

# Welfare and Self-development of Rural Doctors in China from the Perspective of Social Justice Study

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**Abstract.** Since the beginning of China's new medical reform, the government has issued several policies to promote the development of primary medical care. As an important subject of primary medical care, rural doctors have also received extensive attention on their welfare and self-development. At present, rural doctors in China have problems such as low salaries, imperfect pension security, and hindered development, which is not conducive to the balanced development of the medical industry. Making appropriate adjustments and improvements to the policy of rural doctors is conducive to strengthening the construction of rural medical care and reducing the loss of rural medical talents, thereby promoting social equity and enhancing social stability. Based on these, this paper puts forward the following suggestions. On the one hand, the government should ensure the relative fairness of policies, measure the economic level of various localities, formulate reasonable salary, social security, and promotion systems for rural doctors, rationally use policy tools, and increase supervision over policy implementation. On the other hand, it is necessary to give certain policy preferences to rural areas, issue subsidies to rural doctors, and increase capital investment in rural areas, to reduce the gap between urban and rural areas and promote the balanced development of medical services.

**Keywords:** Rural doctors, welfare, self-develop, justice.

## 1. Introduction

China has put the protection of people's health in a strategic position of priority development, incorporated the deepening of medical reform into the overall promotion of comprehensive deepening reform, promoted the transformation of "treatment as the center" to "people's health as the center", and launched a series of important reform measures around solving the two key and difficult problems of "difficult to see a doctor" and "expensive to see a doctor". Among them, primary medical care is highly valued as an important part of China's medical industry [1].

Furthermore, after 2009, China embarked on a new round of reform of the medical and health system, promoting the expansion of high-quality medical resources and the balanced distribution of regions, and requiring the strengthening of community and rural medical and health service capacity building, to achieve the goal of "serious illnesses can be solved in the province, ordinary diseases can be solved in cities and counties, and headaches and brain fever can be solved in towns and villages" [2].

At present, most of the relevant research on rural doctors in China focuses on the following four aspects. Firstly, the lack of salary, social security, and promotion systems. For example, Chen Yefeng et al. believe that salary incentives have a significant impact on the supply of medical and health services [3]. Secondly, the use of policy tools is unreasonable. Li Cuiyu et al. believed that the use of policy tools for rural doctors is mainly environmental, and there are few demand-based tools, so it is necessary to further optimize the internal structure of various policy tools; The government still needs to pay attention to the formulation of policies for rural doctors, adjust the use of various policy tools, and promote the development and implementation of policies [4]. Thirdly, deviations in policy implementation. Yang Xiaoting et al. pointed out that the root cause of the problem of "inability to recruit and retain" rural doctors lies in the "target deviation" between the policy goal of "simultaneous prevention and treatment" and the social process of "prevention first" [5]. Finally, research on the job satisfaction of rural doctors, especially the factors influencing their job satisfaction. Li Xiuqin et al. studied the satisfaction of the incentive mechanism of primary health workers in Shaanxi Province,

and concluded that salary, training and development have a certain impact on the motivation of medical staff [6].

However, in the current research, there is a lack of comparative research on the relevant policies and current situation of urban and rural doctors, and there is also a lack of evaluation of the fairness of the relevant policies of urban and rural doctors. Comparing the differences in the welfare benefits of urban and rural doctors and rural doctors compared with other professions in rural areas, as well as the matching degree of local living standards, and finding the policy reasons, this is a lack, of objective and practical research, which is helpful to solve the problems of social policies for rural doctors in practice.

## **2. Importance of the Development, Policy and Implementation of Rural Doctors**

### **2.1. Strengthening the Construction of Rural Medical Care**

As the key and core of rural medical care, the work attitude and mobility of rural doctors affect the direction of rural medical construction. Formulating and improving relevant talent introduction policies can provide young and middle-aged doctors in rural areas, alleviate the problem of "aging" in rural doctors, let rural medical care have successors, and improve the professional level of rural medical services by introducing young and middle-aged talents who have received advanced technology and cutting-edge knowledge education. Targeted adjustments to policies such as salary, benefits, and career development can mobilize the enthusiasm of medical staff to a certain extent and enhance their willingness to practice in rural areas. Through the establishment and improvement of incentive mechanisms, such as the performance-based reward system, rural doctors are stimulated to pursue the cause of medicine, improve their investment and sense of responsibility for medical and health undertakings, increase their internal driving force, and consciously improve the quality of services, to promote the continuous optimization of medical services.

### **2.2. Reducing the Loss of Rural Medical Talents**

Compared with the previous year, the total number of licensed physicians in the country increased by 131,000 in 2022, but the number of people holding rural doctor certificates and hygienists in China decreased by 32,000, and the loss of rural medical talents is serious [7]. Problems such as low salaries, the need to improve old-age security, lack of improvement of promotion mechanism, and high work intensity all affect the job mobility of rural doctors. The effective implementation of relevant policies such as salary, welfare, career development, and training for rural doctors will help stimulate the enthusiasm of rural medical staff and enhance their willingness to practice in rural areas. Scientific and reasonable salary levels, a sound social security system, and a transparent promotion mechanism provide doctors with a stable career development path, which is conducive to reducing their motivation for mobility and realizing the retention of rural medical talents.

