

# Existing Problems and Countermeasures in Hospital Public Health Management

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**Abstract:** At the current stage, China's medical and health industry is constantly developing, and it is essential to fully attach importance to the core role of Centers for Disease Control and Prevention (CDC). For tertiary hospitals, one of their key work tasks is to carry out public health management. Based on this, this paper mainly expounds on some basic problems existing in the public health management of state-owned hospitals at the current stage, and puts forward corresponding countermeasures for the identified problems. These countermeasures include enhancing the emphasis on public health management, strengthening the intensity of medical management, effectively improving the allocation of medical management resources, and intensifying the training of relevant personnel. This paper aims to provide references for improving the level of hospital public health management.

**Keywords:** Hospital; Public health management; Health human resource management

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## 1. Brief introduction to public health management in hospitals

### 1.1. Public health management

Public health management refers to a management activity that safeguards public health, prevents disease transmission, improves the quality of medical services, and promotes health equity through the systematic organization, coordination, and implementation of various health policies and measures. Its core goal is to maintain and improve the health of the population, reduce disease incidence and mortality rates, and enhance the society's overall ability to respond to public health events<sup>[1]</sup>.

Health supervision and management is an important component of public health management, which mainly involves supervision and law enforcement over medical and health institutions, public places, drinking water, food hygiene, and occupational environments to ensure the effective implementation of various hygienic standards, laws, and regulations. This work emphasizes prevention as the priority and governance in accordance with the law, including standardizing the practice of medical institutions, inspecting the implementation of infectious disease prevention and control measures, and supervising the emergency preparedness for public health emergencies, so as

to prevent the spread of health risks.

Disease control and management is another core content of public health management, focusing on the prevention and control of infectious diseases and chronic non-communicable diseases (NCDs) <sup>[2]</sup>. In terms of infectious disease management, establishing a sound epidemic monitoring and reporting system is crucial, which involves the timely collection, analysis, and feedback of disease prevalence data to achieve early warning and rapid response to epidemics. Disease control and management also focus on building emergency response capabilities for public health emergencies, including the formulation of emergency plans, the development of emergency teams, the stockpiling of materials, and the improvement of cross-regional cooperation mechanisms. This ensures that the response mechanism can be quickly activated in the face of major epidemics or disasters, minimizing the threat to public health.

## **1.2. The role of hospital public health management**

As a core component of the medical and health service system, hospitals not only provide clinical diagnosis and treatment services, but also play a key role in infectious disease monitoring and reporting, chronic disease prevention and control, and health education <sup>[3]</sup>. During major epidemics or public health emergencies, hospitals serve as key implementers of emergency responses, undertaking tasks such as patient admission and treatment, isolation and protection, and resource allocation. Efficient public health management capabilities help to quickly activate emergency plans, reduce social panic, and ensure the normal operation of medical order. A sound public health management system can also promote multi-sectoral collaboration, break down information barriers between medical institutions and disease control and prevention agencies, and form a work pattern of joint prevention and control <sup>[4]</sup>. The large amount of health data accumulated by hospitals in their daily operations, after standardized management and analysis, can be used for disease trend prediction and optimization of health resource allocation, thereby improving the accuracy of public health decision-making.

By continuously improving public health management processes, hospitals can enhance service quality and operational efficiency, and boost public trust and social satisfaction. Therefore, strengthening the public health functions at the hospital level is not only necessary to enrich the connotation of medical services, but also serves as a fundamental support for building a robust public health system. Good public health management practices help shape hospitals' image of social responsibility and facilitate the effective implementation of the Healthy China Strategy.

## **2. Problems in hospital public health management**

### **2.1. Imperfect public health management system**

Some hospitals have obvious shortcomings in the construction of the public health management system, with incomplete institutional setup and vague function allocation, failing to form a systematic and standardized management structure. In most hospitals, the Public Health Department is not granted an organizational status that matches its functions; it is usually attached to the Medical Affairs Department, Infection Control Department or other administrative departments, and lacks an independent organizational structure. This makes it difficult for the department to play a leading role in actual operation <sup>[5]</sup>.

The internal management focus of hospitals generally leans toward clinical medical services. Mechanisms such as resource allocation, performance appraisal and staff promotion are all inclined to clinical departments,

while public health work is regarded as an auxiliary and non-core function. This value orientation of “prioritizing medical treatment over public health” directly affects the resource allocation and discourse power of public health departments.

In terms of responsibility division, public health management covers multiple fields including infectious disease prevention and control, chronic disease management, health promotion, environmental health, and occupational health. However, there is a lack of clear responsibility boundaries and cooperation mechanisms within hospitals. The Public Health Department often needs to coordinate with multiple departments such as medical affairs, nursing, infection control, and information across departments. Nevertheless, due to the lack of institutional authorization, it cannot effectively mobilize resources or supervise implementation, leading to the failure to implement work effectively.

