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Research on the Construction of Hospital Ethical Systems and Service Model Innovation under Conscience-Based Medical Culture

Dawei Jiang, Mengying Li

School of Business, Macau University of Science and Technology, Macao 999078, China

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Abstract: As China's hospital sector shifts from size expansion to high-quality development, ethical administration has become an important factor in hospital survival and growth. This research investigates how traditional ethical thought can be translated into modern hospital management systems. This study established a Value-Mechanism-Organization-Technology (VMOT) ethical governance framework. It includes a "Four-in-One" value system, a "Three Axes and Three Circles" operation mechanism, a "Seven Sub-systems" organizational network, and a Patient Lifecycle Management System (PLMS) digital platform. Additionally, this study proposed a whole-lifecycle service model, shifting from "stage-based management" to "all-process care." It suggests that, through value transfer, institutional integration, organizational coordination, and technical assistance, traditional ethical resources can be transformed into practical, assessable, and improvable hospital management systems. This study offers a theoretically grounded framework with local cultural features for patient-centered services and ethical hospital administration.

Keywords: Conscience-based medical culture; Hospital ethical governance; Patient lifecycle management

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1. Introduction

The implementation of the "Healthy China 2030" strategy has changed both the hospital market and the structure of health care provision. By the end of 2025, China had 38,159 hospitals, 551 fewer than in the previous year. The number of public hospitals fell by 76, while private hospitals decreased by 475 [1]. This decline matters because it is the first real reduction in the total number of hospitals in recent years. The data shows that the hospital industry is no longer defined by steady expansion. Greater attention is now being paid to using current resources well and improving them, while hospitals compete more and more on the quality of care they provide. Against this backdrop, weak spots in how hospitals are managed have become clearer. In certain cases, expansion has received more focus than service quality. Operational efficiency has been put ahead of patient needs. Also, even when technology improves, it has not always meant that patients are communicated

with effectively.

These problems largely stem from underdeveloped hospital ethical management systems. Conventional biomedical ethics is really designed for individual patient care, not for guiding overall hospital strategy or institutional planning. At the same time, general corporate social responsibility frameworks try to cover everything, but they often overlook the unique ethical challenges in healthcare, such as life dependence, information gaps, and responses to related risks [2]. This makes it even more important to establish an ethical management system rooted in medical humanistic values and suited to how hospitals currently operate.

2. Theoretical foundations and applicable logic of hospital ethical governance

2.1. Ethical particularity of hospitals and their governance dilemmas

Hospitals are ethically responsible for more than treating patients because their services function like quasi-public goods. These responsibilities appear most clearly in three areas: patient vulnerability, information gaps, and the need to weigh efficiency against other aspects of care. In real-world practice, though, management usually prioritizes operational results, medical quality, and staying compliant with rules. Such a focus may overlook deeper ethical problems tied to patient vulnerability, unequal access to information and resources, and the complexity of medical decision-making.

2.2. Main challenges currently facing hospital ethical governance

Hospital ethical management currently faces four main problems. First, service volume and revenue are commonly employed as main evaluation criteria, which actually provide institutional incentives for practices like overdiagnosis, overtreatment, and supplier-induced demand. Second, patients are usually considered as recipients of treatment. Their rights to informed choice and participation in joint decision-making lack adequate procedural guarantees at the organizational level. Third, ethics committees lack systematic oversight of ethical issues in routine services, such as respect for patients, effective communication, and the implementation of informed consent. Last, hospital management lacks effective guidelines and consistent promotion of humanitarian care actions, including emotional and value-based evaluations.

2.3. Ethical governance implications of the philosophy of extending innate knowing

The main points of expanding the original knowledge include the idea that the mind is the principle and that knowledge and action are integrated. When applied to the ethical management of medical organizations, this theory yields three results. First, the philosophy of enhancing inborn knowledge holds that hospitals should establish respect for life, kind treatment of others, and responsibility as the institution's main spiritual basis. Second, conscience culture promotes that hospitals frequently assess their organizational structure to check if ethical principles, motivating tools, management strategies, and resource distribution meet the needs of patients. Third, the unity of knowledge and action shows that theory should not be treated as mere rhetoric. It must be translated into employees' behavioral patterns and institutional operating rules through organizational structure design and procedural changes.

