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A Review of Performance Management Research for Functional Departments in Chinese Public Hospitals

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Abstract

Objective: To summarize and review the research progress on performance management of functional departments in Chinese public hospitals. Focusing on the goals of enhancing management effectiveness and promoting high-quality development, it synthesizes the application of performance management tools, the construction of indicator systems, allocation mechanisms, and pathways for efficacy improvement. Methods: Through literature analysis, the study reveals that current research has comprehensively utilized various performance management tools such as the Balanced Scorecard (BSC), Delphi method, OKR, contractual management, points-based systems, and RBRVS. It has constructed multi-dimensional and differentiated performance indicator systems and explored value-oriented performance allocation mechanisms and closed-loop management models. Results: Existing research has formed a relatively mature toolkit and a full-chain management framework. The integration of digital technology has further propelled performance management towards precision and dynamism. Conclusions: Current challenges include insufficient adaptability of tools, difficulties in quantifying indicators, cognitive differences, and weak practical implementation in primary care hospitals. Future efforts should strengthen the optimization of tools and indicators, deepen the enabling role of digital technology, promote integrated management models, and enhance research focused on primary hospitals to achieve the transition of performance management from "appraisal and evaluation" to "value creation."

Keywords

Hospital Functional Departments; Performance Management; Indicator System; Performance-Based Allocation; Management Effectiveness.

1. Introduction

Functional departments in public hospitals serve as the core hub for hospital operation and management, undertaking critical responsibilities such as strategy execution, resource allocation, quality control, and service support. Their management effectiveness directly impacts the overall operational efficiency and high-quality development level of the hospital[1]. In recent years, with the deepening of healthcare system reforms and the increasing demand for refined management in public hospitals, performance management for functional departments has become a research hotspot in the field of hospital management. Based on a review of 44 relevant publications, existing research has explored performance management from multiple perspectives, including the application of performance management tools, the construction of indicator systems, the optimization of allocation mechanisms, and pathways for efficacy improvement[2], forming a relatively rich body of theoretical and practical results that provide important support for advancing the modernization of functional department management.

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2. Application Practices of Mainstream Performance Management Tools and Methods

Existing research commonly employs diversified tools to construct performance management systems for functional departments. Various methods, based on different logics, are adapted to hospital management scenarios, forming distinctive application models.

2.1. Balanced Scorecard (BSC): A Multidimensional Strategic Alignment Tool

The Balanced Scorecard has become one of the most widely applied tools due to its advantages of balancing financial and non-financial indicators, as well as short-term and long-term goals. Wu Xiaojun et al., using a regional medical center in Shanghai as a case study, built a four-dimensional assessment system (financial, internal processes, customer service, learning and growth) based on BSC, achieving deep integration of functional department performance with hospital strategy[3-4]. Tian Jinwen further refined the indicator hierarchy in the practice at Hospital A, incorporating core tasks such as medical quality control and process optimization into the internal process dimension, enhancing the practicality of the assessment[5]. He Yue, Liang Yan et al. optimized indicator weights through expert deliberation, addressing the adaptability issues of BSC in quantitative assessment within functional departments[6-7]. By 2025, the application of BSC has extended from general hospitals to specialized scenarios, forming mature localized adaptation solutions[8].

2.2. Delphi Method: An Expert Consensus-Driven System Optimization Tool

The Delphi method, adept at integrating professional opinions and enhancing system scientificity, is often used in combination with other tools. Wang Lizhen et al. used the Delphi method for multiple rounds of screening functional department assessment indicators, finally determining a system framework with 4 primary indicators and 18 secondary indicators, effectively resolving the subjectivity issue in indicator design[9]. Huang Guangyao et al. constructed an assessment model for administrative functional departments using the Delphi method, incorporating core indicators such as "policy implementation efficiency" and "cross-departmental collaboration satisfaction" into the evaluation scope, strengthening the practicality of the assessment[10]. The application of this method in stages like indicator screening and weight determination has significantly improved the credibility of the performance management system[2].

