

Research on the Optimization of Human Resources Allocation in Public Hospitals Under the New Medical Reform

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Abstract: With the advancement of the new medical reform, public hospitals face numerous challenges and opportunities, making the optimization of human resource allocation a critical priority. This paper analyzes the requirements imposed by the new medical reform on human resource allocation in public hospitals, examines existing issues such as an unbalanced personnel structure, unscientific job design, and an inadequate talent mobility mechanism, and proposes corresponding optimization strategies. These strategies include improving the recruitment and selection process, scientifically planning job structures, and establishing a flexible talent mobility mechanism. The goal is to enhance the quality of medical services, improve hospital operational efficiency, and promote the sustainable development of public hospitals.

Keywords: New medical reform; Public hospitals; Human resource allocation; Optimization strategy

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1. Introduction

The implementation of the new medical reform policy aims to address the challenges of “difficult and expensive medical treatment” while enhancing the accessibility and equity of healthcare services. As the cornerstone of China’s healthcare system, public hospitals bear significant medical service responsibilities. Under the new medical reform, the rational allocation of human resources is directly linked to the quality, efficiency, and long-term sustainability of healthcare services. Optimizing human resource allocation can effectively mobilize medical personnel, strengthen hospitals’ core competitiveness, and better meet the increasing healthcare demands of the population.

2. Requirements for human resource allocation in public hospitals under the new medical reform

2.1. Emphasizing the public welfare of medical services

The new medical reform mandates that public hospitals prioritize their public welfare function. Accordingly,

human resource allocation should focus on ensuring the provision of essential medical services by appropriately distributing medical, nursing, and administrative personnel. This approach enables hospitals to effectively control costs, enhance resource utilization efficiency, and maintain high-quality medical services ^[1].

2.2. Enhancing the quality of the talent pool

To meet the new medical reform's requirements for medical technology and service quality, public hospitals must cultivate a highly skilled and professional workforce ^[2]. This necessitates strengthening continuing education and training programs for existing personnel to improve their professional competencies and overall qualifications. Additionally, hospitals should actively recruit high-level and interdisciplinary talents to enhance their overall medical standards, as well as their research and innovation capabilities ^[3].

2.3. Promoting the rational flow of human resources

The new medical reform encourages the equitable distribution of medical talent across different healthcare institutions to achieve a more balanced allocation of medical resources. Public hospitals should establish and refine talent mobility mechanisms, remove institutional barriers to workforce movement, and create broader platforms for medical professionals to maximize their expertise. Facilitating the rational flow of human resources also contributes to strengthening the service capacity of primary healthcare institutions ^[4].

3. Existing problems in human resource allocation in public hospitals

3.1. Unreasonable personnel structure

3.1.1. Imbalance in professional composition

Some public hospitals experience an oversupply of medical professionals while facing shortages in nursing, rehabilitation, public health, and other specialized fields. For instance, in certain general hospitals, there is an excessive number of clinicians, whereas nursing staff levels fail to meet the appropriate nurse-to-patient ratio. This imbalance hinders improvements in nursing service quality and negatively impacts the patient experience. Furthermore, shortages of rehabilitation therapists and preventive healthcare professionals also impede the development of comprehensive medical services within hospitals ^[5].

3.1.2. Disproportionate title structure

An imbalance exists in the distribution of professional titles, with a concentration of senior professionals and a disproportionate number of mid-level and junior professionals. While senior professionals primarily engage in research, teaching, and the diagnosis and treatment of complex diseases, mid-level and junior professionals constitute the backbone of routine medical services ^[6]. If the number of mid-level and junior personnel is insufficient or if career advancement opportunities are limited, the hospital's daily operations and talent development structure may be adversely affected.

3.2. Unscientific job positioning

3.2.1. Undefined job responsibilities

Some public hospitals fail to clearly define job responsibilities, authority, and role expectations, leading to overlapping duties and accountability issues ^[7]. For example, in the medical management department, multiple staff members from different positions may be involved in medical quality supervision. However, due to unclear role delineation, it becomes difficult to identify responsibility in the event of a problem, thereby reducing work efficiency and management effectiveness.

3.2.2. Lack of dynamic adjustment in job allocation

With advancements in medical technology and the expansion of hospital operations, job demands continue to evolve. However, some public hospitals do not adjust job allocations in a timely manner, resulting in underutilization in some positions while others experience excessive workloads. This imbalance affects employee motivation and reduces overall hospital efficiency^[8].

3.3. Deficiencies in the talent flow mechanism

3.3.1. Restricted internal mobility

Personnel mobility between departments in public hospitals is often limited due to the absence of an effective internal talent flow mechanism. Employees are typically confined to career progression within their own departments, making cross-departmental job transitions difficult. This restriction limits career development opportunities and hinders the cultivation of multidisciplinary talent within hospitals^[9].

