



**Work Satisfaction of Medical Staff in China-aided Hospitals in
Africa—A Study of China-aided Hospitals in Angola**

JIN Shuiqing

Thesis submitted as partial requirement for the conferral of the degree of

Doctor of Management

Supervisor:

Prof. Nelson Ant nio, Full Professor

ISCTE University Institute of Lisbon

October, 2019



Instituto Universitário de Lisboa

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—A Study of China-aided Hospitals in Angola
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Declaration

I declare that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university and that to the best of my knowledge it does not contain any material previously published or written by another person except where due reference is made in the text.

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Abstract

Degree of satisfaction, this measure, particularly applied to the medical staff, explores the content of healthcare professionals for doing their job in medical institutions like hospitals or clinics. But what if the cultural factor is added to this measurement, like the culture differences between the western and eastern worlds?

This thesis provides an insight to this problem in the remote location of Angola, a country in Africa, for the Chinese medical staff living there.

At the beginning the research provides a close view of the previous and actual situation of the relations between the countries of China and Angola in the medical field. From there it gets straight to the point of evaluating the medical staff working in a Chinese hospital in the capital of Angola, Luanda.

Qualitative research was the main method used to gather the principal information needed to make the evaluation of the degree of satisfaction of the Chinese medical staff in the selected hospital; thus getting the personal experiences from them, sometimes affecting their jobs, analysing their actual situation plus adding the data-values to this information provided a solid understanding of the level of satisfaction of them in that hospital.

In the end, the information, conclusions and recommendations included in this thesis could be used as a tool for the development of solutions to this topic and/or further research into it, which also can show the contrast between two cultures where healthcare professionals have to put aside those cultural differences in order to fulfil their duties.

Keywords: China; Angola; healthcare; work satisfaction

JEL: I19; M12

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Resumo

O grau de satisfação neste trabalho refere-se especificamente aos profissionais médicos, o presente trabalho dedica-se principalmente a explorar o grau de satisfação dos profissionais médicos que trabalham em instituições médicas, e se haverá diferenças de grau de satisfação quando se envolve os fatores culturais?

Este trabalho fornece novos conhecimentos para os profissionais médicos chineses estabelecidos em áreas remotas de Angola, África.

Em primeiro lugar, este estudo efetuou uma análise mais aprofundada do historial médico e a conjuntura atual da China e Angola, explicando as relações médicas entre os dois países, através da qual se passou diretamente para a avaliação do grau de satisfação dos profissionais médicos que trabalham num hospital chinês em Luanda, Angola.

A investigação qualitativa é a maneira principal para a recolha de dados importantes para a avaliação do grau de satisfação dos profissionais médicos chineses no hospital escolhido, através da qual se adquire as experiências pessoais dos médicos, descobrindo os elementos que afetam o trabalho, analisando as situações reais deles, com o objetivo de acrescentar os dados úteis na avaliação de grau de satisfação, o que fornece um conhecimento real sobre o grau de satisfação dos médicos que trabalham nos hospitais estrangeiros.

Em fim, os dados recolhidos, as conclusões e sugestões neste trabalho podiam ser os instrumentos para a elaboração de investigação do grau de satisfação dos profissionais médicos estabelecidos em África e para a pesquisa futura sobre o tema, além disso, também demonstra os choques culturais entre os dois países, ou seja, os profissionais médicos têm que deixar ao lado os choques culturais quando cumprem as suas tarefas.

Palavras-chave: China; Angola; cuidados de saúde; satisfação do trabalho

JEL: I19; M12

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摘要

满意度，这一衡量标准，在本论文中专指医务人员，探讨医疗专业人员在医院或诊所等医疗机构工作的满意度。但是，如果文化因素被加入到这一衡量标准中，比如西方世界和东方世界之间的文化差异，又会怎样呢？

本论文为派驻在非洲的安哥拉偏远地区的中国医务人员提供了一种新的认识。

本研究从一开始就对中安两国在医疗领域关系的先前的历史现状和实际的现状进行了较为深入的研究。从而直接切入到了安哥拉首都罗安达一家中国医院工作的医务人员满意度的评估。

定性研究是对所选医院中的中国医务人员进行满意度评估所需的主要信息进行收集的主要方法，通过定性研究获得他们的个人经验，找到影响他们工作的部分因素，分析他们的实际情况，同时将有价值的信息加入其中。提供了对他们驻外医院的工作满意度的坚实理解。

最后，本论文中收集的信息、结论和建议可作为制定中国驻非洲医务人员满意度的解决方案和/或进一步研究该课题的工具，这也可以展示出两种不同文化之间的对比，即医疗专业人员为了履行工作职责而必须将这些文化差异放在一边。

关键词：中国；安哥拉；医疗卫生；工作满意度

JEL: I19; M12

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Acknowledgements

The time machine is running at a high speed: in 2003, we did import and export trade in China with overseas companies. In 2007, we led a group of Chinese teams from China to set up a company in Angola, Africa. We cooperated with local people and established one construction company which mainly produced concrete. Personally, I experienced a hard life in Africa, sometimes even without water and electricity, and I witnessed the shortage of medical equipment in the public health system in Africa with my own eyes. In 2013, I returned to China and in 2015, I was admitted to the Southern Medical University to study the doctoral course of public healthcare management. The dream in my heart has been fulfilled. In the blink of an eye to 2019, three and a half years of studying to obtain a Ph. D. degree are coming to an end, but the scene of just coming to the class is still vivid!

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时光机飞速运转着，2003 年我在中国境内公司做进出口贸易，2007 年带领一帮中国团队在非洲安哥拉扎营，与当地黑人合作创建安哥拉商品混凝土公司，亲自经历了非洲没水没电的别样的艰辛的生活，让我快速成长，亲自目睹了非洲医疗设备的匮乏，公共卫生系统的不完善性，2013 年回到中国，2015 年我有幸进入了南方医科大学公共卫生健康管理博士学习班，圆了我心中的梦想。眨眼到了 2019 年，三年半的博士求学生涯即将接近尾声，而刚来求学报到时的情景却历历在目！

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Chapter 1: Introduction

1.1 Research background

1.1.1 Ever-closer China-Africa relations

Since the beginning of the 21st century, China, as the largest developing country in the world, has been making progress in comprehensive national strength. Faced with numerous opportunities and challenges, China should take seizing opportunities and addressing challenges as its top priorities. As the status of China in world economy rises, it cooperates more frequently with many countries, especially African countries. In-depth cooperation between both sides in various areas including politics, economy and culture has further deepened their strategic partnership. The period from 2009 to 2016, for example, has witnessed a much closer trade exchanges and cooperation between China and Africa (see Figure 1-1). Total value of trade reached its peak in 2014 and decreased slightly later due to China's economic transition and other factors. The total trade value, however, presented a rising trend (see Table 1-1) (Wu, 2017).

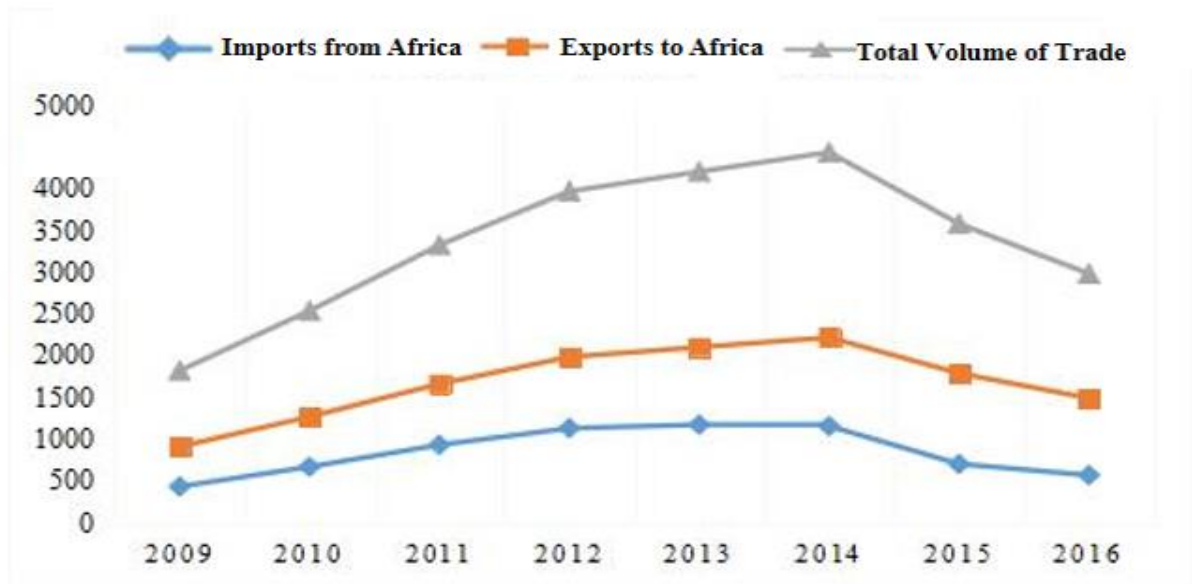


Figure 1-1 China-Africa trade from 2009-2016

(Unit of measurement: billions of dollars)

Source: Wu (2017)

Table 1-1 China-Africa trade from 2009-2016

	Import from Africa	Export to Africa	Total volume of trade
2009	433.3	477.4	910.7
2010	669.56	599.5	1269.1
2011	932.2	731	1663.2
2012	1131.7	853.2	1984.9
2013	1174.3	928.1	2102.4
2014	1157.4	1061.5	2218.9
2015	703.7	1086.7	1790.4
2016	569	922.2	1491.2

(Unit of measurement: billions of dollars)

Source: Wu (2017)

Under new international circumstances, China attaches greater importance to in-depth cooperation with Africa, thereby better promoting China's strategic development and establishing a stable cooperative mechanism. In recent years, Chinese leaders highly valued China's cooperative partnership with Africa, bringing to table a package of programs successively. In March, 2013, China's President Xi Jinping paid a state visit to Tanzania and delivered an important speech titled Trustworthy Friends and Sincere Partners Forever. In the speech, Xi drew lessons from the development of amicable China-Africa relations in the past, elaborated policies of common pursuit of peace and development by China and African countries in the new era, and set forth the philosophy of China-Africa relations featuring sincerity, real results, affinity and good faith (Xi, 2013). In May 2014, China's Premier Li Keqiang paid state visits to African countries and delivered a speech themed Bring about a Better Future for China-Africa Cooperation in headquarters of African Union. In the speech, he further improved the guideline and specific framework of China-Africa cooperation, advocated all-dimensional in-depth cooperation with African countries to achieve more fruitful results and mutual benefits, and highly praised the role of China-Africa Cooperation Forum in mutual cooperation. Looking into the future, Li drew a promising outline of common development through concerted efforts (Li, 2014). In December 2015, President Xi emphasized that China had all along treated Africa as its good partner and friend, and that China-Africa relations should be carried forward. He proposed that both sides, guided by the

principle of seeking future development, should further enhance mutual trust and pursue better cooperation and development. Moreover, China and Africa should increase high-level exchanges and support each other on important issues related to China-Africa relations (People.com.cn International, 2015). Currently, China and African countries have become important strategic partners with no conflicts but common interests. In view of this, Xi believes that both sides should conduct more profound and effective cooperation in politics, economy and culture, enhance interconnectivity in national security and steadily promote communication in international affairs. Only by doing so can both sides lay a solid foundation for mutual cooperation and deepen strategic cooperation and mutual relationship (People.com.cn International, 2015).

After the Cold War ended, international relations entered a transition period. The connotation of traditional diplomacy was renewed and cooperation in culture and other respects was put more emphasis on, which brought about major changes in diplomatic thinking and diplomatic policies (Li, 2014). As early as decades ago, China had maintained favorable cooperative relationship with African countries and realized mutual trust. China's medical aid to African countries highly improved their overall medical condition, which won China recognition and praise from African countries. Medical aid has also been a highlight of China's diplomacy towards Africa (Li, 2016). However, with the development of China-Africa cooperation and mutual trust, some western media distorted facts and sowed discord between the two sides, aiming to undermine their favorable relationship. In this case, China should steadily implement established diplomatic strategies and help it grow and make progress. Deepening mutual trust and expanding all-round cooperation in the future have become an important issue for China.

In conclusion, the cooperation between China and Africa has entered a favorable phase juxtaposed with both opportunities and challenges. Therefore, a good understanding of China's diplomatic policies in Africa, overall situation of China's present diplomatic policies and African countries' diplomatic realities are indispensable for China to make adjustments and realize a better balance. Thus, China can facilitate the development of African countries as a responsible country, further enhance the influence of non-human diplomacy and promote the future development of China's diplomacy in Africa (Zhang, 2017).

1.1.2 China's medical aid to Africa: long history and favorable results

Chinese foreign aid medical teams, having become an important supporter for medical development in African countries, were built in 1962. At that time, Minister of Algerian Ministry of Health, Population and Hospital Reform, on behalf of the Algerian government, invited Chinese medical staff to conduct defense drill and help the Ministry train medical staff. Upon invitation, the Chinese government quickly set up a high-level medical team and agreed that the team could work in Algeria on a long-term basis (Qian, 2013).

Algerian medical team, a history of more than 50 years, is the first medical team that China dispatched to Africa. Over the past half-decade, Chinese foreign aid medical teams have travelled across 66 countries. Tens of thousands of medical staff went abroad and made enormous contribution to medical and healthcare course there, treating over 250 million patients. China's foreign aid has also been highly recognized and praised by recipient countries. Over 1,000 staff have been praised by recipient governments, in which 50 staff laid down their lives in foreign countries (Chen, 2013). Up till now, China's medical staff, with highly professional quality and humanitarian spirit, overcame various external challenges and outstandingly fulfilled their tasks in crude environment. What they have done not only create a good and lofty image of China's medical staff but also win recognition from local people. They stand as a linkage for the friendly relationship between China and Algeria (Zhou, 2016). With the help of Chinese medical staff, many poor countries in Africa are able to control and treat some common diseases. Local medical level has been highly improved, enabling those countries to provide better medical security for its people. More importantly, in the process of medical aid, medical treasures of China, such as traditional Chinese medicine and acupuncture, have been spread to the world. They are popular with local people and have made contributions to promoting Chinese medicine (Shi, 2010).

1.1.3 Ever-increasing importance of overseas human resource management (HRM)

As the number of expatriate staff keeps increasing, the role of human resource management (HRM) is more and more prominent. In essence, HRM is a systematic and scientific work with complex structure. Only by further improving overall management level and ability can enterprises better show the high efficiency of management and put into play greater value of existing human resources (Zhang, 2014). In view of this, enterprises put more

emphasis on human resources and invest more in management, which has become an important breakthrough in enterprises' overseas development.

Overseas HRM is different from domestic HRM. Therefore, in order to achieve better management and fully bring into play the value of overseas human resources, customized solutions are needed for emerging problems. On the whole, main differences between overseas and domestic HRM are reflected in the following respects:

(1) Staff need more care. Overseas staff have to work away from homeland for one to five years and are strictly restricted by enterprises in terms of freedom of getting around, so they would feel more and more homesick. Also, changes in living and working environment exert great impact on staff's personal condition, which is bad for their normal work in the long run.

(2) Staff's salary management and incentive is a focal point of overseas management. With the development of China's economy, great improvement can be seen in staff salary as well as average salary level. Salary management should be adapted to China's economic development. The key of salary management reform is to make staff more satisfied with their salary by linking their salary with knowledge and capability and establishing an incentive mechanism to avoid staff's slacking off in work.

(3) Big cultural differences call for cross-cultural management. Enterprises would inevitably hire foreign staff and have them involved in daily work. Huge differences including culture, language, environment and religion block the communication among Chinese and foreign staff. In order to solve this problem, enterprises should integrate different culture and promote the optimization of enterprise management.

(4) Subject to external policies, overseas HRM is faced with certain risks. Due to local policies, overseas enterprises would change their original operation policies and practices. Compared with domestic HRM, enterprises need to consider more in overseas HRM. One of the key factors for enterprises to succeed is to figure out whether overseas HRM can facilitate their development (Long, 2013). Enterprises need to adjust their operation strategies to fit national realities via reasonable control and management, including talent recruitment, salary management. Given that there are conflicts between overseas enterprises and local culture, enterprises should integrate local culture into corporate culture, which will better promote enterprise development and improve staff's working enthusiasm and efficiency, thus enhancing HRM efficiency.

1.1.4 Higher demands on human resource management of medical aid to Africa under new circumstances

In the 21st century, China entered into a new phase of exchanges with developing countries and scored many achievements in cooperating with foreign countries, including Forum on China-Africa Cooperation, Forum for Economic and Commercial Cooperation between China and Portuguese-speaking Countries and South Pacific Forum, and ASEAN "10+1". Progress has also been seen in medical cooperation with foreign countries. Ministerial Forum on China-Africa Health Cooperation was held in August 2013 with *Beijing Declaration of the Ministerial Forum of China-Africa Health Development* issued at the forum. The Declaration reiterated the fruits of medical cooperation between China and foreign countries. In addition, both sides put forward problems encountered in the process of development and their corresponding solutions. Against the current situation, China and African countries should reach consensus on deepening medical cooperation and investing more human resources and capital in important medical areas. The Declaration also emphasized that both sides should maintain the relationship featured mutual assistance and benefits and make concerted efforts to realize common medical development (China Pharmacy, 2013). China-Africa medical cooperation is of great significance to both sides. It can facilitate the development of mutual amicable cooperation and friendship. At the same time, China's efforts in creating better medical condition for African countries help itself shape a good national image.

It can be seen from development experiences in recent years that the role and medical level of China's foreign aid medical teams have been gradually improved, which is of great importance to China's foreign medical aid. As a representative of China's foreign medical aid, China's medical teams possess distinct features (Wang, 2015). At Present, the main contents of China's foreign medical aid have also changed toward meeting the demands of recipient countries. Recipient African countries' demands on China's medical aid have also obviously changed from medical treatment to the improvement and establishment of medical system, including the prevention and treatment of priority diseases, the construction of medical health system, human resources development and capacity construction, the provision of medical health products, joints efforts in making mid-to-long term, sustainable and all-round cooperation to address international health challenges. China-Africa medical cooperation can deliver tangible benefits to both sides (Wang, 2015).

The scale of China's foreign medical services should be enlarged. Medical teams should not only provide medical services and skill training, but also help African countries establish perfect medical systems and deepen cooperation, which can prompt China's foreign medical aid teams to play an important role in the international stage as the representative of China's medical care. In addition, China should take initiatives in having medical exchanges with other countries and sharing experiences with them. At the same time, China needs to learn medical achievements from foreign countries and promote medical teams to go international, so as to make contributions to international medical cooperation. As China develops rapidly and enjoys a higher position in the world, demands on foreign medical aid have also increased. Given that China provides more and more medical aid to African countries, it should further strengthen the cultivation and introduction of medical talents. Li Bin, director of the National Health and Family Planning Commission, pointed out that China should further strengthen the building of medical teams, improve abilities of medical staff and offer language training, which are conducive to improving medical staff's working efficiency (The National Health and Family Planning Commission of the PRC, 2013).

1.2 Research problem

Regardless of Chinese or foreign organizations, major difficulties faced by organizations in overseas management are similar. First, organizations find it hard to dispatch staff in their own country to overseas because of staff's unwillingness to go abroad. Second, organizations should provide pre-job training for new recruits, but longtime training makes recruits hard to take over their job in time. Third, due to insufficient understanding of local culture, organizations may face difficulties in communication. Finally, it is more difficult for organizations to develop overseas because they cannot integrate themselves into foreign organizations owing to differences in economy, politics and culture.

Therefore, the thesis takes the HRM of China-aid hospitals in Angola, Africa as a reference and discusses their existing problems through analysis and research, focusing on the degree of satisfaction of the Chinese personnel currently working in a Chinese aided hospital in Angola.

This thesis may provide some references for Chinese organizations to develop overseas and solve problems in overseas operation.

1.3 Research questions

According to the topic of this thesis, the following questions needed to be solved are put forward:

- (1) What is the status quo of HRM in China-aided hospitals in Africa?
- (2) What are the problems of HRM in China-aided hospitals in Africa?
- (3) What is the actual situation of degree of satisfaction of overseas talents in China-aided hospitals with China-aided hospitals in Angola as case study?
- (4) What experience and lessons can China-aided hospitals in Africa learn from other overseas organizations and projects in HRM?
- (5) What strategies should China-aided hospitals in Africa adopt to solve existing problems in HRM?

1.4 Research method

Based on studies on above questions and reference to relevant literature, the thesis analyzes problems with bibliographical research and comparison.

1.4.1 Comparison

Comparison is logical and can help scholars understand objects systematically. The accuracy of comparative results is important in providing effective data for researches. In order to improve the HRM efficiency of China's overseas organizations, the thesis studies relevant successful cases and draws their experiences to put forward approaches to overseas HRM and provide theoretical foundation for follow-up development. Future scholars can innovate based on previous achievements and improve management level.

1.4.2 Case and interview study

Through in-depth interview with Mr. Chen, Director of one of China-aided hospitals in Africa, namely China Tiesiju Civil Engineering Hospital, the thesis adopts case study to explore various HRM problems in China's medical aid to Africa and their corresponding solutions.

1.4.3 Questionnaire

In Chapter 4, taking China-aided hospitals in Angola as a typical case to study, the thesis conducts a questionnaire among medical staffs in the sample hospitals and analyzes various problems encountered in HRM. Apart from that, the thesis takes organizations' cultural background into consideration, which can help overseas organizations find the exact reasons and solve problems in HRM.

1.5 Research framework

The thesis is divided into six chapters which specifically are as follows:

Chapter 1, introduction. This chapter is mainly about research background and research significance, which is followed by problems encountered in current medical aid, research questions and main research methods.

Chapter 2, literature review. This chapter mainly elaborates on the concepts, relevant theories and literature concerned in this study. In terms of concepts, it introduces international medical assistance, cross-cultural management, talent satisfaction and human resource management.; related theories also combine the above-mentioned concepts and include theories of human resource management, cross-cultural management, talent satisfaction and human capital. Combining the relevant literature outside China, it further analyzes the achievements and shortcomings of the existing literature and provides more inspirations for the development of the content of this thesis.

Chapter 3, methodology. This chapter introduces the research methodology applied in this study - qualitative research. Firstly, it briefs on the reasons for selecting qualitative research, and the characteristics and principles of such research. On this basis, the data collection methods and analysis methods selected for this study are introduced, and the results of data collection and analysis are presented.

Chapter 4, analysis of medical staff's satisfaction in the hospitals built in Africa with the assistance of China, for which the case selected is the hospital built in Angola. This chapter firstly gives an overview of China's aid to Africa, and further outlines China's medical assistance to Africa, which, from a macro perspective, is an analysis of the status quo of human resource management in African hospitals aided by China. The first part of this chapter focuses on the current status of human resource management in hospitals of Africa

under the aid of China, including achievements, problems and challenges, thus paving the way for the next case study. On the basis of the first half part, the chapter briefly introduces China's medical assistance to Angola from a macro perspective, focusing on the current situation of human resources management in the aided hospitals in Angola. The case selected here is the China Tiesiju Civil Engineering Group Hospital, with its human resources situation investigated and the talent satisfaction status analyzed. In addition, this chapter also selects some successful experience of human resources management from other overseas companies or projects, including Huawei Technologies Company Nigeria Ltd., to analyze its implications for the human resources management of hospitals in Africa aided by China.

Chapter 5, suggestions for improving the satisfaction of medical staff in African hospitals aided by China. Based on the previous chapters, this chapter focuses on what actions of those hospitals in Africa should be taken to improve satisfaction. Specifically, this chapter first introduces the principles that should be followed in improving medical staff's satisfaction. Then, concrete suggestions for improving the satisfaction of medical staff in African hospitals aided by China are mainly discussed in the following part, including suggestions on specific issues and systematic suggestions.

Chapter 6, conclusion. This chapter is the summary of viewpoints and conclusions as well as expectations to the thesis.

Chapter 2: Literature Review

2.1 International medical aid

2.1.1 International aid

International aid, seen as a public good, refers mainly to material assistance to foreign countries with no charge or a little charge. Its main parts can be divided into donors and recipients. Participants in international aid are diverse, including countries, individuals and organizations (Ding, 2008). In the process of aid, economically developed countries provide resources for economically underdeveloped countries and promote the economic development and technological level of the latter. American scholar Guy Arnold believes that aid becomes a part of international diplomacy at two levels. First, when leaders of the third world countries pay visits to foreign countries, the promise of further aid brought home remains an important index to determine the results of visits. Second, at the same time, in multitude international policymakers like the World Bank, the International Monetary Fund, summits with leaders of major economies concerned, United Nations Conference on Trade and Development and General Assembly of the United Nations, issues about the flow of resources from rich countries to poor countries have become the top priority of the agenda (Arnold, 1985)

Hans J. Morgenthau puts forward six concepts of foreign aid, namely humanitarian aid, subsistence aid, military aid, prestige foreign aid, bribe aid, and economic development aid. Through conceptual analysis, it can be found that Morgenthau believes aids, except humanitarian aid, have something to do with politics and are launched for political purposes (Morgenthau, 1962).

2.1.2 Medical aid

Compared with other aids, medical aid has its unique features. With a smaller denotation and longer duration, it mainly refers to providing technological guidance and medical equipment to other countries. As a form of humanitarian aid, it embodies China's humanism in foreign aid. The *White Paper on China's Foreign Aid* released by the State Council Information Office of the People's Republic of China (The State Council Information Office,

2011) regulates that the Chinese government should make a better plan for hospital development, strengthen the construction of hospital facilities, cultivate medical talents, and prepare sufficient medical supplies (The State Council of the PRC, 2011). In order to relieve the medical pressure of African underdeveloped countries and provide advanced medical technology for them, China has conducted extensive medical cooperation with African countries and provided them with medical aid, aiming to promote the upgrading of local medical level and obtain mutual benefits. On the basis of agreement, China provides medical aid and send medical talents to undeveloped countries. China's departments concerned are responsible for Chinese medical staff's salary and skill training, while recipient governments need to offer daily necessities to ensure the normal life and work of Chinese staff. At the same time, China's departments should make a good preparation for basic medical supplies to ensure the rapid and timely carry out of medical activities. Local governments should guarantee a safe and comfortable living and working environment and ensure medical staff's life and property security (Li, 2014).

2.1.3 Medical aid diplomacy

China's medical aid diplomacy is steeped in history. Past experience helps the country establish and improve a medical aid system. Medical aid is closely linked with national diplomacy. It plays both medical and diplomatic roles and covers a wide range. China's medical aid has socialist characteristics. A complete system has formed after long-term practice, which is of great importance to China's diplomacy. China and African countries have established good partnership and made cooperation in many areas. China provides medical supplies to African countries and helps them improve medical level and promote medical infrastructure construction. In medical aid, main parties involved are two countries. They integrate medical aid with national diplomacy and make in-depth cooperation.

2.2 Human capital theory

Human capital theory originated from economic research. According to this theory, physical capital refers to capital on material products, including plants, machinery, equipment, raw materials, land, currency, and other negotiable securities; and human capital is capital in human beings, which amounts to the sum of expenditure on education and training for producers and their opportunity cost of receiving education. And such human capital demonstrates the sum of various production knowledge, labor and management skills, and

health quality that are contained in the human body. Famous economist Theodore Schultz, founder of human capital theory, put forward a theoretical system based on previous human capital theory. He made great theoretical achievements and realized the construction of theoretical system, which was a milestone in human capital theory and won him the Nobel Prize in economics (Schultz, 1990). Human capital management is not a brand-new system. Based on human resource management, it combines two analysis dimensions—management of “human” and “return on invested capital” in economics field, invests in and manages people in the enterprise as capital and timely adjusts management measures according to information on the changeable human capital market and rate of return on investment in a bid to obtain long-term returns. Traditional human resource management is not outdated but serves as the technical basis of human capital management. It is through the integration of various means of human resource management that human capital management has achieved a higher level of value realization. Human capital management focuses on the interaction between investment and return and draws up investment plans based on market analysis. So human capital management is more rational, more sensitive to market changes and more explicit about focuses and measurement, and it can also make long-term predictions based on economic analysis model and take pioneering efforts. Many other scholars also make contributions to human capital theory and some of their typical opinions are listed as follows.

2.2.1 Theodore Schultz's human capital theory

Theodore Schultz, founder of human capital theory, finds out the connection between human capital and market development. In his book *Investment in Human Capital*, he elaborated his understanding on human capital investment and explained it from five perspectives, namely health expenditure, formal education, on-the-job training offered by manufacturers, adult education and immigration resulting from adapting to employment forms or changes. In addition, he pointed out that increasing human capital can both promote social development and create good revenues from investment. The revenues can be divided into two different kinds. Human capital promotes enterprise development by increasing revenues and has better returns. In addition, human capital investment is stable and independent, and thus less affected by market development. Coupled with stable returns, it can facilitate the growth of market economy in the long run. The development of market economy cannot be separated from the construction of human resources. In the book, the author made an in-depth research on human resources and emphasized the importance of building up human resources.