2.3. OKR and Contractual Management: Goal-Oriented Innovative Models

OKR (Objectives and Key Results) and contractual management, focusing on goal implementation, have emerged as popular management tools in recent years. Liu Zhijun et al. constructed an OKR system for public hospital functional departments, achieving precise alignment between goals and execution through a three-level decomposition of "hospital strategy - department objectives - individual tasks," accompanied by a digital platform for dynamic tracking[11]. The contractual performance management model proposed by Yang Liu, Yang Dong et al. uses "objective contracts" to clarify departmental responsibility lists and directly links assessment results with resource allocation, showing significant effects in improving departmental execution[12-14]. Both models emphasize result orientation, providing new ideas for solving the problem of "ambiguous powers and responsibilities" in functional departments[1].

2.4. Points-Based System and Position Value Quantification: Refined Evaluation Tools

Points-based systems and position value quantification focus on individual and position value, driving assessment towards refinement. Zhang Yiwen et al., taking Hebei Engineering

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University Affiliated Hospital as an example, transformed routine work in functional departments into quantifiable points, covering dimensions such as basic work, innovative tasks, and emergency response, achieving dynamic assessment[15]. Wang Bin et al. built a performance salary distribution model based on position value quantification assessment, scoring dimensions like "position responsibility, work difficulty, risk coefficient," resolving the issue of "equal pay for unequal work"[16]. Zhao Kai et al. introduced the IPE (International Position Evaluation) system to assess positions like specialized operation assistants, further enhancing the standardization of position evaluation[17]. Zheng Dacheng specifically designed a points-based assessment system for administrative functional departments, providing a reference for similar practices[18].

2.5. RBRVS: Resource Value-Oriented Evaluation Method

RBRVS (Resource-Based Relative Value Scale) constructs an evaluation system from the perspective of resource input, with its application in functional departments gradually deepening. In their practice at a tertiary Grade A hospital in Wuhan, Wang Jun et al. transformed functional department work into quantifiable value units such as "time input, technical difficulty, responsibility risk," achieving a match between performance and resource value[19]. Hu Yang pointed out problems in the application of RBRVS in functional departments, such as "difficulty in quantifying non-clinical work" and "insufficient data support," and proposed countermeasures like optimizing indicator weights and strengthening data construction[20].

3. Construction Logic and Optimization Pathways of the Assessment Indicator System

The assessment indicator system is the core carrier of performance management.Existing research has formed a systematic construction approach focusing on "dimension design, differentiated adaptation, and cognitive coordination."

3.1. Multidimensional Framework for Indicator Design

Existing indicator systems generally break through the single dimension of "task completion rate," forming integrated multidimensional frameworks. Jiang Jie et al., analyzing the performance quantification system implemented at West China Hospital of Sichuan University, constructed four major dimensions: "work performance, management effectiveness, collaborative service, and innovative development," where indicators like "cross-departmental collaboration satisfaction" and "policy implementation completion rate" became core evaluation elements[21]. The multidimensional evaluation system proposed by Yang Xiaoyan et al. added dynamic indicators such as "emergency response capability" and "employee growth cultivation," adapting to the high-quality development needs of public hospitals[22]. Lei Peng et al., through characteristic analysis, found that recent indicator systems show a trend of "shifting from task orientation to value orientation, and from single dimension to multidimensional integration"[2].

3.2. Scenario Adaptation of Differentiated Indicators

To meet the needs of different levels and types of hospitals, indicator systems exhibit differentiated construction characteristics. Du Juan et al. focused on county-level public hospitals, constructing an assessment system containing characteristic indicators such as "public health service, county coordination, primary care guidance," adapting to the needs of building county-level medical service systems[23]. Liu Yue et al., targeting tertiary Grade A maternal and child health specialty hospitals, incorporated specialized indicators like "maternal and infant safety assurance" and "maternal and child health services" into functional department assessments, strengthening specialty characteristics[24]. Shan Yuanli specifically

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designed indicators such as "service response timeliness," "cost control rate," and "facility operation and maintenance quality" for logistics departments, enhancing the specificity of the assessment[25].