3.3.2. Limited external talent exchange

Public hospitals face multiple barriers to talent exchange with external medical institutions. On one hand, concerns over workforce attrition lead hospitals to impose restrictive policies on personnel seeking further education and exchange opportunities. On the other hand, challenges in talent recruitment—such as administrative constraints and compensation limitations—make it difficult to attract outstanding external professionals, thereby weakening hospital workforce vitality and innovation capacity^[10].

4. Optimization strategies for human resource allocation in public hospitals

4.1. Enhancing personnel recruitment and selection mechanisms

4.1.1. Developing a scientific recruitment plan

A comprehensive recruitment plan should be formulated based on the hospital's strategic development objectives and operational needs. The plan should clearly define job positions, required personnel numbers, professional qualifications, and educational requirements to ensure that newly recruited staff align with the hospital's actual demands across different roles^[11]. The recruitment process should emphasize candidates' comprehensive qualities, professional skills, and ethical standards. A diversified recruitment strategy—combining campus recruitment, social recruitment, and online recruitment—should be adopted to expand hiring channels and enhance recruitment efficiency and quality^[12].

4.1.2. Establishing a fair and equitable selection mechanism

A fair and transparent evaluation system should be implemented for the selection and promotion of internal personnel. Key assessment criteria should include work performance, professional competence, and ethical standards to ensure that promotion opportunities are granted based on merit, thereby fostering employee motivation and creativity. The selection process should be conducted with openness and transparency, allowing for staff supervision to enhance credibility and fairness^[13].

4.2. Scientific planning of job positions

4.2.1. Defining job responsibilities and requirements

A detailed classification of hospital positions should be conducted to specify job responsibilities, tasks, authority, and the necessary professional knowledge, skills, and experience for each role. Comprehensive job descriptions

should be developed to provide employees with clear expectations regarding their roles while serving as a foundation for recruitment, training, and performance evaluation ^[14]. For instance, the job description for a clinician should outline specific duties related to outpatient care, inpatient management, surgical procedures, and the required medical expertise, clinical experience, and licensure ^[15].

4.2.2. Implementing dynamic job adjustments

A dynamic job adjustment mechanism should be established to periodically assess and modify job structures based on hospital development needs, technological advancements, and patient demand. Positions should be created or eliminated accordingly to optimize workforce distribution. For example, with the rise of telemedicine, public hospitals can establish positions dedicated to online consultations and remote medical services. Conversely, roles with significantly reduced workloads due to technological advancements may be consolidated or restructured ^[16].

4.3. Establishing a flexible talent flow mechanism

4.3.1. Facilitating internal talent mobility

Internal talent mobility policies should be developed to encourage job rotations and cross-departmental exchanges within hospitals. An internal talent marketplace or job exchange platform should be established to regularly publish job openings, allowing employees to apply for transfers based on their interests, abilities, and career aspirations. Hospitals should provide necessary training and support to ensure employees can quickly adapt to new positions. Enhancing internal talent mobility will help cultivate multidisciplinary skills among staff and optimize workforce allocation.

4.3.2. Strengthening external talent exchanges and collaborations

Hospitals should actively foster personnel exchange and cooperation with other medical institutions, universities, and research organizations. Outstanding employees should be selected for further training and academic exchange programs to broaden their expertise and enhance their professional and innovative capabilities ^[17]. Additionally, hospitals should attract high-level external professionals for part-time engagements, guest lectures, and research collaborations, introducing new perspectives, technologies, and management practices. In terms of talent recruitment, traditional staffing constraints should be reconsidered, and flexible employment mechanisms—such as contract-based and project-based hiring—should be adopted to enhance the hospital's attractiveness and competitiveness in talent acquisition ^[18].

5. Conclusion

Amid the ongoing medical reform, optimizing human resource allocation in public hospitals remains a long-term and challenging endeavor. By implementing strategies such as enhancing personnel recruitment and selection mechanisms, scientifically planning job positions, and establishing a flexible talent flow system, existing issues in human resource allocation can be effectively addressed, thereby improving hospital management and the quality of medical services ^[19]. Public hospitals should actively adapt to the requirements of the new medical reform, continuously explore and innovate human resource allocation models, and cultivate a high-quality, professional, and dynamic workforce. These efforts will contribute to safeguarding public health and promoting the advancement of medical and healthcare services ^[20]. Additionally, the government and relevant authorities should provide policy and financial support to foster a conducive external environment for optimizing human resource allocation in public hospitals.

Disclosure statement

The author declares no conflict of interest.

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