Enterprises should invest certain human and material resources into HR construction and separate it from other investments. This opinion can be a good guidance for economic development and provide theoretical foundation for solving some problems (Schultz, 1961).

2.2.2 Gary Becker's human capital theory

Gary Becker's human capital theory (1964) focuses more on analyzing the relationship between costs and profits. Analytical results obtained will be more accurate and the corresponding human capital model can be built to enrich theoretical system (Becker & Gary, 1967, as cited in Zhang, 2004).

Becker extended the original theory and precisely analyzed the reasons of economic development. He was also against some traditional theories related to focusing on natural resources including the "natural resource determinism" and "population determinism". Becker mentioned that the development of market economy hinges on the improvement of human resources. Although other factors also influence social development, the most important factor is human resources. Human's impact on the country and the society is irreplaceable and the improvement of people's personal quality can promote overall social development. At the same time, the returns of human resources are stable and less vulnerable to other factors. Investing in human resources can improve national comprehensive quality and production efficiency of enterprises and facilitate social production and progress (Becker & Gary, 1967, as cited in Zhang, 2004).

2.2.3 Edward Denison's human capital theory

Denison's human capital theory puts emphasis on the utility of human capital. It demonstrates human capital and benefits of talent cultivation, and finally gets the impact of human capital on market development. According to current market economy development in the United States, Denison studied education's impact on market development in his book *The Sources of Economic Growth in the United States and the Alternatives before Us*, which fits in with Schultz's opinions (Denison, 1962, as cited in Ning, 2006). Through careful calculation, Denison proved that US social development between 1929 and 1982 was closely linked with the development of education and that exactly 23% of US economic growth was contributed by human capital. Human capital can promote market economy and obtain good economic benefits (Denison, 1962, as cited in Ning, 2006).

In comparison, Denison's calculation method is more rigorous and accurate than Schultz's, despite a quantity of criticism for its lack of support of accepted theories of economic growth. Since the 1960s, Denison's method has been widely spread, and his supporters have successfully applied this method to countries around the world, including those with different social systems and in different development stages. The surge in education funding in countries worldwide over a decade since the 1960s is attributed in large part to the efforts of Denison and a great number of his followers (Denison, 1962, as cited in Ning, 2006).

2.3 Cross-cultural management theory

2.3.1 Definition of cross-culture

Cross-culture refers to different cultures with respective characteristics. Subject to history and other factors, these cultures have different development paths. People with different cultural background communicate with each other across regions without any interference of other factors (Tang & Lu, 2005).

Each culture has its own properties. Therefore, different cultural groups may face difficulties in communicating with each other. The differences are mainly presented in three respects. First, countries with different cultural origins share less common grounds because of historical and geographical differences. Cross-culture differences occur not only among countries but also among regions. Due to the influence of history, corporate culture in Hong Kong and Taiwan are different from that in China's mainland. Subject to external factors, cultural development in different regions is isolated. China is a multinational country with a vast territory and great differences in ethnic culture. Therefore, even staff of the same enterprise may have different cultural values. Second, medium level differences mainly appear in enterprises reorganized through merger and acquisition. Staff's working patterns and styles are affected by previous enterprises. Third, every staff is an independent individual with different ideology and growth background. Therefore, the emergence of differences may be caused by diversified reasons (Tang & Lu, 2005).

Cross-cultural management means in a globalized operation, adopting a management approach tolerant towards the culture of the country where the subsidiary is located, overcoming any conflicts of heterogeneous cultures under cross-cultural conditions and accordingly creating a unique culture of the enterprise, so as to develop an effective

management (Tang & Lu, 2005). Its aim is to design a practical organizational structure and management mechanism in different cultural contexts, search for corporate goals beyond cultural conflicts in the management process to maintain the common code of conduct for employees with different cultural backgrounds, and thus control and make use of the potential and value of enterprises to the maximum extent. Only through successful cross-cultural management can a globally operated enterprise enable its business to operate well, enhance its competitiveness and expand its market share. The above-mentioned cross-cultural management includes cultural management across state borders and national boundaries, with eliminating cultural differences as its core issue to be resolved. Cultural differences may come from many factors such as divergence between communication and linguistic understanding, religious beliefs and customs, and diverse rigid corporate cultures.

2.3.2 Cross-cultural differences

In order to further analyze cross-cultural differences, it is necessary to study Hofstede's cultural dimensions theory. The model based on this theory has been paid attention to by scholars in this field and most of them are exploring methods and research results in this regard, which helps the public to learn the cultural differences across various areas. In his analysis, Geert Hofstede (1980) defined culture as the consensus which distinguishes the members of certain group or category from another in the same circumstance. He summarized the differences among cultures and formed six dimensions as follows (Hofstede, 2017):

(1) Power distance index (PDI)

The power distance index is defined as "the extent to which the less powerful members within one organization of a society accept and realize that power is distributed unequally." How employees express their suggestions to their leaders? Which kind of working style of their direct supervisors do employees perceive: autocratic, paternalistic, or democratic? What kind of leaders do employees prefer to interact and communicate with? By answering the above questions, Hofstede calculated PDI to determine the correlation among people in certain areas.

In his research, Hofstede held that a higher degree of the index indicates a higher extent to which people accept the unequally distributed power and the less powerful ones will be more dependent on its more powerful counterpart. In the actual work, a higher degree of such index suggests that employees of an organization can follow the hierarchy. On the contrary, a lower degree means that employees generally believe that all people are equal in status just

with different tasks and they pay more attention to legitimate individual rights and are unacceptable to the great differences in salary within the organization. In addition, working efficiency is the focus of employees and their direct supervisors in institutions with a lower PDI, without personal emotion involved.

Politically, an area with a high PDI generally would not be rich enough (excluding France, Singapore, and China Hong Kong). A country will use compulsive political means to acquire certain power, which few people own; such power will not be distributed rationally so that the less powerful ones will start a revolution to acquire power (Ci, 2010). In addition, the public pays too much attention to how to acquire power while ignoring how to safeguard their own rights. However, the unequally distributed political power will sometimes lead to corruption and continuous rise in the Gini coefficient of residents' income. Countries with a lower PDI are located in areas with sound economic development. In these countries, the social and economic development is relatively stable and high-efficiency political administrative systems have been established so that scientific administrative systems can be used to acquire political power and effectively safeguard people's rights. Furthermore, the political environment in these regions is relatively stable and people are more willing to establish a harmonious society. Moreover, since these countries have formulated anti-corruption systems for effective supervision, governmental officials better understand how to practice self-restraint and the Gini coefficient of the public's income is not high.

(2) Individualism versus collectivism index (IDV)

Individualism can be rendered as individuals' preference for their immediate families in a loosely-knit social framework. In such societies, people attach more importance to their individual interests than to the public ones and only after the former is satisfied will they pay attention to the latter. In collective societies, on the contrary, people are more concerned about the public interests.

In his analysis, Hofstede mentioned that people in areas with a higher individualism index would pay more attention to personal interests from their childhood and attach more importance to their family when they grow up without caring about the relationship among relatives. Meanwhile they would have a clear boundary between personal life and work, expecting for more praises. They would use the idea of honor and shame to identify their own faults, which belongs to the guilt culture. On the contrary, people in areas where the individualism index is not high will pay more attention to public interests since their childhood and all of their activities are for the benefits of the public. In general, everyone will

share related resources and there is no clear boundary between personal life and work. People in such areas are more concerned about others' self-respect and more willing to maintain the social harmony in interacting and communicating with each other. A whole group will feel discreditable when an individual makes mistakes, which belongs to the shame culture.

In actual work, the turnover rate of employees advocating individualism is very high and the employees and enterprises are merely connected with each other by contracts. By contrast, the turnover rate of employees advocating collectivism is not high and these employees pay more attention to others in their groups in personnel operating and promotion, attaching more importance to connectivity.

Politically, personal interests are given more attention to in areas where individualism prevails, and everyone's activities are for their set goals. On the contrary, people in areas where collectivism is advocated are more concerned about the development of the whole groups instead of paying attention to single personal interests of an individual. People in areas of the second kind are required to focus on the interests of their nations and all activities are for the growth of public interests.

(3) Masculinity versus femininity index (MAS)

The identifications of masculinity and femininity originate from the differences between male and female. Regardless of their gender, people in more feminine societies are relatively modest and gentle, attaching great importance to life quality. On the contrary, men in more masculine societies are more courageous and pay more attention to their individual development while women are relatively modest and gentle and pay attention to the life quality. Employees living in more feminine societies attach more importance to the relations with their partners and generally interact and communicate well with their supervisors, with a focus to improve life quality and working environment. However, employees living in more masculine societies pay more attention to personal income, promotion opportunities, working development and recognition from their supervisors.

In actual work, men in more masculine societies are unwilling to conduct feminine work while attaching more importance to their career development. While women in such societies pay little attention to the importance of their jobs. In decision making, men are more decisive and place particular emphasis on how to make progress. On the contrary, people in more feminine societies believe that there is no difference among genders and individuals can engage in the same jobs regardless of their genders. Moreover, since jobs will improve their

life quality, people treasure their operating posts. In such societies, women account for a large proportion of senior leaders in organizations and they know how to reach a consensus.

Politically, people in more masculine societies pay more attention to the past experiences of successful people while their counterparts in more feminine societies lay more emphasis on the life conditions of the vulnerable and are willing to help the poor. In the face of international conflicts, people in more feminine societies will solve the problems through negotiation and the number of female leaders is higher than that in more masculine societies.

(4) Uncertainty avoidance index (UAI)

UAI shows how people in certain cultural environment deal with unexpected problems. Their reaction can be identified by observing the degree of their mental stress and predictability (demands under the written and unwritten rules). People in societies with a higher UAI believe that all unpredictable problems in life belong to risk and solutions should be developed to eliminate these risks as many as possible. However, people who did not belong to such societies believe that changes in life are very normal and these problems should be viewed correctly. Therefore, people in the society of the second kind do not have much anxiety and are highly tolerant towards various affairs.

In the actual working environment, managers in societies with a higher UAI pay more attention to the daily operating management and are ready to listen to suggestions of scholars in their fields, therefore constructing sound management systems. On the contrary, managers beyond these societies are more willing to develop strategies for future development, make decisions based on their own experience, and proactively conduct their work. Leaders are recognized by their subordinates and few employees will start up their own business. Everyone will engage in innovative work according to the current operation.

Politically, people living in societies with a higher UAI pay more attention to the operating sequence and governments often manage various affairs. In order to prevent risks, governments will strictly govern people's behaviors. But people beyond these societies attach more importance to their own freedom in these societies with less defined laws and regulations. Moreover, the highly civilized public in societies of the second kind can effectively constrain their behaviors.

(5) Long-term orientation versus short-term orientation index (LTO)

In 1980, Hofstede completed Culture's Consequences through analysis, in which he mentioned how to construct, at the beginning, the four-dimension model of culture (Hofstede,

1980). Later, he, together with Michael Harris Bond, carried out research towards overseas Chinese, and collected related data from 23 countries, supplementing the fifth dimension called LTO (Ci, 2010). Long-term orientation means to advocate the public to develop merits including determination and frugality to benefit the future. While short-term orientation encourages to cultivate moralities concerning the current and the past, including attention to traditions, self-esteem, and contribution to the society.

The long-term orientation is applied to such countries and regions as Mainland China, China Hong Kong, Taiwan, Japan, and South Korea, while less applied to Europe and the USA where LTO is lower than that of Asia (excluding the Philippines) (Ci, 2010). People in regions where the long-term orientation prevails attach more importance to future development and will proactively carry out related activities. On the contrary, people in the regions where the short-term orientation prevails are more willing to enjoy themselves and focus on the current life.

In the actual working environment, most organization managers in the regions with a higher degree of long-term orientation index pay excessive attention to self-development and future earnings, so they are willing to maintain sound interaction and communication, as well as attach importance to the long-term investment in certain scopes. On the contrary, organization managers in regions with a higher degree of short-term orientation index pay more attention to their own earnings and current operation, without formulating different policies for single supplier.

Politically and religiously, residents in regions with a higher degree of long-term orientation index have not developed any traditions and the country will manage all affairs without any autonomous work. In the regions with a higher degree of short-term orientation index, however, there is no distinction among state governments, ordinary enterprises and other institutions. They all belong to administrative departments and have established independent governmental functional departments for effective autonomous work.

(6) Indulgence versus restraint index (IND)

This last dimension was the result after the previous five dimensions were applied to a research which included 93 countries.

The dimension is manifested in the permissible degree of the society for basic human demands and human desire to enjoy life. A higher score of indulgence indicates that the society as a whole has less self-restraint. The higher the permissible degree is, the less

self-restraint people have. The degree of IND can show the differences across different regions. For example, the indexes in Asia and Russia are not high, indicating the people in these regions and countries have strong self-control so that they can reduce their own demands. However, Australia, South America and North America have a high index, suggesting that people in these regions and countries are willing to enjoy life but not willing to restrain themselves. In addition, Europe scores a medium grade, which shows that Europeans are not only willing to enjoy life but also pay attention to restraining their self-demands.

2.3.3 Cross-cultural HRM

(1) Challenges of cross-cultural HRM

Enterprises should pay attention to the following things in order to realize successful cross-cultural HRM. First, enterprises should take the centralization and division of power into consideration and determine the amount of power delegated to overseas branches, so as to balance efficiency and development. Second, enterprises should analyze current market development and hire competent staff to improve the overall human resources level. Third, overseas branches should take the development status of recipient countries into consideration when formulating development strategies, conform to local policies and put HRM into full play. Finally, enterprises should coordinate relationship among staff and make management plans based on staff's different cultural background because different staff may adapt to different management models (Yu, 2007).

(2) Features of cross-cultural HRM

Cross-cultural HRM is an upgraded HRM. The two theories are distinctively different from each other, so the original theory cannot be used directly. Distinctions between the two theories are manifested in several aspects. Firstly, the two theories are applied in different circumstances. Cross-cultural HRM includes more contents, therefore more things should be paid attention to. Influenced by different original regions of staff in an enterprise and different countries where the overseas branches are located, adequate consideration should be given to related countries in management. During the management, it is necessary to classify employees, learn different culture while, propose a diversified management plan to guarantee the orderly proceeding of cross-cultural management, minimize the influence of cultural difference to the enterprise to the greatest extent, and avoid management mistakes which might cause unnecessary loss. Secondly, the two HRM theories are different in contents. As

cross-cultural enterprises boast larger corporate scale and different staff, the business range of corporate manager also widens. Managers are required to be more qualified to deal with the problems in management. Besides, cultural differences within cross-cultural enterprises are great. They bring difficulties in achieving good cultural integration. Faced with cultural difference, it is necessary to carry out reforms in HRM work and establish more management strategies to realize corporate development. Cross-cultural HRM covers more contents and a wider management range than the original HRM, thus the professional ability of corporate managers should be improved accordingly. What's more, corporate managers should also have a sense of general situation and minimize cultural differences within the company to realize a sound management of human resource. Finally, corporate managers should learn from cross-cultural management, make a reasonable development plan to ensure the sound operation of corporate cross-cultural management, provide guidance to future cross-cultural management and further researches on cross-culture (Yu, 2007).

2.4 Talent satisfaction

2.4.1 Basic concepts and measurement of talent satisfaction

Back to the 1930s, the concept of "job satisfaction" was put forward by Mayo in the Hawthorne Studies. Hoppock (1935) was the first person who measured employee satisfaction with Thurstone Scale and the first one who published a research report on employee satisfaction. Since then employee satisfaction has become a popular topic in academic research. Although many scholars have proposed their observations on employee satisfaction from different professional perspectives, there is no one that is yet generally accepted by the public.

Compared with other countries, research on employee satisfaction started late in China. At the end of the 1980s, along with the appearance of humanistic management, employee management became more humanistic. Much care and respects were given to employees. With the deepening of the "people oriented" concept, leaders in domestic enterprises began to realize that employees were the most important resource in the company, and that employee satisfaction and loyalty should be regarded as priorities in order to improve the economic effect of the company. In a result, more scholars from different areas conducted researches on employee satisfaction, with phased achievements having been made.

Since employee satisfaction attracts much attention in all areas, staff satisfaction at hospital has also aroused general concern in medical care industry. After reviewing related articles, this author finds that there are certain shortages in foreign scholars' researches on hospital staff satisfaction despite of a large number of researches. For instance, although these researches were conducted from several dimensions, single research was restricted by the quantity of subjects, which might lead to inconsistent or even contrast results. The domestic research on hospital staff satisfaction became popular in the past decade and yielded certain results. These researches on employee satisfaction have both similarities and differences. Basically, they include factors like gender, age, political status, position, working years and educational background. For instance, Zhou et al. (2003) conducted a sample survey among employees in public and private-owned hospitals in Guangdong, Shanxin and Sichuan provinces. The results showed that main factors influencing doctor satisfaction were doctor-patient relations, medical care technology and service, income. Gao, Wang and Zhang (2011) did a survey in 13 Third-Grade Class-A comprehensive hospitals (defined by China's *The Measures for the Administration of the Hospital Grade*) in six districts of Beijing. The survey scale was constituted by 5 I-Class dimensions and 34 II-Class dimensions. It was found that the staff were least satisfied with salary allocation, working risk, doctor-patient relations, equality and bonus allocation. Liu (2013) conducted a survey among 1,050 employees in three Third-Grade Class-A hospitals in Urumqi. The sample capacity was large. The research method was the five-level rating scale commonly used in Likert scale, which included many dimensions related to satisfaction. Factors like family support, scientific and research environment, hospital evaluation were added on the basis of traditional dimensions.

Employee satisfaction is the inner feeling of employees. Its degree cannot be directly measured, so researchers usually adopt indirect measurement. Commonly used methods include employee observation, questionnaire and interview. At present, two indirect means of measuring employee satisfaction accepted by the international community are "single global rating method and comprehensive evaluation method" (Xia, 2009). In single global rating, satisfaction is regarded as a whole, and respondents only need to talk about their feeling of investigation factors. While in comprehensive evaluation method, employee satisfaction is measured through several dimensions, which normally include salary, work, management, corporate group and corporate culture. Generally, all-factor questionnaire on employee satisfaction is formulated in accordance with the actual situation of the company, and then these factors are measured by the standard scale. Compared with single global rating, the

advantage of comprehensive evaluation method is the ability to obtain rather accurate evaluation results, which helps find out problems in the company. What's more, managers can also work out solutions in accordance with the evaluation result so as to improve employee satisfaction.

2.4.2 Theoretical bases of talent satisfaction

Since the beginning of the 20th century, scholars began to conduct researches on employee satisfaction from different angles like management, sociology and psychology, and put forward different types of motivation theories, which could be generalized as content theory, process theory and environment theory.

(1) Content theory of motivation

A. H. Maslow was an American psychologist and in 1943 he proposed the famous hierarchy of needs theory (see Figure 2-1). He classified the needs of human being in physiology, safety, social esteem and self-actualization from bottom to top (Maslow, 1943). He believed that all needs of human being are ranked in a pyramid, from physiological need at the bottom to psychological satisfaction and sense of identity. This theory of Maslow is also commonly used in organization motivation researches.

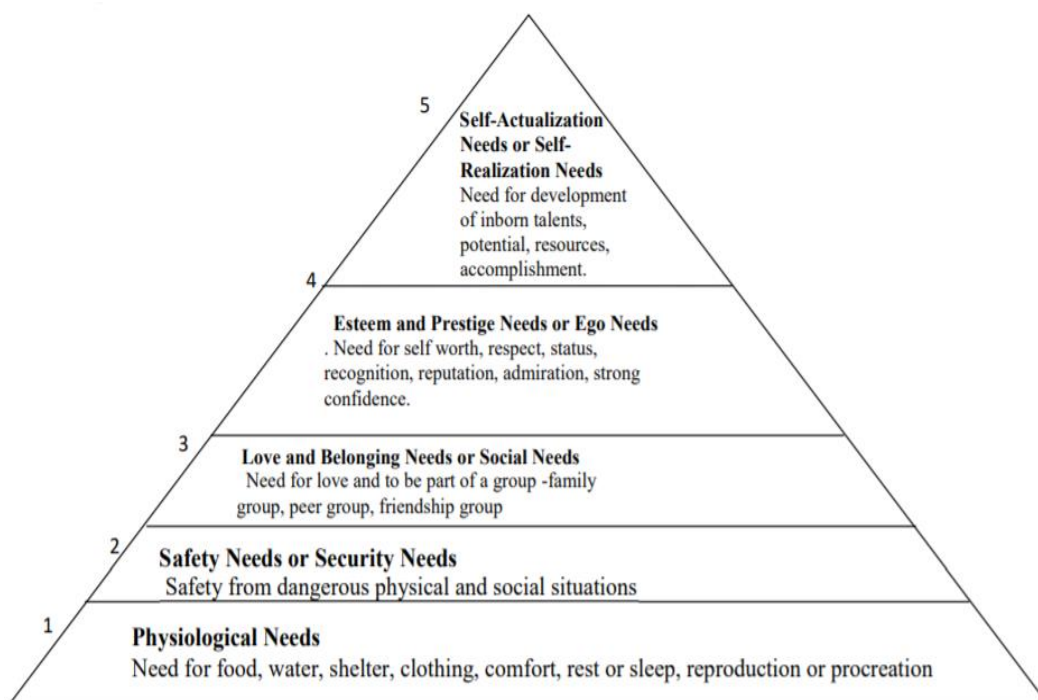


Figure 2-1 Pyramid representation of Maslow's five basic needs

Source: Aruma and Hanachor (2017)

In the pyramid above, which is a representation of the five basic needs that Maslow proposed in his Theory of Human Motivation, he described that an individual will be trying to satisfy each of these needs in pursue of its satisfaction.

For the Physiological Needs, achieving this first “goal”, in Maslow’s words, is of vital significance for the organism who will be putting asides the rest of the basic needs in order to fulfill the very basic necessity of food, which is perhaps one of the recurrent examples that Maslow’s put in his theory, emphasizing that even the other basic needs like safe, esteem, love or self-actualization could disappear or be put in the background when a physiological necessity appears. But once this physiological “goal” is achieved then the individual can actually continue to pursue the next “goal” or to enjoy or feel satisfaction in the actual level that it is.

Going to the Safety Needs the individual will prefer to feel or search for the place or situation where its integrity, be physical or psychological, is not harmed. The security that the individual is searching or trying to achieve is determined by the situation or location where the individual is enacting, thus for example finding a place where he can’t be harmed by wild animals, be frozen by the low temperatures, be attacked by another individual or murdered, but trying to exclude the possibilities of uncontrolled catastrophes where in that case this basic needs it is the primordial one that will be projected. This feeling of being safe, or a higher degree of security provides the necessary or enough motivation to continue with the next goal.

The Love Needs seems to be merely simplified as the pursue for affection, being this one given by the group, where the individual tries to belong and get along, with friends or new people around with whom can develop new friendships; or in the other case where the individual is in search for the affection of the beloved ones who can provide and satisfy that necessity of love, being the family like the wife or the children, or in the sweetheart.

The Esteem Needs are the next goal after the previous ones are satisfied in some higher degree. Here the individual searches for the approval and recognition from others, be inside an organization or in the society, or in the other hand feel satisfied for the self-achievements fulfilled. This Needs is thus satisfied in either of both forms, which reflects the recognition from others or the self-recognition for having acquired or reaching a self-imposed goal. The result of fulfilling completely this Needs leads the individual to solidify his self-esteem for doing what his doing in order for pursuing a higher goal, or in the contrary the thwart of this Needs could evoke feelings of insecurity, inferiority or helplessness.

In the last part, the Self Actualization Needs is found. If an individual luckily or not fulfill partially or completely the previous needs then a new feeling of discontent will appear, promoting the affected to keep on in the searching of his true abilities or true form.

As cited by Maslow “what a man can be, must be”.

In essence each needs are not exclusive to each other, giving freedom to think that in the reality an individual can be already in pursue of all the five needs at the same time but in a different degree and in a different approach, concluding also that it also depended of the situation and or way or realization that the individual has being passed through before and think and would like to fulfill.

The human being is an unsatisfied entity that keeps on discovering itself in order to reach the most valuable and immensurable state which is the happiness.

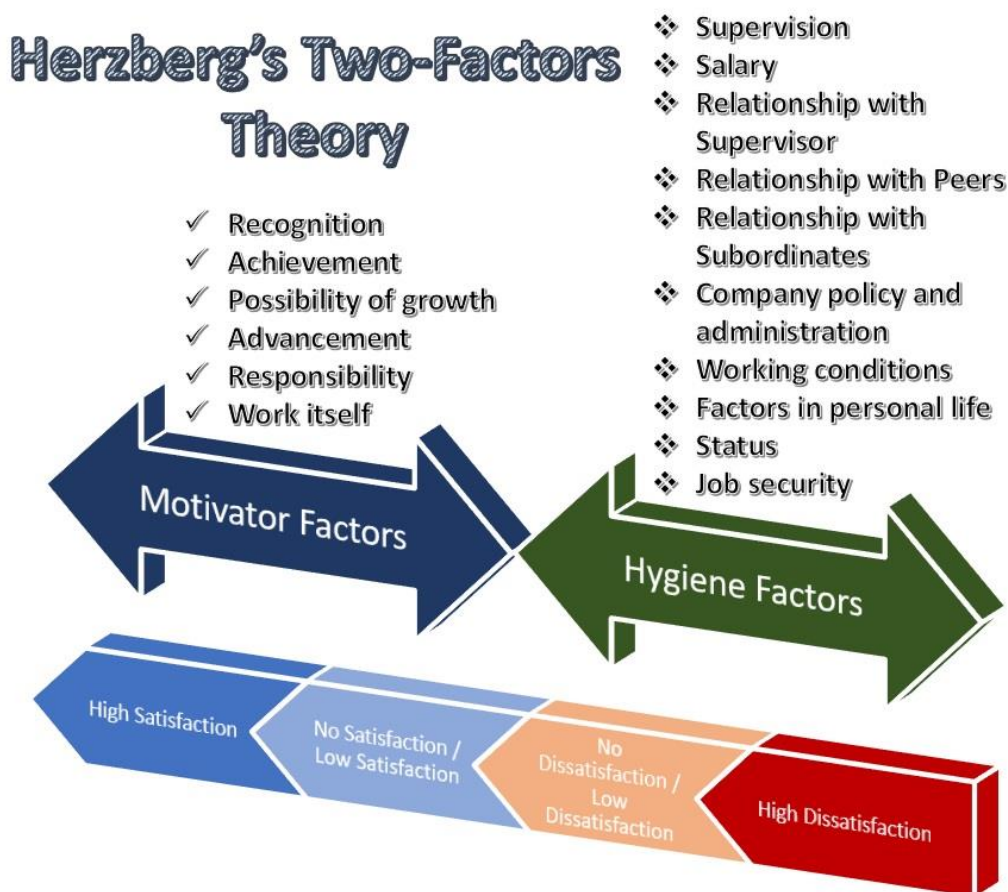


Figure 2-2 Herzberg Two Factor Theory

In 1959, another American psychologist Frederick Herzberg elaborated and proposed the two-factor theory (see Figure 2-2). He thought that human would be influenced by two factors -- hygiene and motivation. Motivation is more related to work and might bring satisfaction to

employees if improved, while hygiene is closely related to the working environment of employees. If employees feel unsatisfied with their working environment, their work satisfaction would be low. If things making them feel unpleasant are not eliminated quickly, enterprises would not implement talent strategy smoothly. Herzberg's two-factor theory is mainly used to motivate employees. If managers want to better motivate employees, they need to give them spiritual encouragement and more opportunities to develop and get promoted (Herzberg, Mausner, & Snyderman, 1959).

According to the figure Herzberg presented in his two-factor theory that the motivation for an individual to do what it is proper to do and to feel motivated to do it because the individual wants to do it is related to two different categories, each one with different factors that influence the employee. These two different categories were called Motivator factors and Hygiene factors.

Beginning with the Hygiene factors, these factors can only reduce negative attitudes and dissatisfaction or at an extended level can just prevent them. Based into this is that Hygiene Factors only can handle that the employees are not dissatisfied or highly dissatisfied. Because of this is that the Hygiene Factors sometimes are just called Maintenance factors due that it only covers the basic “needs” of an employee in a company ensuring that the individual will come every day to the company for working but will not create motivation at all to improve the situation of satisfaction of the employee.

The Hygiene Factors are focused in the environment that can be created for the employees to come to work in a daily basis, in other words, it is the minimum of what the employee is expecting from the company's environment or the surroundings where the employee is going to work.

Then comes the Motivator Factors; these motivational factors are the ones that can increase the satisfaction thus creating a positive attitude from the employee towards work.