3.3. Indicator Optimization Driven by Cognitive Differences

Indicator optimization based on stakeholder cognition has become a research focus. A series of studies by Gu Wei et al. found that medical staff pay more attention to quantitative indicators like "service efficiency" and "problem-solving ability" of functional departments, while expert groups value qualitative indicators like "strategic alignment" and "management innovation" more[26-27]. Based on this, Zhang Yizhong et al. proposed the indicator optimization principle of "combining quantitative and qualitative, emphasizing both process and results," balancing different needs through weight adjustment[28]. Huang Guangyao et al. further narrowed cognitive differences by integrating expert opinions through the Delphi method[10]. This optimization path based on cognitive analysis has significantly improved the acceptance and feasibility of the indicator system[29].

4. Exploration and Practice of Performance Allocation Mechanisms and Management Effectiveness Improvement

Performance allocation acts as the "baton" of performance management. Existing research has conducted diverse practices around "value orientation and distribution fairness."

4.1. Diversification Transformation of Allocation Basis

Performance allocation has shifted from "egalitarianism" to "value orientation," forming a multidimensional allocation basis. Wang Bin et al. constructed a three-dimensional allocation model of "position value + individual performance + team contribution," where position value accounted for 40%, highlighting position differences[16]. Taking Public Hospital L in Zhejiang Province as an example, Sun Qian et al. linked the performance of administrative and logistics departments with "service object satisfaction" and "cost control effectiveness," breaking the traditional model of "allocation based on headcount"[30]. Xu Xuehui et al. added the dimension of "personal value assessment," incorporating professional ability and innovative achievements into the allocation basis[31]. The research by Zhang Yizhong et al. further confirmed that diversified allocation bases can significantly improve employee satisfaction[28].

4.2. Mechanism Innovation in Allocation Models

Scholars have explored various allocation mechanisms to enhance fairness and incentive. Zhang Yi built a salary incentive mechanism based on the Stackelberg model, determining the allocation scheme through a two-level game between "hospital and department," achieving overall benefit maximization[32]. Zhang Yizhong et al. proposed a structured allocation model of "base salary + performance salary + long-term incentive," where the long-term incentive is tied to the completion degree of the department's annual strategic tasks, guiding long-term value creation[28]. In the practice of "Four Fixations and One Assessment," Lu Xia linked performance allocation with "position fixing, responsibility fixing, staffing fixing, and salary fixing," forming a closed loop between allocation and position management[33]. Jin Xianrong et al. further refined the allocation basis by designing allocation weights based on 36 position factors[34].

4.3. Key Influencing Factors of Management Effectiveness

Improving the management effectiveness of functional departments is the core goal of performance management. Existing research explores this from three dimensions: "influencing factors, management models, and integrated transformation." Based on the AMO model (Ability-Motivation-Opportunity model), Lei Peng et al. found that the management effectiveness of functional departments is mainly influenced by three factors: "employee

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professional ability, performance incentive intensity, and cross-departmental collaboration mechanism," with the collaboration mechanism having an influence coefficient of 0.38[35]. Yin Jun et al. focused on middle-level execution, constructing a four-dimensional evaluation system of "strategic cognition, resource integration, team management, innovation ability," pointing out that middle-level capability is the core lever for effectiveness improvement[36]. Yang Chuan et al. believed that the root cause of ineffectiveness in administrative and logistics departments lies in "ambiguous position responsibilities" and "disconnection between assessment and incentives," which need to be solved through institutional restructuring[37]. Shi Jinli's survey also confirmed that the lack of incentive mechanisms is one of the main reasons for low effectiveness[38].