## **2.2. Unreasonable staffing structure**

In most medical institutions, the number of full-time staff dedicated to public health management is insufficient, which cannot meet the growing work demands such as disease prevention, health promotion, and response to public health emergencies<sup>[6]</sup>. Some primary-level hospitals even only assign one or two staff members to be responsible for all public health affairs; the excessive workload leads to reduced management quality and slow response efficiency. To fill the manpower gap, some hospitals arrange medical staff from clinical departments to take on part-time public health tasks. Although these staff members have a certain medical foundation, they generally have not received systematic public health theoretical education and practical training. As a result, they have a shallow understanding of public health policies and limited mastery of core businesses such as monitoring and early warning, risk assessment, and health intervention.

With the advancement of the hierarchical medical system and the in-depth implementation of the national health strategy, hospitals play an increasingly prominent hub role in the regional public health system, and the requirements for professional talent teams are constantly rising. However, many hospitals have not yet established a scientific mechanism for talent introduction and cultivation. During the recruitment process, there is a lack of professional selection standards for public health positions, leading to inadequate control over the talent entry threshold<sup>[7]</sup>. At the same time, the internal training mechanism is weak, and there is a lack of regular and systematic on-the-job training and capacity improvement programs, making it difficult for practitioners to update their knowledge and expand their skills. The unreasonable staffing structure is no longer merely a human resource issue, but a key bottleneck that directly affects the quality of public health services and the level of public safety.

## **2.3. Inadequate public health management system**

Some medical institutions lack unified and standardized public health management systems, relying on empirical management for daily operations. There is a lack of rigid constraints on system implementation, and management behaviors are highly arbitrary, making it difficult to form standardized processes. Such problems are particularly prominent in responding to public health emergencies, where phenomena such as delayed information reporting, lagging response mechanisms, and disordered resource allocation occur frequently, exposing serious deficiencies in the design of emergency mechanisms within the management system<sup>[8]</sup>.

Human resource allocation was disconnected from the management system. The number of professional public health personnel was insufficient, and most of the existing personnel are concurrently held by clinical doctors. These personnel lack systematic public health knowledge training, and their professional capabilities are

insufficient to support complex management tasks. The performance appraisal mechanism does not include public health responsibilities as core indicators, resulting in insufficient attention from medical staff and limited work enthusiasm. In work such as regional health risk assessment and intervention for key populations, there is a lack of a unified coordination platform. Various parties act independently, leading to low resource utilization efficiency<sup>[9]</sup>.

In addition, there is an absence of supervision and evaluation mechanisms. Most hospitals have not established internal audit and quality evaluation systems for public health management, making it impossible to conduct quantitative evaluation of management effectiveness and difficult to identify and correct problems in a timely manner. Channels for public participation are limited, the social mobilization capacity for work such as health education and disease prevention is weak, and the improvement of residents' health literacy is restricted. These problems were intertwined, leaving hospital public health management in a state of passive response for a long time, making it difficult to play its fundamental role in the Healthy China Strategy.

### **3. Strategies for optimizing hospital public health management**

#### **3.1. Improve the management system and strengthen inter-departmental coordination**

At present, some medical institutions have problems such as ambiguous responsibilities and insufficient implementation in the performance of public health functions. The root cause lies in the lack of specialized management agencies and clear division of powers and responsibilities. In this regard, the establishment of an independent public health management department is a key measure to improve management efficiency. This department should be equipped with functions such as overall planning, organization and implementation, supervision and evaluation, and fully take charge of core work including infectious disease prevention and control, health education, response to public health emergencies, chronic disease management, and nosocomial infection control<sup>[10]</sup>. Through institutionalized setup, it is ensured that public health work has support in terms of organizational structure and guarantee in terms of resource allocation.

The establishment of an independent department needs to be accompanied by a clear list of responsibilities and scope of authority to avoid functional overlap or management gaps with other functional departments. The public health management department shall have the right to formulate in-hospital public health policies and technical specifications, supervise all departments in the implementation of relevant measures, and conduct assessment and feedback on the implementation status. Public health work should be incorporated into the overall development strategy of the hospital, making it one of the three pillars of hospital development together with medical service quality and scientific research and teaching capabilities. Quantifiable and traceable public health indicators, for example timeliness rate of infectious disease reporting, incidence rate of nosocomial infections, coverage rate of health education shall be set in the annual target responsibility system, and these indicators shall be taken as an important part of the departmental performance assessment to enhance the rigid binding force of management.

By holding regular joint meetings, establishing cross-departmental working groups, and developing an integrated information platform, administrative barriers and information silos are broken down, and response efficiency and management accuracy are improved<sup>[11]</sup>. It is necessary to strengthen communication and coordination with other business departments, integrate the concept of public health into the diagnosis and treatment process, and form a work pattern featuring full hospital participation, clear responsibilities, and efficient operation. The improvement of the management system is reflected not only in the improvement

of the organizational structure, but also in the smooth operation mechanism and the sustainability of system implementation.