With the Motivator factors the management can use them to create motivation in the employee who in return will feel satisfied and in consequence will give more efforts to do the assigned job or tasks. In essence, if properly used these motivational factors the company can ensure that the employees are having a feeling that they are achieving something with what they are doing, that they are making a difference inside the company.

The complicated problem is that in order to reach the Motivation Factors the management has to satisfy first the Hygiene Factors in order to escalate from a not dissatisfied

situation to a satisfied situation. In Herzberg theory both terms are not opposites of each other, both terms have their own measure. These levels the “Dissatisfaction” level and the other level is the “Satisfaction” level.

The elaboration of each of the groups of factors is as follows:

Hygiene Factors

Job security, this factor is an important factor that management have to address with the employees, giving them the sensation that their actual situation in the company it is not compromised by different external factors, due that a decrease in this feeling makes the employee to be afraid creating insecurity about the actual or future job situation.

Salary, this factor was a controversial one that Herzberg situated in the Hygiene Factors group due that it is part of the basic necessities an employee needs to satisfy, and that the employer needs to cover as part of the job package. It should be appropriate for covering the living costs, it should be according to the base amount in the industry sector.

Status, the company should look that the employee’s status inside the organization should be defined clear and to try to keep it. A threat to the employee’s status creates a dissatisfaction feeling.

Supervision, it is related to that the managerial staff should draw the whole picture of what the company’s goals, scope, vision and mission is, implying that inside this plan the employee’s role is considered. Without a proper handling of this part a sense of uncertainty grows generating levels of dissatisfaction in the employees.

Relationship with others, in this point this factor evaluates that the relationship of the employees between themselves, at the peer level, with a superior level or with a subordinate level. It should be a healthy relation, with an appropriate behavior, without humiliation or conflict between each other.

Working conditions, these are the minimum set of conditions that a company should consider giving to the employees in order to allow them, to work in a proper way. Cleanliness, useful equipment and safe in most of the cases what the management should provide in order to not allow that dissatisfaction appears.

Factors in personal life, the management should look forward to care for the employees worries like healthcare insurances, plans for retirements and other possible situations that could produce dissatisfaction for the employee.

Company policy and administration, the administration have to elaborate the proper rules, policies and guidelines for working inside the company, setting up the working hours amounts, vacations times and even the dressing code. These policies could be nor rigid and should be drafted depending of the company allowing the workers a rapid adaptation to them.

Motivator Factors

Growth, in the company there should be this type of opportunity that allows the employees to grow up personally and professionally.

Advancement, these are another type of opportunities that the management creates for the employee for ascending inside the company towards a higher level or rank inside the hierarchical structure of the enterprise.

Recognition, this identified factor is particular important because it cements the confidence in the employee showing that what he is doing is well done. The managers or colleagues should offer the proper recognition to the interested one in a sincere manner, making this shown of affection well received by the employees, especially if this recognition it is done from a person that they respect or admire.

Work itself, this factor it is relevant due that it is related with the meaningfulness of what the job or task is about. The sense that the employee is in a job position that generates a difference inside the company produces a satisfaction feeling that it is transformed into positive energies in the employee.

Achievement, the sense of achievement is a feeling produced at all the levels due that in implies that the job that it was done was successfully done with the characteristic that it was obtained through higher efforts to conclude it. This sense provides an immense feeling of satisfaction which motivates the worker to continue pursuing the achievements in order to get that feeling.

Responsibility, this factor is key when the management tries to reduce burden of managerial tasks due that it gives to the employee a higher sense of responsibility of his position and job, but at the same time the employee should be aware of the accountability that it implies too.

The Two Factors Theory of Herzberg and Maslow's Theory of Needs are theories that look for how the satisfaction levels in the human nature could generate motivation that allows the affected to conduct, create or fulfill the job or task that was assigned.

(2) Process theory of motivation

In 1964, Victor H. Vroom, an American psychologist, came out with the expectancy theory. According to this theory, the best motivation of a person is that he thinks he would perform well if he works hard, while good performance will bring good result, which is appealing to him. The expectancy theory can provide reference for corporate managers, enabling them to know how to motivate employees and improve their working enthusiasm (Vroom, 1964).

There are four variables for an employee that matter him/her in motivation. These variables are:

1. Individual effort
2. Individual performance
3. Organizational rewards/work outcomes
4. Personal goals

Similarly, there are three relationships based on these variables:

1. Relationship between Efforts and Performance. This is known as Expectancy (E).
2. Relationship between Performance and Rewards/Work Outcomes. This relationship is called Instrumentality (I).
3. Relationship between Rewards/Work Outcomes and Personal goals. This is known as Valence (V). (Parijat & Bagga, 2014)

Table 2-1 Possible situations for the expectancy theory of motivation

Situation	Valence	Expectancy	Instrumentality	Motivation
1	High positive	High	High	Strong motivation
2	High positive	High	Low	Moderate motivation
3	High positive	Low	High	Moderate motivation
4	High positive	Low	Low	Weak motivation
5	High negative	Low	Low	Weak avoidance
6	High negative	High	Low	Moderate avoidance
7	High negative	Low	High	Moderate avoidance
8	High negative	High	High	High avoidance

Source: Newstrom and Davis (1999)

Then the equation is as follows:

$$\text{Motivation} = \text{Expectancy (E)} \times \text{Instrumentality (I)} \times \text{Valence (V)}$$

In order to illustrate the possible combinations, the Table 2-1 is presented.

The table represents the possibilities where any of the components can influence the result of the motivation. In that way it is no surprise that in only one of the components is reduced towards 0 (zero) then the whole equation gives the result of zero motivation.

(3) Environment theory of motivation

Apart from the theories mentioned above, a new theory was also put forward by some scholar in 1994, which is environment theory. According to this theory, the interaction among task, individual and organization will influence the employee satisfaction. Before starting work, individuals would comment on the environment of enterprise, and environment event refers to reevaluation of the environment after taking the work, which could be positive or negative. Glassman et al. (1992), assumed that the employee satisfaction is a function constituted by environment characteristics and events. The combination of two characteristics of environment event can better estimate employee satisfaction.

2.5 Domestic and overseas HRM

2.5.1 Basic concepts and connotation of HR

As HR covers a wide range, including factors like education, ability, technique, experience and physical power, the object of HRM is employees in the company. It is necessary to make plans for employees and give play to their strength to the greatest extent. HRM plays an important role in managing HR scientifically and planning the work appropriately to promote the increase of corporate profitability (Zhao, 2002).

2.5.2 Contents of HRM

In HR theories, the main contents of HRM are the followings:

(1) Job design. HR staff analyzes all positions in the company by investigating the duty and working content of every position. They set correspondent standards when recruiting employees, put forward requirements on the ability of applicants, ensure that employees can deal with their own jobs, and establish working standards after analysis and research.

(2) HR planning. It takes a long time to see benefits of corporate HR. The strategies of HRM also keep changing in concert with the market change, ensuring the full use of corporate resource and reasonable employee structure, thus conducting the work orderly.

(3) Recruitment and selection of employees. According to related regulations, conduct job recruitment, select applicants, and set reasonable job recruitment requirements.

(4) Performance appraisal. Performance appraisal is an important content of HRM. According to the appraisal standard, evaluate the performance of employees, generalize and analyze the results to obtain the detailed situation of employee work, find out the shortcomings and put forward improvement solutions to improve the overall strength of company, and provide professional training to employees to improve their ability.

(5) Payment management. Design and manage salary, subsidy and so on. Optimize the payment structure of profession, attract talents and reduce the cost of the company.

(6) Employee motivation. Analyze the personalities of employees, combine their personal needs with the development goal of company, and simulate the work enthusiasm of employees, aiming to promote the common development of both sides.

(7) Training and development. Improve the technological level and working ability of employees and promote the production efficiency of employees so that they can have a good working status.

(8) Professional career planning. Carry out career planning according to the personal development goal of employees and get to know the development needs of employees. Let employees obtain a sense of achievement in the work and improve their work enthusiasm and the corporate production efficiency.

(9) Management of labor relationship. Deal with contradictions among employees to cultivate a harmonious working environment inside the company. If the employee has a sense of belonging to the company, it will be beneficial to the operation of company and also provide guarantee to corporate development.

(10) HR cost accounting. Strengthen finance management, count HR cost to get the company's cost in HR, provide convenience for saving cost and formulate related strategies (Zhao, 2002).

2.6 China's foreign aid

China's foreign aid belongs to national diplomacy and is a kind of governmental activity. When conducting assistance activities, it is necessary to keep national information confidential and enhance informational security. China's medical aid to Africa is well-known

to the public, but the compilation of materials on this area like academic report is restricted by governmental departments, and the contents cannot be presented entirely. China has offered medical aid to Africa for many times in large scale. The number of research reports on this area increases, but researches on HRM of medical teams are still lacking, which is not beneficial for building Chinese medical aid teams.

This thesis mainly studies China's foreign medical aid, analyzes HRM work conducted by medical aid teams, and discusses China's medical aid in depth through referring to and generalizing the materials.

2.6.1 Macroscopic studies on China's foreign aid

There are few researches on China's foreign medical aid and few reports on medical aid. Works on foreign aid that have been published are *Foreign Aid and International Relations* by Zhou from the Institute of European Studies of Chinese Academy of Social Sciences (Zhou, 2002), *Research on Japan's Foreign Aid Policies* by Zhang from Japan Research Center of Nankai University (Zhang, 1996). Besides, there are some materials and literature on foreign aid.

In the research on foreign aid, white paper is an important kind of research material of constructive significance. White paper normalizes the contents of foreign aid, including related policies, team management and so on, standardizes China's foreign aid, and provides development materials to recipient countries to improve their development ability. The objective of China's foreign aid is to realize win-win results between both sides, instead of realizing the political interests of China. Countries at both sides enjoy an equal diplomatic relation. China fulfills its own duty in foreign aid, values the development of recipient countries, and realizes the mutual benefits in line of the concepts of the times. In 2014, the white paper on China's foreign aid was issued again (The State Council of the People's Republic of China, 2014).

There are also some practical studies of China's foreign aid. As is pointed out by Xu in *China's Aid in Africa and New Challenges*, the effect of China's aid in Africa is fairly good with some major characteristics. Strictly adhering to the principles of equality and providing good medical services to recipient countries are in favor of establishing a good reputation of China's foreign aid, promoting China's diplomacy concept of equality which is of great significance to China's diplomacy, and minimizing the resistance against implementing policies (Xu, 2011). *China's Foreign Aid Mechanism: Current Situation and Future Trend*

clarifies many problems in foreign aid theories and points out that a complete theoretical system has not been set up yet (Huang, 2007). All the above researches stress the importance of strengthening theoretical construction to normalizing foreign aid.

2.6.2 Research on development of China's foreign medical aid teams

Li of Peking University conducted research on China's foreign aid medical teams and made relatively comprehensive research achievements, which are written in *History, Scale and Influence of China's Overseas Medical Aid Teams* (Li, 2014). The book lists outcomes gained in China's foreign aid from perspectives like treatments and construction of medical system, which demonstrated the efficiency of the construction of China's foreign aid. It also promotes China's friendly international image, highlights the thought of equality and carries forward the humanitarian spirit.

Strengthen the Practice of New Strategies and Reform Medical Assistance Work in Africa, released by the former Department of International Cooperation of the Ministry of Health in 2003, also introduces China's medical teams. According to the document, since the working environment of medical teams is severe, the medical staff are reluctant to be dispatched to foreign countries, and the construction of medical team is faced with more difficulties. Therefore, it is quite necessary to strengthen team management to attract more medical talents (The Ministry of Health of the People's Republic of China, 2003).

2.6.3 HR development and capacity building

Opinions on Further Strengthening and Improving the Work of Overseas Medical Aid Teams released by the former Ministry of Health in 2008 stresses the need of properly adjusting the structure of medical team and propose to conduct centralized management of medical teams. Medical teams should be based in cities with large population to improve the living standard of the staff. The access threshold of staff should be raised to guarantee individual staff's ability. Ways of talent selection should be diversified. Evaluation on medical teams should be enhanced. A reward mechanism for dispatching staff should be established to improve their enthusiasm of working abroad (The Ministry of Health of the People's Republic of China, 2008).

Wei advised in his article *Optimizing the Entities, Bettering the Management and Strengthening the Backbone of Overseas Aid Teams* to raise the access threshold of foreign

aid medical team, improve the comprehensive ability of foreign aid staff, strengthen the management, and evaluate the foreign aid staff to build quality foreign aid teams (Wei, 2007).

In the thesis *Thoughts on Personnel Construction in China's International Assistance* written by Jiao from Henan University of Technology, a research was made on the problem of lacking foreign language skill of foreign aid staff. Improvement measures were proposed: strengthening talents selection, improving the foreign language level of foreign aid medical staff in advance through activities like internship, and selecting translators from higher institutions. This book also put forward suggestions and effective ways to learn foreign language for staff in medical teams (Jiao, 2012).

2.6.4 Overseas HRM

(1) HRM in multinational corporations

Overseas HRM is unfamiliar to many scholars. With the acceleration of globalization and the rise of transnational corporations, however, many foreign scholars began to research this management mode. They conducted theoretical research at first and turned to practice later, with certain outcomes yielded. At the stage of HRM, strategic issues were not concerned. This stage was followed by HRM strategic stage. Until now, in order to be in line with the times, international HRM stage appears. HRM was mentioned for the first time in the book *The Practice of Management* (Drucker, 2006). He assumed that HRM was no different from other corporate resources, which also needs to be managed or normalized. Since then, the door of researching HRM was opened slowly. But many people still did not understand this concept until 1958 when E. Wight Bakke published his book *The Human Resources Function*. Many people found answers to their problems about HRM from theories of Wight and Drucker (Wu, 2006).

American scholars made great achievements on the concept of HR strategic management stage. In particular, two American scholars believed that the main objective of this phase was to maintain company's competitive advantages against others. In order to realize this goal, HRM department and direct management department need to adopt related measures. Wright and McMahon analyzed problems of HR strategic management in the past in 1992 and figured out main factors affecting strategy making in terms of organization and economy (Wang, 2000). In the same year, De Cieri and Dowling extended the range of this theory into the HRM of overseas company, and furthered research on strategic international HRM (Li & Hu, 2010). HRM in international companies was different from today at that time. As was

described by Bowling in 1998, it included the following forms: completely centralized HRM, centralized and localized HRM in institution and HRM conducted by subsidiary company (Bowling & Grundy, 1998).

Since the implementation of reform and opening policy in China, more Chinese enterprises began to develop overseas projects. But due to differences between domestic and foreign environment and culture, HRM problems increased gradually. Therefore, there was an urgent need to study HRM. HRM affects the development of transnational corporations, while the training and recruitment of talent influences HRM in return. Since HRM has new functions in overseas operation, Zhang revealed their various influences after analyzing cultural environment, recruitment and training, talents evaluation and development path (Zhang, 2006). In order to improve the HRM system in overseas projects of Xinjiang Construction an Engineering Corporation, Wu and Zhao (2013) found existing problems and reasons causing the problems through a series of analysis and gave corresponding measures to deal with these problems.

(2) Cross-cultural HRM

There were different opinions on cross-cultural HRM in early years, which mainly focused on theoretical exploration instead of practices. Furthermore, research on differences in corporate management against different cultural backdrops was much valued (Yu, 2007). Since the 1990s witnessed the rapid development of economic globalization and transnational operation, HR flow became extremely active. Theories like cross-cultural organization management came out after some scholars conducted researches and practices, while cultural coordination and cooperation theory was put forward by other scholars. There were also theories like cultural coordination and common management cultural theory. These theories were different from each other, but all were proposed after conducting a huge number of researches and practices.

Culture coordination can be adopted to deal with different kinds of culture. Adler always mentioned this method in his books, which includes the process of corporate manager formulating new organization principles and methods in accordance with the cultural needs of employees (Miao, 2004). A brand-new management and organizing form appeared in cultural collision against a big cultural backdrop. It was no longer restricted to some cultural mode, as it let employees with different culture obtain a sense of cultural belonging, rather than coexisting for coexistence. Similarities and differences between different cultures were found out. The differences gradually became favorable factors.

As is mentioned in *Cultural Coordinated Management* and *Successful Mode of Cross-Cultural Organizations*, the efficiency of cultural organization management result from many functions that can harmonize kinds of culture inside it, and those we think must be lost actually could be retained (Chen, 2004; Cox & Li, 2002).

There are many different schools researching cross-cultural HRM abroad, among which school of cultural theory was the earliest and most influential one. Representative of school of cultural theory Hofstede proposed the renowned cultural dimensions theory after analyzing a series of statistics. Comments to this theory have been widely used. (Wang, 2006). Briscoe and Schuler defined cross-cultural HRM: the understanding of cross-cultural HRM should be comprehensive, with research on every aspect covered. Innovations should also be made as time goes (Collings, 2012). Some foreign scholars have also successfully analyzed the talents management and HR management of transnational corporations by using this theory.

HRM is a subject related to interpersonal relations. In defining whether HR activity in a transnational company is successful or not, it is necessary to see if the company can provide certain values to its employees, clients, partners and social environment. If a company wants to succeed, it needs to hold some reasonable HRM activities.

Li (2009) found out the solutions for cultural conflicts between many transnational petroleum enterprises through analyzing the causes and influence of some conflicts. Chen (2012) explored existing problems and summarized lessons learned from the HRM activities of some transnational corporations. Fan, Du and Wang analyzed articles about cross-cultural management in *Web of Science* in details and investigated the current situation from different aspects (2014). By analyzing the data, they commented and described cross-cultural research orientations and overall trend which were popular for over a decade.

(3) Research on HRM in overseas projects

Scholars studying HRM seldom discuss HRM projects, and rarely talk about how to do HRM in projects. On the contrary, they conduct research on large transnational corporations, which are of little research value since their HRM is already stable. Martina Huemann, Anne Keegan and J. Rodney Turner found in their research that reasons why project-oriented enterprises are faced with so many challenges lie in their own characteristics, especially working process and changing working environment (2007). Many problems exist in HRM in oriented enterprises. By researching and concluding the past management experience, it was established an evaluation platform to test the problems. Structure and planning services influence many things, such as budget, date of completion and quality. Project management

strategy research focuses mainly on its influence on the success of projects. In the past, HRM received little attention, which was closely linked to the fact that behavior system and technological management system were replaced by projects. However, though knowledge system of project management already has official definitions, six basic functions of project management contained in the system still lack theoretical supports. HRM in the project management context it is undeveloped. And better researches should be elaborated in the matter of HRM in relation with the project management context, also measuring the success of the project based on three different views: sponsor's view, project manager's view and sponsor as project manager's view (Belout & Gauvreau, 2004).

Zhang and Jiang found that the basic quality of project managers in transnational corporations of petroleum was normally low, and that problems also exist in the operation and HRM. Therefore, they proposed suggestions and advice on issues like building corporation culture, things to be done in recruiting employees, and how to plan projects well (Zhang & Jiang, 2007). Xiao assumed that some of relations exist between HRM frameworks and project technological management in overseas projects. In such relations, Xiao found a way to bring benefits to HR development in transnational corporations, which is training and recruiting local employees (Xiao, 2007). Targeted at problems in the HRM of China's overseas petroleum projects, Gao and Zhang proposed corresponding solutions in accordance with the characteristics of projects, such as how to plan the organization, how to develop team and what should be concerned in recruiting employees. In order to further improve the HRM of the project, they put forward some suggestions from four aspects in the same year, which are how to choose managers in a better way, how to make better organization plan, what needs to be paid attention to in recruiting employees and how to develop the team. Yang once said that the decisive factor to the success of international project engineering is HRM (Yang, 2009). Gao thought that good HRM measures are of great importance as they can reduce cost. If HRM problems can be solved well in different cultural environments, transnational corporations' economic benefit will be improved (Gao, 2010).

It can be seen from above analysis that researching transnational or cross-cultural corporate HRM can provide not only solutions to HRM problems, but also references for companies conducting overseas projects. HRM is relatively new in China and there are few researches on it, but some achievements have been made. In researching overseas projects and HRM in transnational companies, Chinese scholars have yielded profound research outcomes.

Besides, they have also conducted relatively complete researches and analysis on different industries in all areas and different modules of HRM.

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Chapter 3: Methodology

The main issue in this study is the satisfaction of medical staff in hospitals of Africa aided by China. In order to achieve the expected research results, combined with the actual needs of this study, the research process focuses more on qualitative research methods, mainly using questionnaires, in-depth interviews, case analysis and other data collection methods, and analytical methods such as data encoding analysis and content analysis, thereby obtaining relevant data required by the research. This chapter will also be divided into four parts for discussion: the reasons for selecting qualitative research, data collection methods, analytical methods and corresponding results.

3.1 Overview of methodology

3.1.1 Reasons for selecting qualitative research

As a comprehensive research method, qualitative research has become commonly used in research, covering a wide range of research methods, including general interview, various surveys and case studies. Qualitative research methodology is indispensable in current research (Gao, 2010). The purpose of qualitative research is to know about and try to understand the phenomena that have occurred from the perspective of the research object, such as behaviors, opinions, attitudes and experience.

Qualitative research has integrated a variety of specific research methods, which serves as a good guarantee for the advancement of research, provides convincing data and evidence for research, and improves the persuasiveness and academic nature of research. This research methodology has been widely recognized in academia. This study adopts qualitative research to better facilitate the research process. Taking the specific situation of hospitals aided by China in Angola as a typical case, it aims to know about and try to understand medical staff's satisfaction in hospitals of Africa aided by China from the perspective of their medical staff, thus obtaining the expected research results.

Quantitative research is comparatively fixed in research form and process, while qualitative research is more diverse and diversified. That is, qualitative research often adopts targeted research methods and specific research processes for different research questions and

objects, emphasizing on pertinence, flexibility and suitability. In this regard, qualitative research can adapt to the research problems that are complex and diversified and it is easier to study and explain such problems. For the subject of this research, as the satisfaction of medical staff is relatively complex and diverse, the method of qualitative research for this feature is reasonable and targeted.

3.1.2 Characteristics of qualitative research

The characteristics of qualitative research are mainly manifested in the following aspects:

First, qualitative research can be more compatible with the research theme, making the research more targeted, open and thorough. That is, it is easier to fit the research theme of Chinese medical staff's satisfaction in hospitals of Africa aided by China.

Second, qualitative research is more conducive to the acquisition of a wealth of research data. In particular, more data can be fully acquired through targeted qualitative research on specific individuals and situations, so that the research questions can be supplemented and analyzed in more detail.

Third, qualitative research is conducive to in-depth and thorough analysis of a particular research problem and will not be too much influenced by the existing research results, so that the medical staff's satisfaction can be analyzed in detail.

It is undeniable that qualitative research also has certain limitations. For example, it is difficult to obtain research results of universal significance through qualitative research. Qualitative research methods need to be dialectically used in research and supplemented by targeted quantitative research. Therefore, the research in this thesis has also carried out supplementary analysis by adopting quantitative research methods such as questionnaires in addition to the qualitative research methods.

3.1.3 Principles of qualitative research

In qualitative research, research methods such as interviews, discussions, observations, and audio-visual analysis can be used. However, no matter what specific data collection and analysis methods are adopted, the principles to be followed are consistent:

First, naturalness. This refers to direct communication and contact with the research object (i.e, the Chinese medical staff of hospitals aided by China in Africa in this study) in the

process of qualitative research, in a bid to exclude interference from other internal and external environments, and obtain first-hand information and data, so that the characteristics of the research object can be fully understood.

Second, openness. In the research process, the researcher needs to maintain a relatively neutral attitude and a more open mind, minimize the influence of his own occupation, role, personality, and to record, describe, as well as analyze, the object of qualitative research in a relatively open attitude.

Third, inductive law. Being different from quantitative research with the pre-set hypotheses, qualitative research often adopts an inductive method, that is, not being subjected to specific foresight or existing research results. Instead, the problem is understood and known through the analysis in the qualitative research process, thus discovering the intrinsic characteristics and correlations of the research objects and research questions.

Fourth, the overall view. The starting point of qualitative research is often from the whole of the research object and not to simply split and superimpose the research objects. Instead, it is the system and environment in which the research object is located that need to be understood. In this study, the specific conditions of medical staff, and the macro and micro environments in which they are located shall be taken into account, including the local medical environment in Angola and the working environment of the China Tiesiju Civil Engineering Group (CTCE) Hospital.

3.2 Data collection method

The main methodology adopted by this study is qualitative research. The main method of data collection is in-depth interview in individual interview. In addition, this study is also supplemented by the data collection method of structured questionnaires in individual interview to further clarify the status quo and possible problems of talent satisfaction for the purpose of enriching the data on the satisfaction of medical staff in hospitals aided by China in Africa.

3.2.1 Overview of individual interview

Individual interview is a commonly used and also one of the most important methods of data collection in qualitative research. This method can be adopted to fully communicate face-to-face with the research subjects, being suitable for the in-depth discussion and full

exploration around the research purposes, which can help obtain more abundant first-hand information for research. In the specific development, individual interview needs to be carried out around the research objectives, and the researcher shall uphold an open and neutral position. The interviewer aims to fully understand the attitudes and thoughts of the interviewees, rather than impose his/her own personal views upon them. Therefore, problems with subjective hue and strong guidance shall not be designed in individual interview. After the interview, it is necessary to record, analyze, classify and organize the notes, questionnaires, recordings, videos and photos related to the interview.

There are three main types of individual interview, including structured interview, semi-structured interview, and in-depth interview. In-depth interview is the main method used in this study, as its structure is more flexible, and this kind of interview is usually conducted around one or two topics with informative and abundant content in great detail. This study conducts in-depth interviews by focusing on the topic of “medical staff’s satisfaction in hospitals aided by China in Africa” and questions of the interview are discussed in detail around the interviewee’s answers. Further clarification and detailed inquiry related to these questions are also conducted combining with their answers.

In addition, structured interview is mainly conducted through giving out structured questionnaires and the answers to the specific questions are obtained through the design of the structured questionnaire. For example, this study designs a structured questionnaire covering questions such as “Which department and what position do you belong to?” “How were you selected to provide medical assistance to the local?” “Through what kind of recruitment method?” “After you came to the local area, have you ever received training on the work organized by the hospital?”

3.2.2 In-depth interview

In-depth interview has become a comparatively commonly used method. Through in-depth communication and contact, the researcher can get more related information and data, and have a more intuitive and comprehensive understanding of related issues, which can be conducive to better solving problems. In view of this, this study conducts in-depth interview and targeted communication with the employees of China Tiesiju Civil Engineering Group (CTCE) Hospital in the process of exploring the specific research content of talent satisfaction in African hospitals aided by China. In this way, the first-handed data can be obtained, thus providing a good guarantee for the authenticity of the research.

In this study, the author selected 10 foreign aid workers in the China Tiesiju Civil Engineering Group (CTCE) Hospital as interviewees, of which there were 6 males and 4 females and their average working time in the China Tiesiju Civil Engineering Group (CTCE) Hospital is 2 years, among which the longest is 3 years, and the shortest 1 year.

Table 3-1 Question outline of the in-depth interview

No.	Theme	Interview question
1	Status quo of medical aid	(1) What is your understanding of the status quo of China's medical aid in Africa? (2) What impressed you most during the aid work? (3) What difficulties you encountered and what kind of help you needed during the aid work?
2	Foreign aid recognition	(1) What do you think about medical aid? (2) If you have a second chance, will you still choose this job, and why?
3	Recruitment	(1) Do you think that the talent selection process of the China Tiesiju Civil Engineering Group Hospital is fair and reasonable? (2) If not, what do you think should be improved?
4	Staff turnover	(1) Do you think there is a problem of high staff turnover in the hospital? (2) If so, what do you think are the main reasons for this problem?
5	Staff training	(1) Do you think that the hospital's training for staff is appropriate, scientific, and effective? (2) What do you think should be improved?
6	Performance appraisal	(1) Do you think there are any problems in the current performance appraisal method? What suggestions do you have? (2) In performance appraisal, what do you think should be the main assessment content?
7	Salary and welfare	(1) Are you satisfied with your salary? (2) In addition to the basic salary, is other welfare packages satisfactory, such as benefits, subsidies, insurance?
8	Promotion	(1) Are you satisfied with the current promotion system? (2) What is the current promotion system?
9	Cross-cultural management	(1) Are you having difficulty adapting to the local environment and culture at work? (2) What kind of help do you want from the hospital in this regard?

In the in-depth interview, the one-on-one conversation between the interviewer and the interviewee on a specific subject usually stretched over 30 minutes, and the location for conversation is mostly a designated location.

Commonly used techniques in in-depth interview include stepping forward, hidden problem exploration, and symbolic analysis. The stepping forward is to analyze the problem along the problem line, which is helpful for understanding the interviewees' thoughts. The technique of hidden problem exploration is to pay attention to the personal feelings and thoughts of the interviewees and to understand the issues closely related to them. Opposite comparison can be adopted in symbolic analysis to fully understand the situation of the interviewees.