4.4. Closed-Loop Management and Integrated Model Innovation

Closed-loop management and integrated models have become important pathways for effectiveness improvement. Ji Yin et al. built a strategic performance closed loop based on the PDCA cycle (Plan-Do-Check-Act), achieving dynamic performance optimization through monthly data monitoring, quarterly review and adjustment, and annual comprehensive evaluation[39]. Xie Shitang et al. proposed an integrated transformation model of "Hospital - Department - Position," decomposing hospital strategy down to departments and positions, ensuring strategy implementation through three-level performance linkage[40]. From the perspective of high-quality development, Wang Sai et al. constructed a full-chain management system of "effectiveness evaluation - problem diagnosis - path optimization - effect feedback," promoting the transformation of functional departments from "transactional service" to "strategic support"[1]. Zhang Tianyi et al. further strengthened the effect of closed-loop management through assessment process optimization[41].

4.5. Innovative Development of Digital Technology Empowering Performance Management

Digital technology provides technical support for performance management, promoting the system's transition towards "precision and dynamism." Liu Zhijun et al. built an OKR digital platform, realizing the full-process online operation of "goal entry - progress tracking - automatic data calculation - result visualization," improving the timeliness of performance data updates from monthly to weekly[11]. Yang Zihan et al. built a budget project library based on the HRP system, achieving linked monitoring of performance indicators and budget execution, providing data support for performance allocation[42]. Lei Peng et al. pointed out that the application focus of digital technology lies in "breaking down data silos," necessitating the integration of performance data from systems like HRP and HIS[2]. Lu Yang's research emphasized the practical value of digital platforms in performance assessment[43].

5. Research Conclusion

Performance management in the functional departments of public hospitals is key to enhancing hospital operational efficiency and high-quality development. Through the review and analysis of relevant literature, it has been found that research in this field has achieved abundant results in the application of performance management tools, construction of assessment indicator systems, optimization of performance distribution mechanisms, and improvement of management effectiveness.

5.1. Application of Performance Management Tools: A Trend Towards Diversification

The Balanced Scorecard (BSC) considers multi-dimensional indicators, achieving deep integration of performance and strategy, with its application extending to specialized

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department scenarios; the Delphi Method integrates expert opinions, enhancing the scientific nature and credibility of the system; Objectives and Key Results (OKR) and contract-based management focus on goal implementation, solving the problem of "ambiguous rights and responsibilities"; the points system and quantification of position value promote the refinement of assessment; the Resource-Based Relative Value Scale (RBRVS) constructs an evaluation system from the perspective of resource input, and although there are quantification challenges, optimization strategies exist.

5.2. Construction of Assessment Indicator Systems: Systematic Approaches Formed

Indicator design has broken through single dimensions, forming integrated multi-dimensional frameworks, and shows a trend shifting from task-oriented to value-oriented, and from single-dimensional to multi-dimensional integration; indicator systems are constructed differently according to the needs of hospitals at different levels and of different types; based on cognitive differences among stakeholders, indicators are optimized to enhance recognition and feasibility.

5.3. Performance Distribution Mechanism: Diverse Practices Centered on "Value Orientation and Distribution Fairness"

The basis for distribution has shifted from "egalitarianism" to diversification, forming three-dimensional distribution models such as "position value + individual performance + team contribution"; distribution models continue to innovate, improving fairness and incentivization through game theory to determine schemes, introducing long-term incentives, and linking with position management.

5.4. Improvement of Management Effectiveness: Explorations from Multiple Dimensions

Research has found that employees' professional competence, the intensity of performance incentives, and cross-departmental collaboration mechanisms are key influencing factors, with middle management capability being a core lever; closed-loop management and integrated models have become important pathways, promoting the transformation of functional departments through the construction of strategic performance closed loops, three-tier performance linkage, and full-chain management systems; digital technology enables performance management, achieving full-process online operation, linkage monitoring of indicators and budget execution, etc., promoting the precise and dynamic development of the system.

