

Original Paper

Value Orientation of Introducing Social Capital in Medical and Health Services

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Abstract

Introduction of social capital into medical and health services can effectively alleviate the problems of insufficient resources, poor allocation and unbalanced structure in developing medical institutions. Social capital entering medical institutions, through reasonable guidance, differentiated development and fair competition, can effectively promote optimal allocation of medical resources, improve balanced development of medical structures, continuously expand the scale and scope of medical service targets, and improve standard and effectiveness of medical services. The nature of capital is to chase profits. Therefore, after introducing social capital, medical institutions should combine and strengthen self-discipline and heteronomy supervisions, guide this part of capital to actively assume social responsibilities, to fulfill social obligations, and to serve the public, in order to ensure the medical industry to have sustainable growth.

Keywords

medical institutions, social capital, value orientation

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Social capital entering medical and health industry in recent years helps to bring a growing number of medical and health institutions, an enlarged object and scale of healthcare services, and a better service efficiency, so as to better optimize the entire social medical structure. The medical and health cause “is the shared task of the whole society” (Li, 2007). Therefore, the optimization has played a positive role in coping with and satisfying the public appeal for medical care in an aging society. However, the capital-for-profit nature requires us to attach great importance to have effective value guidance of social

capital into medical institutions.

1. To Introduce Social Capital to Optimize Medical Structure and to Increase Numbers and Inner Force of High-Level Medical Institutions

1.1 Imbalance in the Development of Medical and Health institutions

Development of medical and health undertakings well showcases the development of a nation, and safeguarding of citizens' health rights. With continuous improvement of China's national strength and people's living standards, people's demand for health is increasing. In the new era, people's pursuit of a better life is first and foremost a demand for health. Here is the analysis of the latest data on medical services published by National Bureau of Statistics from 2012 to 2018, which will help to understand the current development status of China's medical and health institutions.

Table 1. Changes in Number of Medical Institutions and Total Health Expenditure from 2012 to 2018

Items	Year							Grow rate
	2018	2017	2016	2015	2014	2013	2012	N %
Total health expenditure (100 million yuan)	59121.9	52598.28	46344.88	40974.64	35312.4	31668.95	28119	110.26
Number of medical institutions	997433	986649	983394	983528	981432	974398	950297	4.96
Number of hospitals	33009	31056	29140	27587	25860	24709	23170	42.46
Number of registered nurses (10 thousand)	409.86	380.4	350.72	324.15	300.41	278.31	249.66	64.17
Number of health personnel (10 thousand)	1230.03	1174.9	1117.29	1069.39	1023.42	979.05	911.57	34.94

At first, the absolute number of health institutions, government medical investment and health service personnel has increased significantly (Table 1) through analyzing average growth of medical services. The number of medical and health institutions increased from 950,000 to 997,000 in China, with a growth rate of 4.96% and an average annual growth rate of 0.8 percentage points from 2012 to 2018. The number of hospitals increased from 23,000 in 2012 to 33,000 in 2018, up 42.46%, while the average annual increase boasts 7.2 percentage points. During the same time span, there has been a significant increase in the number of general hospitals, Chinese medicine hospitals, specialty hospitals, and grass-roots medical and health institutions. Such growth in number of medical institution across the country adopts to people's pursuit for health, satisfies their appeals for a healthy and happy life at most, and help to solve people's health problems to a certain extent.

From the expenditure of total investment on medical and health, China attaches great importance to investment on people's health, which has increased from 2.8 trillion yuan in 2012 to 5.9 trillion yuan in 2018, showing an increase of 110.26% and an average annual growth of 15.76 percentage points. Meanwhile, China's national per capita health expenditure has increased from about 2,100 yuan in 2012 to 4,200 yuan in 2018, presenting an increase of 100% and an average annual growth of 0.17 percentage points.

