

Discussion on the development and management of China's rural pension

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Abstract: As China's population ageing continues to deepen, especially in underserved rural areas. The increasing number of elderly people in rural areas, the emotional lack of empty nesters, the insufficiency of endowment insurance system construction and other problems are becoming more and more serious. This paper aims to study the situation of rural pension construction and put forward how to better improve the rural pension status under the background of the deepening of the degree of rural aging in China.

1. Introduction

The seventh National census shows that there are 260 million people aged 60 and above in China, accounting for 18.7%, among which the proportion of rural elderly aged 60, 65 and above is 23.81% and 17.72% respectively. Due to the poor rural development, the rural elderly mainly rely on their own family support, and most of them do not have their children around. There are big hidden dangers in the rural pension. This paper is mainly study the main problems and the main influence factors of China's rural pension development, management based on this background.

2. Problem and cause analysis

2.1 The health awareness and common sense of rural elderly groups are weak

Elderly people in rural areas are often affected by their cultural levels and traditional rural concepts, and do not pay attention to their own health awareness or lack correct coping methods. However, the proportion of elderly people who are often troubled by diseases is much higher than that of elderly people in cities and towns.

It is urgent that we should take effective measures to solve the problem, and effectively protect the health and well-being of the elderly in rural areas.

2.2 The construction of medical and nursing forces such as rural elderly care institutions is not perfect

Compared with urban and town's elderly care institutions, the rural often have bigger problems due to their late development, such as bloated management departments, insufficient middle and high-level managers, and insufficient medical staff reserves.

At the same time, only relying on elderly care institutions cannot effectively realize the health protection and pension happiness of the elderly in rural areas. It is also necessary to rely on rural doctors, a highly mobile medical force, to ensure that, but the low income and low satisfaction of rural doctors still need to be solved urgently to ensure the health protection and pension happiness of the rural elderly.

2.3 The proportion of empty nesters is increasing, and emotional needs are not met

Without the company of children, the spiritual life is relatively monotonous. Due to economic pressure, a large number of migrant workers enter the city to work. The elderly lack the company of their children, and the elderly lack communication with other people. In addition, due to physical and economic reasons, they cannot go out to travel, and they are unavoidably lonely.

Although there are activity centers for the elderly and mutual assistance cooperatives for the elderly in many rural areas, they are almost more in name than reality. Not only are the venues small, but also lack of entertainment facilities, and there are no specialized staff to organize related cultural and entertainment activities. Over time, many rural elderly people come to have a boring mindset.

3. The Solution

3.1 Strengthen the attention to the health of the elderly in rural areas

First of all, health preaching needs to be strengthened. The elderly in rural areas are generally at a relatively low level of education, lack of awareness of their own health, and lack of basic common sense to deal with health problems, which often leads to minor diseases and serious illnesses, and it is too late to pay attention to them. Therefore, it is necessary to carry out regular health education to the group, and to carry out point-to-point health knowledge explanation and attention to the residents suffering from diseases. While preaching, the psychological characteristics of the elderly are used to give small gifts, supermarkets and other life coupons, accumulate greater benefits and other publicity methods to achieve long-term effects.

At the same time, the social pension system needs to be improved continuously. According to the research (Impact of Social Pensions on Health: Evidence from China's New Countryside Pension Plan), the naturalization and income of social pensions in rural areas under my country's policies have significant beneficial effects on both the health and cognitive function of rural elderly people .

We need to continuously improve the rural social pension system to improve pensioners' nutritional intake, and will continue to improve the rural social endowment insurance system At the same time, better access to health services, increase informal care, increase leisure activities, and better self-perceive relative economic conditions. It has also become a channel for the elderly in China's rural areas from pension income to health outcomes.

3.2 Strengthen the management of medical care groups such as rural elderly care institutions

Table 1 Multi-level logistic regression estimation of medical staff in rural elderly care institutions

Variables	Model 1			Model 2		
	OR	P value	95% C.I.	OR	P value	95% C.I.
Individual level						
Gender						
Male (ref)						
Female	1.094	0.268	0.796, 1.583	1.099	0.257	0.799, 1.600
Age (years)						
20–39 (ref)						
40–59	1.487	0.007	1.115, 2.037	1.485	0.007	1.113, 2.034
60 +	3.457	<0.001	2.214, 5.513	3.537	<0.001	2.210, 5.506
Education						
≤ Junior high school (ref)						
Secondary school	0.586	0.024	0.369, 0.874	0.591	0.027	0.374, 0.935
> Secondary degree	0.712	0.204	0.412, 1.214	0.708	0.196	0.410, 1.206
Average monthly income						
Low (ref)						
Average	1.135	0.743	0.761, 1.483	1.130	0.763	0.758, 1.487
High	1.813	0.001	1.291, 2.524	1.797	0.001	1.272, 2.513
Pension plan						
None (ref)						
NRPP	0.785	0.447	0.453, 1.501	0.787	0.453	0.455, 1.506
Others	1.119	0.473	0.793, 1.548	1.103	0.507	0.782, 1.528
Workload						
Low (ref)						
High	0.524	<0.001	0.403, 0.695	0.519	<0.001	0.399, 0.689
Integrated Management						
Low (ref)						
High	1.457	0.022	1.063, 2.013	1.450	0.023	1.059, 1.998
County level						
GDP						
Low (ref)						
Average				0.427	0.129	0.138, 1.285
High				0.319	0.042	0.107, 0.943

In this study, the questionnaire survey was conducted among rural old-age care workers in rural areas across the country. The final sample size was 1124 people, and 113 respondents did not complete the questionnaire as required. Therefore, a final sample of 1011 rural elderly health care workers was included in the regression analysis. Table 1 is a multi-level logistic regression estimation of rural elderly medical staff, showing the results of the multi-level logistic regression analysis model testing individual and county-level factors. Next, this paper will mainly analyze the data. In Model 1, rural elderly medical staff (OR=1.487, 95%CI: 1.115-2.037, OR=3.457, 95%CI: 2.214-5.513) are more likely to be satisfied.

