

# Research on Entrepreneurship Education for Vocational Medical Students Returning Home in the Context of the Rural Revitalization Strategy

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**Abstract:** Under the Rural Revitalization Strategy, promoting the all-round development of rural areas has become a core task. As part of rural construction, primary medical services are a key factor in realizing a healthy countryside. Against this backdrop, vocational medical students returning home to start businesses has become an important path to supplement grassroots medical forces and support the construction of healthy countryside. Therefore, enhancing the willingness and competence of vocational medical students to return home for entrepreneurship and transporting high-quality grassroots talents for rural revitalization is of great practical significance. Based on the value and current situation of vocational medical students returning home to start businesses under the Rural Revitalization Strategy, this paper discusses specific practical paths to help implement the Rural Revitalization Strategy.

**Keywords:** Rural revitalization; Medical students; Entrepreneurship education; Returning home; Grassroots medical care

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## 1. Introduction

The Report to the 20th National Congress of the Communist Party of China clearly regards the construction of “Healthy China” as an important aspect of China’s overall development goals by 2035. Therefore, in the process of advancing the Rural Revitalization Strategy, it is necessary to give priority to people’s health. However, the current shortage of rural grassroots medical resources and the serious loss of professional talents have become prominent bottlenecks affecting the development of rural health undertakings. With their training orientation, vocational medical students have become a key group to supplement rural medical forces and drive the development of rural health industries. Their return to hometown to start businesses is an important path connecting medical education resources with rural needs<sup>[1]</sup>. In this context, conducting research on entrepreneurship education for vocational medical students returning home is of urgent practical significance. It can not only solve the current difficulties faced by vocational medical students returning home to start businesses but also cultivate compound

talents suitable for rural needs, providing talent support for the construction of healthy countryside and the implementation of the Rural Revitalization Strategy.

## **2. Value of Vocational Medical Students Returning Home to Start Businesses Under the Rural Revitalization Strategy**

### **2.1. Fill the Gap in Rural Medical Services and Lay the Foundation for Rural Construction**

The core of entrepreneurship education for vocational medical students returning home is to directly fill the gap in rural medical services through entrepreneurial practice, provide accessible and high-quality medical and health services for grassroots residents, and consolidate the talent and service foundation for the construction of healthy countryside. On the one hand, vocational medical students have received systematic professional medical training and possess core medical skills such as diagnosis and treatment of common diseases, chronic disease management, and public health services. Their rooting in rural areas can directly supplement the rural medical talent team, alleviating the dilemma of aging rural doctors and insufficient professional capabilities<sup>[2]</sup>; on the other hand, the entrepreneurial activities of vocational medical students, such as establishing village clinics, health service stations, and family doctor studios, can increase rural medical service carriers, break the limitations of traditional rural medical services in scope and form, and help rural areas optimize grassroots medical construction. In addition to grassroots medical diagnosis and treatment, medical students can also carry out public health services such as health check-ups, chronic disease follow-ups, health popularization, and maternal and child health care with their professional capabilities, meeting the diversified health needs of rural residents.

### **2.2. Solve the Dilemma of Shortage of Rural Medical Talents and Inject Talent Momentum**

At present, the construction of rural grassroots medical care is facing the dilemma of talent introduction and retention, leading to insufficient supply and low quality of grassroots medical services, thus affecting the progress of the Rural Revitalization Strategy. As the main position for talent cultivation, higher vocational education needs to give full play to its own advantages. Through innovation and entrepreneurship education, students can recognize the entrepreneurial space and social value in the rural medical field, and stimulate their sense of responsibility and willingness to serve their hometown<sup>[3]</sup>. At the same time, higher vocational innovation and entrepreneurship education courses are both basic and ideological and political. They are important forces for cultivating high-quality medical professional innovation and entrepreneurship talents, improving the construction of the county-township-village three-level medical and health system, promoting the Rural Revitalization Strategy, and ensuring the health of grassroots people. They can optimize students' professional skills and strengthen service awareness around the enhancement of medical skills, teaching of operation and management knowledge, and policy application guidance. On this basis, it can not only directly increase the supply of rural medical talents but also promote vocational college students to take the initiative to return to their hometowns to start businesses, injecting stable and high-quality human capital into the rural medical team<sup>[4]</sup>.