From the increasing health service personnel, the number has increased from 9,120,000 in 2012 to 12,300,000 in 2018, showing a 34.9% growth and an average annual increase of 5.8 percentage points. Growth in the number of medical service personnel goes with the number of medical institutions. Above all, rapid growth in total medical costs and total medical staff far exceeds the increase of health institutions.

Secondly, from correlation of variable growth rates in developing the medical and health undertakings, certain imbalance (Tables 2 and 3) still exists. From the expenditure of health provision, the total provision has grown from 2811.9 billion yuan in 2012 to 5912.19 billion yuan in 2018, up 110.26%. And the total investment in medical and health services will increase accordingly with social development and people's higher appeals for well-being and good health. However, Table 2 shows that government expenditure in total medical and health funds has increased by 94.49%, and government investment is lower than the growth of total provision. Meanwhile, figures also present that government investment accounted for 28% of the total (2018), and a relative large part is accounted by social capital, from both society and individuals, being introduced into the health care industry. From the per capita health expenses, the number in China also increased rapidly with the country's more investment in total medical provision (from 2,076.67 yuan in 2012 to 4,423.98 yuan in 2018, up 104.03%).

On the other hand, from growth rates of medical institutions and health personnel, the overall number of medical institutions increased by 4.96 percentage points from 2012 to 2018, while the number of township hospitals decreased by 1.71 percentage points. Total number of health personnel increased by 34.94%, number of urban health technicians per 10,000 people up by 28.24%, number of urban practicing (assistant) physicians per 10,000 people up by 25%, while number of rural doctors and health personnel decreased by 17.11%. Data shows an obvious imbalance between urban and rural areas in developing medical and health undertakings.

Table 2. Expenditure of Health Care Funds

Items	Year							Growth rate N %
	2018	2017	2016	2015	2014	2013	2012	
Total health expenditure (100 million yuan)	59121.9	52598.28	46344.88	40974.64	35312.4	31668.95	28119	110.26
Government health expenditure (100 million yuan)	16399.13	15205.87	13910.31	12475.28	10579.23	9545.81	8431.98	94.49

Table 3. Changes in Number of Medical Institutions and Township Hospitals from 2012 to 2018

Item	Year							Growth rate N %
	2018	2017	2016	2015	2014	2013	2012	
Number of medical institutions	997433	986649	983394	983528	981432	974398	950297	4.96
Number of township hospitals	36461	36551	36795	36817	36902	37015	37097	-1.71
Number of village doctors and medics (10 thousand)	90.71	96.86	100.03	103.15	105.82	108.11	109.44	-17.11
Number of unbar health professionals per 10000 people	109	109	108	102	97	92	85	28.24
Number of urban practice (assistant) physician per 10000 people	40	40	39	37	35	34	32	25.00
Total number of health personnel	1230.03	1174.9	1117.29	1069.39	1023.42	979.05	911.57	34.94
Health expenditure per capita (yuan)	4236.98	3783.83	3351.74	2980.8	2581.66	2327.37	2076.67	104.03

1.2 Imbalanced Service Quality of Medical Institutions

Service quality is vital for medical institutions to survive and develop. Imbalance in construction and development shows in various kinds of medical institutions, which have different types, including public hospitals, private hospitals, general hospitals, specialty hospitals, integrated Chinese and Western medicine hospitals, ethnic hospitals, urban hospitals, and rural medical services. Imbalance in construction leads to imbalance in service quality accordingly. It can be seen from Table 4 that number of patients received by different types of medical and health institutions presents an imbalance. Although the number of patients to various health institutions has increased rapidly from 2012 to 2018, the increase shows an imbalance. Ethnic hospitals present fastest growth due to the low cardinality, reaching 133.33%, while primary medical and health institutions show the lowest rising rate due to limited medical conditions.