For the theme of this study a specific guide for the interview is presented in the Appendix A, and a questions outline is presented in the Table 3-1.

The in-depth interview process developed by the author is as follows:

(1) Determine the interview target, that is, how is the satisfaction of medical staff in hospitals aided by China in Africa?

(2) Develop an interview plan, which includes confirming the interviewees, choosing interview location, screening interview questions, and preparing gifts; When developing the interview plan, the outline and key questions should be confirmed. The preliminary outline of this in-depth interview covers the following questions.

(3) Make an appointment with the interviewees, conduct a certain background check and screening of the interviewees, control as possible the even distribution of interviewees in industry, position, and length of service, as well as determine the appropriate time and place for interview with the interviewees;

(4) Formal visit, i.e. one-on-one on-site visit to the interviewees, and take notes and record the interview;

(5) After the interview, the content of the interview shall be collected, archived, and well-kept;

(6) Another follow-up work of the interview.

Specific information of the interviewees is listed in the Table 3-2.

During the interview, the researcher first introduces himself and the objective of his research. Then the researcher asks interviewees questions and communicates with them based on the question outline (Table 3-1). The Q&A is open so that interviewees can think and

express their opinions and the two sides can have in-depth exchanges. When necessary, the researcher asks follow-up questions to make the research objective clear. In addition, in some cases, the researcher puts forward more specific questions to get more information about answers. In general, the author selected 10 medical workers in the CTCE Hospital including 7 attending physicians and 3 nurses. Time of interviews ranges from 30 minutes to 50 minutes. 6 of the interviewees are male, and 4 are female. On average, they work in the CTCE Hospital in Angola for 2 years, with the longest of 3 years and the shortest of 1 year.

Table 3-2 Interviewees of the in-depth interview

No.	Name	Department	Position	Time of Interview (min)
1	Ms. Shen	Radiology	Nurse	30
2	Mr. Wang	Internal Medicine	Attending physician	50
3	Mr. Yu	Gastroenterology	Attending physician	45
4	Ms. Zou	Gynecology	Nurse	40
5	Mr. Jiang	Proctology	Attending physician	35
6	Mr. Li	Internal Medicine	Attending physician	30
7	Mr. Zhang	Orthopedic	Attending physician	30
8	Ms. Zhao	Gynecology	Attending physician	35
9	Mr. Chen	Internal Medicine	Attending physician	45
10	Ms. Jiao	Internal Medicine	Nurse	30

Results to questions about satisfaction are listed in Table 3-3 below. This table can reflect relevant problems in HRM that interviewees are concerned about, and which aspects interviewees are more satisfied with and which aspects interviewees are less satisfied with.

3.2.3 Structured interview questionnaire

In order to further understand the current situation of the satisfaction of medical staff in the China Tiesiju Civil Engineering Group (CTCE) Hospital in Angola, 10 medical staff members from the Hospital were selected for the structured interview questionnaire. The

questionnaire questions are mainly about recruitment methods, training conditions, remuneration packages, assessment methods, and vacations.

Table 3-3 Result about satisfaction – in-depth interview

No.	Theme	Number of Satisfied Interviewees	Number of Dissatisfied Interviewees
1	Status quo of medical aid	2	8
2	Foreign aid recognition	6	4
3	Recruitment	8	2
4	Staff turnover	2	8
5	Staff training	4	6
6	Performance appraisal	2	8
7	Salary and welfare	6	4
8	Promotion	2	8
9	Cross-cultural management	0	10

The departments of the interviewees receiving the structured interview questionnaire are orthopedics (3 interviewees), gastroenterology (3 interviewees), internal medicine (2 interviewees), gynecology (1 interviewee) and proctologist (1 interviewee), which are also important departments of the China Tiesiju Civil Engineering Group (CTCE) Hospital.

When designing a structured interview questionnaire, it is firstly necessary to clarify the theme of this study, that is, the satisfaction of medical staff in hospitals in Africa aided by China, and the question designed in the questionnaire shall be circling around the research theme. In addition, it should be noted that the structured interview questionnaire should have a logical and reasonable structure, that is, the questions and options should be easy to understand, avoid subjectivity, and be easy to count and analyze. Finally, the questions in the questionnaire cannot be too many and it shall not be too time-consuming to complete this questionnaire. Generally, taking about 30 minutes is appropriate.

In the process of making the structured interview questionnaire, the process adopted by the study mainly includes clear research purposes, collecting relevant materials, determining

the content of the questionnaire and deciding the structure of questionnaire. After the questionnaire, collection and analysis shall be carried out.

3.3 Analysis method

After the data is obtained through in-depth interview and questionnaires, it is necessary to integrate and analyze the acquired data and various types of information. The analysis methods selected in this study are mainly the encoding method and content analysis method, which are described below.

3.3.1 Encoding

Encoding is the process of adding tags or notes to the acquired information elements in the study. The encoding phases mainly include open encoding, axis encoding and selective coding. The open encoding used in the initial phase is mainly to sort data and find out recurring word themes through information review. Axis encoding is to find out the connection between codes and conduct an in-depth analysis of the connection based upon the open encoding method. Selective encoding is tested in conjunction with the interrelationships of other encoding methods. In this study, the encoding analysis is also based on the above three phases.

Specifically, the encoding steps identified in this study mainly include pre-interview, encoding method training, formal interviews, encoding and encoding reliability testing. The encoding creation methods adopted in this study include oral recording, written enumeration, memorandum and archive card. The specific encoding analysis will be presented in the next section.

3.3.2 Questionnaire Analysis

Questionnaire analysis is an analytical method for visual display of relevant variables and data involved in the questionnaire content.

As for specific study in this thesis, the questionnaire analysis refers to an analysis to the respondents of the structured interview questionnaire. Structured questionnaires were given out to 10 selected medical staff from CTCE Hospital in Angola. The 10 staff included in the sample are 6 attending physicians and 4 nurses. The results of the structured interview questionnaire are visualized in the Table 3-4.

Table 3-4 Questionnaire results of China Tiesiju Civil Engineering Group Hospital

No.	Department	Position	Work experience (in Years)	Means of Recruitment	Training	Salary	Assessment method	Visiting relatives / Vacation
1	Gastroenterology	Nurse	1	Dispatched from China	Yes	Generally satisfied	Superior assessment; mutual evaluation	20 days
2	Internal Medicine	Attending physician	0.5	Dispatched from China	Yes	Satisfied	Superior assessment; mutual evaluation	20 days
3	Gastroenterology	Attending physician	3	Dispatched from China	Yes	Generally satisfied	Superior assessment; mutual evaluation	20 days
4	Gynecology	Nurse	1	Dispatched from China	Yes	Generally satisfied	Superior assessment; mutual evaluation	20 days
5	Proctologist	Attending physician	1	Dispatched from China	Yes	Generally satisfied	Superior assessment; mutual evaluation	20 days
6	Orthopedic	Nurse	0.5	Dispatched from China	Yes	Satisfied	Superior assessment; mutual evaluation	20 days
7	Orthopedic	Attending physician	1	Dispatched from China	Yes	Satisfied	Superior assessment; mutual evaluation	20 days
8	Gastroenterology	Nurse	1	Dispatched from China	Yes	Generally satisfied	Superior assessment; mutual evaluation	20 days
9	Orthopedic	Attending physician	3	Dispatched from China	Yes	Generally satisfied	Superior assessment; mutual evaluation	20 days
10	Internal Medicine	Attending physician	0.5	Dispatched from China	Yes	Generally satisfied	Superior assessment; mutual evaluation	20 days

The departments of the interviewees of the above questionnaire are mainly orthopedics (3 interviewees), gastroenterology (3 interviewees), internal medicine (2 interviewees), gynecology (1 interviewee) and proctologist (1 interviewee), which are important departments of the China Tiesiju Civil Engineering Group Hospital. Among them, there are 6 attending physicians and 4 nurses. From the perspective of working years, the medical staff members' working years are mostly between six months and three years. According to the author's investigation, the mobility of medical aid workers in Africa is quite great and they switch positions every two years from the leaders to the employees. The staff hospitals represented by the China Tiesiju Civil Engineering Group Hospital are relatively flexible, in which the nurses are usually changed every two years and doctors have a tenure of 4 years or more.

From the point of view of recruitment methods, all the medical staff are dispatched by China.

From the training situation, including the training before going abroad and the training after going abroad, the rate of participation has also reached 100%.

From the perspective of salary, most doctors and nurses are generally satisfied, and just a few are satisfied with the salary. It is worth noting that with faster increase in the wage of Chinese medical staff in recent years, fewer and fewer medical staff members are willing to respond to the state's call to provide medical assistance to Africa. For medical aid workers in Africa, the usual incentives adopted by the state are to give cash rewards and promise job promotions.

However, the current incentives are less attractive than China's increasingly improved work environment. In addition, the assessment methods of the respondents are all superior assessments and mutual evaluations. The length of vacation for visiting relatives is 20 days. The two items are more uniform and fixed.

The study also learned that Angola also has medical staff output from other countries, mainly medical teams from Cuba and North Korea. Compared with Chinese doctors, there are a greater number of those doctors because the Angolan government will give them a salary subsidy that is much higher than their income in their respective countries, which has led to a large number of Cuban doctors and North Korean doctors travel to Africa. However, the Angolan government has not given any subsidies to Chinese doctors. The main reason is that Cuban and Korean doctors have good Portuguese proficiency which can enable them to serve

the local people better. Therefore, the Angolan government is more willing to pay subsidies to those doctors.

Chapter 4: Analysis of Medical Staff Satisfaction in China-Aided Hospitals in Africa-A Case Study of Hospitals in Angola

4.1 Overview of China's aid to Africa

4.1.1 Overview of the history of China's foreign aid

In recent years, China's foreign aid programs have continued, and the aid policy has been adapted based on the national conditions and the relationship between China and the recipient country. As China's overall national strength grows, China's foreign aid approaches have become diversified. At present, China stands a more prominent global position and shoulders more significant international obligations.

Since the establishment of the People's Republic of China, China has always prioritized diplomatic relations. China has continuously offered aids to other countries. After the convening of the Bandung Conference in 1955, with the development of China's national strength, the range of China's foreign aid extended from surrounding socialist countries such as North Korea and Vietnam to some Asian and African countries that were friendly to China. According to statistics, between 1950 and 1963, another 21 socialist countries and Asian and African developing countries had received China's aid. From 1970 to 1978, the number of recipient countries had increased, and the geographical range of recipient countries had extended. On the whole, the amount of financial foreign aid in this period was huge. In 1967, China's foreign economic aid accounted for 4.5% of the national fiscal expenditure. In 1972, the amount of foreign aid was up to over RMB 5.1 billion, which accounted for 6.7% of the fiscal expenditure. Then it climbed to 7.2% in 1973, exceeding the proportion of most developed countries' foreign economic aid (the State Council of the People's Republic of China, 2011). During this period, foreign aid was mainly offered in economic and technological form, including offering economic materials, conducting technical and HR cooperation, and dispatching medical teams. The capital mainly came from China's free fund aid and interest-free loans.

After reform and opening-up, China's attitude on foreign aid has changed greatly. In the early 1950s, China began to offer aid to North Korea and Vietnam, which marked the start of

foreign aid. Then China offered economic and technological aid to Asian and African countries that were friendly to China. But this policy was affected by a series of unrest in China.

After reform and opening-up, the economic significance of foreign aid began to exceed political significance. China determined the development orientation of taking economic construction as the focus, so the foreign aid is to serve the national economic development. In 1980, the State Council of the PRC released *Several Opinions on Work of Foreign Aid* and pointed out the disadvantages of foreign aid in the past: “China did not offer foreign aid in accordance with its ability, and in particular, shouldered overloaded responsibility for some priority foreign countries. China did not take economic rules into account, which resulted in relatively severe waste of resources (Shi, 2005)”. At the same time, reform and adjustment were also adopted in China’s policy of foreign aid, which highlighted the principle of “equality and mutual benefit, diverse forms, and common development.” Influenced by the financial market in China, the capital amount of foreign aid did not increase sharply. Obviously, the economic significance of foreign aid exceeded the appeal for political interests. China began to pursue diversified forms of foreign aid and took the interests of both recipient country and donor country or a multiple party into consideration.

According to white paper on China’s Foreign Aid, now China’s foreign aid mainly includes 8 forms: project-in-set, general materials, technological cooperation, HR development and cooperation, foreign aid medical team, emergency humanitarian aid, foreign aid volunteer, and debt reduction. In terms of the source of the capital of foreign aid, there are free aid, interest-free loan, and concessional loan. Among these three types, free aid and interest-free loan are from China’s national fiscal expenditure, while concessional loan is provided by Export-Import Bank of China authorized by the Chinese government (The State Council of the People’s Republic of China, 2011).

At present, the authoritative data of China’s foreign aid mainly come from two white papers on foreign aid released by the Chinese government, while the latest one is *China’s Foreign Aid 2014* released in 2014. According to the first official report, the white paper on *China’s Foreign Aid 2011*, until the beginning of 2010, the accumulative amount of China’s foreign aid exceeded RMB 250 billion, of which free aid fund was RMB 106.2 billion, interest-free loan was RMB 76.5 billion, and concessional loan was RMB 73.6 billion. In white paper on *China’s Foreign Aid 2014*, the data was updated as follows: between 2010 and 2012, the amount of China’s foreign aid was up to RMB 89 billion, of which free id was

RMB 32 billion, accounting for 36% of the total amount of foreign aid. This indicates that since the establishment of the PRC, the accumulated amount of China's foreign aid has exceeded RMB 340 billion (The State Council of the People's Republic of China, 2014).

4.1.2 Areas of China's aid to Africa

From December 3rd to 5th, 2015, heads of states from China and multiple African countries attended the Sixth Johannesburg Summit & Ministerial Conference of Forum on China-Africa Cooperation held in Johannesburg, South Africa. These senior officials attended the summit and ministerial conference respectively. Both sides reviewed the development of China-African relationship with satisfaction, spoke highly of the contribution that Forum on China-Africa Cooperation made in promoting the comprehensive and deep development of China-Africa relationship, and regarded the forum as an important platform for China and Africa to conduct group dialogues as well as an effective mechanism to conduct pragmatic cooperation.

Africa is an area with the highest number of developing countries. Since the establishment of Forum on China-Africa Cooperation in 2000, China has actively conducted cooperation with African countries under the framework of the forum and increased its aids to Africa, which has promoted the friendship between China and Africa as well as the comprehensive development of China-African relationship effectively. The analysis of the areas of China's aid to Africa is conducted as follows based on the official statistics from white paper on *China's Foreign Aid 2014* (The State Council of the People's Republic of China, 2014).

Prioritize the agricultural development. China has been attached great importance to conducting agricultural cooperation with Africa. Between 2010 and 2012, China has built 14 agricultural technology centers in Africa, of which 8 demonstration centers have been on the stage of planning and implementation. China has dispatched a number of experts in agriculture to promote technological cooperation. In 2012, in the Fifth Ministerial Conference of Forum on China-Africa Cooperation, the Chinese government promised to help Africa build more agricultural technology demonstration centers, so as to help them improve their ability of food production and the further development of agriculture in Africa (The State Council of the People's Republic of China, 2014).

Support infrastructure construction and integrated development. Infrastructure has always been a major area of China's aid to Africa. Tazara Railway is a representative and also

the first project of China's support to African infrastructure. China has been promoting technological cooperation to offer help for the management of railway operation after the construction of Tazara Railway. Between 2010 and 2012, China has supported 86 economic infrastructure projects in Africa. In 2012, China declared to establish a cooperation partnership with African countries in conducting infrastructure projects and promised to provide Africa with technical and material support, so as to develop the constructive projects in Africa. Meanwhile, China also encourages more and more powerful Chinese enterprises and financial organizations to take part in the process (The State Council of the People's Republic of China, 2014).

Promote medical and health cooperation. The medical and health problem in Africa has always been greatly concerned worldwide. China has dedicated to helping African countries boost medical and health conditions and prioritized the task. China has sent plenty of medical teams and medicine in 42 African countries and helped build approximately 60 hospitals and centers for disease prevention and control. Meanwhile, China has offered RMB 800 million of medical equipment materials and medicines. The Liberia Tappita F Jackson Doe Regional Referral Hospital enjoys the most advanced medical equipment and excellent medical staff, which is co-operated by China, Egypt, and Liberia. The three countries would continuously contribute to the operation of the project (The State Council of the People's Republic of China, 2014).

Attach more importance to education construction. Recently, China helped build 150 schools and trained about 47,000 talents in Africa. In 2012, China has announced to implement "African Talent Program", which has been very effective. Having implemented the program for three years, China has provided a large amount of governmental scholarships and trained thousands of talents from different countries in Africa. In the same year, China offered governmental scholarships to around 6,800 talents.

Set about African climate change preparedness plans. China actively helped African countries to address the severe weather, provided scientific technical guidance, and deepened cooperation in satellite meteorology monitoring, exploration as well as use of new energy, and reforesting deserts. 150 China-aided projects of clean energy and water supply have been under construction. In 2012, China started to build infrastructures like high-altitude observation radar stations and automatic meteorology observation stations, offer forest protective equipment, promote talent training and exchange, and support Africa in

strengthening ecological and environmental protection to address the challenge of climate change (The State Council of the People's Republic of China, 2014).

According to the project number released by *China's Foreign Aid 2014*, China's foreign aid focused on infrastructure. The capital of China's aid in health and education, civil society, and government of Africa accounted for the least proportion but project numbers in these three areas were the largest, which were 136, 174, and 191 respectively, being much higher than that of other areas. Though China provided more aid to the projects of government and civil society, the projects were mainly for the construction of governmental office building, which varied from the traditional focus on construction of public fiscal management. China's foreign aid did not interfere with the local governance and did not involve much into the legal system. Though there was no detailed description of projects in health and education, it could be easily found from Chinese news that China's aid focused on the construction of hospitals and school infrastructures in these two areas, which indicates that the forms of China's aid to Africa are becoming diverse. In recent years, China has tried to spread Chinese culture through establishing Confucius Institutes in Africa (The State Council of the People's Republic of China, 2014).

4.2 Status Quo of China's medical aid to Africa

4.2.1 Development of China's medical aid to Africa

The dispatching of China's medical team to foreign countries dates back to a report issued by Ministry of Foreign Affairs of the PRC in 1962, transmitted to Embassy of the PRC in the Democratic People's Republic of Algeria. The report mainly reveals that Minister Muhammad Naqash from Ministry of Public Health of the People's Democratic Republic of Algeria invited China to dispatch medical delegation to visit Algeria for public health education and the cultivation of medical staff. Minister Naqash also mentioned his wish that China might dispatch more medical staff to work and station in Algeria for a long period of time. China's far-sighted leadership including Chairman Mao Zedong and Prime Minister Zhou Enlai organized relevant departments to put forward a series of new strategic decision-making to vigorously support the development and national independent movements in Africa, promote and develop the spirit of internationalism, consolidate the long-lasting friendship between China and African countries. In January 1963, Chinese government officially announced that the PRC would dispatch medical aid teams to work in Algeria for a

long period of time. In April 1963, Chinese government has dispatched the first Chinese medical aid team to Algeria. Since the departure of the very first team, the devotion of Chinese foreign medical aid teams has worked for half a century.

On October 9th, 2015, National Health and Family Planning Commission of the PRC held a press conference to brief on the recent development of health work nationwide. On the conference, Mr. Song Shuli, Spokesperson of National Health and Family Planning Commission of the PRC told the media that the 2nd Ministerial Forum on China-Africa Health Cooperation has been a success in Cape Town, South Africa from October 4th to 6th, 2015 at local time of South Africa. According to Song Shuli, China has dispatched approximately 30,000 medical team members to Africa since 1963. There are over 270 million African patients being cured in different departments and 51 Chinese medical staff having rested in peace in Africa forever. Since the outbreak of Ebola, China has provided 4 rounds of health assistance with a total worth of more than 120 million dollars to the epidemic area and its surrounding regions, dispatching 1,200 medical staff in total. Moreover, China has supported the construction of immobilized biological safety laboratories and treatment centers. Furthermore, China has trained 12,000 medical staff and public health workers for the epidemic area and surrounding countries (National Health and Family Planning Commission of the People's Republic of China, 2015). The conference has submitted Cape Town Declaration, indicating that China and Africa should further cooperate to improve regional health conditions of all people, to apply necessary measures to chronic non-communicable diseases (NCDS) and some vaccine preventable infectious diseases, including Ebola virus disease (EVD), acquired immune deficiency syndrome (AIDS), tuberculosis (TB), malaria, and arthropod-borne infectious diseases. In the following three years, medical cooperation between China and Africa would focus more on public health, improving the accessibility of medical services and medicines in Africa. We would technically support and assist the medical services in Africa on the basis of their needs, consent, and participation. On August 9th, 2013, the National Health and Family Planning Commission of the People's Republic of China introduced relevant situation at the press conference of the 50th Week of China's Foreign Medical Aid. "The Chinese government has sent a total of over 23,000 foreign aid medical personnel to 66 countries and regions. The number of patients treated and saved is about 260 million. China's foreign aid medical staff worked quite well and performed excellently. Among them, more than 1,000 members were rewarded by the recipient countries. In particular, 50 members sacrificed their lives in the implementation of foreign aid medical

missions. “At present, China has dispatched 52 medical teams to 51 countries, of which 42 countries are in Africa. The number of perennial doctors amounts to 1,200. As is said by Wang Liji, Deputy Director of the International Cooperation Department of the National Health and Family Planning Commission, “The reason why China and African countries can maintain long-term friendship is precisely because of China’s selfless assistance in Africa for more than 50 years, which has gained the trust of African countries, thus laying a solid foundation for the friendship between China and African countries (National Health and Family Planning Commission of the People’s Republic of China, 2015) ”.

In the past 50 years, members of Chinese foreign medical aid teams have overcome various difficulties including material shortages, poor traffic and communication, and rampant diseases, with hostile natural environment and insanitary conditions. They have worked closely with local medical staff and actively faced up severe challenges including the obsolete and insufficient medical apparatus and severe shortages of drugs. They have carried on their work creatively to suit the local conditions. Everyone has solved problems with a positive attitude and tried their best to contribute to the health career. The teams have fully practiced the spirit of internationalism and humanitarianism of China. After the arrival of the teams, they have cured a large quantity of common ailments, frequently-occurring diseases, and infectious diseases in the region, and performed critical cardiac operations, including removing giant tumors and replanting broken limbs. During the process, the quality of local medical and healthcare services has been greatly improved. Meanwhile, Chinese medical aid team has introduced traditional Chinese medical methods including acupuncture, moxibustion, and massage and recommended methods as well as concepts relevant to traditional Chinese medicine (TCM) to African people. Many difficult and complicated diseases that were incurable in the past have been cured in these ways. Moreover, a majority benefited countries have asked that China should cooperate with them to jointly establish TCM colleges and hospitals and cooperatively develop indigenous medicine and local treatment.

In the 21st Century, Chinese government has paid much attention to maintaining China’s foreign aid and has actively promoted mechanisms for international cooperation including Forum on China-Africa Cooperation, Permanent Secretariat of Forum for Economic and Trade Cooperation between China and Portuguese-speaking Countries (Macao), and Pacific Islands Forum, which not only promotes the sustainable development of the international friendship of China and the benefited countries, but also helps recipient countries to develop rapidly under the process of assistance. Foreign assistance has constantly achieved new

success. In August 2013, Ministerial Forum on China-Africa Development has been successfully held in Beijing and released *Beijing Declaration of the Ministerial Forum of China-Africa Health Development* (China Pharmacy, 2013). Representatives from China and other African countries attending the conference reviewed the achievements of China-Africa medical cooperation, focusing on the opportunities and challenges in developing the medical cooperation between China and Africa in recent years and drawing a blueprint for the future cooperation. Focusing on the theme of the major medical cooperation field between China and Africa in the new stage, the two parties discussed and reached a consensus eventually. All the participants spoke highly of the improved medical conditions, which helps to promote the friendship of China and Africa. China's foreign medical aid teams have not only solved the local diseases, but also greatly contributed to the long-lasting friendship of the two parties.

The 2nd Ministerial Forum on China-Africa Health Cooperation has been convened in Cape Town, South Africa from October 4th to 6th, 2015. The conference has passed the Cape Town Declaration, which aims to promote the development of China-Africa medical cooperation and put the previous scheme into practice. About 200 representatives including ministers from China and about dozens of African countries in charge of health services and heads of international organizations have attended the conference. This conference included senior officers' conference from October 4th-5th and ministers' conference on October 6th, focusing on promoting medical cooperation between China and Africa in Post-Ebola Period and improving the accessibility of medical services cooperation of China and Africa. The conference laid an emphasis on the sustainable development of China-Africa friendship. Attendees actively discussed and agreed the Cape Town Declaration on October 6th, providing their ideas on the future cooperation to solve the medical and healthcare problems in African countries, so as to regulate a most effective route for China and Africa to jointly solve the medical problems in Africa. In the Declaration, it has been decided to adopt a series of measures to promote a further medical cooperation between China and Africa, including cooperation on public health, which helps African countries to construct and improve disease prevention and control systems, communication, cooperation, and information-sharing on critical diseases between China and Africa. In his speech, Li Bin, Minister of National Health and Family Planning Commission of the PRC, has advised that the next step in the medical cooperation between China and Africa would focus on constructing and maintaining public health systems, so as to improve the overall medical level in Africa. Moreover, he elaborated that China would continue to cooperate with African countries in illnesses including malaria,

schistosomiasis, and infectious diseases. China would prioritize maternity and child health, so as to promote the overall medical and healthcare level of African countries and solve the public health problems that have negative influences on African countries for a long period of time. Furthermore, Li Bin promised that China would conduct a series of measures and researches in the medical fields, including cooperating with African medical institutions, providing latest technologies for diseases prevention and medical services. Meanwhile, he encouraged Chinese pharmaceutical enterprises to establish bases in Africa, so as to provide latest effective and high-quality medical products for African countries (The National Health and Family Planning Commission of the People's Republic of China, 2015).

4.2.2 Features of China's medical aid to Africa

After reviewing the history of China's medical assistance to Africa, we would come to the following conclusions.

(1) Overall, the dispatching medical staff in China's medical assistance to Africa has been increasing. Judging from the statistics, apart from the first half period of 1990s, China's medical assistance to Africa has shown an upward trend all the time (State Council of the People's Republic of China, 2014). The increasing scale is due to the domestic and international situations. Transversely, China has expanded its scale concerning foreign assistance, developing from surrounding countries to the whole world. And China's foreign assistance has expanded from economic and military material fields to various projects including medical, infrastructure, and education areas. Especially with the establishment of the People's Republic of China and the establishment of Forum on China-Africa Cooperation, China's assistance to Africa has become more stable. The friendship between China and Africa has been maintained and strengthened, so as to benefit more and more African people.

(2) From the micro perspective, China's assistance to Africa lays more emphasis on the most fundamental work. Aiming to solve the basic problems in Africa, China has made relevant measures, starting with the local conditions and focusing on ailment, which improved the fundamental medical conditions of African countries. Medical aid teams have constantly cured the local patients. Though working in a harsh circumstance with simple and crude working conditions, the medical teams, far away from their own families, have cured patients in foreign countries. Some of the Chinese medical staff even rest in peace forever in Africa. They devote themselves and ask for nothing in return. They are not afraid of various obstacles but to overcome them constantly. All these above have been appreciated and respected by the

local people. Therefore, the devoted and responsible medical staff become great friends with their patients. Meanwhile, the medical aid teams have spread and promoted concepts of Traditional Chinese Medicine in Africa and the profound Chinese culture has interested the local people. Numerous African people dive into the research of Traditional Chinese Culture.

(3) From the macro perspective, China's medical assistance has fluctuated obviously in the scale and effect at the very beginning. Plus the incomplete assistance policies made the medical aid teams less stabilized. China's medical assistance to Africa is regarded as a political task at that time, so the medical assistance diplomacy closely related and changed with China's foreign policies. Therefore, the medical aid was closely related to domestic and international situations. However, in the 21st century, as safeguard mechanisms provided by the stabilized foreign aid policies, the establishment of Forum on China-Africa Cooperation, and the white paper *China's Foreign Aid*, Chinese medical assistance diplomacy has developed constantly and vigorously on the basis of stable diplomatic policies.

(4) Vertically, China's foreign assistance policies tend to be more complete and reasonable with more advisable decisions and less ideology. We would pursue more profit while maintaining international friendship and medical assistance also develops in accordance with this trend. At the very beginning of China's Reform and Opening up, when our country suffered both domestically and internationally, assistance diplomacy was bound to break our political deadlock. In recent years, China-African relationship has entered a brand-new stage. Medical aid teams not only promote the sustainable relationship of China and Africa, but also improve people's livelihood in Africa. China's medical aid teams represent Chinese humanistic concern for African people and the steady brotherhood between China and African countries will never change with the consideration of national interest.