According to the data, the senior medical staff in nursing institutions are more likely to be satisfied with their work, but it is difficult for the young to be satisfied. Once the elderly medical staff are laid off, the new batch cannot be replenished in time, which often leads to the loss of medical staff in the institution and the instability of the institution's operation easily. Therefore, on the one hand, it is necessary for nursing training schools to strengthen the literacy training of this group and enhance their awareness and willingness to work in rural elderly care institutions.

On the other hand, local governments need to appropriately strengthen policy preferences, funding subsidies, etc. for medical staff in rural elderly care institutions to improve job satisfaction, so that talents can be retained.

The data also reflects that the work load is low (OR=0.524, 95%CI: 0.403-0.695), and rural elderly medical staff are more likely to be satisfied. Therefore, while realizing the continuous injection of adequate institutional medical staff, we must also pay attention to their work abilities and achieve high efficiency, so as to ensure that the workload of institutional medical staff is low and achieve better satisfaction.

In addition, we can find from the data that rural elderly medical staff who work in high-level comprehensive management institutions for the elderly (OR=1.457, 95% CI: 1.063–2.013) are more likely to be satisfied. However, existing research shows that one of the main reasons why most rural elderly care institutions are unable to operate at present is that the management level is low and the operation of various departments is bloated. It is possible to introduce management talents from various policy-based management colleges and universities, and to connect with college internship projects to further ensure the effective management of rural elderly care institutions.

In Model 2, rural elderly medical staff with high monthly income are more satisfied than those with low monthly income (OR=1.797, 95% CI: 1.272–2.513). Medical staff in rural elderly care institutions are one of the effective guarantees for the health of the elderly in rural areas, and the inequality of work and wages must not be aggravated. Therefore, the government needs to provide appropriate incentives or sufficient financial capacity to provide such funds to ensure the satisfaction of medical staff in rural elderly care institutions.

Guarantee the continuous supplement of the new force of rural doctors at the same time; The rural elderly group is different from the urban, in addition to a certain subsidy from the national policy, many other sources of income are not available. At the same time, influenced by traditional rural concepts, some groups are actually unwilling to choose Nursing Home. Rural doctors are the main force of the rural medical community, therefore, it is necessary to strengthen the construction of rural doctors as a medical force to further ensure the health and well-being of the elderly in rural areas.

However, after 2006, few rural doctors received training, and the medical reforms implemented in 2009 have also affected the work motivation of rural doctors. Because rural doctors must provide time-consuming public medical services to rural residents on the basis of very few subsidies, and sell medicines without profit. They can only receive small subsidies when providing public health services, rather than a regular, reasonable, nationwide compensation plan. Instead, they must rely on fee-for-service activities, such as basic medical services and drug sales, to generate revenue.

Despite this, their income has fallen roughly in line with the average level of the village. These factors collectively reduced the income of rural doctors, and some rural doctors even changed their professions after the reform. Although three sources of funding (both central and local) have been established to make up for the loss of revenue, local governments lack appropriate incentives or sufficient financial capacity to provide such funds. Therefore, young medical graduates are reluctant to enter the rural health system.

Existing studies have shown that providing better compensation schemes for rural doctors can improve this situation. However, this may be a vast government investment.

Therefore, local governments need to provide appropriate incentives or sufficient financial capacity to provide such funds on the basis of three funding sources (including central and local) to make up for the loss of income, so as to ensure that young rural doctors enter the rural health system continuously to further protect the health and pension benefits of the elderly in rural areas. At the same time, it has to be considered from the long run. Personally, I think it may be feasible to establish formal titles for rural doctors to improve their reputation in society and improve the self-profitability of rural doctors.

3.3 Take effective measures to strengthen the care of rural elderly groups

Organize various activities to care for the elderly in rural areas. On the one hand, relevant government departments should vigorously build basic cultural and recreational facilities for the elderly in rural areas, such as building parks, squares, mutual happiness homes and other infrastructures, so as to provide sufficient places for the elderly to exercise and entertainment to meet their daily needs. On the other hand, by associating with social care organizations to carry out extensive respect and love activities for the elderly, such as organizing art troupes to go to the countryside, and jointly carrying out summer trips to the countryside to care for the elderly activities with volunteer organizations in various universities, etc. so as to enhance the happiness of the rural elderly groups.

At the same time, revitalize the rural economy and increase investment in pension funds. The most fundamental reason for the problem of providing for the elderly in rural areas is that their children go

to work in cities. Therefore, the state should further accelerate the construction of rural areas, promote farmers' incomes, set up a large number of labor-intensive industries in rural areas, and provide rural population with a large number of labor posts and make them nearby. Actively expand new channels for farmers to increase income, which can speed up the effective connection of rural revitalization and targeted poverty alleviation, and allow more young adults to return to their hometowns to take care of their parents, which can effectively shorten the distance between children and the elderly group, and further realize the elderly group's happiness in retirement.

4. Conclusion

In this paper, the development and management of rural pension in China at the present stage has been greatly studied, and find that in order to solve the problem, in addition to the current government investment, which has certain positive effects on the whole, we also need to adopt better comprehensive management in medical forces such as pension institutions and increase investment in constantly improving the construction of pension services, so as to better realize the high-quality development and good management of rural pension in China.

In addition, the above findings on rural pension development and management experience may also have some reference significance for other developing countries.

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