Unbalanced service quality may be caused by various reasons, which may be insufficient funds invested, inadequately equipped medical equipment and facilities, or inadequate updates. Reasons may also be limitations in infrastructure, which is too small to expand. Insufficient personnel also result in the imbalance, especially the lack of health technicians and nursing staff in rural medical and health institutions. All these factors together have led to the uneven service quality.

Table 4. Medical and Health Services from 2012 to 2018

Items	Year							Growth rate N%
	2018	2017	2016	2015	2014	2013	2012	
Visits in all kinds of medical institutions (100 million)	83.08	81.83	79.32	76.99	76.02	73.14	68.88	20.62%
Visits in hospitals (100 million)	35.77	34.39	32.7	30.84	29.72	27.42	25.42	40.72%
Visits in minority hospitals (100 million)	0.14	0.12	0.1	0.1	0.08	0.08	0.06	133.33%
Visits in primary health care institutions (100 million)	44.06	44.29	43.67	43.42	43.64	43.24	41.09	7.23%

1.3 Social Capital to be Introduced to Optimize Medical Structure

With development of social science, the concept of “social capital” has been gradually proposed, interpreted and applied by some experts in the field of social science. As far as its own connotation is concerned, scholars in different fields have defined their connotation based on their own field. Economists interpret social capital from the perspective of economic growth and development, whose main representatives include American economists Michael Wockock, Jane Fortain, Robert Atkinson,

and Francis Fukuyama. Political scientists interpret social capital based on national political stability and social progress, with British political scientists Kenneth Newton and American political scientist Robert Putnam being main representatives. Sociologists interpreted the connotation from the perspective of disciplinary theory construction and its dimensions of social harmony and development, American sociologist James Coleman and French sociologist Pierre Bourdieu being the main representatives. Among them, American sociologist James Coleman illustrates in his book *Basic Social Theory* that social capital is “capital property owned by individuals and characterized by social structural resources” (Coleman, 1999). Although being explained based on different subject areas, from an overall perspective, social capital reflects characteristics of its inner nature. That is, its carrier is a social network, its form is a community, the means is resource integration, and utility is value-added benefit or diminishing cost. Because social capital can create value, and “there is always a reward for outstanding value creation” (Xiao & Wang, 2013). With the in-depth development of social capital research in various fields, it is closely integrated with various industries. More and more importance has been attached to the significance and value of social capital shown in promoting industrial development.

2. To introduce Social Capital to Enlarge Service Scale Externally and Increase Service Quality internally of Medical Institutions and to Strengthen Public’s Sense of Obtaining for Health

2.1 Social Capital to be Introduced to Improve Service Quality and Efficiency of Medical Institutions

The introduction of social capital can effectively alleviate the lack of national capital investment and the imbalance of medical infrastructure in building medical institutions, and solve the difficulty to further improve service quality and efficiency. More efforts should be made to better guide social capital and to better display the effect of social capital to improve medical infrastructure and hardware, so as to comprehensively improve the service quality and efficiency of medical institutions.

Social capital can be introduced to improve the hardware of medical institutions. Social capital has entered medical institutions to effectively solve the problem of insufficient state capital investment, and, to a certain extent, to improve basic conditions for medical institution construction, as well as medical staffing and training. Efforts should be made to promote efficient optimization and growth of medical resources, to guide social capital to professional and precise integration of medical services. At the same time, we should guide social capital into medical institutions to have high-quality, sophisticated and edge-cutting medical equipment as much as possible, to have the equipment renewal to keep pace with times and scientific development, and to maximize the effectiveness of medical equipment to serve patients. Thus, it shows that social capital, when entering medical institutions, can effectively improve service quality and level and enhance social benefits.

