Rural revitalization background thinking of medical vocational colleges assisting the development of new rural health undertakings

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Abstract: With the steady progress of the Healthy China and the rural revitalization strategy, the development of health services in new rural areas has become a “concentric circle”. This is not only a practical need for building a healthy China but also an essential requirement for the Party and the State to implement rural revitalization. At present, the development of health services in new rural areas faces numerous challenges, such as a lack of medical resources, a lack of health knowledge dissemination, and backward medical service levels. The integration of medical vocational colleges in their actual efforts to assist the development of health services in rural areas is not only an important manifestation of vocational education serving society but also significantly contributes to further assisting the implementation of the rural revitalization strategy.

1. Introduction
On October 25, 2016, the Central Committee of the Communist Party of China and the State Council issued the “Healthy China 2030” blueprint, which explicitly stated that “with a focus on rural and grass-roots areas, we will promote the equalization of basic public services in the health sector, safeguard the public welfare nature of basic medical and health services, and gradually reduce the differences in basic health services and health levels among urban and rural areas, regions, and different populations.”[1] At the 19th National Congress of the Communist Party of China, the rural revitalization strategy, as one of the seven major strategies of the Party, was written into the Party’s charter. The report of the 20th National Congress of the Communist Party of China pointed out that we will comprehensively promote the rural revitalization strategy, adhere to the priority of rural and agricultural development, consolidate and expand the achievements of poverty alleviation, and accelerate the construction of a strong agricultural country. The steady progress of the Healthy China and rural revitalization strategies has made the development of health services in new rural areas a “concentric circle” for the two strategies. This is not only a practical need for building a Healthy China but also an essential requirement for the Party and the state to implement the rural revitalization strategy. Currently, the development of health services in new rural areas faces many challenges, including insufficient medical resources, a lack of health knowledge dissemination, and outdated medical service levels. The integration of medical vocational colleges in supporting rural health development, in line with their own realities, is an important manifestation of the responsibility and effectiveness of vocational education in serving regional economic and social development, and it plays a significant role in further aiding the implementation of the rural revitalization strategy.

2. The value and significance of healthcare vocational colleges under the vision of rural revitalization in promoting the development of rural health services

2.1Serving the regional economy, demonstrating the mission and responsibility.
Vocational colleges of medicine and pharmacy should take fostering high-quality skilled and practical healthcare professionals as the main line, actively adapting to the development and upgrade of regional healthcare, exploring and constructing professional development plans suitable for the needs of the new rural healthcare industry. Ensuring to provide solid grassroots medical and healthcare talents and intellectual support for regional economic and social development, and contributing to the construction of a socialist new rural healthcare system with Chinese characteristics.

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2.2 Create intrinsic motivation to achieve substantial development.

In the context of rural revitalization, exploring typical cases and practical experiences of medical vocational colleges assisting in the construction of rural health care in the new era has provided new thinking for the connotation development of medical vocational education. In addition, the rural revitalization strategy has brought many new opportunities for the service of regional economic development by medical vocational education, oriented towards employment in grassroots medical and health units, adjusting the professional settings according to the development of the medical and health industry, further meeting market demands, and enabling the talent cultivation of medical vocational colleges to enter a virtuous cycle.

2.3 Driven by practical needs, reforming talent development.

The current disappearance of demographic dividend in our country, resulting in a structural surplus in the labor market, necessitates the provision of human resources support by grassroots technical personnel with expertise in medicine and health, in order to implement the rural revitalization strategy and build a new era of rural health care. These factors have presented rare opportunities for vocational colleges in the medical field. In medical vocational education, it is crucial to motivate and guide graduates to actively utilize their professional knowledge and technical advantages to enter grassroots and rural areas and contribute to the health care cause in the new countryside.

3. Issues in the Development of New Rural Health Services

The development of health services in new rural areas is a critical field that relates to the health of farmers and the overall economic and social development, and it holds significant importance for the advancement of the rural revitalization strategy. In recent years, with the steady progress of the rural revitalization strategy, the health services in new rural areas have continued to develop and have achieved some encouraging results. However, there is still a certain gap to be filled for the comprehensive development of health services in new rural areas, which is primarily manifested in the following aspects:

3.1 Medical resources are still relatively scarce.

Firstly, there is a shortage of medical institutions. The number of medical institutions in rural areas is relatively low, and the distribution of primary health stations is uneven, making it inconvenient for many patients in remote areas to seek medical treatment. Secondly, there is a lack of medical staff. Medical institutions in rural areas suffer from a shortage of medical staff and a lack of professional talent. The existing medical workers have a weak professional foundation, and the quality of medical services is difficult to ensure. Thirdly, medical facilities are outdated. Many medical institutions in rural areas have outdated facilities and old medical equipment, which affects the quality and efficiency of diagnostic and treatment work, possibly leading to misdiagnosis and mistreatment accidents, and delays in treatment opportunities. Fourthly, basic management is weakened. There are problems in the basic management of medical institutions in some rural areas, such as unreasonable organizational settings, improper personnel use, and potential risks in drug management, which pose potential hazards to the quality and safety of medical services.