2.4. Modern translation pathways of traditional cultural resources

Traditional medical ethics includes concepts like doctors' benevolence and patient-centered care, forming a varied cultural background for hospital morality. But integrating traditional ethics into modern hospital

management requires changes in organizations, institutions, and technology. Moral slogans should not completely replace modern management rules. Implementing a conscience-based medical culture reflects this: it systematically translates cultural ideas into management principles, then into institutional norms and operational standards, and ultimately into assessment criteria.

A cultural framework is first built up based on the original intention, mission, and future. It is then divided into five interrelated aspects: doctor-patient relationship, doctor-nurse relationship, organizational aspects, social aspects, and ethical aspects. Five ethical views are also included: life ethics, responsibility ethics, service ethics, organizational ethics, and technology ethics. These form the managerial viewpoints. They are further defined as specific job duties, service procedures, evaluation standards, and database parameters.

3. Architectural design of the conscience-based medical culture ethical system

The architectural design suggested here regards medical ethical management as a conscience-based system with four interrelated aspects: value, mechanism, organization, and technology (VMOT).

3.1. Management level of hierarchical ethical organization: Four-factor model

Under the four-tier structure, the Four-in-One model provides a common ethical basis for hospital management. It includes four closely connected components: humane care and support, professional ability, institutional standards, and social responsibility [3]. Humane care and support refer to interactions between medical staff and patients, as well as patients' experiences in the hospital and with its services. Professional ability refers to the clinical knowledge, technical skills, and practical capabilities required of medical staff. Institutional standards include the rules, procedures, and operational requirements that guide hospital activities. Social responsibility extends beyond routine medical care.

3.2. Operational model of organizational function: A dynamic view of Three Axes and Three Circles

The Three Axes and Three Circles model forms the operating framework. It describes how value-based requirements gradually transform into specific organizational practices, linking ethical principles to their implementation in hospital management. Culture acts as one significant axis. By choosing outstanding people and organizing ceremonial events, hospitals continuously transmit values and establish an ethical guidance system. At the organizational level, the focus is on redefining job responsibilities, restoring service procedures, and integrating performance evaluations, thus integrating ethical standards into daily actions. At the technological level, digital systems are utilized to collect and analyze real-time behavioral data, offering a reliable basis for ethical evaluation, risk prediction, and improvement

3.3. Functional network platform: A collaboration scheme of seven subsystems

At the organizational level, conscience-based medical ethical governance depends on seven functional subsystems, with special attention to staff responsibilities and coordination among departments. These subsystems follow hospitals' main management functions and provide a practical structure for collaborative governance. Within this framework, general ethical principles become departmental responsibilities, cross-departmental procedures, and specific management practices [4]. Cultural significance and brand promotion plan. Patient assistance and nursing system. Medical standardization and security regulation system. Strategy

for data and technological support. Supervision and moral administration system. Staff motivation and conduct control strategy. Commitment to society and networking mechanism.

4. Service model innovation driven by ethics

Improving service delivery is a central aim of ethical management. Ethical medical culture encourages hospitals to transform their service models into three stages.

4.1. Reshaping service concepts: From stage-based management to whole-process care

Outside the hospital, patients do not receive comprehensive assistance with prevention, rehabilitation, and chronic disease management [5]. A conscience-based culture suggests extending the service range to health education and disease prevention and control, and then continuing it to rehabilitation guidance, chronic disease management, and support for end-of-life hospice care. The outcome is a continuous care process that includes before disease onset, during diagnosis and treatment, and after rehabilitation and discharge.

4.2. Standardizing service processes: Comprehensive service solutions

The analysis studies changes in patients' health and psychological needs across the care process, then develops a service model to guide pathway design in various hospital settings. During the health and risk prevention stage, efforts focus on data-driven risk checks, tailored health advice, and targeted exams. The goal is to catch potential health issues earlier and intervene quickly. This means care begins before hospital-based treatment and extends beyond conventional medical services. The main approach is multidisciplinary team consultation. Patients receive individualized, comprehensive interventions that address biological, psychological, and social needs, ensuring medical care blends science with humanistic concern. In the rehabilitation and continuous care phase after illness, the focus shifts to gradual rehab plans, continuous home surveillance, and lifelong medical records. This ensures patients receive steady, considerate, and tailored care at every stage. At the terminal stage, the priority is easing pain and bringing mental peace.