### **2.3. Promote the Reform of Higher Vocational Medical Education and Connect with Rural Medical Needs**

Currently, the core mission of vocational education is to cultivate high-quality technical and skilled talents to serve regional economic development. This indicates that its educational reform needs to be based on the real status and needs of the region, optimize curriculum teaching and talent cultivation, and promote education to

shift from discipline-oriented to demand-oriented. Under the Rural Revitalization Strategy, the construction of rural health urgently needs a large number of excellent medical entrepreneurial talents. Therefore, the reform of higher vocational medical education should promote the in-depth integration of educational content and training models with the needs of rural revitalization, realizing the precise connection between vocational education and rural needs. Students are allowed to carry out internships and practical training around real rural medical entrepreneurship scenarios, such as participating in the operation of village clinics, the development of health products, and health popularization activities <sup>[5]</sup>, prompting them to transform theoretical knowledge into practical capabilities. This can improve the pertinence and practicality of higher vocational medical education, promote the transformation of vocational education towards cultivating entrepreneurs, and make higher vocational medical education truly a carrier for serving rural revitalization.

### **3. Dilemmas in Entrepreneurship Education for Vocational Medical Students Returning Home Under the Rural Revitalization Strategy**

#### **3.1. Vocational College Students Have Low Recognition of Rural Professions**

Affected by traditional education and the priority development of cities, some vocational college students have low recognition of rural employment. The superposition of students' negative perceptions of the value, development space, and working environment of rural professions leads to their low recognition of rural employment. Currently, vocational college students generally narrow the value of rural medical entrepreneurship to grassroots medical services, ignoring its social value and public attributes in the construction of healthy countryside <sup>[6]</sup>. At the same time, influenced by the inclination of urban medical resources, students are prone to form the inherent perception that rural medical technology is backward and service level is low, believing that rural medical entrepreneurship cannot realize professional value and professional achievement. Thus, students have cognitive biases towards starting businesses in rural grassroots medical services and lack internal motivation to return to their hometowns to start businesses.

#### **3.2. Insufficient Construction of Collaborative Education Mechanisms**

Entrepreneurship education for vocational medical students returning home involves multiple subjects such as colleges and universities, governments, and rural medical institutions. It is necessary to integrate resources from all parties through collaborative education mechanisms to form educational synergy. However, the current entrepreneurship education for vocational medical students returning home generally faces the dilemma of lacking collaborative education mechanisms, and all parties lack effective linkage. On the one hand, although relevant departments have macro policies for rural revitalization and entrepreneurship support, there is insufficient special policy support for vocational medical students returning home to start medical businesses, such as lack of targeted entrepreneurship subsidies, loan preferences, and training grants. Moreover, the connection between policy publicity and implementation is not in place, making it difficult for colleges and universities to efficiently obtain rural medical needs and enterprise practice resources; on the other hand, the cooperation between colleges and universities and rural medical institutions is mostly short-term internships, failing to deeply participate in core links such as talent training program formulation, curriculum design, and practical teaching, resulting in cooperation that cannot truly meet the needs of rural medical entrepreneurship education.

### **3.3. Disconnection Between Entrepreneurship Education Content and Medical Needs**

Currently, some higher vocational innovation and entrepreneurship education still stays in the traditional framework combining general entrepreneurship theories and basic medical knowledge, resulting in students lacking practical capabilities to cope with rural entrepreneurship challenges and being unable to meet the needs of rural medical services and the development of health industries. Specifically, educational content generally lacks interpretation of the rural medical market environment, grassroots medical policies, and the characteristics of rural residents' health cognition. Students have a vague understanding of the market space, policy boundaries, and service models of rural medical entrepreneurship<sup>[7]</sup>; at the same time, due to the rapid speed of rural construction, vocational medical students need to have forward-looking thinking and professional skills. However, current higher vocational entrepreneurship education mainly focuses on general entrepreneurship theories, and fails to design targeted content combined with the characteristics of rural grassroots medical care, such as the development of rural health products, low-cost operation strategies for rural medical services, and the combination model of rural e-commerce and health services. As a result, the entrepreneurial knowledge mastered by students is difficult to be directly applied to rural medical scenarios, further affecting the effectiveness of entrepreneurship education for vocational medical students returning home.

## **4. Practical Paths of Entrepreneurship Education for Vocational Medical Students Returning Home Under the Rural Revitalization Strategy**

### **4.1. Change Cognitive Concepts and Enhance Internal Motivation for Rural Entrepreneurship**

As the main force of socialist construction, college students are the backbone to help rural revitalization and realize common prosperity. However, due to low recognition of returning home to start businesses, most medical students choose to start businesses or find employment in more economically developed big cities after graduation, leading to a serious shortage of rural medical talents. Therefore, it is extremely important to change their concepts of returning home to start businesses and strengthen their cognitive awareness.