3.2 The popularization of health knowledge is still relatively lacking.

Firstly, the promotion of health knowledge is insufficient. In some established villages, villagers have a low level of awareness of health knowledge and engage in poor sanitary habits, leading to the occurrence and spread of diseases. Secondly, personal hygiene awareness is weak. Many villagers do not practice regular handwashing and clothing changes, fail to engage in daily disease prevention and disinfection, and are unable to avoid and control food-related infectious diseases. Thirdly, villagers lack knowledge of health management. Rural residents do not understand their oral health, mental health, physical exercise, medication use, and other health management knowledge, often neglecting disease prevention and daily health care, especially the lack of correct dietary health knowledge. Many rural residents have irregular eating habits, preferring oily, high-sugar, high-salt, and high-fat foods, and lack knowledge of dietary nutritional balance.

3.3 The level of medical services is still relatively backward.

Firstly, there is a severe shortage of professional and technical personnel in medical institutions. Doctors, nurses, and other medical staff have relatively low educational backgrounds and weak professional foundations, resulting in a relatively backward level of medical service capabilities and technical skills. Secondly, the medical service processes are incomplete. In rural medical institutions, the service processes are not well-established, and medical staff lack standardized operational knowledge, leading to inefficient processes and long patient waiting times. Thirdly, doctors lack comprehensive examinations and accurate diagnoses. Rural doctors often lack comprehensive examinations and accurate diagnoses when facing complex and difficult cases, resorting to subjective judgments or simple treatment methods such as prescription medications, which results in poor treatment outcomes, affects the timing of patient care, and may lead to the exacerbation of conditions.
4. Analysis of the Causes of Problems in New Rural Health Care Initiatives

The reasons for the problems in the development of new rural health care initiatives are multifaceted, and can be mainly attributed to the following aspects:

Firstly, the relatively backward economic development in rural areas leads to a lack of medical institution distribution. The construction and operation costs of medical institutions are relatively high, making it even more difficult for sparsely populated rural areas to bear the high expenses. Secondly, there is a shortage of medical personnel in rural areas. On one hand, due to limited salaries and career development opportunities, medical school graduates are more inclined to seek employment in cities. On the other hand, the relatively poor medical facilities and working conditions in rural areas may lack development prospects and job satisfaction for healthcare professionals, making it more difficult to attract and retain them.

Lastly, the educational level of rural residents is generally low, and they lack scientific knowledge and health awareness, making it difficult for them to understand and apply health knowledge. Coupled with the inadequate health education and promotion efforts in rural areas, this affects the absorption of health education knowledge by the villagers. Moreover, objective barriers such as communication and information obstacles significantly impact the transmission and exchange of health knowledge.

5. Suggestions for Higher Vocational Colleges of Pharmacy and Medicine to Support the Development of New Rural Health Care Initiatives

5.1 Strengthen the cultivation of primary-level medical personnel to “infusing” the development of new rural health care initiatives.

Medical vocational colleges are an important platform for cultivating medical talent in new rural areas. Their faculty possesses a high level of theoretical knowledge and strong professional skills. Medical vocational colleges should develop talent cultivation plans that meet the needs of new rural development, emphasize rural practical teaching, and explore the establishment of comprehensive medical talent cultivation programs for rural areas. They should develop integrated talent cultivation plans that address the fundamental unity of talent development and the needs of the grassroots, thereby achieving collaborative development and cultivating medical professionals who possess both the ability to promote rural revitalization and the capacity for scientific exploration. It is necessary to collaborate with various medical industry organizations at all levels or local governments to extend medical education to rural areas through the construction of teaching internship bases and customized talent cultivation approaches. By doing so, we can supply high-quality talents and inject vitality into rural revitalization, promoting the upgrading of talent cultivation efforts and providing “infusion” for the development of rural health care.

5.2 Strengthen the technical support for rural medical personnel to “making blood” the development of new rural health care initiatives.