4.2.3 China's medical aid methods to Africa

At present, China's medical assistance to Africa has been implemented in various approaches, including medical teams dispatched by the government, foreign assistance provided by government-owned corporations, prevention, treatment, and control of diseases, training medical talents for Africa, and spreading advanced medical technologies. The current situations of various aids will be elaborated as below.

(1) Medical aid team. By the end of 2015, China has dispatched 52 medical aid teams to 51 countries, with 42 African countries and 1,200 physicians stationing overseas throughout the year. The medical aid teams from different provinces in China take the responsibilities to

assist different countries. For example, Anhui Province is responsible for Yemen Republic and Sichuan Province for the Republic of Angola. All these aids are sponsored by Ministry of Commerce of the PRC. The medical aid team pattern is that China would dispatch physicians to work with the local African medical staff and the local government provides the needed medical infrastructure. At present, China has set up over 200 medical aid posts in Africa with experts from various departments, who offer volunteers to travel outlying poverty-stricken areas providing medical services apart from working in local hospitals. The Chinese medical aid teams mostly consist of physicians-in-charge from big hospitals in China. The professionals would work closely with the local physicians once they arrive at their destinations. In the recent decade, China's medical aid teams have brought numerous world-class medical techniques to Africa, which contributes to the rapid development of the local medical conditions, especially improved techniques in cardiac surgery and tumor extirpation (News Center of China.org.cn, 2015).

(2) Foreign aid provided by government-owned corporations. This method refers to the hospitals built by large government-owned corporations to take better care of their employees overseas. The China Tiesiju Civil Engineering Group (CTCE) Hospital located in Luanda, the capital of the Republic of Angola, would be a representative. In 2008, this company started to develop infrastructure in Luanda with 8,000 employees and the hospital was built to take better care of them. Currently, the hospital has developed and flourished, which can take 100-200 new patients every day, with nearly 100 inpatients at the peak, making it the largest Chinese hospital in Luanda, which serves all Chinese people in the region. These hospitals often provide medical services to Chinese people and they do not treat black people most of the time because of speaking different languages and having different preferences in medical treatment. Their medical services often include the treatment of injury (traffic accidents or work-related injuries) or local infectious diseases (News Center of China.org.cn, 2015).

(3) Prevention and control of diseases research aid. Another approach of China's medical assistance to Africa is to participate in the frontier research of infectious diseases and other diseases, contributing to the transformation from the stage of treatment to the stage of research and prevention. Africa South of the Sahara is the most severe area stricken by deadly infectious diseases including Acquired Immune Deficiency Syndrome (AIDS), Ebola, malaria, cholera, and Yellow Fever due to its tough geographical environment, harsh weather conditions, and complicated species. Therefore, lives of African people are greatly endangered. Meanwhile, according to statistics given by World Health Organization (WTO),

a new virus occurs every year on African continent (News Center of China.org.cn, 2015). Moreover, the lack of education and the relatively low average level of public health education of the local people, plus their lack of basic medical common sense, make it harder for them to prevent infectious diseases effectively on their own during the prevalence of infectious diseases. Therefore, the disease would be spread extremely rapidly soon after the outbreak.

(4) Medicine assistance. Africa severely lacks resources and most medicine still relies on import, which makes it very necessary to receive medical material assistance from foreign countries.

Apart from a minority of wealth countries such as South Africa and Libya, the average economic level of medicine in Africa is extremely low, due to very low economic level. Moreover, the incomplete medical infrastructure, lack of medical staff, and relatively low average consumption level of medicine, all lead to the rampant infectious diseases in the region. According to incomplete statistics from WHO, Africa is the most severe area stricken by AIDS, with over 20 million patients suffering from AIDS in Africa continent and the number has been increasing. Meanwhile, a number of infectious diseases including malaria, schistosomiasis, tuberculosis, and cholera have been spread widely in Africa. However, the low level of medical services in Africa cannot effectively control the spread of these epidemics. Every year, millions of people get infected by these diseases but cannot receive effective cure, which makes the death rate of African people always rank among the highest around the globe (China Today, 2015). In such circumstances, China's assistance to Africa with large amount of medical materials has made a contribution to the medical treatment of African patients as well as the prevention and control of epidemic diseases. A typical case occurred in 2014, after Ebola spread through western Africa extensively, medical staff from America, Egypt, and Japan evacuated from the disease-stricken area one after another, considering their own safety. Only the Chinese medical aid team stuck on the front line all the time, never abandoning the African People. China provided a total of 750 million RMB worth of emergency supplies and built the first biological safety protection third-level laboratory (P3 laboratory) in Africa (China Today, 2015). Doctor Bernhard Schwartlander, WHO representative in China believed that China had led the globe to support and assist western Africa to fight the Ebola in 2014 and he thought highly of China (China Today, 2015)

(5) Exchange and training. In recent years, China has promoted exploration on patterns of foreign medical assistance. In August 2014, Beijing has dispatched a special medical aid

team to Republic of Trinidad and Tobago. The team is totally different from the traditional medical team because instead of treating the local patients by applying their professional medical knowledge, its medical staff instructed and trained local medical staff to treat the local people, which is a high-end medical cooperation combining medical, education, and research and helps to train medical talents and innovate assistance patterns. China also conducted large-scale training on public health and enhanced the prevention and control ability against epidemics of the locals. In total, China has dispatched 27 medical teams with 1,000 staff to assist the fight against epidemics (China Today, 2015)

4.2.4 Analysis on the constraints on China's medical aid to Africa

(1) The shortage of medicine would reduce the effect of China's medical aid. In African countries in the south of Sahara, less than one third of the countries have their own medicine manufacturing and they can only produce some simple pharmaceutical preparations. A majority of the local medicine manufacturing include patent medicine package and labelling, which are far to satisfy the local medicine market. Moreover, products of the local medical manufacturing industry are very simple and plenty of the medicine relies on import, including basic Anodyne and antibiotics. In the entire Eastern Africa, there is only one pharmaceutical enterprise which has been acknowledged by the prequalification procedure (PQ) of WHO. Most pharmaceutical enterprises still operate as labor-intensive enterprises, adopting hand production with only a very few of the enterprises adopting modern automatic production lines. However, local drug preparation products mainly consist of simple products including tablets, capsules, and oral liquid and only a minority of the enterprises can produce simple injection products. In such circumstances, medical infrastructure in Africa is very backward and medicine as well as pharmaceutical ingredients depend on import (China-Africa Trade Research Center, 2017).

(2) It is difficult to make medical investment in Africa. At present, it is very difficult for China to invest in the pharmaceuticals industry in Africa for the following reasons. Firstly, there is no local industrial standard for pharmaceutical industry. Historically, Africa was colonized by the European people. After the independence of Africa, it is still greatly interfered by western countries, resulting in the relatively complicated medical systems and very slow development. Even the medicine need of the African people cannot be satisfied by their own pharmaceutical enterprises and they can only rely on import, which has been restricted by the western developed countries. Secondly, there is no such corresponding

department in local governments to promote foreign medical investment. Therefore, Chinese investors mainly depend on their relationship with local governments. Thirdly, local political situation is not stable, making it harder to attract significant investment. And there are no favorable policy or protection measures to welcome and attract investors. Fourthly, a majority of the medicine exported from China to Africa has not been produced with high standards, which is the existing problems of Chinese export pharmaceutical enterprises themselves. There are often plenty of loopholes in packaging and product description of the medicine. According to an interview in China Tiesiju Civil Engineering Group (CTCE), it tried to communicate with the government and set up a pharmaceutical factory in Angola. Unfortunately, due to the poor efficiency of the government and the lack of local talents with medical management experience, the plan was finally suspended (China Today, 2015).

4.3 Status quo of medical staff satisfaction in China-aided hospitals in Africa

4.3.1 Achievements and progress

(1) Living conditions. Chinese relevant departments have actively promoted the reform of administration and improvement of living conditions of our foreign medical aid teams. In FOCAC Beijing Summit & 3rd Ministerial Conference, the Chinese government has promised to construct 30 hospitals and malaria treatment centers for African countries, strengthen the efforts to aid African countries, and improve the medical level in Africa. Moreover, the government would dispatch more volunteers to Africa, train professional medical staff, and help to improve the medical conditions in Africa. At present, China has constructed 31 general hospitals with supporting medical facilities as well as apparatus (Wang, 2015). Meanwhile, the Chinese government intends to improve the living conditions and dormitories of the medical aid team. The government would construct the dormitories in Chinese constructed hospitals or major cities, so as to improve the living conditions of the medical aid teams and let the teams provide better medical assistance to Africa.

(2) Salary and bonus. The *Administration of Material Benefits for Foreign Service National Personnel* has been released by the China's government financial departments and other relevant departments have adjusted the previous standards for living conditions and allowances of the foreign medical aid teams. The adjustment has divided administrators of foreign aid medical teams into seven categories and the allowances would be reduced

successively from the first category to the seventh, which respectively are, US\$1,960, US\$1,660, US\$1,420, US\$1,200, US\$1,040, US\$930, US\$830 per person per month. Clinicians of foreign medical aid teams also have allowance, which is US\$300 per person per month. Moreover, allowances would be paid based on the harshness of the working conditions, which is categorized into 5 levels, and would be reduced successively from the 5th level to the 1st level, which respectively is, US\$1,000, US\$800, US\$600, US\$400, US\$200 per person per month. For the benefit of foreign medical aid personnel that has been dispatched in a relatively short time, the China's government administration bureau regulates that if the dispatch is less than a month, it would be paid since the day the receiver has arrived at the borders of their destination countries and stop since they have arrived at the borders of China. The allowances under this circumstance should be calculated according to the number of working days (The Ministry of Health of the People's Republic of China, the present National Health and Family Planning Commission of the People's Republic of China, 2006a).

Some foreign medical aid members told the author that the revision of the China's government administration bureau has improved their salaries, job motivation and living standards.

(3) Working hours. On August 9th, 2013, National Health and Family Planning Commission of the PRC announced that the dispatch pattern of foreign medical aid teams would be changed. According to relevant officials, working time of the teams would be shortened from 2-3 years as one dispatch to 1-2 years with a combination of long-term and short-term dispatch, trying to reduce the working time of the foreign medical aid teams in other countries (Xinhua news, 2013).

(4) Training and assessment of medical staff. Provincial commissions of health and family planning in China have reformed the administration of foreign medical aid teams. Take Health and Family Planning Commission of Anhui Province as a typical example. The Commission, together with departments including Anhui Provincial Department of Finance and Education Department of Anhui Province, has regulated *Administration Regulation of Foreign Medical Assistance of Anhui Province*, which actively reforms the administration of foreign medical aid teams of Anhui Province. Meanwhile, Gansu Provincial Population and Family Planning Commission released *Notice of Establishing Foreign Service Personnel Reserve on Traditional Chinese Medicine (TCM)*, which adds the stipulation for selecting and training of foreign medical aid team members and regulates more strict examinations, so as to improve the professional levels of the foreign medical aid team. Meanwhile, the governments

also improved material benefits for the foreign medical aid teams. Reforms for these administrations largely improve the comprehensive qualities of the teams and maintain various features of them. Moreover, the preferential material benefits attract more professional talents to participate into the foreign medical aid teams.

4.3.2 Existing problems and challenges

(1) Selecting and dispatch of medical staff

Firstly, the reform of personnel system makes it more difficult to select medical staff for foreign medical aid teams. Influenced by market-oriented economy and the reform of medical systems in cities and towns, medical institutions make corresponding changes in terms of personnel management and selection. To achieve expected economic indicators, medical institutions would quantify the indicators for each medical department or even individuals to motivate their medical staff. This kind of mechanism would lead to several disadvantages and one of them would be that each department would be unwilling to dispatch talents and elites to foreign countries, worrying that the department would lose income source because of the dispatch of medical talents and have to pay these dispatched staff basic wages, which increases the economic burden for the department. Therefore, this mechanism greatly impeded the selection of foreign medical aid teams.

Secondly, the competition among hospitals in market-oriented economy has become fiercer and this has impacted the selection of foreign medical aid teams. Due to the increasing number of universities and fresh graduates, the supply of medical talents has exceeded the demand. To improve their service quality, enhance the core competition, and grab more portions of the medical and healthcare markets, medical institutions have stipulated higher and more specific requirements for the medical talents such as their academic degrees. Although the medical market is growing saturated, more talents are not willing to give up their opportunities for further study in order to be employed by better medical institutions. They also worry that foreign medical assistance may impede their future development. Moreover, the poor medical conditions in recipient countries make it hard for talents to improve their professional technique or are unable to equip them with adequate professional skills, which might make them lose their competitiveness in professional skills after returning to China. The excessive fierce competition pressure is another significant factor that medical talents are not so willing to participate in foreign medical aids.

Thirdly, opportunities to work overseas became more accessible, which makes it harder for foreign medical aid programs to attract medical talents. In recent years, with the rapid development of globalization, the medical communication across countries is increasing. Therefore, medical talents can further their study by various approaches. Opportunities for international exchanges are more accessible than those in earlier years, so that they are not that attractive for medical talents.

Fourthly, the patterns of dispatching medical aid teams are too monotonous. Firstly, to safeguard the overall reputation of China, foreign medical aid team members should be excellent medical professionals, so as to obtain enough credits internationally. Secondly, the professional team members would be restricted by the gap between languages during their practice.

Fifthly, epidemics are rampant in recipient countries. Foreign medical aid members are in the danger of being infected by diseases including malaria and AIDS. Their carelessness might lead to their death, which also impedes the selection as well as dispatch of foreign medical aid teams.

(2) Daily management

Firstly, the strong contrast of domestic and oversea conditions has negatively influenced the management of foreign medical aid. After the reform and opening up, various reforms have been implemented in medical and healthcare industry and a number of restrictions in policies have been removed. These conditions and the stimulation of market-oriented economy, there are different off-the-books income in the industry including drug rebate and bribes, which improves the living standards of medical staff. The improving standards change people's world outlook and values. Compared with the comfortable domestic living conditions, foreign medical aid teams work in the harsh working condition for a long time, plus being far away from families and failing to have access to information and having homesick very often. Moreover, the members might have sensitive and vulnerable feelings towards their surroundings and blue moods, all of which makes it very difficult to administrate the foreign medical aid teams.

Secondly, there is a nearly complete lack of governmental administration on the dispatched foreign medical aid teams. Although the government has released numerous policies and documents to constantly improve the remuneration of members of foreign medical aid teams, at present, the benefits of the team members are not satisfying. The lack of allowances, title promotion, and logistics are the main problems that influence the selection

and dispatch of the foreign medical aid teams. Once a medical team is dispatched, the subsequent responsibilities of the government have not been shouldered and the government believes that its responsibilities have ended. There is a shortage of the administration of foreign medical aid teams in the recipient countries. Plus the long distance and time difference, the performance of the team members can hardly be reported back and the received information has been outdated, which makes it hard for problems to be reported back to China, causing a great deal of trouble.

(3) Training of medical staff in recipient countries

Firstly, because of receiving international assistance for a long time, the recipient countries depend on the foreign assistance and lack of sense of crisis. Therefore, the local medical staff lacks the enthusiasm to study professional skills during the training. Therefore, the local medical and healthcare industry cannot be developed, and local medical staff are not determined to improve the local medical conditions.

Secondly, there is a shortage of medical equipment and staffs in recipient countries and lack of responsibility for their work. Therefore, foreign medical aid team members need to complete plenty of work and deal with various trifle matters in their work. The work that should be done by nurses ended up by experts, which causes a low efficiency during the medical assistance.

Thirdly, conditions in local African hospitals are quite simple and crude, with extensive administration, improper disinfected medical apparatus leaving around in a mess. The poor medical conditions greatly challenge the medical assistance and largely increase the operational risks.

(4) Policy for remunerations

During their service abroad, Chinese foreign medical aid teams do not make any profits, which results in the relatively shortage in daily expenditure of the teams as well as in the medicine and apparatus they use during their assistance. The National Health and Family Planning Commission of the PRC would issue budgetary funds and these expenses are mainly paid by the Chinese government as a fiscal expenditure. Accommodations of the teams are provided by the recipient countries and some of the recipient countries offer certain allowances as well as reimbursement of the plane tickets. Meanwhile, foreign friends would donate some materials and funds for the foreign medical aid team, so as to guarantee the regular development of the foreign medical aid team.

(5) Team-organizing and working duration

Normally, a province is responsible for the foreign medical aid team dispatched to a country. This task is not only a communication and cooperation in medical and culture, but also a political task, which is often undertaken by municipal or provincial secondary class A hospitals or local hospitals of higher levels in turns. Generally, one hospital works as the main undertaker and other supplement institutions actively cooperated with each other, so as to consist of a foreign medical team. At the beginning, foreign medical aid teams would be selected by the institution and hospital. Since the Reform and Opening up, the selection has gradually changed. Medical institutions would examine the professional medical level of the volunteer staff. These selection approaches and remuneration systems cause following problems. Firstly, the personnel are selected, and they lack professional training on medical foreign aid and the selection method is unreasonable. Since several hospitals are responsible for the selection in turns, it is hard to form an ordered foreign medical aid team. Meanwhile, various provinces are responsible for their recipient countries independently and the different regional selection standards would lead to the difference in the medical level of the team members. Moreover, the backward medical conditions and lack of professional medical apparatus make it harder for foreign medical aid members to improve their professional skills and thus affect their performance, which greatly challenges the medical assistance. Furthermore, personnel would not get more salary than they were in China, but even lower. And the team members lost the opportunity to further improve their abilities and their promotions become very difficult. Meanwhile, there are no corresponding honors to motivate the team members, which greatly reduced their motivation. Secondly, because of the unreasonable working duration and the rapid renewal of the teams, the one-week transition is no longer enough for the newly-arrived team members to get accustomed to the local environment, which results in an ineffective cooperation of the team. Thirdly, the whole team turnover makes it hard for the new team to get used to the local environment. Moreover, the team mainly consists of medical professionals, who lack administration experience. Meanwhile, the differences among various medical departments make it more difficult to manage the team. Fourthly, team members staying far away from their family members cannot follow them overseas, which would affect the emotion of the team members.

4.4 Summary on China's medical aid to the Republic of Angola

4.4.1 China's assistance to the Republic of Angola

(1) China's relationship with the Republic of Angola in history

From national liberation movement, civil war and finally, the end of the war and then economic development, the history of the Republic of Angola is similar to the histories of most African countries, reflecting the development experience of most regions in Africa. The Republic of Angola, the first African country that China has provided aid to, is the second largest oil exporting country for China and enjoyed the closest cooperation with China. Situated at the west coast of Africa, the country is a significant gateway to Western Africa and Middle Africa. Just like most countries in Africa and Latin America, the Republic of Angola has been colonized by Portugal for a long time. In 1960s, there was a wave of national liberation movement to fight against colonial governance in the country. There were mainly 3 armed forces inside the country, which were Democratic Front for the Liberation of Angola (FDLA), the National Union for the Total Independence of Angola (UNITA) and the People's Movement for the Liberation of Angola (MPLA). The struggle for national liberation and the struggle between different armed forces appeared in Angola at the same time. In 2002, the civil war of the Republic of Angola stopped. After years of wartime, Angola has become an undeveloped economy with severely destructed infrastructure. According to statistics from the World Bank, GDP of Angola had a very small growth from 1985-2002. Because of the civil war, Angola missed globalization which started from 1980s and cannot participate into the global economic architecture. When other countries and regions have joined globalization and started their economic boom, Angola and other African countries shared the same plight were left behind and they walked slowly towards the edge of global economy (Zhang, 2017).

Under such circumstances, Angola, where the civil war stopped in 2002, needed a lot financial support for reconstruction. Therefore, Angola has turned to China for assistance. It is under such circumstances that China has assisted Angola in a large scale.

After the stop of the civil in 2002, China has built a more active economic cooperation with Angola to recover its economic development. At the end of 2003, both sides signed a series of cooperation contracts on engineering, loans and resources, despite the fact that Angola did not have the ability to pay the debt. Therefore, China advised that Angola might

take its unexploited oil resources as a warrant. Since then, China has assisted Angola on a large scale and China's foreign assistance pattern has formed.

Recently, China has provided much economic and technical assistance to Angola, completing many livelihood projects. In 2011, China and Angola signed foreign labor cooperation contract. By the end of 2015, China has signed labor cooperation contracts worthy of US \$56.54 billion in Angola with revenue of US \$48.34 billion. In Angola, there are over 100 government-owned and private Chinese enterprises and there are over 180,000 Chinese people working in Angola (Li, 2016).

In April 2015, the Steering Committee for Economic and Commercial Cooperation between Angola and China was established, and the first conference was convened. In May 2015, the Fifth Conference of the Steering Committee for Economic and Commercial Cooperation between Angola and China held in Beijing. In 2016, Angola became China's second largest trading partner in Africa and the trade amount between China and Angola reached US \$15.629 billion, with a year-on-year decline of 20.7%. Among them, China's export amount was US \$1.681 billion, with a year-on-year decline of 54.8% and import amount was US \$13.948 billion, with a year-on-year decline of 12.8%. China exports facilities, steel products, cars and high-tech products to the Angola in exchange of its crude oil, natural gas and other natural resources. In November 2016, Angola-China Investment Forum was successfully held in Luanda with about 700 entrepreneurs from China and Angola attending. During the Forum, the two sides have signed 48 cooperation agreements with a total investment of US \$1.2 billion (Zhang, 2017).

(2) The Angola Pattern

In March 2004, the Export-Import Bank of China signed an agreement on loans with Ministry of Finance of the Republic of Angola. In the Agreement, China agreed to provide a loan of US \$2 billion for infrastructure and Angola would pay with its petroleum exploited in the future. The pattern of trading petroleum with infrastructure is called the Angola Pattern. On one hand, the petroleum industry has always been a pillar industry of Angola, but long time of chaos caused by war has severely impeded the development of related industries. On the other hand, the booming development of quantities of its foreign exchange reserves to overseas markets to gain more profits has become China's priority. Since China has developed rapidly and Angola has abundant resources, China's assistance to Angola is of great importance (Li, 2016) (see Figure 4-1).

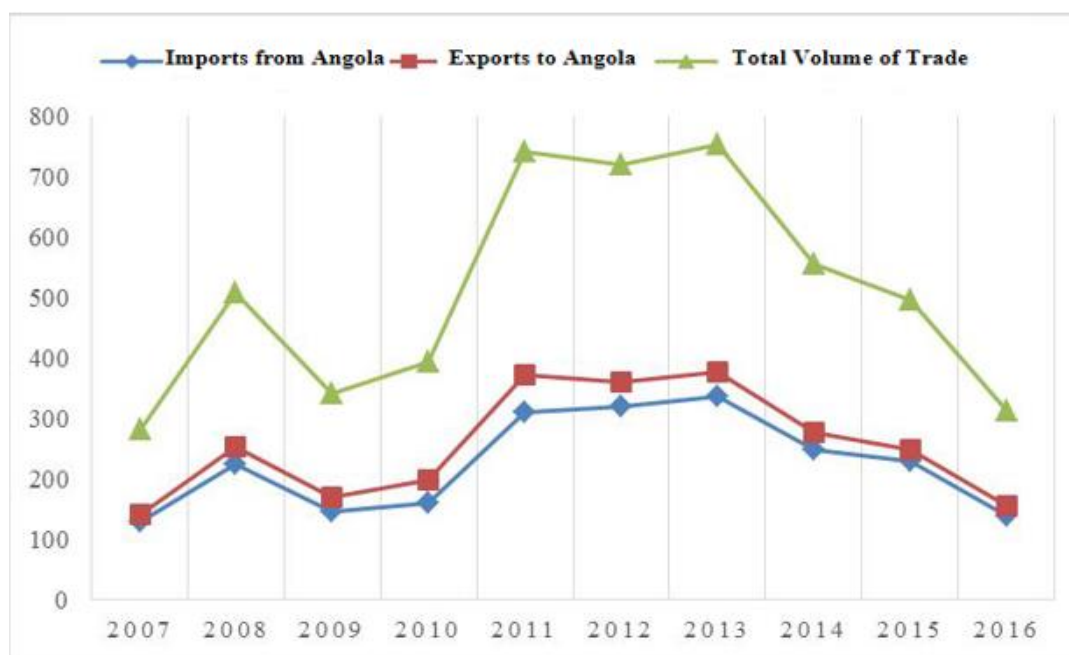


Figure 4-1 2007-2016 Trade between China and Angola

(US \$ 0.1 billion)

Source: China Investment (2017)

The rapid development of China is inseparable from natural resources including petroleum and mineral. However, China is relatively poor in natural resources. Resource supply will become a significant issue in the future in China. The Middle East is unstable, and countries are trying to control each other. With the growth of detected petroleum reserves, Africa will become the second significant producer of petroleum outside the Middle East. In recent years, many countries including both emerging countries and traditional leading powers are paying more attention to Africa. It is essential for China to find energy and resources in Africa to support China's economic construction.

Compared with the traditional assistance pattern, this pattern provides recipient countries with loans that are comparatively easier to get and larger political space without political strings attached. The Angola pattern has three more new features. Firstly, Angola pattern has increased the participation of recipient countries. Cooperative assistance improves the independence of recipient countries and meets the demands of recipient countries.

Secondly, the Angola pattern assures the aid project would be implemented according to the scheme. During the whole scheme, China's enterprises make contracts through public bidding for most of the China's assistance projects and are administrated and supervised by the third party. The third party would report the process of the project to proprietors in Angola regularly and the proprietors would report it to the Ministry of Finance of the Republic of

Angola. After the approval of the Ministry of Angola, the Export-Import Bank of China will pay project budget to the contractor (see Table 4-1).

Table 4-1 2007-2016 Trade between China and Angola

Year	Imported from Angola	Exported to Angola	Total trade amount
2007	128.9	12.3	141.2
2008	223.8	29.4	253.2
2009	146.8	23.9	170.7
2010	160	37.2	197.2
2011	311.1	59.8	370.9
2012	319.7	39.6	359.3
2013	335.6	40.4	376.0
2014	249.2	27.8	277.0
2015	228.2	20	248.2
2016	139.5	16.8	156.3

(US \$0.1 billion)

Source: China Investment (2017)

Thirdly, the Angola Pattern avoids corruption such as embezzling or diverting assistance funds in the recipient countries. From the above process of payment, we can conclude that enterprises or government departments in Angola cannot directly handle China's fund because the cash only flows between the Export-Import Bank of China and Chinese constructors. So, the government of Angola does not actually get in touch with the funds. Theoretically, the Angola Pattern rules out the option of handing assistance funds to the recipient countries which is criticized by many people, and in this way, the funds can be used effectively.

4.4.2 Cultural differences between China and Angola

Through the study and research on Hofstede's cultural dimension model, we analyze inherent cultural differences between China and Angola from six dimensions.

(1) Individualism versus collectivism dimension (IDV)

Based on the result in the Figure 4-2, the score of Angola is 17-23 and the score of China is 17-23, which are relatively low in general. In countries with a lower degree of individualism index, individuals depend on the existence of the group and the latter provides a sense of security for the former.

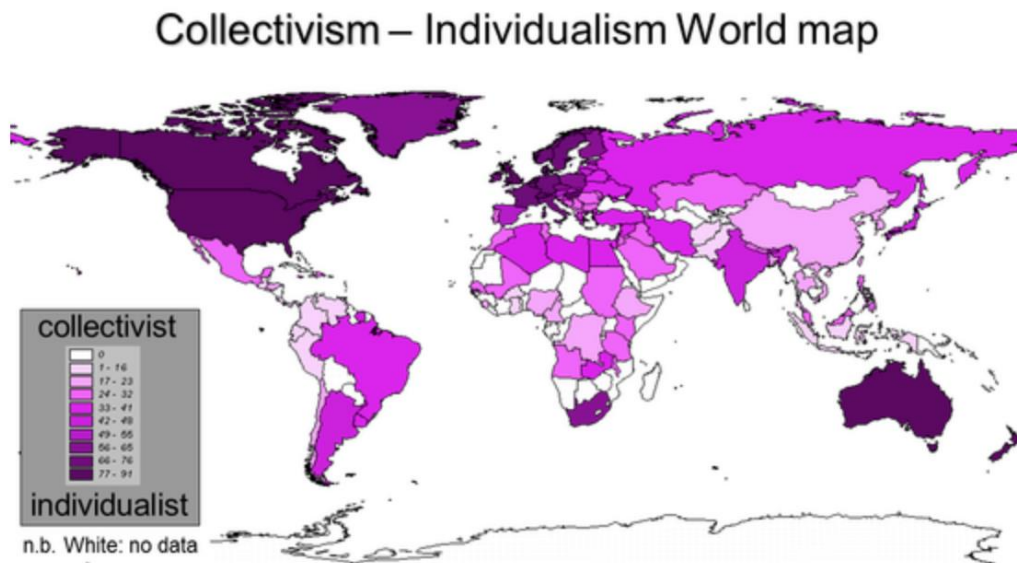


Figure 4-2 IDV distribution in Hofstede's cultural dimension model

Source: Hofstede (2017)

“At a score of 20 China is a highly collectivist culture where people act in the interests of the group and not necessarily of themselves. In-group considerations affect hiring and promotions with closer in-groups (such as family) are getting preferential treatment. Employee commitment to the organization (but not necessarily to the people in the organization) is low. Whereas relationships with colleagues are cooperative for in-groups they are cold or even hostile to out-groups. Personal relationships prevail over task and company.