6. Research Deficiencies and Future Prospects

Although existing research achievements are abundant, there are still many unresolved challenges: First, insufficient method adaptability. The quantification challenges of tools like RBRVS and OKR in non-clinical functional departments have not been fully resolved; for instance, the value of intangible work such as "policy research" and "strategic planning" is difficult to measure accurately. Second, challenges in indicator quantification and balance. There is a lack of unified standards for the weight distribution between qualitative indicators (e.g., management innovation) and quantitative indicators (e.g., service timeliness). Some hospitals prioritize quantitative over qualitative indicators, leading to insufficient motivation for innovation. Third, cognitive and collaboration barriers. There are significant cognitive differences regarding assessment indicators between medical staff and functional departments, and the design of assessment indicators for cross-departmental collaboration is imperfect, resulting in prominent "collaboration difficulties." Fourth, insufficient depth in technology

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application. Most hospital digital platforms remain at the "data recording" level, lacking advanced functions such as "intelligent analysis" and "early warning prediction," thus failing to fully unleash the value of data. Fifth, weak practical implementation in primary care hospitals. Existing research mostly focuses on tertiary Grade A hospitals, with relatively little research on performance management for functional departments in county-level and primary care hospitals, and a lack of solutions adapted to primary care scenarios.

Addressing the above challenges and considering research trends, future breakthroughs can be made in the following directions: First, optimize tools and indicator systems: Adopt a combined model of "Delphi method + Analytic Hierarchy Process (AHP)," customize indicators based on hospital type (general/specialty/primary care), establish a weight allocation mechanism that is "primarily quantitative, supplemented by qualitative," and strengthen innovation and collaboration indicators. Second, strengthen value-oriented allocation: Increase the weight of "position value, strategic contribution, cross-departmental collaboration" in allocation, and explore composite incentive models combining "short-term incentives + long-term equity/career development channels"[44]. Third, deepen the application of digital technology: Build an integrated performance digital platform, consolidate data from systems like HRP and HIS, develop intelligent analysis modules, and achieve performance anomaly warnings and automatic review. Fourth, promote integrated management models: Popularize models like "PDCA closed-loop management" and "Hospital-Department-Position integration," establish cross-departmental collaboration assessment mechanisms, and break down "collaboration barriers." Fifth, focus on primary care practice research: Conduct specialized research on county-level and primary care hospitals, design performance management solutions adapted to the needs of "limited resources and Resource sinking service" (Resource sinking service, meaning extending services to grassroots levels), filling the research gap in primary care. Research on performance management for functional departments in public hospitals has progressed from the stage of "tool application exploration" to the deepening stage of "systematization, refinement, and digitalization." Existing research has constructed a toolkit matrix with BSC and the Delphi method at its core, supplemented by OKR, contractual management, etc., forming a full-chain research framework of "indicator construction - performance allocation - effectiveness improvement," and gradually incorporating digital technology and integrated thinking. In the future, it is necessary to further solve core challenges such as tool adaptation, indicator balance, and primary care practice, promoting the transition of performance management from "assessment and evaluation" to "value creation," providing solid support for the high-quality development of public hospitals.

References

[1] Wang S, Hua L, Yue XL, et al. Exploration of pathways to enhance management department effectiveness in a Beijing public hospital from the perspective of high-quality development [J]. Chinese Hospitals, 2023, 27(12): 64-67.

[2] Lei P, Ding JN, Li XH, et al. Analysis of research characteristics on performance evaluation indicator systems for functional departments in public hospitals [J]. Chinese Hospital Management, 2022, 42(03): 83-86+90.

[3] Wu XJ, Han X, Li JY, et al. Performance assessment practice for management cadres in functional departments based on Balanced Scorecard: A case study of a regional medical center in Shanghai [J]. Chinese Health Quality Management, 2025, 32(01): 84-87.

[4] Wu XJ, Zeng YP, Yu MH, et al. Exploration and practice of performance assessment for functional departments based on Balanced Scorecard: A case study of a regional medical center in Shanghai [J]. Chinese Health Quality Management, 2021, 28(02): 89-91+100.

[5] Tian JW. Research on the application of Balanced Scorecard in performance assessment of functional departments in Hospital A [J]. China Chief Financial Officer, 2024, (07): 99-101.

ISSN: 2692-7608 DOI: 10.6981/FEM.202511_6(11).0014

[6] He Y, Huang HB, Wang JM, et al. Research on the construction of performance assessment system for hospital administrative functional departments based on Balanced Scorecard [J]. Modern Hospital Management, 2023, 21(06): 40-43.