### **2.3. Promoting Social Equity and Maintaining Social Stability**

From the perspective of individual doctors, the improvement and implementation of policies such as welfare, security, and promotion of rural doctors enable them to enjoy relatively equal income and opportunities with urban doctors, thereby increasing their professional satisfaction, reducing their willingness to leave, taking root at the grassroots level for a long time, and promoting the sustainable development of medical services. From a social point of view, ensuring the fairness of the personal interests of rural doctors will help attract and retain medical personnel, thereby increasing the number of rural doctors, increasing their investment in primary medical services, improving the overall quality of rural doctors, gradually eliminating the difference in the capacity and level of urban and rural medical services, and providing fairer and higher level medical services for the society.

### 3. Problem Analysis

#### 3.1. Inadequate Pay and Social Security

The American psychologist Maslow once put forward the hierarchy of needs theory, that is, people's needs are composed of five aspects: survival needs, safety needs, social needs, respect needs and self-realization needs, and they are distributed in a ladder from low to high [8]. Salary and social security, which are the most basic survival needs, are the key to recruiting new talents and retaining old talents. Taking Hunan Province as an example, the average annual salary of health and social work practitioners in non-private units in Hunan Province in 2022 was 122074 yuan [9]. Deng Yuanhui and other scholars conducted a questionnaire survey on the current situation and problems of the development of rural doctors in China, including Beijing, Heilongjiang, and Sichuan, and the results showed that 42.4% of the rural doctors surveyed believed that their income was disproportionate to their contributions; 42.1% of the population had an annual income of less than 3,000 yuan (Table 1). In particular, 60% of rural doctors felt that their income had decreased after the implementation of basic medicines [10].

**Table 1.** Monthly income of rural doctors (%) [10]

Region	<1000yuan	1001~2000yuan	2001~3000yuan	3001~4000yuan	4001~5000yuan	>5000yuan	Sample Size
Nation-wide	3.9	15.9	22.3	19.1	16.7	22.1	10,473
Eastern area	3.6	15.3	21.1	19.4	16.5	24.0	3,330
Central area	4.0	17.0	25.1	18.6	15.9	19.4	4,743
Western area	4.3	14.5	18.3	19.8	18.7	24.6	2,400

At the same time, rural doctors lack adequate protection in terms of medical care, pension and unemployment, resulting in greater economic and life risks. Taking Hunan Province as an example, the Hunan Provincial Health Commission stipulates that the guiding standard for subsidy for first-level village doctors shall not be less than 800 yuan per month, second-level village doctors shall not be less than 500 yuan per month, and third-level village doctors shall not be less than 300 yuan per month [11]. Although the state provides subsidies, unlike the standardized medical personnel system in urban areas, there are still a large number of rural doctors who are not included in the system, and the doctors included in the system also have the problem of difficulty upgrading their ratings, and whether front-line rural doctors can effectively receive subsidies has become a problem. After retirement, the problem of "difficulty in providing for the elderly" also makes rural doctors show low job satisfaction and high intention to leave [12]. From this point of view, the issue of social security not only affects the stability of doctors' practice at the grassroots level, but also affects doctors' confidence in providing long-term medical services. The uneven distribution of financial resources is superimposed, which exacerbates social injustice and affects stability.

#### 3.2. Limited Career Opportunities and Poor Working Environment

The limited career development opportunities for rural doctors are another challenge to social justice. Primary medical services are the first threshold of medical services, and the training and promotion opportunities of rural doctors are crucial to the rational operation of the entire medical system. Rural doctors have limited training opportunities and relatively narrow career promotion paths, which limit their career development space. According to the survey by Zhang Shengjun and other scholars on the construction of rural medical and health personnel in Hunan Province, 68.98% of the doctors in township health centers and 83.33% of the village doctors have participated in internal learning and out-of-home training, and are willing to participate in these activities. 27.78% of the doctors in the township health centers and 5.56% of the village doctors did not participate in the internal study and out-of-home training activities, but they were willing to participate [13]. It can be seen that rural doctors are not resting on their laurels and are eager for further learning and

development in their professional fields. However, the incentive mechanism still needs to be improved to help them realize their needs for knowledge and self-development and to achieve a virtuous circle of mutual promotion between ability improvement and love of work [14].

At the same time, due to the concentration of medical resources in cities, the basic health facilities in many rural areas are relatively poor, and the update and iteration speed of medical equipment is slow, which makes rural doctors may face problems such as insufficient medical equipment, outdated technology application and outdated medical environment in their work, which directly affects the effectiveness of their medical services. The relative lag in medical facilities and technology has made doctors face greater pressure and challenges in providing medical services. Poor working conditions can lead to a decrease in the motivation of doctors to practice at the grassroots level, which in turn affects rural residents' access to high-quality health care.