Angola's very low score of 18 means that it is considered a collectivistic society. This is evident in a close, long-term commitment to the member 'group', be that a family, extended family, or extended relationships. Loyalty in a collectivist culture is paramount and overrides most other societal rules and regulations. The society fosters strong relationships where everyone takes responsibility for fellow members of their group. In collectivist societies: offence leads to shame and the loss of face, employer/employee relationships are perceived in moral terms (like a family link), hiring and promotion decisions take account of the employee's in-group and management is the management of groups (Hofstede-Insights, 2018).”

(2) Power distance index (PDI)

The Figure 4-3 shows that the scores of Angola and China are both 68-74, which is relatively high in general. Social members in countries with a higher degree of PDI are more acceptable to inequality, and the vulnerable groups tend to rely and trust on the powerful ones.

In actual work operation, a high PDI indicates that employees can follow the hierarchy in an organization. Obviously, China and Angola are similar to each other in this regard.

Dimension maps: Power Distance

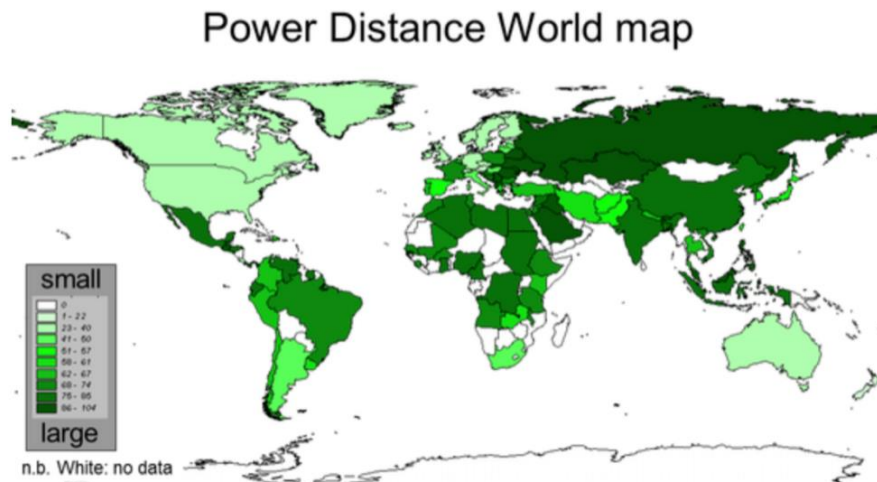


Figure 4-3 PDI distribution in Hofstede's cultural dimension model

Source: Hofstede (2017)

“At 80 China sits in the higher rankings of PDI – i.e. a society that believes that inequalities amongst people are acceptable. The subordinate-superior relationship tends to be polarized and there is no defense against power abuse by superiors. Individuals are influenced by formal authority and sanctions and are in general optimistic about people's capacity for leadership and initiative. People should not have aspirations beyond their rank.

A high score of 83 on this dimension indicates that Angola is a hierarchical society. This means that people accept a hierarchical order in which everybody has a place, and which needs no further justification. Hierarchy in an organization is seen as reflecting inherent inequalities, centralization is popular, subordinates expect to be told what to do and the ideal boss is a benevolent autocrat (Hofstede-Insights, 2018).”

(3) Masculinity versus femininity index (MAS)

The result of the Figure 4-4 shows that Angola scores 35-42 and China scores 74-88, which indicates great differences in national cultures of the two countries. In the score range of 0-110, Angola scores a low grade, which demonstrates that it prefers femininity. In real life, people believe that gender difference will not influence their work and both men and women

can engage in the same work. In addition, there are more female Angolan senior leaders in enterprises than male leaders and the former know better how to reach a consensus.

Dimension maps: Masculinity

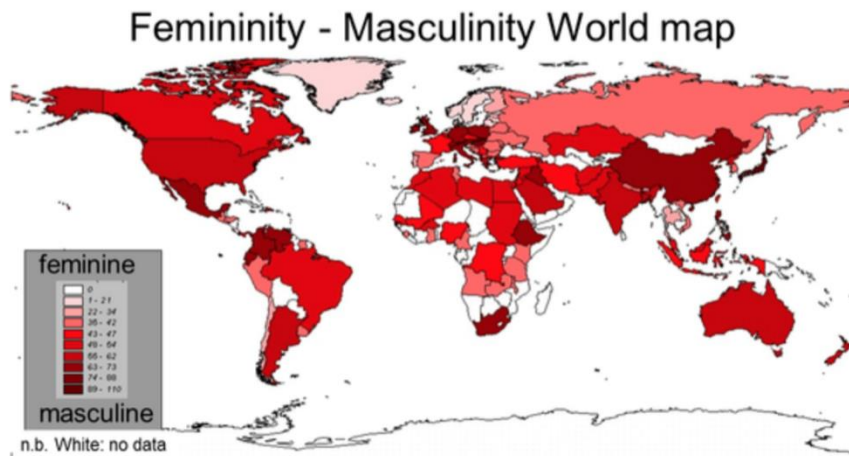


Figure 4-4 MAS distribution in Hofstede's cultural dimension model

Source: Hofstede (2017)

On the contrary, China scores a high grade, which shows a preference to masculinity. People put more importance to job income, promotion opportunities, challenges, and recognition from their leaders. For men, they pay more attention to the importance of their work while women take no count of roles of their jobs.

“At 66 China is a Masculine society –success oriented and driven. The need to ensure success can be exemplified by the fact that many Chinese will sacrifice family and leisure priorities to work. Service people (such as hairdressers) will provide services until very late at night. Leisure time is not so important. The migrated farmer workers will leave their families behind in faraway places in order to obtain better work and pay in the cities. Another example is that Chinese students care very much about their exam scores and ranking as this is the main criteria to achieve success or not.

With the very low score of 20 on this dimension, Angola is thus considered a relatively Feminine society. In Feminine countries the focus is on “working in order to live”, managers strive for consensus, people value equality, solidarity and quality in their working lives. Conflicts are resolved by compromise and negotiation. Incentives such as free time and flexibility are favored. Focus is on well-being and status is not shown or emphasized (Hofstede-Insights, 2018).”

(4) Uncertainty avoidance index (UAI)

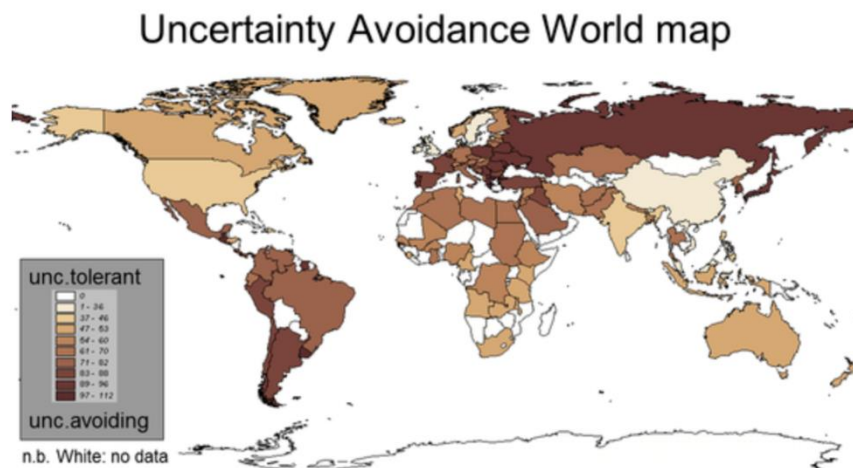
Dimension maps: Uncertainty Avoidance

Figure 4-5 UAI distribution in Hofstede's cultural dimension model

Source: Hofstede (2017)

In the Figure 4-5, the result indicates that the score of Angola is 47-53 and that of China is 1-36. At this point, China has a lower UAI, which suggests that in Chinese culture, people tend to feel less threatened in the face of uncertainties or unexpected conditions and are more tolerant towards future uncertainties. This contributes to less anxiety in the whole society and more curiosity and tolerance by the mainstream society for new things. However, Angola, which scores a medium grade in this regard, seeks for a balance between the precise and rigorous organizational system and loose organizational structure.

“At 30 China has a low score on Uncertainty Avoidance. Truth may be relative though in the immediate social circles there is concern for Truth with a capital T and rules (but not necessarily laws) abound. None the less, adherence to laws and rules may be flexible to suit the actual situation and pragmatism is a fact of life. The Chinese are comfortable with ambiguity; the Chinese language is full of ambiguous meanings that can be difficult for Western people to follow. Chinese are adaptable and entrepreneurial. At the time of writing the majority (70% -80%) of Chinese businesses tend to be small to medium sized and family owned.

Angola has a relatively high score of 60 on this dimension so there is a preference for avoiding uncertainty. Countries exhibiting high Uncertainty Avoidance maintain rigid codes

of belief and behavior and are intolerant of unorthodox behavior and ideas. In these cultures, there is an emotional need for rules (even if the rules never seem to work), time is money, people have an inner urge to be busy and work hard, precision and punctuality are the norm, innovation may be resisted, and security is an important element in individual motivation (Hofstede-Insights, 2018).

(5) Long-term orientation versus short-term orientation index (LTO)

Dimension maps: Long-term Orientation

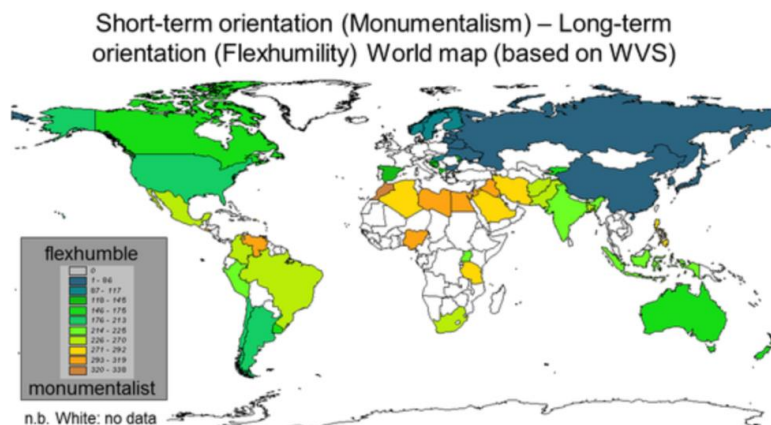


Figure 4-6 LTO distribution in Hofstede's cultural dimension model

Source: Hofstede (2017)

In the Figure 4-6, the result suggests that Angola has no score in this point. But analyzing the scores of South Africa, Nigeria, and Tanzania, whose location and culture are close to Angola, which are 226-270, 293-319, and 271-292 respectively. Based on the method of intermediate value, the score of Angola is expected to be 271-292, which is relatively high. The score of China is 1-66, which is relatively low. This indicates that the long-term orientation culture is adopted in China while the short-term orientation culture is adopted in Angola.

Long-term orientation means to advocate the public to acquire moralities focusing on the future, including determination and frugality. While short-term orientation refers to cultivate moralities that concerning the current and the past, including attention to traditions, self-esteem, and contribution to the society. Politically and religiously, residents in regions with a higher degree of long-term orientation index have not formed any traditions and the state will manage all affairs without any autonomous work. In the regions with a higher

degree of short-term orientation index, however, there is no clear distinction among state governments, ordinary enterprises, and other agencies. They all belong to administrative departments and they have established independent governmental functional departments for effective autonomous work.

“China scores 87 in this dimension, which means that it is a very pragmatic culture. In societies with a pragmatic orientation, people believe that truth depends very much on situation, context and time. They show an ability to adapt traditions easily to changed conditions, a strong propensity to save and invest, thriftiness, and perseverance in achieving results.

Angolan culture can be characterized as normative due to its very low score of 15 on this scale. People in such societies have a strong concern with establishing the absolute Truth; they are normative in their thinking. They exhibit great respect for traditions, a relatively small propensity to save for the future, and a focus on achieving quick results (Hofstede-Insights, 2018).”

(6) Indulgence versus restraint index (IND)

In the Figure 4-7 on the next page, the result shows that the score of China is 1-84, which is the lowest one, and Angola has a score of 168-190. Based on our life experience in Africa, it is found that the general culture in Angola is relatively close to that of other African countries with a middle score. Unlike Chinese people, Angolan people will not be industrious or frugal. In addition, Chinese culture pays more attention to accumulation and internal reflection.

“China is a Restrained society as can be seen in its low score of 24 in this dimension. Societies with a low score in this dimension have a tendency to cynicism and pessimism. Also, in contrast to Indulgent societies, Restrained societies do not put much emphasis on leisure time and control the gratification of their desires. People with this orientation have the perception that their actions are Restrained by social norms and feel that indulging themselves is somewhat wrong.

Angola is an Indulgent country; this is evident from the very high score of 83 it received on this dimension. People in societies with a high score in Indulgence generally exhibit a willingness to fulfill their impulses and desires, especially with regard to enjoying life and having fun. They possess a positive attitude and have a tendency towards optimism. In

addition, they place a higher degree of importance on leisure time, act as they please and spend money as they wish (Hofstede-Insights, 2018).”

Dimension maps: Indulgence

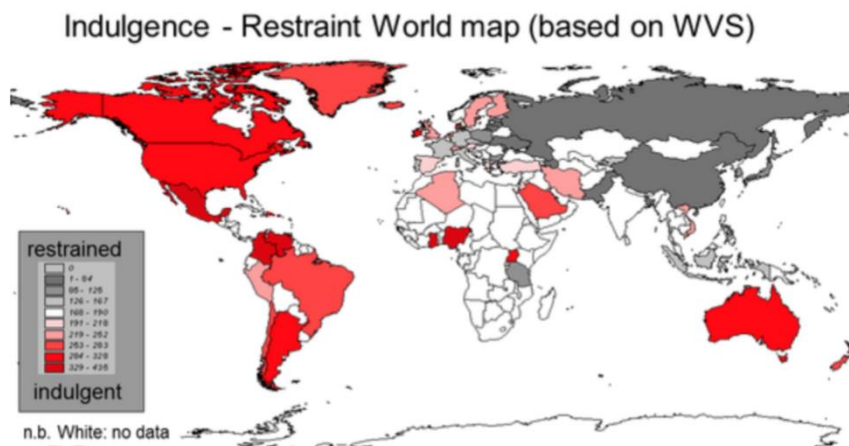


Figure 4-7 IND distribution in Hofstede’s cultural dimension model

Source: Hofstede (2017)

4.4.3 Introduction to the healthcare settings in Angola

Angola, situated on the coast of West Africa, is the gateway of West Africa and Central Africa. Like most countries in Asia, Africa and Latin America, Angola had long been a colony of Portugal and the long-term chaos caused by war led to a lagging economy and severely-damaged infrastructure in Angola. Limited by the economy, political situation, history and other factors, healthcare settings in Angola are comparatively bad, which can be reflected in the following aspects:

(1) Lacking medicines and mainly depending on imports. As mentioned above, Medical resources are seriously scarce in Africa and most medicines need to be imported from other countries. Angola is no exception. Currently, most medicines manufactured by local pharmaceutical industry in Angola are the commonly-used antibiotics, antipyretics and other generic drugs and dosage forms are limited. The existing pharmaceutical industry lacks supporting conditions so the raw materials as well as packing materials of medicines still depend on imports. The medicines manufactured locally are basically consumed by locals. Because of the relatively poor infrastructure and insufficient fund, capacity utilization of the local pharmaceutical companies in Angola is generally low, types of medicines that can be

manufactured are limited and most medicines depend on import. The serious medicine shortage makes it hard to meet the normal medical needs so that some diseases cannot be treated effectively. When it comes to the vaccine, as a serum product, the cost of the vaccine is extremely high. Africa, the continent that Angola is situated in, has numerous and diverse diseases and most people there have never been vaccinated. Because of the large population in Angola, vaccines are seriously in short supply.

Before going to Angola, Chinese must be vaccinated against yellow fever and other diseases. Malaria incidence is relatively high and diseases like typhoid, cholera, rabies, tuberculosis and AIDS are common. Because of the limited medical conditions, specimens need to be sent abroad (such as South Africa and France) to be tested after the appearance of the symptoms of those fatal illness. There are three major hospitals and some private clinics in the capital Luanda. When seeing a doctor in the major hospital, besides the registration fee, patients, generally, need to leave tips to doctors. Normally, no pharmacy will be set up within the hospital and patients have to buy drugs in the pharmacy outside based on the doctor's prescription. Because of the poor hygienic and medical conditions of hospitals in Angola, Chinese residents there would bring medicines with them from China.

(2) Lacking medical facilities and experts. Other than medicines, Angola is in short of medical facilities. In recent years, with the rapid economic development and aids from other countries, the number of medical facilities in hospitals in Angola has increased. However, Angola still lacks professional talents to operate the high-tech medical facilities such as CT, which leads to low utilization of foreign facilities and the standstill of medical treatment level.

(3) High cost and barriers of seeing a doctor in local hospitals. In Angola, most hospitals providing good medical treatment are private clinics which charge outrageous fees. Based on the author's investigation, the registration fee in these clinics is about US\$50 and the fee to run a CT scan is US\$600. Patients in these clinics are all the powerful and the rich. The medical treatment standards of these clinics can live up to the European standards and the maintenance cost is extremely high, so ordinary people cannot have access to those medical resources. In Angola, top doctors can have multiple licenses in different states which means they can work in different private hospitals. There are a few large public hospitals in the local area which were constructed with the help of other countries or left by the Portuguese colony. Although the construction style of those hospitals is quite good, their medical facilities are not enough, medical care standards are low and treatment methods are outdated.

(4) Having medical personnel from many other countries. In Angola, apart from China, there are medical personnel from other countries. There are numerous foreign doctors such as Cubans and North Koreans in Angola because the local government will provide them with subsidies which are much higher than their salaries in their own countries. Higher wages attract a large number of Cuban doctors to go to Africa. And because Cuban doctors and North Korean doctors can speak good Portuguese, they can work in Angola conveniently.

(5) Poor medical investment environment. Currently, two Chinese private enterprises have invested in medical projects in Angola. One of them established a hospital and the other one established a pharmaceutical factory. But both of them are losing money. The hospital had shut down and the factory operates at a loss because it is difficult to build good connection with the local government and hospitals. There are many reasons behind the poor medical investment environment. First, the local political situation in Angola is unstable, which makes it hard to attract major investment; and there are no preferential policies or protection measures to attract investment. Second, Angola's pharmaceuticals industry lacks industrial standards; Because of the long-standing influence of colonial governance, there are different medical systems in Angola. Third, enterprises' medical investment depends on their relations with the government and the local government of Angola has not established special department to communicate with enterprises or promote those investment projects (Liu, 2016).

4.4.4 Introduction to hospitals constructed by China in Angola

Currently, hospitals constructed by China in Angola mainly include hospitals constructed under the cooperation between China and Angola, hospitals constructed by Chinese large-scale state-owned enterprises, and hospitals constructed by China based on the contracts. Some typical hospitals will be illustrated.

(1) China Zhongtai Hospital. Zhongtai Hospital, affiliated with Zhongtai Senda International Construction Group, is a comprehensive medical institution. It is also the only licensed Chinese hospital which has been approved by the Ministry of Health and the Health Supervision Bureau of the Republic of Angola (Registration Number: 1452). The hospital, covering an area of 5000 m², has many departments such as the outpatient clinic, emergency department, inpatient department, operating rooms, medical technical department and other departments. The outpatient clinics have division of malaria, division of general internal medicine, department of general surgery, department of orthopedics, department of

neurosurgery, department of gynecology and obstetrics, department of urology, department of ear nose and throat (ENT), department of proctologist and department of lithotripsy. All doctors in the hospital come from top hospitals in China and have intermediate or senior professional job titles. The hospital pays attention to malaria prevention, general surgery operation, emergency trauma, gunshot wound, western medical therapies and internal medicine, featuring an integration of specialized and general departments. The medical technical department has the world-leading CT scanners, DR ultrasound scanners, laparoscopes, automatic biochemistry analyzers, hematology analyzers, ENT endoscopes, lithotripters, anosopes, ECG monitors, gastroscopes, parallel flow cleaning operation room. The hospital provides 24/7 service all year round.

(2) China Tiesiju Civil Engineering Group (CTCE) Hospital in Angola. Since CTCE Hospital's establishment in 2008, it has overcome many difficulties under the principles of providing service and guarantee to patients. Till now, the Hospital has rescued thousands of critically ill patients, handled tens of thousands of complex cases of injury, completed about tens of thousands of operations, and treated more than tens of thousands of patients suffering diseases such as malaria, dermatosis, gastrointestinal diseases, cardiovascular diseases and renal and urogenital disorders. When providing medical service for employees of CTCE, the Hospital also provides medical service for employees of many other Chinese companies. Currently, CTCE Hospital has been regarded as the largest Chinese medical institution with the highest medical treatment standard. And it is the only Chinese hospital recognized by the embassy and airlines, enjoying a high reputation among Chinese and Chinese companies in Angola. Now there are more than 10 wards and 40 beds in the Hospital. Among 19 medical personnel, six have senior professional job titles while 7 enjoy intermediate professional job titles. These medical personnel specialize in many fields including internal medicine, general surgery, cardiovascular disease, digestion, orthopedics, thoracic surgery, anorectum, ophthalmology and gynecology. Now CTCE Hospital can provide service such as B-mode ultrasound scan, CT scan, X-ray + CR, ECG, electron microscopy of gastroscopic scan, blood routine examination, stool test, blood biochemistry test, HIV screening and malaria test.

(3) Luanda Provincial General Hospital of Angola. The renovation and expansion project of Luanda Provincial General Hospital was undertaken by CTCE in December 2011 and formally transferred to the government of Angola on February 26, 2015. On June 8, 2015, a grand opening ceremony of the Hospital was held. After the new Hospital which focuses on providing medical service to women and children was put into use, its overall scale has tripled

the covering area to 22000 m². The Hospital is complete in range with advanced facilities, which improves the medical treatment for Angolans. So far, the largest foreign-aid project provided by the Chinese government was the renovation and expansion project of Luanda Provincial General Hospital which was situated in Kamama district on the 15 South Road of Luanda. After finishing the project, the overall area of the Hospital increased from 8000 m² to 22000 m² and the number of beds increased from 100 to 335 including 17 beds for ICU, 12 beds for NICU, 24 beds for observation, 14 beds for dialysis and 288 beds for general patients (Liu, 2016).

4.4.5 Medical teams sent by China to Angola

By the end of 2016, China has sent medical teams to Angola for four times. The details are as follows.

The Chinese government sent its first medical team of 18 persons to Angola in 2009.

On October 11, 2011, on behalf of the two sides, Ambassador of China to Angola Gao Kexiang and the Minister of Health of Angola Jose Van-Dunem jointly signed the *Protocol of Sending the Second Medical Team to Work in Angola by China* in capital Luanda. Based on the Protocol, recently, the Chinese government would send the second medical team to Luanda Provincial General Hospital of Angola to work. This medical team consists of 17 medical experts and other staff. They would take over the medical work for the staff of the first medical team who had worked in the Hospital for two years, continuing to help Angola relieve the shortage of medical workers. The international travelling expenses between China and Angola, salaries of the medical workers in Angola, transportation expenses and communication expenses in Angola would be paid by the Chinese government (Li, 2016).

On October 24, 2013, on behalf of the two sides, Ambassador to Angola and the Secretary of the State Affairs of Angola jointly signed the *Protocol of Sending the Third Medical Team to Work in Angola by China* in capital Luanda. Based on the Protocol, the Chinese government would send the third medical team of 11 medical staff to Luanda Provincial General Hospital of Angola to work and exchange experiences with local medical staff in Angola through medical practice. This project lasts for 2 years.

At the end of August 2016, Ambassador to Angola Cui Aimin and the Secretary of the Diplomatic Affairs of Angola Ângela Bragança jointly signed the *Protocol of Sending the Fourth Medical Team to Work in Angola by China* in capital Luanda. Ambassador Cui Aimin said in a press conference that the medical team is the project of China's voluntary foreign aid

to help Angola. Since 2009, China has sent more than 50 medical staff to Angola to provide free medical service for Angolans voluntarily. This not only benefits local people's health but also improves the friendship between the two peoples. On behalf of Angola, Ângela Bragança expressed his sincere appreciation to the Chinese government for its long-standing medical help and support. Ângela Bragança said that Angola would further improve its cooperation and exchanges with China in all fields in the future to open up a new dimension of operation between China and Angola (Liu, 2016).

4.5 Status Quo of HRM in hospitals constructed by China in Angola—a case study of CTCE Hospital

4.5.1 Introduction to CTCE Hospital

Established in 2008, CTCE Hospital has now developed into a general hospital from the CTCE Health Center, which enjoys a high reputation in Angola. Currently, CTCE Hospital has been awarded as Chinese largest medical institution in Angola and the only Chinese hospital recognized by the embassy and airlines. Now there are more than 10 wards and 40 beds in the Hospital. Among 19 medical personnel, six have senior professional job titles while 7 enjoy intermediate professional job titles. These medical personnel specialize in many fields including internal medicine, general surgery, cardiovascular disease, digestion, proctology, orthopedics, thoracic surgery, ophthalmology and gynecology. Now CTCE Hospital can provide service such as B-mode ultrasound scan, CT scan, X-ray + CR, ECG, scanning electron microscopy for endoscopy, blood examination, stool test, blood biochemistry test, HIV screening and malaria test (data from the author's investigation).

Since its establishment, apart from providing high-standard and high-quality medical service to more than 4000 employees of the Angola Project who participate in the construction work all year round, the CTCE Hospital also undertakes the medical task of treating and curing overseas Chinese in Angola and local people under the trust of the Chinese Embassy and Consulate. CTCE Hospital has conducted a series of difficult operations with high risks and rescued more than 600 severe patients suffering gunshot wounds, hemorrhagic shock, cerebral malaria and gastric perforation. Although being faced with many difficulties and under great pressure, the Hospital rescued more than 4000 patients suffering dengue and more than 2000 patients suffering falciparum malaria. This has helped

the Hospital expand its business areas, enhance its business performance and greatly improve its reputation in Angola (Liu, 2016).

4.5.2 Encoding Analysis of HRM of CTCE Hospital in Angola

The author focuses on the main issues concerning 9 aspects of human resources management in Angola's aided hospitals and conducts interviews with medical personnel who work there. The interview data is encoded and analyzed, and results are shown in the Table 4-2.

4.5.3 Status Quo of HRM in the CTCE Hospital

(1) Recruitment. Currently, the major medical personnel of CTCE Hospital are not local doctors but Chinese dispatched doctors. China's aid to Africa include over 40 medical teams and adopts a province-to-state approach. For example, medical resources of Anhui Province assist Yemen, and Sichuan Angola. Costs are covered by Ministry of Commerce of the People's Republic of China. In this cooperation model, the recipient countries offer infrastructure while China offers doctors who work with local doctors (Interview 1). The selection of doctors for overseas hospitals follows strict procedures and processes because the selected doctors represent China's image abroad. In general, based on relevant regulations, the selected medical personnel for foreign aid projects need to meet the following conditions: First is the strong political sense. The applicant should have high ideological and political consciousness, be patriotic, support the leadership of the Party, get the big picture, have team spirit and dedication spirit, and be willing to contribute to the foreign aid projects of China; second are the educational background and skill conditions. The applicant should at least graduate as a bachelor, have years of work experience and perform well at work, be capable of treating common diseases and be with relatively comprehensive clinical practice experience. Third is the foreign language proficiency. The applicant should have a good command of English, can carry on simple conversation, and be capable of using English in clinical diagnosis and treatment as well as in work communication and daily communication after specific training. Fourth are age and physical conditions. Normally the selected medical staff will be the young and middle-aged ones who are at the age of 30-40 years old. The applicant should be in good health so that they can work under difficult conditions and play their roles there to provide better medical help to people in recipient countries.