[7] Liang Y, Yang GW. Construction of performance evaluation system for hospital functional departments based on Balanced Scorecard [J]. China Medical Herald, 2022, 19(25): 150-153.

[8] Li B. Research on optimization of performance assessment system for administrative staff in R Hospital based on Balanced Scorecard [D]. Tianjin Normal University, 2022.

[9] Wang LZ, Zhao LR, Liang J, et al. Research on optimization of performance assessment system for functional departments in public hospitals: Based on Delphi method and performance allocation reform [J]. Hebei Enterprise, 2025, (09): 87-90.

[10] Huang GY, Zhang W, Wang EW, et al. Research on performance assessment of administrative functional departments in public hospitals based on Delphi method [J]. Modern Hospital Management, 2024, 22(02): 50-52.

[11] Liu ZJ, Liu WK, Chen YZ, et al. Practice of OKR performance management system and digital platform construction for functional departments in public hospitals [J]. Chinese Health Quality Management, 2025, 32(07): 54-58.

[12] Yang L, Li CM, Liu JX, et al. Construction of contractual performance assessment evaluation system for hospital administrative functional departments [J]. Chinese Health Quality Management, 2025, 32(06): 46-50.

[13] Yang D, Jiang C, Liang FJ, et al. Discussion on the necessity of contractual performance management model for functional departments in public hospitals [J]. Chinese Health Quality Management, 2023, 30(02): 41-43+48.

[14] Yang D, Jiang C, Wu NN, et al. Construction and application of contractual performance assessment indicator system for functional departments in public hospitals [J]. Chinese Health Quality Management, 2023, 30(02): 44-48.

[15] Zhang YW, Zhang YY. Thoughts on the application of points-based management in the management of functional departments in public hospitals: A case study of Hebei Engineering University Affiliated Hospital [J]. Investment and Entrepreneurship, 2024, 35(24): 134-136.

[16] Wang B, Kong LL, Zhang G, et al. Construction of performance salary distribution model for hospital functional departments based on position value quantitative assessment [J]. Chinese Hospital Management, 2025, 45(01): 83-86.

[17] Zhao K, Liu Y, Liu RX. Performance assessment of hospital management personnel based on IPE: Taking specialized operation assistants as an example [J]. Modern Hospitals, 2024, 24(09): 1394-1399+1403.

[18] Zheng DC. Design and research of points-based assessment system for administrative functional departments in public hospitals. Hubei Province, Jingmen First People's Hospital, 2022-05-20.

[19] Wang J, Luo D, Li WZ. Performance assessment practice for functional departments in a tertiary Grade A hospital in Wuhan based on RBRVS theory [J]. Medicine and Society, 2021, 34(02): 27-30+35.

[20] Hu Y. Research on application problems and optimization strategies of RBRVS performance management system in public hospitals [D]. Qingdao University, 2024.

[21] Jiang J, Bai X, Yuan YQ, et al. Analysis of the performance quantification assessment system for functional departments in West China Hospital of Sichuan University [J]. Chinese Hospitals, 2024, 28(08): 95-98.

[22] Yang XY, Zhao GH, Liu Q. Exploration of performance assessment for functional departments in public hospitals based on multi-dimensional evaluation [J]. Office Operations, 2023, (10): 83-84.

[23] Du J, Ji Y, Wu J, et al. Construction of performance assessment indicator system for management personnel in functional departments of county-level public hospitals [J]. Chinese Health Quality Management, 2022, 29(02): 88-91.

ISSN: 2692-7608 DOI: 10.6981/FEM.202511_6(11).0014

[24] Liu Y, Li DH, Cao YN, et al. Practical path and thoughts on performance management of administrative functional departments in a tertiary Grade A maternal and child health specialty hospital [J]. Jiangsu Health Care Management, 2021, 32(11): 1424-1428.

