

Construction of medical ethics and medical morality to improve the effect of basic medical care and public health services-study and analysis based on the evaluation result data of Suzhou quality service basic travel

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Abstract. Objective To study the influence of construction of medical ethics and medical morality on the effect of basic medical care and public health services. **Methods** The evaluation results of 115 basic medical and health institutions in Suzhou from 2019 to 2021 was analyzed, including the evaluation indicators of construction of medical ethics and medical morality, basic medical and public health service effects, among which the service effect includes two sub-indicators of service efficiency and satisfaction. The relationship between construction of medical ethics and medical morality and service efficiency and satisfaction was studied using cross chi-square test, Pearson correlation analysis, linear regression analysis and other statistical methods. **Results** There were significant differences in the evaluation results of service efficiency and satisfaction of different levels of construction of medical ethics and medical morality institutions ($P < 0.05$). There was a significant positive correlation between construction of medical ethics and medical morality and service efficiency and satisfaction ($P < 0.05$). **Conclusion** Strengthening the construction of medical ethics and medical morality in basic medical and health institutions is beneficial to improving the effect of basic medical and public health services.

Keywords. Construction of Medical Ethics and Medical Morality; Service Efficiency; Public Health; High Quality Service (Basic Travel)

1. Introduction

The Medical Ethics and Medical Morality of medical staffs reflect the overall image of the hospitals, which are more related to the vital interests of patients, and are the soul of medical and health services. Hospitals shall pay attention to and strengthen the construction of medical ethics and medical morality. The construction of medical ethics and medical morality is benefit for creating a good atmosphere for the hospital, guiding medical staffs to enhance their awareness of honesty and self-discipline, improve their moral cultivation, better carry out their work, and promote the improvement of health service quality. In October 2017, General Secretary Xi Jinping proposed the Healthy China Strategy at the 19th National Congress of the Party, that basic medical and health organization as the gatekeeper of people's health, and the construction of medical ethics and medical morality is proposed to a new height. In August 2018, the National Health Commission and the State Administration of Traditional Chinese Medicine issued the *Notice on Carrying Out High-quality Service Basic Activities* (GWGCH [2018] No. 195) to carry out high-quality service basic activities. Meanwhile, the two service capacity standards (Version 2018) of township health centers and community health service centers were issued, including construction of medical ethics and medical morality, service efficiency, and satisfaction index. The evaluation result data of 115 basic medical and health institutions in Suzhou from 2019 to 2021 was analyzed in this paper to understand the impact of construction of medical ethics and medical morality on the effect of basic medical and public health services. The report is as follows:

2. Object and method

2.1 Study object

The evaluation result data of 115 basic medical and health institutions in Suzhou from 2019 to 2021 was collected in this paper, and two indicators were selected for analysis: construction of medical ethics and medical morality and basic medical and public health service effect. The basic medical and public health service effect includes two sub-indicators: service efficiency and satisfaction. See Table 1 for the evaluation points of each indicator.

2.2 Study methods

The evaluation results of the three indicators of construction of medical ethics and medical morality service efficiency and satisfaction of 115 basic medical and health institutions in Suzhou was assigned: Level D is 0, Level C is

1, Level B is 2, and Level A is 3. The evaluated data was upload to the SPSSAU Platform (<http://www.spssau.com>) to carry out related analysis and linear regression analysis to analyze whether there are differences in service efficiency and satisfaction results corresponding to different levels of construction of medical ethics and medical morality, and study the impact of construction of medical ethics and medical morality on service efficiency and satisfaction. $P < 0.05$ means the difference is statistically significant.

3. Results

3.1 Differences in service efficiency and satisfaction of different levels of construction of medical ethics and medical morality

The construction of medical ethics and medical morality at different levels had statistical significance in service efficiency and satisfaction (χ^2 was 10.711 and 19.695, respectively, $P < 0.05$). See Table 2 for details.

Table 1. Details of evaluation points of construction of medical ethics and medical morality, service efficiency and satisfaction index