Table 4-2 Encoding analysis of interview data of China Tiesiju Civil Engineering Group (CTCE) Hospital

No.	Theme	Purpose	Interview questions	Findings	Discoveries
1	Status Quo of medical aid	Getting the interviewees' idea about the actual medical aid situation.	(1) What is your general idea and understanding of the status quo of China's medical aid to Africa? (2) For the actual situation of the medical aid are you satisfied with it?	----- ----- ----- 20% are satisfied, 80% are not	(1) Some personnel explain that at this time there are still deficiencies. (2) Some of the new medical staff are shocked because of the contrast of what they thought before coming.
2	Foreign aid recognition	Exploring their understanding of medical aid from employees' personal perspective.	(1) How do you personally think about medical aid? (2) If you have a second chance, will you still choose this job, and why?	----- ----- 60% will, while 40% will not	(1) Being involved in the work of foreign aid is mainly for self-improvement and realizing value. (2) The conditions are difficult, language barrier exists, and it is out of touch with the local mainstream society.
3	Recruitment	Analysis of the recruitment process and possible improvements.	(1) Do you think that the talent selection process of the China Tiesiju Civil Engineering Group Hospital is fair and reasonable? (2) If not, what do you think should be improved?	80% think it is reasonable, while 20% do not ----- ----- -----	(1) The job applicants' initiative shall be taken into more account. (2) More preferential treatment shall be offered.

Degree of Satisfaction of Medical Staff in China-aided Hospitals in Africa

4	Staff turnover	Exploring whether there exists personnel mobility, and the reasons behind it if it exists.	(1) Do you think there is a problem of greater mobility in the hospital? (2) If so, what do you think are the main reasons for this problem?	80% think it exists, while 20% do not ----- -----	(1) Missing beloved ones. (2) No advantages in their wage. (3) Cultural differences are difficult to adapt.
5	Staff training	Is employee training implemented and effective?	(1) Do you think that the hospital's training for staff is appropriate, scientific, and effective? (2) What do you think should be improved? (3) If not, what kind of training do you think you need the most?	40% think it is appropriate, while 60% inappropriate ----- ----- -----	(1) The training intensity is lower than that of China. (2) The training is relatively unsystematic. (3) The language training and training in coordination with local medical system is necessary.
6	Performance appraisal	Is the performance appraisal reasonable, how do you think to improve it if not?	(1) Whether do you think the current performance appraisal method is reasonable, what problems exist, and what suggestions do you have? (2) In performance appraisal, which one do you think should be the main assessment content?	20% think it is reasonable, while 80% unreasonable ----- ----- -----	(1) Evaluation criteria are too simple, which cannot stimulate subjective initiative. (2) Efficiency is lost in the pursuit of fairness.
7	Salary and welfare	Are employees satisfied with the salary, whether the welfare is in place, and how to improve?	(1) Are you satisfied with your salary? (2) What is the main basis for paying? (3) In addition to the basic salary, is other welfare packages satisfactory, such as benefits, subsidies, insurance?	60% are satisfied, while 40% are not ----- ----- -----	(1) The main basis is the specific job positions and years of work. (2) Comparatively lower satisfaction with the wage and welfare.

Degree of Satisfaction of Medical Staff in China-aided Hospitals in Africa

8	Promotion	Is the promotion system reasonable? How do you think to optimize the promotion system if not?	(1) Are you satisfied with the current promotion system? (2) What is the current promotion system? (3) Do you have any good suggestions?	20% are satisfied, while 80% are not ----- ----- -----	(1) There is basically no promotion system, and there may be promotion after returning to China. (2) Outstanding employees can get promoted and rewarded during the assistance period.
9	Cross-cultural management	Is there a gap with the local culture of Angola?	(1) Are you having difficulty adapting to the local environment and culture at work? (2) What kind of help do you want from the hospital in this regard?	100% have difficulties 0% do not ----- -----	(1) Language training. (2) Business communication with local medical institutions and personnel. (3) Organization and participation in local social activities.

Based on a series of documents and relevant notices issued by the Ministry of Health of China, the selection of medical team leaders for foreign aid projects needs to follow much stricter procedures. The requirements for the applicants are as follows: First, applicants who are CPC members are preferred; among the CPC members, professional applicants who have rich clinical practice experience are preferred; applicants should also be devoted to medical work in aid of a foreign country, be characterized by high comprehensive quality, complete tasks better, show good spirits of Chinese medical staff and build a good and responsible image of China. Second, excellent middle-aged applicants with high prestige and good leadership skills are preferred because they can unite the whole team better and show better communication and cooperation skills. Third, applicants should have team spirits. Applicants who can look at the big picture and are self-discipline are preferred. Fourth, applicants who are in good health and under the age of 50 years old are preferred.

After roughly selecting suitable applicants, another round of identity check needs to be conducted to determine the final applicants. The process is as follows. First, based on the requirements of specific medical department and the number of medical staffs stated in the *Protocol of Medical Teams in Aid of a Foreign Country*, the specific notice should be issued to relevant government departments. Second, departments should determine the eligible applicants and present the list of applicants to the higher-up according to the requirements in the notice. The number of selected applicants should be twice as much as the number needed in the notice so the higher-up can go through the identity check and select the most eligible ones. After finishing the above steps, under the leadership of the Ministry of Health, an evaluation working group would be formed to strictly evaluate the listed applicants to ensure all selected applicants are the most eligible. Then combining the comments and suggestions of the evaluation working group, a complete list of applicants will be determined. Next the list will be presented to the higher-up for confirmation and approval. Finally, after the confirmation and approval, a detailed list of applicants will be issued, informing every department the detailed list of the selected medical staff.

(2) Personnel training. In order to ensure that the selected medical staff can perform better in the future work, CTCE Hospital will organize systematic foreign language training for the selected medical staff based on their level. And the Hospital has set up strict and standardized training rules. After finishing training which lasts for several months, a final exam will be arranged to test the training result. Only those who pass the final exam can become the medical staff in aid of a foreign country. Getting a certificate of qualification after

training is the prerequisite and foundation of the medical personnel who want to become medical staff in aid of a foreign country. The foreign language training will cover a wide range of topics including medical terminologies, general communication in hospitals, diplomatic policies, security and confidentiality regulations, etiquette and basic politics and social situation of the benefit country. These are the compulsory training for every medical staff in aid of a foreign country. For team leaders, interpreters and other staff who are responsible for special tasks, apart from attending the above training programs, they should take part in the relevant training programs organized by the Ministry of Health of China because higher requirements are set for them. Moreover, based on the staff's situation, CTCE Hospital provides various help for them, trying to improve their comprehensive quality and ability, enhance their overall medical treatment skills and help them work better in the future when they are in aid of a foreign country.

However, the official language of Angola is Portuguese. Although the hospital has organized Portuguese learning, the two-month foreign language training is still insufficient (Interview 2). Table 3-3 shows that the satisfaction rate for personnel training is only 40%. Portuguese is complicated and difficult to grasp in a short time. Currently, Chinese doctors can only communicate with patients and local doctors in basic Portuguese. Therefore, they sometimes encounter language barriers. Investment in language training needs to be increased to deal with shortcomings in HRM.

(3) Salaries and bonuses. In order to ensure the benefits and interests of the medical personnel of foreign aid projects, CTCE Hospital guarantees that all their salaries and bonuses are no less than what they get in China. This helps protect their benefits and helps them work in a foreign country without any worries. Besides, the Hospital also provides corresponding allowance in that foreign country for them to promote their devotion to the foreign aid projects. Moreover, the Chinese government and CTCE will offer a certain amount of cash subsidies to medical personnel in aid of a foreign country and promise them job promotion.

However, in recent years, wages of medical workers in China have seen a rapid increase. Therefore, fewer and fewer medical personnel are willing to respond to the national call for aid to Africa. The government's encouragement generally includes giving cash rewards and promising job promotion. But compared to the domestic environment, it is less attractive (Interview 4). According to some interviewees, salaries and bonuses in domestic hospitals are definitely more than the foreign aid allowances at present, that's why these allowances are not very attractive (Interview 3). According to Table 3-3, the satisfaction rate for salaries and

bonuses is 60%. In conclusion, although the Chinese government and hospitals have provided certain foreign aid allowances and cash rewards, level of talent satisfaction with salaries and bonuses is comparatively low due to the rapid increase in wages in domestic hospitals. Therefore, subsidies and investments still need increasing.

(4) Employee assessment. Based on the spirits of *Notice of Issuing the Temporary Regulations on Evaluation, Rewards and Punishments of Medical Personnel in Aid of a Foreign Country*, the employee assessment of medical personnel in aid of a foreign country will be carried out by the CTCE Hospital in accordance with its detailed rules of personnel management (The Ministry of Health of China, 2006). The assessment of the medical personnel includes annual assessment and term assessment. Medical personnel can get different awards based on their assessment results. The awards include financial bonuses and spirit incentives, reflecting the comprehensiveness of the incentive policy. During the assessment process, based on their task performance, 20% medical personnel will be selected as excellent employees who are to be awarded. The assessment result is important for the medical personnel's future work and it plays a significant role in their promotion in China.

(5) Promotion of professional job title. The promotion of medical personnel in aid of a foreign country is strictly in line with relevant regulations of the Health Ministry of China and the detailed rules of the CTCE Hospital in this area. In order to help them work conveniently in a foreign country, during the period of foreign aid, if the medical workers apply for the senior professional job title, they can be exempt from the examination about foreign language, computer application ability and professional proficiency. In order to encourage them to work hard in a foreign country, personnel who meet the relevant requirements to apply for senior technicians are not constrained by the limitation of their dispatching units. The requirement for them will be lower than that for others and they are the preferred candidates in the promotion assessment. Personnel who are listed as medical staff in aid of a foreign country but do not work abroad at last also should be treated differently. They should also be the preferred candidates in the promotion assessment. Based on their job performance, their promotion standards should be the same as that of those who work abroad, and they should enjoy the same salaries as those who work in a foreign country.

(6) Skill improvement. According to in-depth interview, some medical workers in China-aided hospitals in Africa take negative attitudes towards skill improvement. Some interviewees mention that the level of professional skills of new colleague declines year by year and talents are less and less willing to come to Africa (Interview 4). Some interviewees

say that their medical skills have degraded as they can only deal with simple diseases and trauma due to outdated infrastructure including medical equipment and the lack of many drugs in Angola. Limited by local medical conditions and technologies in Angola, medical workers there have failed to enhance their medical skills in a timely manner, which also reflects shortcomings in medical technology training. Both government departments and hospitals need to pay close attention to the training and improvement of skills of medical workers.

(7) Vacation and family visit. Medical personnel in aid of a foreign country still have their social benefits of vacations and family visits. Based on the regulations, after working abroad for a year, medical personnel in aid of a foreign country can have a 36-day vacation. They deserve the vacation, and this is the recognition of and award for their job. If the medical personnel cannot go home for vacation for various reasons, their families can apply to go to Angola for family visits for 36 days. The medical personnel can travel to other cities in Angola or to its neighboring countries on statutory holidays of China and Angola. In general, they can travel to other places once a year or at most twice a year. If they want to travel to the neighboring countries of Angola, they should be under the leadership of a unified organization with leaders. They should not go out alone. Adopting the principle of voluntary, no one will be forced to join the group travel to the neighboring countries. Each time the number of personnel travelling outside should not be too many or too few. In general, three to five people at a time is appropriate. After determining the list of travelers, plans should be made in advance and cannot be implemented unless they are approved by the Chinese embassy to their countries and by the corresponding departments of the personnel. The travel expenditure will not be covered by the CTCE Hospital and should be at their own expenses.

(8) Other problems. Apart from problems mentioned above, other problems reflected by medical workers in the CTCE Hospital mainly include psychological problems, poor working and living environment, and shortage of medical supplies. Psychological problems mean that they miss families and feel lonely when living alone in Africa. The team members have long worked in a relatively closed environment in Africa. The harsh condition exhausts them both physically and mentally. Heavy work, accumulated unhappiness that is hard to get rid of, boring and lonely life, as well as miss of families cause them psychological problems. Many of them suffer from depression, anxiety, insomnia and other symptoms (Interview 3). Compared to epidemics and diseases, homesick is the most challenging (Interview 2). Regarding working environment, surgeries often have to be postponed due to shortage of

gauze and anesthetic drugs. In medical including surgeries, attending physicians often should do the work of nurses (Interview 3). In terms of living environment, some of the houses are in disrepair with frequent shut-down of water and electricity due to obsolete facilities, causing mood fluctuations of some members. In addition, many items cannot be purchased locally, but can only be brought by people from China or purchased in places such as South Africa and Dubai (Interview 3). Regarding medical supplies, some interviewees say their biggest problem in Africa is that they cannot treat many diseases there due to outdated equipment and the lack of drugs. Even if they have expert medical skills, the shortage of drugs makes it hard to give full play to their skills. This problem is directly caused by the fact that most of the drugs need to be imported from other countries. This will exert certain impacts on the overall development of health care in Angola (Interview 1).

4.5.4 Problems in human resource management of CTCE Hospital in Angola

(1) Problems in training. Because of the lack of sufficient knowledge of Angola, there are problems in the training process. So medical staff of foreign aid projects need to work harder to adapt to the local work and life in Angola as soon as possible, which brings them some pressure. But the work requires the medical staff of CTCE Hospital to have a strong comprehensive quality. They have to complete the medical service tasks excellently, show the good image of Chinese medical personnel, and promote Chinese culture and friendship between peoples in Angola and China. Owing to the demands above, the training programs become very complicated and the programs need to cover a wide range of topics, which set higher requirements to the trainers. The training programs should equip medical personnel with better skills and achieve obvious results. Only then can the programs provide better help for the medical personnel and achieve the expected goal. However, currently the training programs for Chinese medical personnel in foreign aid projects only last for several months. In such a short time, it is too difficult to finish all the training tasks. So, the expected training results cannot be achieved. Therefore, many medical personnel going out to foreign countries have a problem speaking English, which brings adverse impacts to their work. It is not only difficult for doctors and patients to communicate with each other but also difficult for colleagues from both sides to talk to each other. Being affected by this, relevant personnel will have problems in the scientific research. And it might also bring great impact on the training work, preventing the training from achieving expected results.

(2) Psychological problems. Medical personnel dispatched to CTCE Hospital are all in Angola, a country situated in Africa. The economy of Angola is slow, and its natural environment is complicated, which are very different from that in China. These differences bring challenges to the medical personnel's work and set them higher requirements for adapting to the environment. Because they do not have too much time to relax owing to the heavy workload; they are faced with the totally different culture and language and they endure heavy mental burden. Moreover, people in Angola do not form a good health habit, resulting in the prevailing common infectious diseases there. All these are the mental challenges for the medical personnel of foreign aid projects there. In general, it is easier for the medical personnel to suffer mental illness when they are in such a totally new and strange environment. Although they endure heavy mental burden, they do not have channels to let out their pressure and dissatisfaction and they are still faced with complicated work in Angola.

(3) Problems in logistical support. Angola, where CTCE Hospital is situated, is facing a situation of lacking doctors and medicine. For ordinary people in Angola, seeing a doctor is extremely expensive. Based on the regulations of the protocol signed by China and Angola, China will provide some medicines and facilities for Angola. The current logistical support in Angola cannot meet the demands of medical personnel when they are working. Under this circumstance, the medical personnel in Angola are faced with bigger challenges not only in the field of medicines but also in all aspects of life. They have never encountered this situation in China, so, at the beginning many people find it hard to adapt to the life and work in Angola and get into panic. These bring a lot of challenges to their work. These challenges prevent them from completing tasks better when working in Angola.

(4) The medical personnel do not truly understand the work of providing medical service in aid of a foreign country. Although some medical staff go abroad to work, their understanding of providing medical service in a foreign country is incorrect, and they have problems in the sense of identity. This will bring great challenges to their work and make them hard to devote themselves to work.

4.6 Enlightenment for China-aided hospitals in Angola from the actions taken by successful overseas enterprises to improve their talents' satisfaction

For medical personnel who provide overseas medical aid, their human resource management is facing various challenges. How to manage those human resources effectively is an important research topic of the government and the hospital? Currently, studies of human resource management of overseas hospitals and overseas medical teams started relatively late and lack experience. Successful cases of human resource management are few. But a large number of overseas human resources management projects are carried out by companies. Their human resource management shares some similarities with human resource management of overseas medical aid and some companies have accumulated successful experience in overseas human resource management which can be learned and referred to. Targeted at the problems of human resources management in China-aided hospitals in Angola, this research is to find out the successful experience in human resources management in other overseas enterprises so as to figure out what the China-aid hospitals in Africa can learn from them in order to improve the hospitals' human resources management.

4.6.1 Recruitment

In terms of recruitment, we can learn from the successful case of Huawei Company in this aspect.

One key point is that the company promotes personnel development. Talent selection is the prerequisite of talent reserve. The shortage of talents for foreign medical aid has long been an existing problem and through studying Huawei, we find out its corresponding strategy is as follows:

First, Huawei builds a comprehensive talent selection and training system. Based on the specific standards of talents, select the outstanding staff from the employees and establish a talent pool. Meanwhile, Huawei trains these talents based on the comprehensive training process. Through training programs, improve their professional ability so that they can meet the requirements of foreign medical aid projects. Moreover, Huawei increases the recruitment approaches to diversify the recruitment channels so that they can recruit more well-qualified professionals. Besides, Huawei explores a brand-new training pattern in the universities. It cooperates with Chinese top universities in various forms to provide better training

opportunities for talents so that these talents can be more professional and specialize in their fields. It tries to select qualified staff from graduates. Moreover, it helps talents get more training. Taking that as a reference is that the excellent professionals should attend well-developed training programs so that they can have a better understanding of foreign medical aid projects and be equipped with better skills to adapt to the work in a foreign country and show their professionalism.

Second, Huawei builds a salary system to encourage employees to work better. Currently the preferential policies for medical aid in Africa have become less attractive compared to the rapid increasing salary and welfare in China. Huawei guarantees the salaries and benefits of overseas staff and it gives more promotion opportunities to them. Besides, the work of settlement of overseas staff who come back to China should be done well. The key is to provide them with a better development platform and help them get promoted after they finish their work abroad and come back to China. In order to help them make progress, Huawei provides them some guidance on their career based on their own conditions and situation, so they know more about their future development and determine their future direction. If the company does not do well in this area and hastily assign them to work after they come back to China, it will bring a negative effect to the company and discourage other employees from applying for the foreign aid projects. So, if the company wants to do a good job, it needs to work out a perfect plan for overseas employees who come back to China based on the actual situation and turn these plans to regulations and rules to arrange the overseas employees. This is also a guarantee for employees who are going to work abroad in the future because they can see the better development opportunities after working abroad. This must encourage them to work abroad.

Third, Huawei enhances the communication with the local government to provide better benefits for overseas employees. It is mentioned above that compared to Cuban and North Korean doctors in Africa, Chinese doctors receive worse local treatment. For example, Chinese doctors receive no government subsidies from the Angola government. Huawei looks for local PR companies who have stronger comprehensive strength and influence. And then it communicates with the local government based on the sophisticated scheme provide by those PR companies to fight for the interests of their employees.

4.6.2 Employee turnover

The high employee turnover rate is a hidden but serious problem in the Chinese medical aid teams in Africa. The number of Chinese doctors in medical aid programs in Africa are inadequate and the cost of reassignment of Chinese doctors to Africa is very high. Thus, once a large number of doctors resign in the China-aided hospitals, the hospital is much likely to be paralyzed. In this regard, after learning solutions of other multinational companies, Huawei's measures are as follows:

First, Huawei builds a comprehensive selection system and select relevant employees to work abroad through this system. This means the company needs to do a good job in selecting the eligible employees at the very beginning. From the perspective of the company, the expatriate employees should be evaluated in a comprehensive approach. For these employees, apart from professional skills and abilities and knowledge of the situation of the foreign country, they need to speak the foreign language well so that they can communicate fluently with others. This will benefit their work. Meanwhile, the company hopes that they can have good communication skills, adapt to the new environment, and gain the support and understanding of their families. Based on these requirements, the company establishes the relatively comprehensive selection system and rules to select eligible candidates.

After selecting eligible candidates, the company needs to organize specific training programs for the candidates based on the actual requirements in work such as the duration of work abroad and the specific responsibilities of work. The training programs should emphasize the culture of the foreign country. Only employees know better about the culture of the foreign country can they adapt to the new environment quickly and work better there. When they are very familiar with the culture there, they will find it helpful to their work abroad and they can contribute more to the medical service there and promote the development of the local medical service.

If the company wants their employees to perform better when they work abroad, it needs to settle employees' troubles back at home, provide them with better logistical support and create the perfect working conditions for them. So, the company can provide employees with better accommodation and organize various recreational activities for them based on their job performance. By doing so, employees can relieve work pressure and homesickness and enjoy the life abroad. For those married employees, the company can provide them with a long vacation to visit their families based on the actual situation. If it is possible, the company can

encourage employees' families to work abroad and provide them with better salaries and benefits. Moreover, the company can provide assistance to employees to the best of its ability based on employees' family backgrounds. For example, the company can help with the schooling issues of employees' children. If the couples are working abroad, the company can afford their children's tuition fees so that all the family members can live together abroad. This will stimulate employees' enthusiasm for work, and they will love to work at the company. In return, they will work harder for the company.

4.6.3 Employee training

For every company, providing training for employees is an effective way to improve employees' comprehensive ability and work efficiency. Training is a kind of scientific work. If we want the training be efficient, we need a relatively comprehensive training system including the standardized training process and guarantee so that the company can provide help for all employees. But the company also needs to provide specific training for different employees to represent different emphasis of training. Only the company enhances the training efficiency in a comprehensive way can the training provide better help for the employees and help them be familiar with the future work as well as environment. The former training method helps employees to obtain the basic working abilities and improve their basic work ethics. The latter one provides better help for overseas employees because it organizes training on culture for them. Through the specific training, employees can have a better understanding of the foreign country especially the understanding of its culture before they go abroad. So employees can have a basic idea of the future work and can prepare well for it. When they are facing difficulties in a foreign country, they can be ready for them psychologically and deal with them better. This helps them a lot with their work. Preparing for the difficulties and other unexpected events psychologically help employees improve their task performance.

Besides, the company should further strengthen employees' training of professional skills. Through such training, employees can improve their professional skills in a short time, prepare well for the future work and show their professional standards and abilities in the future work. Moreover, through such training, employees can complete their tasks efficiently, build a better image and win recognition for the company. Meanwhile, the company also needs to organize some specific training on management for some overseas employees because they need to further improve their management skills and update their management

knowledge. In that way they can better adapt to the management work in China and in other countries with a totally different working environment. With better management standards and skills, the employees can manage the medical team well, make the team more competitive, and complete the tasks excellently. These two different training methods represent the systematic and scientific features of training programs and it also represents different emphasis of the training which can meet different needs of overseas employees and provide different employees with better help. So, employees can complete their tasks better which shows the value of the training.

In addition, the company needs to provide employees with training on their career. This not only helps employees determine their directions in the future work but also helps them feel respected and satisfied. This also helps employees to understand themselves scientifically and rationally, which shows the company's responsibility for them. When providing employees with such training, the company also needs to provide better help for employees in terms of their career planning with the help of professional personnel. For overseas employees, after they come back to China, the company should settle them well in the company based on their opinion and their actual situation. This is the appreciation to their work abroad, the help to their future work and the encouragement for other overseas employees. This is the psychological comfort to employees and it also helps other staff to feel empathy and recognize the help the overseas work can bring to them. Therefore, it can encourage other employees to apply for the overseas work and bring much help to the work in a foreign country.

4.6.4 Performance assessment

For the company, scientific performance assessment can play an important role in stimulating employees' potential and promoting the development of the company. Through performance assessment, employees' enthusiasm for work can be stimulated which shows the future development potential of the company. With respect to performance assessment, the dynamic performance assessment system for overseas employees built by Huawei is a good reference. The standards of performance assessment for overseas employees are different from that for employees working in China. Their reward and punishment systems are different, too. Through such performance assessment, overseas employees' work pays off. The company provides them with economic guarantee as well as other help, which better represents the company's concern for its employees and wins recognition from employees.

This can greatly help shape the organizational culture and unite employees better. Meanwhile, this dramatically stimulates overseas employees' enthusiasm for work and improves their work efficiency so that they can contribute more to the company's development and help the company be more competitive in the international community.

4.6.5 Salary and welfare

The company should provide preferential salaries and benefits for overseas employees because they face bigger challenges there. For example, they are far away from their motherland and families and they work in an unfamiliar environment. Higher salaries and better benefits can represent their work value and they are also the recognition to their work. Providing better benefits for overseas employees by increasing their salaries and improving their benefits is an established practice adopted by multinational companies.

Salary promotions and a benefit system for dispatched workers is, for example, the practice of Jiangxi Zhongheng Construction Group Co., Ltd.

First, the company should pay attention to the design of salary system. To establish a reasonable salary design, the company should consider the following aspects in order to meet the demands of it and overseas employees.

(1) Overseas working period. This is the basic issue to consider when making salary system. If the employees only work abroad for a short time, usually there is no need to design a new salary system but to provide them with some preferential subsidies. Only when they are going to work abroad for a long time can a new salary system can be designed. Then many factors such as the salary standards in the foreign country and its tax policy should be taken into consideration so that the company can guarantee the work and life of their employees in a foreign country. In this manner the overseas employees can work without any worries which leads to a happy life there. This is the starting point of the establishment of a salary system.

(2) Regional differences. When making salary system, regional differences should be considered. The allowance should differ in different countries. Therefore, the company can not only provide the basic salaries for employees but also give them subsidies based on the actual situation. This kind of salary system meets the demands of the company and employees. Therefore, it can come to its full play.

(3) Emotional change. Dispatched employees usually compare their salaries with other employees in the foreign country. So, providing them with better benefits is the emotional support and compensation for them. It is also a good approach to stimulate their enthusiasm

for work. Thus, the company should pay attention to this issue and take this into consideration when designing the salary system. Then the employees can feel satisfied which is good for their working enthusiasm.

(4) Other external factors: The company should also pay attention to other factors like the relevant law and tax policy in the foreign country because these factors will have a great impact on dispatched employees' work and life. The company needs to consider them carefully and then work out a salary system to help employees work in a foreign country without any worries.

Second, the company should follow the principal of rational salary design. The work of designing a scientific salary system is systematic. The company should take every factor into consideration and work out a salary system based on the company's and employees' actual situation so that the salary system can come to its full play. This is a general principle agreed by many companies. In other words, although there is difference between salary systems in different companies, there are some common basic principles that companies will follow in the design process of salary system. For example, fairness is the most important principle. Within the company, the salary system must be fair to every employee. This is the most basic principle. Otherwise, it will bring a negative effect to the company rather than bring benefits to it. If the reward and punishment are inappropriate such as there is too much punishment in the company, it will dampen employees' enthusiasm for work. The company also needs to pay attention to the competitiveness of salaries. This means employees need to work hard to do a good job in the performance assessment, thereby receiving the highest salary in return. This shows the competitiveness of the salary. Moreover, the company should show employees its salary advantages by comparing with salaries in other companies for the same job. Therefore, the company can encourage employees to work better. Besides, the company should also pay attention to the principle of adaptation. The designed salary system should better encourage employees to work better. It should match the features of the actual situation of the foreign country and the reward and punishment for employees should be in accordance with their job performance. By doing so, the company can get twofold results with half the effort and show the stimulation value of the salary system.

Third, establish a scientific and reasonable salary structure. During the process of salary design, the company should pay attention to the structure. After taking every factor into consideration, the company can divide the salary into two parts including basic salary and allowance. The basic salary is designed to guarantee employees' basic necessities while the

allowance is designed as a flexible salary subsidy for employees who work in a foreign country. This structure of salary design can not only stimulate employees' enthusiasm for work and make them feel safe but also help them lead a better life in a foreign country, which can improve their work efficiency.

Fourth, the company should pay attention to the welfare system. The company can provide employees with benefits that do good to their family because it is often hard for overseas employees to live with their families. In such a way the company can provide employees with a longer vacation and better family visit conditions or the company can even solve problems for employees' children. These welfare policies help employees feel they are valued. Therefore, they will work harder in return. This is the representation of cohesion and it is the company's recognition to their employees' value, which will promote the development of the company.

4.6.6 Cultural management

For China-aided medical teams in Africa, it is inevitable to cooperate with local medical resources. In order to solve this problem better, a cultural management should be carried out, to integrate different cultures.

A reference of the practice of Xi'an Janssen in term of its cultural management can be taken.

First, the company emphasizes on interpersonal relationship. In order to pay attention to their employees, the company would send their best wishes and gifts to employees in the traditional festivals. All gifts are chosen by leaders of the company, which is meaningful to employees. This wins recognition from employees and they would feel touched because of the gifts. Moreover, the company also takes care of employees' families and provides them with help when they are in trouble. For example, the company would provide help for employees if the elderly in the family are sick or the kids need to go to school so that the employees can work without any worries. This tiny action can make the employees touched and appreciate the company. In return, they would work better and contribute more to the company.

Second, the company pays attention to promote organizational culture. When training the overseas employees, organizational cultural has been added into the training programs so that the employees can feel a sense of identity in the company. and share more similar ideas with the company. This helps overseas employees better adapt to the work abroad.