[25] Shan YL. Research on optimization of performance assessment indicator system for logistics departments in tertiary public hospitals in Wenzhou [D]. Shanghai Normal University, 2024.

[26] Gu W, Zhang YZ, Liu Y, et al. Cognitive analysis of medical staff on performance assessment and performance salary distribution for management personnel in functional departments of public hospitals [J]. Chinese Hospital Management, 2022, 42(02): 14-17.

[27] Zhang YZ, Gu W, Yu Y, et al. Cognitive analysis of experts on qualitative performance assessment of functional departments in public hospitals [J]. Chinese Hospital Management, 2022, 42(02): 18-21+26.

[28] Zhang YZ, Gu W, Xue D. Research on performance assessment and performance salary distribution for functional departments in public hospitals [J]. Chinese Hospital Management, 2022, 42(02): 10-13.

[29] Gu W, Zhang YZ, Xu Y, et al. Cognitive analysis of medical staff on quantitative performance assessment indicators for functional departments in public hospitals [J]. Chinese Hospital Management, 2022, 42(02): 22-26.

[30] Sun Q, Chen MF, Wei TM. Practice and thoughts on performance allocation in administrative and logistics departments of public hospitals: A case study of Public Hospital L in Zhejiang Province [J]. Modern Hospitals, 2022, 22(11): 1734-1737.

[31] Xu XH, Zhang RD, Liu Y, et al. Research on performance assessment of hospital functional departments based on position value and personal value evaluation [J]. Soft Science of Health, 2021, 35(03): 31-33+49.

[32] Zhang Y. Discussion on hospital salary incentives based on Stackelberg model [J]. China Market, 2023, (20): 119-122.

[33] Lu X. Discussion on the practice of "Four Fixations and One Assessment" in hospital functional departments [J]. Chinese Health Quality Management, 2024, 31(04): 91-95+99.

[34] Jin XR, Deng JL. Discussion on position performance in functional departments of public hospitals based on 36 factors [J]. China Health Industry, 2021, 18(10): 59-62.

[35] Lei P, Ding JN, Zhang YX, et al. Research on influencing factors of management effectiveness of functional departments in tertiary public hospitals based on AMO model [J]. Chinese Journal of Medical Management Sciences, 2023, 13(01): 27-32.

[36] Yin J, Liu R, Li YN, et al. Research on multiple evaluation system of executive ability of functional middle-level personnel in public hospitals from the perspective of modern hospital management [J]. Chinese Hospitals, 2020, 24(12): 38-40.

[37] Yang C, Gao LB, Wang HF, et al. Problems and countermeasures of administrative and logistics human resource management in Chinese hospitals [J]. Investment and Cooperation, 2023, (07): 175-177.

[38] Shi JL. Current situation and thoughts on performance management of functional departments in public hospitals [J]. Continuing Medical Education, 2020, 34(11): 44-45.

[39] Ji Y, Yu B, Yu MH, et al. Practice of closed-loop management of strategic performance in hospital functional departments under PDCA path [J]. Jiangsu Health Care Management, 2022, 33(11): 1447-1450.

[40] Xie ST, Li R, Zhang MP. Research on integrated reform of "Hospital-Department-Position" performance management in public hospitals based on participatory observation [J]. Chinese Hospitals, 2024, 28(04): 48-50.

[41] Zhang TY, Wang QQ. Exploration of assessment work for functional departments in public hospitals [J]. Hospital Administration Journal of Chinese People's Liberation Army, 2020, 27(10): 959-962.

[42] Yang ZH, Yu J, Xin XJ, et al. Practice exploration on the construction of budget project library in a public hospital under HRP system [J]. Jiangsu Health Care Management, 2025, 36(02): 248-251.

ISSN: 2692-7608 DOI: 10.6981/FEM.202511_6(11).0014

[43] Lu Y. Research on performance assessment management of functional departments in X Hospital [D]. China University of Petroleum (Beijing), 2023.

[44] Zhang Y. Discussion on hospital salary incentives based on Stackelberg model [J]. China Market, 2023, (20): 119-122.