### **3.2. Strengthen talent introduction and improve the staff training system**

The development of medical and health services is inseparable from high-quality professional talent teams. Especially in the field of public health management, the quantity and quality of talents are directly related to service capabilities and the ability to respond to public health emergencies. To improve the overall management level, the human resources department must strengthen talent introduction efforts, expand talent recruitment channels, and actively attract high-level talents with professional backgrounds in epidemiology, preventive medicine, health management, and other related fields to join the hospital's public health team. By establishing cooperation mechanisms with universities and research institutions, implementing targeted recruitment and special introduction programs, priority should be given to hiring interdisciplinary talents with practical experience and professional qualifications to reinforce frontline forces<sup>[12]</sup>.

While introducing talents, it is necessary to simultaneously promote the training and capacity improvement of existing staff. A sound, systematic, and regular training system should be established, incorporating public health theoretical knowledge, relevant laws and regulations, infectious disease prevention and control technologies, health education methods, and emergency response to public emergencies into routine training content. Annual training plans should be formulated, and special lectures, case analyses, and simulation drills should be conducted through a combination of online and offline formats to enhance the relevance and effectiveness of training. In particular, key links such as the response process for public health emergencies, information reporting mechanisms, and personal protection measures should be emphasized in training. This ensures that relevant staff master standardized operating procedures and possess rapid response capabilities<sup>[13]</sup>.

Clinical medical staff are important participants in public health work, and they have unique advantages in disease monitoring, health education, and epidemic early warning during daily diagnosis and treatment. Institutional designs should be adopted to encourage clinical doctors, nurses, and other medical technicians to actively participate in public health affairs, and their performance in fulfilling public health responsibilities should be incorporated into the performance evaluation system. A special reward mechanism should be established to recognize individuals and teams that have performed outstandingly in disease prevention and control, health management, and emergency response, thereby creating a favorable atmosphere that values public health. Continuously introducing outstanding talents and improving the internal training mechanism will help form a public health professional team with a reasonable structure, proficient professional skills, and rapid response capabilities, enhancing the hospital's service capacity in daily management. The optimal allocation of talent resources is the fundamental guarantee for promoting the modernization of the hospital's public health management system and the core support for realizing the integrated development of medical treatment and disease prevention.

### **3.3. Implement regionalized and hierarchical management**

In the process of conducting public health management, hospitals face the realities of a large service population, diverse disease types, and heavy prevention and control tasks. Therefore, it is necessary to implement differentiated management strategies based on the functional positioning and risk levels of different regions<sup>[14]</sup>.

As places where patients concentrate for medical treatment, outpatient areas have high personnel mobility

and a high risk of cross-infection. For these areas, it is essential to strengthen the pre-examination and triage mechanism, improve the screening process for febrile patients, and implement standards for environmental disinfection frequency and medical waste disposal. For inpatient areas, the focus should be on nosocomial infection control: strictly implementing the management system for the use of antibacterial drugs, establishing a departmental infection monitoring and reporting system, and ensuring that protective measures in high-risk areas such as Intensive Care Units (ICUs) and neonatal wards are fully in place. As the frontline position for responding to public health emergencies, emergency areas should establish a rapid response mechanism, optimize the reservation and allocation process of emergency supplies, and enhance medical staff's ability in early identification and handling of infectious diseases.

In terms of management hierarchy, a three-level management system including hospital level, department level, and post level should be established. At the hospital level, the responsibility includes formulating public health management systems, coordinating resource allocation, and supervising implementation effects. A special management team led by hospital leaders should be set up to hold regular coordination meetings and promote inter-departmental collaboration. At the department level, specific implementation responsibilities are undertaken. Detailed implementation rules should be formulated in combination with the business characteristics of the department, daily training and emergency drills should be organized, and all prevention and control measures should be integrated into routine work processes.

At the post level, individual responsibility is emphasized. Medical staff must be proficient in public health operation standards, proactively participate in health education, epidemic reporting, and patient management, and form a management pattern with full staff participation <sup>[15]</sup>.

Information technology plays a supporting role in regionalized and hierarchical management. Relying on the hospital information system, a public health data collection and analysis platform should be established to monitor key parameters in real time, such as infection indicators in various regions, vaccination rates, and coverage rates of chronic disease management, so as to provide data support for decision-making. In addition, the effectiveness of regional management can be linked to departmental performance evaluation to enhance the implementation of systems. This helps eliminate management blind spots, improve the scientificity of resource allocation and the accuracy of prevention and control measures, and promote the transformation of hospital public health management from extensive management to intensive management.

## 4. Conclusion

To sum up, hospitals undertake multiple functions in public health management, including disease prevention, health promotion, and emergency response. Their management level is directly related to public health and social stability. The improvement of hospital public health management is not only associated with the development of medical institutions themselves, but also an important part of the construction of the national public health system. Through systematic reforms and continuous investment, hospitals' comprehensive capabilities in major epidemic prevention and control, chronic disease management, health promotion, and other fields can be significantly enhanced, which provides solid support for building a more resilient and responsive public health network.

## Disclosure statement

The author declares no conflict of interest.



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