Index	Key points of evaluation
Construction of medical ethics and medical morality	Level D: unqualified.
	Level C: Strengthen the construction of medical ethics and medical morality, and establish a public system of evaluation of medical ethics and medical morality; the evaluation results of medical ethics and medical morality are connected with the promotion of medical staffs, the evaluation of excellence and the performance salary; Set up complaint telephone or report box to handle complaints from the masses timely.
	Level B: comply with C, and the construction of medical ethics and medical morality has been effective. Publicity, commendation and reward measures have been prepared and implemented for excellent departments and advanced individuals.
	Level A: comply with B, and the organizational style construction has been effective, and the relevant work has been commended by the relevant departments of the county (district) level and above.
Service efficiency	Level D: unqualified.
	Level C: 1. Summarize and analyze service efficiency at least once a year and keep records; 2. Targeted measures for diagnosis and treatment efficiency.
	Level B: comply with C, and 1. The average number of medical treatments undertaken by doctors shall be no less than 16; 2. The average number of annual visits of residents in the jurisdiction shall not be less than 1 person.
	Level A: comply with B, and 1. The average daily medical treatment undertaken by doctors shall be no less than 20; 2. The average number of annual visits of residents in the jurisdiction shall be no less than 2.
Satisfaction	Level D: unqualified.
	Level C: 1. Regularly carry out residents' satisfaction survey, including satisfaction with institutional environment, service quality, service attitude, service items, and service time, etc.; 2. Regularly carry out employee satisfaction survey, including work environment, performance distribution plan, and workload, etc.
	Level B: comply with C, and 1. There are specific measures to improve the satisfaction of employees and residents; 2. Employees' satisfaction shall not be less than 80%; 3. Residents' satisfaction shall not be less than 80%.
	Level A: comply with B, and 1. Employees' satisfaction shall not be less than 90%; 2. Residents' satisfaction shall not be less than 90%.

Table 2. Comparison of service efficiency and satisfaction ratings of different levels of medical ethics and medical morality [PCS (%)]

Index	Evaluation Results	Construction of Medical Ethics and Medical Morality			Total	X	P
		A (n=52)	B (n=41)	C (n=22)			
Service Efficiency	A	25 (48.08)	10 (24.39)	6 (27.27)	41(35.65)	10.711	0.030
	B	19 (36.54)	24 (58.54)	8 (36.36)	51(44.35)		
	C	8 (15.38)	7 (17.07)	8 (36.36)	23 (20.00)		
Satisfaction	A	47 (90.38)	29 (70.73)	14 (63.64)	90 (78.26)	19.695	0.001
	B	4 (7.69)	11 (26.83)	3 (13.64)	18 (15.65)		
	C	1 (1.92)	1 (2.44)	5 (22.73)	7 (6.09)		

3.2 Relationship between construction of medical ethics and medical morality and service efficiency and satisfaction

The statistical results showed that there was a significant positive correlation between construction of medical ethics and medical morality, service efficiency and satisfaction ($r = 0.225, 0.310, P < 0.05$)

3.3 Relationship between the construction of medical ethics and medical morality and service efficiency and satisfaction

Taking the construction of medical ethics and medical morality as the independent variable and the service efficiency and satisfaction as the dependent variable, the linear regression was analyzed. The results showed that the construction of medical ethics and medical morality had a significant positive impact on the service efficiency and satisfaction (F values were 6.015 and 11.994, respectively, $P < 0.05$).

4. Discussion

Practice has found that, it is necessary to build a long-term mechanism, constantly strengthen the moral cultivation of medical staffs, strive to cultivate excellent medical ethics and medical morality, and make good medical ethics and medical morality "internalized in the heart and externalized in the practice" to strengthen the construction of medical ethics and medical morality [3]: medical staffs shall strengthen the study of political theory and professional ethics, establish the concept of saving the dying and healing the injured, patient-centered, serve the people wholeheartedly, abide by medical ethics and respect the legitimate rights and interests of patients; Meanwhile, it is also necessary to actively participate in duty training, assiduously study business technology, strive to learn new knowledge and technology, improve professional and technical level, strictly implement the diagnosis and treatment specifications and medication guidelines, and adhere to reasonable inspection, reasonable treatment and rational medication; in addition, strengthen communication with patients, provide high-quality services in a civilized and polite manner, build a harmonious doctor-patient relationship, and improve the service effect.

Compared with the study in other fields, the study on medical ethics and medical morality is still at the level of a large number of qualitative analysis [4-5], lacking empirical quantitative study. Quantitative analysis tools were used for studying based on the evaluation result data of high-quality service basic activities. The results show that the construction of medical ethics and medical morality has a significant positive correlation and positive impact on the medical and public health service effects of basic medical and health institutions. It has important theoretical value and practical significance for enriching and developing the study of medical ethics and medical morality. It is suggested that basic medical institutions shall also pay attention to and strengthen the construction of medical ethics and medical morality, which can effectively improve the effect of basic medical and public health services.

The study objects of this paper are all basic medical and health institutions under the jurisdiction of Suzhou that participate in high-quality service basic travel. The overall hardware and software construction of these institutions are good with the system integrity rate of 99%, the standardization rate of institution construction of 95%, and the ability and level of each institution are almost the same. Therefore, the impact of software and hardware conditions on satisfaction rating is not analyzed. All of them are basic medical and health institutions at the same level. There are some problems in this study, such as incomplete sample selection and narrow sample object selection. In the future, the author will conduct relevant study on various medical and health institutions at all levels in the jurisdiction through collecting data, evaluating on-site consistency, interviewing with key personnel, and striving to obtain more convincing study results.

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