### **3.3. Uneven Use of Policy Instruments and Biased Policy Implementation**

For different policy targets, the use of different policy tools is uneven [15]. In terms of labor remuneration and social security, incentive tools are often used, such as the introduction of minimum wage standards and the clarification of minimum subsidy standards for rural doctors at all levels, but there is no clear regulatory system and laws and regulations. In terms of career development, exhortation-type tools are used more, motivation-type tools and compulsory tools are insufficient, the actual material subsidies given are not unified and standardized, the normative training system has not yet been formed, the promotion channel is narrow, and the motivation given is also insufficient. Regarding the working environment, capacity-building tools are used more, more infrastructure construction is used to help, the allocation and implementation of responsibilities are insufficient, and the mechanism to ensure that resources tend to be distributed fairly needs to be improved.

In the process of policy implementation, there are deviations between the implementation of policy objectives and actual implementation [5]. There are regional differences and unfairness in policy implementation. Due to the economic differences between localities and the different priorities of government supervision, the implementation of policies is inconsistent, so rural doctors with the same status enjoy different benefits in different regions. Rural doctors may face more difficult working and living conditions in developed areas where policy implementation may be better implemented in developed areas, while in poor areas due to lack of resources, it is difficult to implement policies. In addition, the monitoring and evaluation mechanism in policy implementation is relatively weak, and there is a lack of timely monitoring and evaluation of policy implementation, which makes it difficult to implement good policies.

## **4. Measures**

### **4.1. Ensure the Relative Fairness of the Policy**

American political philosopher Rawls once put forward the principle of difference in justice, that is, society should distribute resources and wealth in a just way to achieve social fairness and equality, and at the same time, society should pay special attention to those who are in vulnerable groups, such as the poor, the disabled, the elderly, etc., and give them more attention and support [15]. In terms of labor remuneration and social security, the basic salary should be paid concerning the average income level of the industry and the average consumption level of the region at the same time, and the relevant policies of rural doctors should be adjusted and standardized concerning the protection policies of the urban medical and health industry in terms of pension and accidents. In terms of career development and working environment, relevant systems and regulations should be improved as soon as possible, and the city level should be reasonably accelerated according to the actual situation. In terms of the use of policy tools and policy implementation, comprehensive consideration should be given to maximize the effectiveness of various policy tools, and a sound policy implementation supervision system should be established to strengthen the monitoring and evaluation of policy implementation to ensure that the policy is close to the actual needs of rural doctors. Throughout the process, the

government, the health sector and relevant agencies should work together to ensure that the needs of rural doctors are fully taken into account at the formulation stage and can be implemented in the process.

#### 4.2. Policies Favor the Countryside

According to the theory of justice, as a relatively weak party, it should be given a certain policy tilt. The government should give appropriate policy preferences to the more backward rural areas to support their development while maintaining integrity and relative fairness. In terms of economy, regional economic assessment and environmental assessment should be carried out, and under the condition that the basic salary remains unchanged, the difficulty of rural doctors' work and life difficulties should be considered, and corresponding assistance should be given to improve their job satisfaction and reduce mobility, to promote the balanced distribution of medical and health personnel resources. At the same time, it is necessary to increase investment in rural medical services, improve medical facilities and technical standards, and narrow the gap between regions and between urban and rural areas. In terms of personal development, it is necessary to improve the promotion mechanism in rural areas, broaden the promotion channels, make efforts rewarded, and the rewards can be seen, to enhance the enthusiasm of rural medical and health workers and enhance their enterprising spirit. In terms of policy implementation, it should strengthen the publicity of the policy, improve the understanding of the policy of rural doctors, improve their awareness of the protection of their rights, and strengthen the supervision and guidance of local governments, to promote the better implementation of policies in all localities through incentive mechanisms to ensure that rural doctors can effectively enjoy the treatment they deserve.

### 5. Conclusion

The development and protection of rural doctors is not only a personal issue for doctors but also related to the quality and development prospects of primary medical and health services. At present, rural doctors are faced with problems such as low salaries, insufficient social security, blocked promotion, limited training opportunities, poor working environment, and difficult implementation of relevant policies, which directly affect doctors' job satisfaction and the sustainable development of primary medical services. To this end, the government should refer to regional standards and urban standards, comprehensively consider, and formulate a fairer minimum wage standard for rural doctors, improve the level of social security, and establish a sound policy implementation supervision system, so that everything is standardized and policies can be implemented. At the same time, it is necessary to give certain policy preferences to grassroots medical workers in rural areas, issue subsidies, broaden promotion channels, and continuously improve the construction of rural medical infrastructure, to retain old talents and recruit new talents.

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