Social capital can be introduced to improve the soft power of medical institutions, whose core elements

of service quality and efficiency are such soft skills of their medical service personnel as technical level and service capabilities. Man is both the first and the most important element of productivity. The key to improve service quality and efficiency of medical institutions is people. Efforts should be made to have good medical staffing through introducing social capital. First of all, capacities of medical technicians are fundamental, which can be greatly improved through introduced social capital to integrate various resources. Medical personnel team will be highly enriched by introducing outstanding medical talents. A group of young and middle-aged medical talents and reserve talents will be cultivated by intensifying internal training, and implementing talent strategy. Secondly, the structure construction of talent team is the key. Optimizing the structure of talent medical personnel is an important guarantee for medical institutions to have sustainable development. Comprehensively optimization will be performed on the structure of age, educational background, and competency of medical personnel, so as to ensure sustainable development of medical institutions. Thirdly, efforts should make on institutional building. Institutions being used to manage people and affairs prove the root of institutions, as well as the key to improve management level and efficiency. It can be said that strengthening system construction is a key part of enhancing the soft power of medical institutions and an institutional guarantee for improving service quality and efficiency of medical institutions. It is advisable to adhere to principles of scientification and standardization, to focus on perfecting systematic nature of institutional structure, practicality of institutional content, integrity of institutional form, continuity of institutional development and traceability of institutional functions. Finally, cultural construction is the focus. Culture is the soul for medical institutions to pursue sustainable development. Medical institutions introduce social capital to increase their cultural construction, to enhance their connotations, and to help medical staff to improve their sense of belonging, responsibility and moral sentiment, which is reflected in mental appearance and comprehensive strength of medical institutions.

2.2 Social Capital to be Introduced to Expand the Scale of Service Targets

With the improvement of China's overall national strength and people's living standards, the masses are increasingly demanding for better quality of life and health. However, public medical institutions have developed at a slower pace due to the influence of old institutional mechanisms, traditional concepts, and insufficient national financial investment, making it difficult to meet the new demands of the public on medical services.

The introduction of social capital into medical institutions can have organic integration of intensive development and extensional expansion, continuously improve the quality and level of services, and expand the number and scale of service targets. In the process of introducing social capital, we should focus on large-scale construction and development, and guide it in terms of quality control and from a high standing point, so as to combine advantages of comprehensive and special medical institutions. Medical institutions that have introduced social capital should have large scale and high quality, whose

intensive development will help to improve service quality and whose extensional expansion will enlarge scales and number. Only in this way can medical institutions meet people's demands for high service quality and more patients.

Above all, scientific guide should be performed on social capital to enter medical institutions, to continuously improve the level of medical services and service capabilities. Therefore, medical service quality will be at a higher level and grade, more patients can obtain high-quality and efficient medical services and the public will have better sense of health and well-being.

3. To Introduce Social Capital to Have Differentiated Development in Medical Institutions and to Promote Scientific Development in Health Care Cause

3.1 Differentiation Proves the Key Factor for Medical Institutions to Improve Efficiency

The term "differentiation" was originally used as a means of improving enterprise management efficiency and operational capabilities in enterprise management and merchandise marketing. It has been widely used in enterprise management and has been highly respected by many masters of business administration. Later it has been widely used in various industries. As an organic part of the medical industry, medical and health institutions also have competition, so differential development has become one of the important factors for medical institutions to stand firmly in the competition.

The introduction of social capital into medical institutions is conducive to promoting the scientific development of medical undertakings. At the same time, social and economic benefits of introducing social capital into medical institutions must be fully considered. Therefore, in the whole process, medical institutions should also be guided to carry out differentiated operations and development. The introduction of social capital can better solve the funding and resource issues in developing medical institutions, which proves the material guarantee for medical institutions to effectively carry out differentiated development.