First of all, entrepreneurship teachers in vocational colleges should, based on social cognition, explain the importance of returning home to start businesses for rural development from the perspectives of values and emotional attitudes, and guide students to understand the social value of grassroots doctors in combination with the current situation of grassroots medical care<sup>[8]</sup>. For example, teachers can interpret healthy countryside policies online and carry out grassroots medical case teaching, allowing students to understand the core role of rural medical entrepreneurship in solving people's livelihood issues such as difficulty in seeing a doctor and long distances to medical facilities, and recognize its irreplaceable value in the construction of healthy countryside; in addition, rural grassroots medical doctors can be invited to give sharing sessions to convey professional values and entrepreneurial concepts, stimulating students' sense of social responsibility and professional mission.

Secondly, teachers can eliminate students' concerns about the low benefits of rural entrepreneurship by combining relevant policies and entrepreneurship subsidies, and compare with urban entrepreneurship to let students see the prospects of rural entrepreneurship; at the same time, analyze the application prospects of technologies such as smart medical care and remote health consulting in rural areas, enabling medical students to recognize that rural medical entrepreneurship can achieve professional ability improvement and career advancement through technological innovation; finally, organize students to conduct in-depth rural medical needs surveys and health industry status analysis, allowing students to intuitively feel the market space of rural medical



entrepreneurship. In addition, volunteers can be used to let students feel the urgency of rural medical needs through direct contact with rural residents, and accumulate professional achievement in participating in grassroots medical services, health popularization and other practices, thereby enhancing their motivation to return home to start businesses<sup>[9]</sup>.

#### **4.2. Establish an Integration Mechanism of Professional Education and Entrepreneurship Education to Cultivate Students' Compound Capabilities**

To achieve the goals of the Rural Revitalization Strategy, it is necessary to focus on cultivating compound talents among vocational medical students. This requires vocational colleges to establish an integration mechanism of professional education and entrepreneurship education based on industrial needs, enabling medical students to examine the demand pain points in the rural medical and health field from an entrepreneurial perspective while mastering medical professional knowledge<sup>[10]</sup>. First, focus on rural medical needs to cultivate students' innovative thinking. Offer courses such as "Integration of Rural Health Industries" to guide students to explore rural characteristic resources, such as the combination of traditional Chinese medicine, ecological agriculture, cultural tourism and medical services, and cultivate innovative thinking for the integrated development of medical care and other rural industries. At the same time, set up courses around the entire process of rural medical entrepreneurship, such as rural medical project planning, low-cost operation and management, and rural health service marketing, focusing on cultivating students' project design, cost control, and customer development capabilities, so that medical students can improve their entrepreneurial capabilities while strengthening their professional skills; second, higher vocational medical professional courses should break traditional disciplinary boundaries, combine rural medical needs under the background of rural revitalization, and tap entrepreneurial education elements in courses. For example, in public health courses, content such as the design of entrepreneurial models for rural health management services and the operation and promotion of rural public health projects can be integrated to improve the pertinence of returning home to start businesses. Third, build a practical platform for the integration of professional education and entrepreneurship education, allowing medical students to carry out entrepreneurial practice in simulated rural medical scenarios, combining the application of professional skills with the drill of entrepreneurial processes. In addition, interdisciplinary teaching teams can be formed, with medical professional teachers and entrepreneurship education teachers co-teaching and guiding projects, realizing the complementarity of professional knowledge and entrepreneurial experience, and improving the integration and effectiveness of the teaching process.

#### **4.3. Build a Service Platform for Returning Home to Start Businesses and Strengthen the Guarantee of Grassroots Medical and Health Talents**

At present, entrepreneurship education for vocational medical students returning home still has problems such as insufficient entrepreneurial awareness of college students, insufficient understanding of rural medical construction, and poor connection of entrepreneurship support policies. To better provide support and guarantee for medical students returning home to start businesses and enhance the effectiveness of innovation and entrepreneurship education, vocational colleges need to actively build a service platform for returning home to start businesses, providing a solid guarantee for medical students returning home to start businesses.

First, establish a systematic policy information integration mechanism, regularly collect and sort out medical and health policies and entrepreneurship support policies related to vocational medical students returning home

to start businesses, and accurately push policy information to medical students through various forms such as online service platforms, offline lectures, and one-on-one consultations. In addition, strengthen the integration of local real economy industries with medical students' entrepreneurship, provide conditions for innovation and entrepreneurship, and improve the accessibility and utilization efficiency of policy resources.