4.3. Reconstructing the patient role: From passive recipient to active collaborator

Patients are more than just passive participants in medical decisions. They also take an active role in the treatment process. From this starting point, the following steps can be put into practice: Create a patient involvement system that gives patients and their relatives enough opportunities to express themselves, protects their right to be informed, and ensures they can voice objections and choose other options. Carry out investigations using a patient advisory panel, where appropriate, in which discharged patients take part in judging service quality and suggesting ways to improve processes. Conduct satisfaction surveys and establish feedback cycles, treating patients' opinions as a key driver of service improvements.

5. Support of digital platforms for ethical governance

Digital technology supports the development of an ethical culture in health care. Within this framework, the Patient Lifecycle Management System (PLMS) organizes and manages data throughout the care process.

5.1. Platform functional architecture and governance value

The PLMS includes important functional modules such as electronic medical records, treatment and drug records, appointment scheduling, danger alerts, satisfaction questionnaires, remote monitoring, assessment of emotions and behaviors, observation of staff activities, and reporting of moral issues. It keeps accurate records of various information during service procedures. This provides a reliable foundation for evaluating service quality and protecting patients' rights. Moreover, through data analysis, it can identify service interruptions, concealed risky behaviors, and offer psychological support.

5.2. Coordination between technological application and humanistic values

Digital tools are useful, but we also need to keep their limits in mind. For example, algorithm-based systems can produce wrong information, and we still need to check how reliable sentiment analysis tools really are. When using the PLMS, a regular check-up routine should be put in place. The ethics control team should manually review key system decisions. This way, technology supports humane care instead of replacing human judgment.

6. Institutional safeguards and quality improvement mechanisms

Institutional support complements ethical management and service innovation. The following discussion will concentrate on three points: quality systems, staff encouragement, and collective discussions.

6.1. Ethics-oriented quality management system

Patient experience should be considered alongside clinical outcomes when evaluating the quality of care. This can be achieved through the following measures: Develop standardized manuals that translate general principles into observable, documented indicators; Conduct regular quality reviews that also consider ethical practice, with attention to areas such as doctor–patient communication and the proper implementation of informed consent procedures; Publicly release ethical performance reports and frequently share ethical performance data and improvement progress in each department throughout the hospital.

6.2. Employee management mechanism combining incentives and constraints

Structured incentive mechanisms have an important ethical influence on employee behavior. The following mutual mechanism may be taken into account: Set up a reward system: Award honorifics that show concern for human beings and uphold ethical standards. Include relevant performance in the assessment indicators for year-end prizes, training suggestions, and professional rank advancement. For negative restrictions, establish a professional behavior credit record system. Service compliance, thoroughness, and patients' feedback should be thoroughly assessed. Provide special coaching and training to employees who have issues.

7. Limitations and future directions

7.1. Limitations

Different management approaches may be applied according to the specific needs and conditions of each setting. First, hospital administration should focus on ethical management and provide adequate resources. Second, a certain level of informatization is necessary to implement digital management techniques. Third, A

complete training system and talent reserves are required. Hospitals that do not fully meet the above conditions can adopt a phased approach and select specific references.

7.2. Challenges

In many hospitals, several problems should be considered. First, the labor and time costs may increase slightly in the future, which may not align with the operational load of some hospitals. Second, hospitals in different areas and at different levels have different resource conditions and development stages. Therefore, promotion policies should be adjusted to individual circumstances. Moreover, medical staff may adapt to new ethical norms and work procedures at different rates. Effective communication and gradual guidance are important.

7.3. Future directions

Several areas still need more work. First, as conditions inside and outside the hospital change, ethical management rules and procedures should be updated. Second, more long-term data should be collected to see how well the system works and whether it is economically feasible to maintain it over time. Third, looking at how medical institutions in China and other countries carry out quality assessments and ethical reviews can offer useful lessons. These can help improve the current evaluation system and bring it more in line with industry standards. Finally, as new technologies like AI-assisted services and online healthcare become more widely used, hospital management also needs to address the ethical issues they raise.

Disclosure statement

The authors declare no conflict of interest.

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