3.2 To Guide Social Capital to Form Differentiation Trend

Differentiated development of medical institutions is a useful supplement to highlight features and enhance core competitiveness. First, it is advisable to highlight differentiation by displaying location advantages. China has a vast territory with outstanding regional characteristics and differences. For example, the eastern region has a large population ratio, a high level of economic development, rich social resources, and a high degree of internationalization. While the central and western regions are relatively backward with relatively low population ratio, so the demand for resources and information is relatively more urgent. At the same time, differences between the South and the North, and between large cities and small towns are more obvious. This regional differentiation provides an opportunity for the differentiated development of medical institutions. The introduction of social capital into medical institutions allows for targeted and differentiated development based on regional advantages and

characteristics in construction and development. Secondly, it is advisable to highlight the differentiation based on professional advantages of medical institutions. Specialized services are the core competitiveness of medical institutions and a key element to attract patients. When social capital enters a medical institution, it is necessary to consciously guide them to improve prominent professional medical services. Foundations and congenital conditions of major medical institutions are different, which naturally forms the difference in developing specialization. And social capital should be aimed at this difference, so as to enhance professionalism, to well combine specialization and difference, and to improve the efficiency and level of comprehensive services of medical institutions.

Third, it is advisable to highlight the differentiation in combination with cultural construction in medical institutions. Each medical institution has its own unique culture formed in its development. And the formation of its culture and exertion of cultural functions can consolidate the strength of medical institutions to a large extent and improve the efficiency of medical institutions. While building culture in medical institutions, we should consciously guide social capital to carry out cultural differentiation, so as to form a unique culture in various medical institutions. We should fully consider and combine such factors as professional characteristics of medical institutions, specific service targets, basic characteristics of medical personnel, long-term development vision and brand image. Efforts should be made to have this kind of cultural function to fully reflect service content, service quality, service environment, service efficiency and brand image of medical institutions.

4. To Introduce Social Capital Based on Sense of Mission and Responsibility

4.1 Honesty

Honesty means sincerity, integrity and trustworthiness. It is the most basic criterion for people's daily life behavior and maintaining a certain normal order in society. It contains two basic meanings, namely, telling the truth, and matching word to deed. It is both the foundation and a virtue of being a person. "Integrity is the soul and life" (Zhu & Zhang, 2014). Abiding by integrity is the basic requirement of human nature and character, as well as of being human and doing things, which have been emphasized since ancient times in both the East and the West.

The Analects of Confucius, the ancient Chinese work, emphasized that "gentleman is the foundation of the work, and the foundation is moral". It illustrates that the basis of being a person is to talk about morality, to keep virtue, and to be honest and trustworthy. It maintains the basic social order in the development of traditional Chinese society, provides a basic cultural link for social and economic development and civilization progress of ancient China, and plays an important role in creating splendid oriental culture in ancient China. In the West, since Aristotle proposed the "Virtue Theory" in ancient Greece, sincerity has been discussed, interpreted and applied as the deepest truth of human nature. The consistency of expression in words and deeds is emphasized and the compliance of contract

and self-control in deeds is emphasized too. This has played an important role in business development and establishment of an integrity system in the West. Above all, both the East and the West place great emphasis on the importance of integrity and the fundamentality of doing things, which is also an important manifestation that “people can’t stand without trust, and undertakings can’t thrive without trust”.

Integrity is one of its own essentials in medical and health institutions which is directly related to human health. Honesty and trustworthiness are related to moral character of medical workers, which is an important manifestation of the internal quality and social responsibility of a medical institution, and also a manifestation of the institution’s respect for the lives of patients. Sociologist Fukuyama believes that formation of social capital itself is an important manifestation of trust, which is based on social trust (Fukuyama, 1998). The most basic rule for social capital to enter medical institutions is honesty and trustworthiness. Because the core of a society’s ethical value lies in integrity, and the core of a medical institution’s ethical value also lies in integrity. The entry of social capital into medical institutions is very important to develop and expand existing medical institutions and to improve service efficiency of medical institutions. However, it is necessary to abide by integrity and to follow basic requirements of honesty and trustworthiness for building medical institutions and well developing medical institutions. Especially, we should abide by the principles of integrity in facing patients and serving patients.