Second, relying on the faculty and scientific research resources of vocational colleges, set up a professional technical guidance team to provide medical students with guidance on medical technology upgrading, service product innovation, and entrepreneurial project optimization; at the same time, establish a rural medical entrepreneurship resource sharing library, integrating local resources such as rural medical service networks, volunteer teams, and rural governance organizations, helping medical students quickly integrate into the rural environment, realize the effective connection between entrepreneurial projects and rural resources, and improve the feasibility and sustainability of entrepreneurial projects.

Finally, build an entrepreneurship incubation base, an important carrier and support platform for empowering medical students to start businesses, providing medical students with comprehensive hardware support including free or preferential office space, advanced medical training facilities, and modern office equipment. At the same time, supporting systematic software services such as entrepreneurship ability training, management consulting services, market resource connection, and legal and financial guidance. Through the collaborative model of "hardware-software" dual-drive, effectively reduce the entrepreneurial threshold and initial operating costs of medical students, helping them gradually master key capabilities such as project planning, team management, and resource integration in practice, thereby steadily improving the sustainable development ability and market competitiveness of entrepreneurial projects.

## 5. Conclusion

In summary, as an important link connecting the supply of higher vocational medical talents with rural medical and health needs and an important force for promoting rural revitalization, entrepreneurship education for returning home focuses on realizing the coordinated cultivation of medical professional capabilities and entrepreneurial literacy by changing cognitive concepts, establishing an integration mechanism of professional education and entrepreneurship education, and building a service platform for returning home to start businesses, helping medical students develop entrepreneurial paths in the rural medical and health field.

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## References

- [1] Yang W M, Su L, Li X, 2025, Policy Evaluation and Optimization Strategies for College Students Returning Home to Start Businesses Under the Background of Rural Revitalization. *Heilongjiang Researches on Higher Education*, 43(02): 155-160.

- [2] Lü Z Z, Lin Y C, Yang H, 2025, Knowledge Construction of Young People Returning Home to Start Businesses: Research Evolution, Structural Analysis and Future Issues. *Journal of East China University of Science and Technology (Social Science Edition)*, 40(03): 91-103+118.
- [3] Bao R, Wang R, Jiang X W, 2023, An Empirical Study on the Willingness of Students Majoring in Agriculture-Related Fields in Applied Universities to Return Home to Start Businesses Under the Rural Revitalization Strategy. *Jiangsu Agricultural Sciences*, 51(24): 239-244.
- [4] Tan Y W, Wang J H, Han L, 2025, Realistic Problems and Optimal Strategies for Rural College Students Returning Home to Employment and Entrepreneurship Under the Background of Rural Revitalization. *Agricultural Economy*, (11): 123-126.
- [5] Jiao Y J, Yang Y, 2024, Research on the Internal Mechanism, Realistic Dilemmas and Path Choices of Vocational Education Serving Rural Revitalization. *Education and Vocation*, (19): 93-99.
- [6] Cao B T, Li B, Li X E, 2025, Embedded Development: Logic, Dilemmas and Paths of Young People Returning Home to Start Businesses to Help Rural Revitalization. *Journal of Xi'an University of Finance and Economics*, 38(01): 105-116.
- [7] Deng J Q, Jiang Y L, 2024, Research on the Impact of the Pilot Policy of Returning Home to Start Businesses on Rural Revitalization — Empirical Evidence from County Panel Data in China. *Chinese Journal of Population Science*, 38(01): 51-66.
- [8] Jia Y J, Zhang Y W, 2023, Constructing a Regional Development Community Centered on County Rural Revitalization. *Nankai Journal (Philosophy, Humanities and Social Sciences Edition)*, (06): 85-96.
- [9] Jia R, Jin T M, 2023, Practical Research on New Talents Returning Home to Employment and Entrepreneurship Under Rural Revitalization. *Chinese Agricultural Resources and Regional Planning*, 44(07): 215+237.
- [10] Kong X L, He Y, 2023, Path Choices and Policy Support for Cultivating and Expanding the Group of Innovators and Entrepreneurs Returning Home and Moving to Rural Areas in the Implementation of the Rural Revitalization Strategy. *Journal of Northwest University (Philosophy and Social Sciences Edition)*, 53(02): 66-79.

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