment of grass-roots health institutions. Secondly, clinics should be divided into different areas, including the working area, living area, and diagnosis and treatment area, to create a clean, hygienic, and standardized medical environment for rural residents. Finally, we should develop reasonable and unified medical and health service systems and public health work systems to make the work of rural doctors more convenient and modern. In order to solve the problem that rural doctors need to perform public health work in addition to daily service, villagers often run out of doctors. This suggestion can solve the problem effectively. A reasonable medical and health care system and working system should be established to allow rural doctors to focus their daily work on receiving medical treatment for villagers. Governments at higher levels should be allowed to organize public health services in a unified manner and efficiently complete routine public health protection and inspections.

4.4 To share the experience of Shanxi Province as a case across the country

At present, the plight and problems of rural doctors in many areas in China are very similar. We can take Shanxi Province as an example and apply the results of the survey to the whole country. We can carry out the relevant improvement pilot in one area of Shanxi Province and try to promote the whole province or even the whole country. It is also possible to take some pilot projects of rural doctors as an opportunity to explore a set of replicable training and training mechanism of rural doctors on a regular basis, to build a team of grass-roots doctors who are good at prevention and control of diseases, treatment

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of minor diseases, recognition of major diseases, transfer of diseases and management of chronic diseases, and to establish a double-cycle mechanism of county health personnel training to consolidate the health network of villagers.

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