4.2 Adherence to Fair Competition

Competition mechanism is the basic requirement of the market economy and an important factor that stimulates market vitality. Given the market economy, optimal allocation of social resources can be promoted to a large extent through giving full play to a fair competition mechanism and legally promoting the survival of the fittest. Furthermore, the orderly and fair competition mechanism will improve the efficiency of the entire market and promote economic and social development.

The nature of capital decides that pursuing profit maximization is one of the most important goals after social capital enters medical institutions. Since social capital “has the general properties that capital contains” (Xiao & Wang, 2013), it must be achieved through fair and equitable legal competition and continuous improvement of service quality and efficiency. Only by carrying out active competition on a fair basis can the “long-term interests of all parties involved in cooperative games increase and the present value of capital be raised” (Rong & Pu, 2004), so as to cultivate high-level medical institutions with strong service capabilities and good professional standards. Only then will it be possible for those medical institutions to establish a foothold in fierce competition, to win patients’ satisfaction and praise, to become a winner of the competition, and to achieve the purpose of pursuing profits of capital, while serving patients and fulfilling social responsibilities.

It is necessary to strengthen systems and norms, so as to ensure that social capital can participate in free and flexible market competition after entering medical institutions, and will not violate the principle of fairness. It is also necessary to establish fair competition system regulations “since the medical industry has localized characteristics of monopolistic competition” (Zhuang & Huang, 2006). In particular, it is even more important to establish and improve anti-unfair competition laws, anti-monopoly law and other related legal systems, so as to regulate social capital entering medical institutions to develop fair and orderly market competition.

4.3 To Carry out both Self-discipline and Heteronomy Supervisions

Supervision is an important means to ensure the overall interests of society and to promote harmonious development of society. Currently self-discipline supervision and other disciplines are the main methods. Self-discipline supervision mainly refers to the system that medical institutions achieve self-supervision through optimizing organizations, clarifying division of department functions, and improving their own rules and regulations. Heteronomy supervision is mainly carried out by government supervision departments in accordance with relevant national laws. And at the same time, social supervision is carried out by the public, especially those who are directly or indirectly in contact with the supervised subject.

Social capital being introduced into medical institutions needs both self-discipline and heteronomy supervisions in a certain form, which not only guarantees fundamental rights and interests of direct stakeholders of medical institutions, but also an important guarantee for medical institutions to have sustainable development. When social capital is introduced into medical institutions, on the one hand, it is necessary to realize the legal profit of social capital, and on the other, it is also necessary to ensure the positive performance of social responsibilities. Therefore, we must strengthen both self-discipline and heteronomy supervisions. First of all, after social capital is introduced into medical institutions, we must perfect and perfect organizations of medical institutions, and form relevant departments with clear division of functions and responsibilities, especially strengthen responsibilities of discipline inspection and supervision departments. Self-discipline supervision is realized by enforcing implementation of relevant regulations for internal supervision. Secondly, government medical discipline inspection and supervision departments strictly strengthen external supervision in strict accordance with national health-related legal systems, so as to ensure the legal operation of social capital into medical institutions. Thirdly, efforts will be made to encourage the public and social media to strengthen social supervision on operation of medical institutions. An important content of social supervision is to arouse the public’s awareness of supervision, and to stimulate the public’s enthusiasm for supervision, especially to have supervision on direct stakeholders in medical institutions. While social media should also have objective and fair report on medical news, and strengthen supervision on medical institutions in a responsible and responsible manner.

5. Conclusion

The biggest significance of social capital entering the medical and health industry is to effectively alleviate insufficient government investment and poor resource allocation in developing medical and health institutions, and thus to alleviate structural imbalance and unreasonable dilemma in building medical institutions. Due to the strong profit-seeking nature of social capital, it is necessary to strengthen internal supervision of medical institutions and external social supervision and public supervision, so as to ensure that social capital can operate normally within legal and moral scope in terms of medical and health services, and to promote the whole health care industry to present better services to society and its people.

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