Medical vocational colleges have relatively strong faculty, teaching facilities, and clinical resources, making them well-suited to provide educational and training services for rural medical and health personnel, such as upgrading their academic qualifications and professional skills. There are four main areas where they can contribute:

Firstly, conducting theoretical training and technical guidance. Medical vocational colleges can develop professional training and technical guidance tailored to the actual needs of rural medical personnel, focusing on different specialties and departments to enhance their professional quality, clinical skills, and operational capabilities. Secondly, timely maintenance and updating of medical equipment. Medical vocational colleges can organize technical personnel and faculty to provide maintenance and upgrading services for medical equipment in rural areas, ensuring the normal operation of the equipment. Thirdly, offering consultation and diagnostic guidance for complex diseases. Medical vocational colleges can provide rural medical personnel with consultation and diagnostic guidance through online platforms and on-site visits, helping them solve difficulties and problems encountered in clinical operations. Fourthly, promoting practical teaching and research collaboration. Medical vocational colleges can collaborate with rural medical institutions to carry out practical teaching and scientific research, enhancing the practical operational abilities of doctors and nurses through case studies and experimental research, thereby “generating” the development of rural health care.

5.3 Conduct health care voluntary services to “Suppling calcium” the development of new rural health care initiatives.

Medical vocational colleges can regularly organize teachers and students to carry out health care service activities targeted at the current situation and needs of rural health care. These activities may include free medical clinics, health lectures, and other initiatives to widely popularize medical knowledge and health education, improving the health literacy of rural populations. By sending medical care and health love to the villagers, these efforts can further stimulate the endogenous motivation for rural revitalization. Additionally, medical vocational colleges can leverage their professional strengths to provide relevant materials and resources for health and wellness in rural areas. They can use existing networks, radio, and community television to carry out scientific public health campaigns, creating a culture where everyone understands and promotes health and hygiene.
medical vocational colleges can join forces with local governments and social organizations to support the construction and management of health stations, rural medical service centers, and other health facilities. By doing so, they can contribute to the completion of primary health care facility construction, enhance the capabilities of rural primary health care services, and “strengthen” the development of rural health care.

5.4 Develop rural health human resources to "adding muscle "the development of new rural health care.

Enabled by the swift advancement of medical care in society, the average lifespan of residents in our country has prolonged, and the aging population is becoming increasingly severe. With this comes a gradual decline in the self-care abilities of the elderly, an rising proportion of disabled and semi-disabled elders, and an increased dependency and demand for care providers. Simultaneously, children relying on family-based home care face growing survival pressures, unable to balance work, childcare, and eldercare, leading to an ever-growing demand for nursing assistants. Currently, the nursing assistant market lacks unified standards, has a low barrier for market entry, and suffers from a lack of professional knowledge. Medical vocational colleges can integrate their professional and resource advantages to proactively explore professional standards for nursing assistants, collaborate with relevant departments, and standardize the entry threshold for nursing assistants. They can also partner with surrounding medical and health institutions, recruit nursing assistants from rural areas, and integrate professional teachers and outstanding employees from related agencies to offer nursing assistant training classes. By combining rural nursing assistant vocational education with workplaces such as nursing homes, these efforts can guide and cultivate professional nursing assistants, serve as a platform for talent internships, fully develop rural human resources, and “muscle up” the development of rural health care.

5.5 Relying on the effective transformation of scientific and technological achievements, to “recharging” the development of new rural health care.

Due to the unique geographical environment and altitude of rural areas, these regions serve as a natural habitat for certain proprietary Chinese medicinal herbs. Medical vocational colleges can rely on the transformation of scientific and technological achievements to strengthen communication with relevant industries and enterprises in the region. They can establish dedicated technology service platforms and collaborate with various parties to expand the rural Chinese medicine industry chain, promoting the development of cultivation and processing of related medicinal materials. At the same time, the supply of Chinese medicinal materials also enables rural health institutions to more conveniently access a wealth of medicinal resources, providing support and guarantees for the clinical application of traditional Chinese medicine and drug formulation.

In summary, the challenges in the development of new rural health services are multifaceted and require a comprehensive approach that addresses issues at the institutional, managerial, technological, and policy levels. It demands interdepartmental collaboration and the adoption of robust measures to progressively establish and enhance a robust primary health service system in new rural areas. Medical vocational colleges should fully utilize their professional strengths and assume a high level of responsibility and mission to “Infusing” “making blood” “Suppling calcium” “adding muscle” and “recharging” the development of new rural health services. In doing so, they can contribute to the rural revitalization strategy by submitting a satisfactory answer from the perspective of medical vocational colleges.

References