On this basis, it is of great significance to moderately adjust the management culture of local hospitals in Angola and connect it with Angolan national culture based on the cultural differences between China and Angola, to help every employee get integrated into local life and work.

Based on Hofstede's national cultural dimension model, the analysis on China and Angola indicates that major cultural differences between the two countries are shown as follows:

- (1) Compared with the Chinese culture, Angolan culture is more in favor of femininity.
- (2) Angolan culture has a stronger will to avoid uncertainty.
- (3) Angolan culture is more inclined to short-term orientation, which is manifested in that Angolan people pay more attention to the current condition and have stronger self-esteem, abidance by traditions, and more robust culture of community autonomy
- (4) Compared with the Chinese culture featuring strong self-control, Angolan culture is looser and more casual in self-demanding

Based on the above differences, corresponding suggestions are provided in Chapter 5.

Chapter 5: Countermeasures against China's Assist to Africa in Improving Medical Staff Satisfaction of Hospital Construction

5.1 Principles for improving medical staff satisfaction

5.1.1 The rule of localization

Foreign human resources management is different from that in China. It has its own characteristics and carries more changeable factors that may affect medical staff. In addition, as foreign countries are faced with different political, economic and external environment, the methods for HR management used in China may not be suitable for their needs. Therefore, the staff in China-aided hospitals in Africa should not only have specialized knowledge and skills, but also need to understand the local conditions and customs and the features of African human resources in a way to exploit and use them to full play.

5.1.2 The principle of cross-cultural integration

The most important part of China's medical aid to Africa is cross-cultural integration. As China and Africa are different in their traditional culture, there must be some cultural differences and conflicts between Chinese and local staff in the process of carrying out the aid work. In this case, the Chinese staff should seek the integration of the differences and resolve conflicts through the integration.

Based on Hofstede's national cultural dimension model, we figure out four major cultural differences between China and Angola and corresponding suggestions are provided as follows:

(1) Compared with Chinese culture, Angolan culture is more in favor of femininity.

This indicates that both men and women in Angola are more modest and gentler, paying more attention to life quality. At the same time, the society as a whole, attach importance to the cooperation with others, sound working relationships with leaders, life quality, and job securities. In working fields, societies with femininity pay more attention to the equality of men and women and both genders can engage in the same jobs. In terms of leadership, there are more female leaders and they lay much emphasis on consensus and compromise in

decision making. In view of this, we suggest to appropriately increase the proportion of female leaders in the management of China-aided medical institutions in Angola and not to blindly reproduce the male-dominant culture in China. Caring elements should be added to the management culture and those responsible for human resources should have planned organizational internal activities so that a whole team can experience warm, steadfast, and relatively intimate group atmosphere.

When contacting with Angolan people, we should understand their feminine culture, establish friendship with local people, do not discriminate women, and create a more harmonious cooperative atmosphere.

(2) Compared with Chinese culture, Angolan culture has a stronger will to avoid uncertainty.

This suggests that Angolan societies prefer rigorous organizational systems and specific rules. Their government plays a dominant role in the social operation and strictly supervises uncertainties and emerging things. This tells that we should eliminate obscure concepts and standards and determine unanimous understanding and execution paths for both sides when carrying out work aid in Angola; related governmental departments and leaders must be consulted before making any innovation and a top-down way should be used to promote innovation after getting the permission from the supervisors.

(3) Compared with Chinese culture, Angolan culture is more inclined to short-term orientation.

This is manifested in that Chinese people are more tenacious and frugal. However, Angolan people generally pay more attention to their current conditions and enjoy life at the moment, and they are not willing to sacrifice today for a better tomorrow; their family life is relatively tolerant without excessive respect for seniority; they have stronger self-esteem, abidance by the traditions, and more powerful community autonomous culture.

Attention must be paid to the characteristics of short-term orientation in Angolan culture when cooperating with Angolan people and we need to balance their short-term demands and make concessions when necessary; at the same time, we need to respect their powerful autonomous culture and do not impose our requirements on them, promoting cooperation based on the coordination and agreement of the two sides. Due to the characteristics of short-term orientation in Angolan culture, in addition, we need to give careful attention to

Angolan people's sense of responsibility in long-term jobs, strengthening supervision and precaution on work progress.

(4) Compared with China's self-control culture, Angolan culture is looser and more casual in self-demanding.

In the aid cooperation, this reminds us that it may help Angolan people to accept and promote the cooperation in a more relaxing cooperative atmosphere with some informal elements. In the cooperation, at the same time, Chinese staff in Angola should be reminded not to turn casual characteristics in Angolan culture into carelessness and irresponsibility in work. In job design, flexibility should be allowed for time, quality, and other requirements in cooperation. In terms of system design, meanwhile, mistakes and loss resulting from casual elements in Angolan culture should be avoided as many as possible.

5.1.3 The principle of being in line with local conditions

Effective strategy should be adopted in overseas HR management. Relevant regulations should be made according to the actual conditions of the local development, and only in this way can aided hospital meet the actual needs of the local area. At the same time, macro-control over overseas medical teams and aided hospitals should be strengthened and training programs should be carried out for expatriates in human resources management.

5.1.4 The principle of combining cultivation with practice

Natural resources determinism and demography determinism are accepted by the majority of the population, but Becker has put forward different opinions. He believes that in the process of human development, a country's progress and development cannot only rely on abundant natural resources, but also on people's wisdom. Personnel quality will determine the overall quality of the country; thus, the development of a country should attach great importance to human resources. Besides, based on Becker's theory, Edward F. Denison proved the effect of human resources on country development and economic growth via empirical study. As for Africa, the number of its specialized medical personnel is relatively small. It's difficult to solve practical problems only by introducing talents from foreign countries, so they have to cultivate needed personnel of their own countries. In addition, they need to cultivate the personnel in a practical way instead of just teaching knowledge from books. In doing this, they can make achievements in personnel training in a faster way. It is because of the current situation in Africa that when building a human resources force, it is

necessary to construct a human resources system by persisting in combining cultivation with practice so as to provide a favorable external environment for the development of local talents.

5.2 Suggestions for improving the satisfaction of medical staff in China's aided-hospitals in Africa

5.2.1 Targeted suggestions for specific issues

First, there are some suggestions for the problems above-mentioned about the selection and recruitment. For the selection and recruitment of basic medical staff, it's feasible to select from the medical students of higher education to build up auxiliary forces for China-aided hospitals in Africa. In addition, schemes and proposals such as providing early-stage funding for poor students or providing students who join the aid program with job chances to work in a better hospital can be made to identify the intention of the medical talent pool for the aid program. What is more, it's feasible to further elevate the students' motivation by providing funding or rewards or granting priorities to work in better hospitals. For the existing staff in the hospital, extra bonus or rewards of spiritual civilization can be provided in the year-end election for the department staff who were successfully dispatched by the hospital. The above measures can help to achieve such good effects as increasing the reservation of staff members and enhancing the enthusiasm of medical staff.

Second, there are some suggestions for the problems above-mentioned about the salary and psychology. For senior medical personnel, increase the potential return from their aid experience. Because of their high level of technical expertise, experience and stability of life, they enjoy a high degree of job satisfaction in the country. This means that engaging in the aid work in Africa will bring very high opportunity costs. According to Maslow's principle, such group of people has already arrived at a higher level of Maslow's hierarchy of needs. Their strongest demand is not the demand for money but the need for respect and self-realization. They can be encouraged through rewards such as promotion of social honor or job opportunities. It's necessary to pay much more attention to explore the benefits brought for the medical personnel from the experience of assisting Africa, in aspects of travel, exotic customs and transnational friendship. At the same time, positive publicity in terms of these experiences should be emphasized in the society to provide the personnel with a great sense of accomplishment and pride.

Third, there are some suggestions for the problems above-mentioned about the management and daily life. On one hand, provide infrastructure and facilities for the medical staff in China-aided hospitals in Africa to meet the needs of their basic life and entertainment, such as high speed Wi-Fi, snacks and fitness sites; on the other hand, dispatch patrol teams to inspect the livelihood and basic services of overseas Chinese medical staff so as to guarantee their living standards. In addition, social events and sports meetings cooperated with the African medical community can often be organized to meet their social needs and deepen mutual communication and exchange with local people as well as other African hospital staff.

Furthermore, there are also some suggestions for the problems above-mentioned about the personnel training. Regularly organize the medical staff to study current affairs of China and train the medical staff how to use the video and live broadcast software, to maintain their communication with the country and to reduce the sense of alienation with their homeland. Some interviewees suggest giving priority to departments most in need and professional areas by regularly organizing experts to help them establish the cultivation model for medical staff with a focus on medical teams. Doctor training should be developed in a specialized manner to the greatest extent. Based on the actual situation of local patients, academic exchanges and training on the diagnosis and treatment of local common diseases and frequently-occurring diseases should be carried out with priorities given to obstetrics and gynecology and traumatology (Interview 5).

5.2.2 Systematic suggestions for improving Talent satisfaction

First, improve the process of inspection, consultation, scheme design and communication before overseas assignment.

(1) Communication between the assisting and assisted sides. Foreign medical aid is a key component of China's overall diplomacy and a long-term political task for the healthcare system of China. Healthcare administrative departments, medical units and medical staff at all levels should all be involved in this task. In some provinces, this task is carried out by medical institutions in an alternate way. Interviews with relevant aid workers are arranged by the provincial health department in order to enhance mutual understanding and identify the specific demands of each other. Then according to the principle of mutual benefit, a practical periodic assisting road map which suits the conditions for both parties should be formulated. In this way, the medical staff will be able to get in touch with the local medical system once they have reached. As a result, the efficiency of medical aid will be improved, and China will

have an increasing influence on foreign medical aid. Such good preparation helps relevant team members get into a good state as soon as possible.

(2) Relay between different batches of medical staff. Current measures including assignment rotation and shortened assignment period are beneficial for staff mobility. However, frequent shifts may cause discontinuous medical aid and finally lead to wasted personnel and materials. This may also lead to idleness in the assignment units. To avoid this downside, the venture should start from the governmental level and abandon the present extensive management model. By drawing lessons from some international advanced foreign aid experiences and combining with China's current status quo and related policies, the enterprise should work to establish a comprehensive mechanism of selection, cultivation and recruitment for medical talents from the national level. At the same time, it is necessary to build a talent pool for foreign medical aid. Based on the combined way of long-term and short-term assignment, allocate and manage expatriates in a hierarchical way. Besides, follow the popular traditional spirits in China's medical industry by combining middle-aged experts and backbone physicians, experienced aid personnel and young aid doctors as well as short-term specialized subjects and long-term development programs with an intent to make progress in foreign medical work.

(3) Communication between personnel in relevant departments and units. Assignment units at all levels should closely communicate with each other and become a strong supporter of China's foreign aid work. For overseas aid medical personnel, further increase human resources management and at the same time extend humanistic care to their family so as to spare their worries, thus impel them to make greater contributions to China's foreign affairs and healthcare industry.

Secondly, strengthening the selection, training and management of foreign medical aid staff.

(1) Selection. At present, dispatching medical staff to foreign countries in China is either through appointment or on a voluntary basis, which have both advantages and disadvantages. For example, some units will have difficulties in the selection of personnel. Because of this, some reforms need to be made in the way of selection. For example, recruit as many volunteers as possible to ensure the smooth progress of foreign aid medical work. In addition, in terms of team building, set strict standards for the election step, especially the election of medical staff. Conduct an all-round assessment covering expertise and skills as well as moral

characters and other aspects to achieve the ultimate goal that is to set up a high-quality, excellent foreign aid medical team.

(2) Training. Based on the above-mentioned specific problems of training, it's necessary to further enhance the staff's understanding of Angola so that it can ensure a more targeted training process which is beneficial for the medical personnel to adapt to local work and life as quickly as possible. The medical work requires further strengthening the training on comprehensive skills of the personnel in order to help them perform better medical work, demonstrate good image of Chinese medical personnel, and become friendly ties of two countries in spreading Chinese culture and promoting friendship.

Inside these comprehensive set of skills, it should be taken into great consideration the language of the target country where the foreign medical team is going to be send, Portuguese in the case of Angola. Probably in in these modern days where in many fields, specially science-based ones, the English language is considered a bridge, but there are still those countries where the language barriers are still present due to the level of education, economy or lack of opportunity for studying a foreign language like English. Assuming that the affected country, or where the Chinese foreign medical team is going, will speak English or should speak English is a mistake that have to be addressed not just in the management aspect but also should be instructed at the personal level. Frustration for not communicating well or for not doing some tasks due to misunderstandings can easily lead to a reduced level of satisfaction of the foreign medical staff.

To address that issue of the language difficulty, during the training process of the new Chinese medical personnel, more efforts must be taken to reach a good level in language skills based on the target country language, avoiding a painful transition for their own medical staff from a eastern oriented culture and language to a western one.

In other terms of training needs, the training content should cover all kinds of aspects with a better way to improve the training skills and the actual effect. Only in this way can the medical personnel be provided with better help to reach predetermined aims. In this case, employees with rich experience in medical aid can be the lecturers for training, to provide better explanations for departing staff and ensure they can obtain first-hand information. More importantly, this precious experience passed on to employees who are going abroad for work, is beneficial for them to learn how to better communicate between doctors and patients and to continuously strengthen the language exchange between Chinese and foreign colleagues. This

is also a good way to help them integrate into a new environment in the future practice as soon as possible.

(3) Management. In order to get better practical results of foreign aid medical work, management is the key. How to better manage and exert the maximum value of limited human resources through management is the core of management. Therefore, it is necessary to summarize and draw lessons from the experiences of other fraternal units in the foreign aid management. In particular, attach importance to the management experience and formulate detailed management norms and procedures combining with the actual situation in management so as to enhance the pertinence and effectiveness of management.

Strengthen the management of people guided by people-oriented philosophy. The reason of formulating norms and rules is to better manage people. Because of this, the system should be humane. That is to say, in the process of management, the enterprise should not only pay attention to the work of employees, but also their life so as to provide them with as much help as possible. In this case, management is no longer simple one-way top-bottom work, but a channel connecting the top and bottom. Only in this way can it be better in reporting to leadership, making known to lower levels and promoting mutual understanding, as well as in implementing management measures for greater effectiveness to provide better management for foreign aid medical work.

Managerial staff should update their management philosophy. In the light of current situation where medical personnel are allocated dispersedly, management should be centralized which can help to ensure the safety of the personnel and the smooth progress of medical work. Besides, the managerial staff should care about staff's life so that the management work can give its effective play and be accepted by the staff, thus bringing benefits to medical work.

Thirdly, raise the salary of and offer support for the medical personnel.

Due to the insufficiency of logistical support and medical treatment as well as medicine at CTCE Group Central Hospital in Angola, the enterprise should supply sufficient medicine and equipment to support the logistical work based on relevant agreements. This is an essential solution and an inevitable choice. Under such circumstances, logistical work is very important, but it faces greater challenges which go beyond the medicine. Hence, a special team should be established for logistical support which is responsible for the trans-shipment of various medicine and equipment so as to solve the worries of employees.

Although the salary of foreign aid medical personnel has been raised, there is still room for improvement. After all, they have to work harder and deserve more in light of the challenging work environments and unknown risks and tests they face. Therefore, the enterprise should further raise the salary based on relevant systems and policies for remuneration and welfare, which is an affirmation and encouragement of their work.

Fourthly, suggestions for the government.

(1) Increase investigation and survey to offer basis for policy and system making and deepen medical staff's understanding of foreign medical aid. Only by improving the understanding can they get a more comprehensive understanding of the necessity and effect that this work has brought about, especially the effect on the promotion of China's international image. Let every staff understand the value of this work, constantly inspire their dedicated spirit, enhance their enthusiasm for work, and raise their sense of pride. This will help them to face a tough working environment and enables them to be aware of the value of their work, so as to better help them better adapt to the new environment and demonstrate self-worth with better work.

(2) Raise the political status and salary for the expatriates. Because of the difficulty in foreign medical aid, the government should further raise their salary and offer them with more rewards in order to further raise the enthusiasm of staff. Besides, it is necessary to further improve the quality of their life. Under the support of these two aspects, their work enthusiasm will be inspired so that they can overcome difficulties and achieve greater accomplishments. As the salary has been enhanced, the enthusiasm of Chinese overseas medical personnel will also be motivated. It will be a formidable psychological incentive for them if they receive rewards and respect from the work and get their value recognized, which will in return enable them to better alleviate their homesickness and help them work more reassuringly.

It is suggested that a medical insurance system against infectious diseases should be established to prevent staff from serious infections. With the establishment of this system, staff can be better protected and get more psychological comfort. At the same time, it can also reduce their economic concerns, which is beneficial for them to provide better medical services for the local people, thus showing a good image of Chinese medical personnel and enhancing China's international influence.

(3) Build a reserve team. In order to ensure the long-term progress of China's foreign medical aid and the number of medical experts, a reserve team should be established. Thus,

relevant medical institutions in China should regularly conduct oral English training for some professional technical personnel. In addition, they can also train expatriates on the basis of the actual conditions in the assisted countries. Only in this way can a professional medical team be built and the diplomatic task of providing medical aid abroad be assumed in a real sense. Even though this suggestion may imply the assignation of the proper resources for its execution, due that recruiting, selecting and maintaining a reserve team is another costs that the government should have to take care, as a burden self-created and carried in order to help other countries.

Chapter 6: Conclusion

6.1 Conclusion

By the 21st century, China have vigorously promoted the cooperation with Africa in many fields and at the same time carried out more extensive worldwide cooperation. Through years of development, foreign medical aid is no longer a concept of healing the wounded and rescuing the dying in foreign countries but has gradually developed into a comprehensive platform for China's medical cooperation with foreign countries. Nowadays, the politics and economy of the world is constantly changing, so does the Chinese socialist market economy. In this case, requirements for China's foreign medical aid are also getting higher and higher. For Africa, it does not only need medical treatment but also hopes to further promote its disease prevention and control, health system construction, human resources development and health products supply through the medical aid from China. They hope that they can assume the health care work together with China's medical aid and at the same time launch long-term, sustained and stable cooperation with China.

Throughout the investigation of the degree of satisfaction of the medical staff in the CTCE Hospital it was found that the current status quo of the medical facilities and equipment in Angola, Africa, are not what the medical staff is expecting since the initial of their recruitment process. Misinterpretation of what's the job about, or perhaps a high degree of hope and willing to help people, seems to be some of the initial problems which we saw during the in-depth interviews (Interview 8).

Thus far, although the China medical aid to different countries in the world has increased, it is not sufficient with sending medical teams to Africa and specifically to Angola in the good faith of helping the people, building new healthcare infrastructure like hospitals or clinics (Interview 1).

The current conditions of most of the medical facilities in Angola and even the medical system itself creates an environment that makes any medical worker to feel unsatisfied with the work that they do and with the place where they stay.

Besides the fact that the Chinese government is enacting new laws that provides a much better income for the foreign aid teams and cash incentives these policies are still not enough

due to the uncertainty of what will happen after the completion of their aid in the foreign country like Angola.

For example, they see that their former colleagues in China are perhaps improving their skills and knowledge due to the actual China's better conditions for, while the foreign aid medical staff in Angola is probably just practicing the very basic of their knowledge (Interview 3).

For the language problem, it could be easily argued that it has been a long time since the first foreign medical aid team was sent to Africa, and to Angola, that this problem was found and that measures for it already exist, but in the reality, it can be evidenced that this problem can be handled in a better way, taking in consideration that for example Angola is a Portuguese speaking country and not an English speaking one. But it was observed that the Chinese medical staff is also not waiting hands down this problem to be solved, self-learning of the Portuguese language is done by some of the interviewees for example (Interview 2).

Also, the language difficulties is not just only a problem of the Chinese side, it should be also considered that in any place where the medical aid is going that place should take in consideration to have the proper handling of this limitation of the language barrier, in efforts to mitigate the transition from two different cultures that are trying to cooperate and to help each other; and for being the receptor of the aid then more efforts should be taken in order to quickly accommodate the newcomers to their countries, easing the way for the Chinese foreign medical team to realize their duties more relaxed and at the same time more effective.

The different food diet is considered a problem that comes with the hand of the language barrier affecting the Chinese newcomer doctor at the same time. Although it looks that food could be easily prepared it should be taken in count that also the environment, and its products, are not the same to what the Chinese foreign aid team were already get used in their homeland. The flavor, scarcity of food preparing materials, and even the water itself makes a direct attack not just only to the physical part of the foreign medical staff but also to the psyche part, which affects their level of satisfaction. In some cases, like one of the interviewees (Interview 7), they decide to bring up some seeds for planting their own vegetables, which is a way to solve partially this problem.

The analysis of the in-depth interviews and the structured interview questionnaire shows that each interviewed medical worker agreed that the cross-cultural problems are the first difficulties they face once they arrive to Angola; language problems, different food diet,

average living infrastructure makes, for most of the medical staff, this place a difficult place for staying and particularly for improving their skills.

The fast development of China in general, and especially in the medical field which is improving in the technology and infrastructure aspects, makes that going out for helping in foreign aid medical teams a challenge, and depending of the country sometimes a life risk, resulting in that most of the interviewed medical staff in the CTCE Hospital in Angola would prefer to stay together with their families in China working for a local hospital.

In conclusion this thesis shows that their degree of satisfaction of the medical staff in Angola is in direct relation with the environment, the living conditions, salary, job stability, and the facilities for working. And based on the results obtained is that the foreign medical aid personnel in Angola is just generally satisfied with the current situation, referencing that there are many HR topics that could be improved from the very begin step of recruitment, hoping that the necessary steps for solving them be taken in the near future.

This thesis also denotes how other companies in Angola countered some of the problems of their workers in an effort to increase their satisfaction through a better HR management.

6.2 Recommendations

Based on the literature read, the analysis of the results, and personal insights is that the author of this thesis also proposes some recommendations to mitigate those HR problems found. Based on the current satisfaction of medical staff in China's medical aid to Africa, we can learn from principles of HR management adopted by overseas companies, including localization, cross-cultural integration, adjusting measures to local conditions, combination of training and utilization. We can also refer to the management model in overseas HR management to transfer traditional ways of thinking, promote overseas team building, advance system building in HR management, assure investment in HR management, improve the quality of managers and properly deal with the relations with governments of host countries. More specifically, the following measures can be adopted to improve the HR management in China's medical aid to Africa: first, improve the assessment, negotiation, design and connection of medical staff before dispatching; second, promote the selection, training and management of dispatched medical staff; third, improve the welfare of the staff and strengthen their background support. The Chinese government should do more research as references for making relevant policies for dispatched medical staff.

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Bibliography

- Arnold, G. (1985). *Aid and the Third World; the North/South divide*. Robert Royce Ltd, London.
- Aruma, E. O. & Hanachor, M. E. (2017). *Abraham Maslow's Hierarchy Of Needs And Assessment Of Needs In Community Development*. International Journal of Development and Economic Sustainability, Vol.5, No.7, pp.15-27, December 2017
- Becker, G. (1964). *Human Capital*, University of Chicago Press, Chicago.
- Belout, A. & Gauvreau, C. (2004). *Factors Influencing Project Success: The Impact of Human Resource Management*. International Journal of Project Management, 22 (1), 1-11.
- Bowling, A. & Grundy, E. (1998). *The Association between Social Networks and Mortality in Later Life*. Reviews in Clinical Gerontology, 8 (4), 353-361.
- Chen, J. (2013). *China's Medical Assistance to Africa for 50 Years*. Information China (E-Healthcare), (6) 5. In Chinese.
- Chen, Z. F. (2004). *Multinational Strategic Alliance for Corporate Culture-fit Management*. China Economic Publishing House, Beijing. In Chinese.
- Chen, Z. M. (2012). *Human Resources Management Practice of Overseas Resources Development Projects*. China Mine Engineering, 41 (5), 52-55. In Chinese.
- China Investment (2017). *Economic Ranking of African Countries in 2016*. China Investment, (4), 15. In Chinese.
- China Pharmacy. (2013). *Beijing Declaration on China-Africa Ministerial Conference on Health Cooperation and Development*. China Pharmacy, (35), 3295. In Chinese.
- Ci, Y. P. (2010). *Hofstede's National Cultural Dimension Model*. China Management Magazine, 32 (3), 39-43. In Chinese.
- Briscoe, D., Schuler, R., & Tarique, I. (2011). *International Human Resource Management: Policies and Practices for Multinational Enterprises*. Routledge, New York
- Ding, S. B. (2008). *International Aid System and Development Governance*. International Review, (2), 46-52. In Chinese.
- Drucker, P. (2006). *The Practice of Management*. China Machine Press, Beijing. In Chinese.
- Fan, Z., Du, J., Wang, F. H., Su, Z. W., & Wang H. (2014). *Analysis of Academic Influence on International Cross-cultural Management Research - Data Analysis Based on Web of Science in Ten Years*. Management World, (7), 182-183. In Chinese.
- Gao, J. (2010). *Correct entrepreneurship beliefs and actions*. Human Resources, (9), 18-19. In Chinese.
- Gao, Y., Wang, M. X., & Zhang, W. J., et al. (2011). *Survey and Analysis of Employee Satisfaction in 13 Comprehensive Hospitals*. Chinese Journal of Hospital Administration, (4), 745-747. In Chinese.

- Herzberg, F., Mausner, B., & Snyderman, B. (1959). *The motivation to work (2nd ed.)*. John Wiley & Sons, New York.
- Hofstede, G. (1980). *Culture's Consequences: International Differences in Work-Related Values*. SAGE Publications, London.
- Hoppock, R. (1935). *Job Satisfaction*. Hamper & Brothers Publishers, New York.
- Huang, M. B. (2007). *China's Foreign Aid Mechanism: Status Quo and Trends*. International Economic Cooperation, (6), 4-11. In Chinese.
- Huemann, M., Keegan, A., & Turner, J. R. (2007). *Human Resource Management in the Project-oriented Company: A Review*. International Journal of Project Management, 25 (3), 315-323.
- Jiao, D. (2012). *Reflections on the Talent Construction of China's International Assistance*. People's Forum, 10 (35), 250-251. In Chinese.
- Jr, T. C. & Li, F. (2002). *Intercultural Organization*. Shanghai Jiao Tong University Press, Shanghai. In Chinese.
- Li, A. S. (2014). *The Evolution of International Discourse in the Study of China-Africa Relations*. World Economics and Politics, (2), 19-47. In Chinese.
- Li, H. J. & Hu, H. (2010). *Strategic Management of Human Resources*. Beijing Jiaotong University Press, Beijing. In Chinese.
- Li, K. Q. (2014). *Creating a Better Future for China-Africa Cooperation*. People's Daily Overseas Edition, (1) 2. In Chinese.
- Li, L. L. (2009). *Study of Intercultural Management Strategy of Human Resource in China's Petroleum Industry*. Economic Research Guide, (26), 160-162. In Chinese.
- Li, M. Y. & Xu, Z. L. (1996). *Modern Management*. Yi Wen Publishing Military, Beijing. In Chinese.
- Li, Z. J. (2016). *An Analysis of the "Angolan Model" of China's Aid to Africa*. Doctoral Dissertation, China Foreign Affair University. In Chinese.
- Liu, D. W. (2016). *Research on "Angola Model"*. Master Thesis. Shanghai Normal University, Shanghai. In Chinese.
- Long, T. Y. (2013). *Study on the Management of Overseas Human Resources from the Perspective of "People-oriented"*. Legal System and Society, (7), 191. In Chinese.
- Maslow A. H. (1943). *A Theory of Human Motivation*. Psychological Review, 50 (1), 370-396.
- Miao, Y. J. (2004). *Analysis of Human Resources Strategy Management*. Enterprise Economy (8), 39-40. In Chinese.
- Morgenthau, H. J. (1962). *A Political Theory of Foreign Aid*. American Political Science Review, 56 (2), 301-309.
- National Health and Family Planning Commission of the PRC. (2003). *To strengthen the implementation of new strategic reforms to aid medical work in Africa*. West Asia and Africa, (5), 15-18. In Chinese.
- National Health and Family Planning Commission of the PRC. (2008). *Suggestions on further strengthening and improving the work of foreign aid medical teams*. Gazette of the Ministry of Health of People's Republic of China, (4), 28-29. In Chinese.

- Newstrom, J. W. & Davis, K. (1999). *Organizational Behavior, Human Behavior at Work, Tenth Edition*, Tata McGraw Hill Company, New Delhi 1999, p. 148
- Ning, X. S. (2006). *Study on the Evolution and Contemporary Development of Human Capital Theory*. Social Science Journal, (3), 39-42. In Chinese.
- Parijat, P. & Bagga, S. (2014). *Victor Vroom's Expectancy Theory of Motivation – An Evaluation*. International Research Journal of Business and Management, 7 (9), 1-8.
- Qian, J. Q. (2013). *The Beginning and the End of China's First Foreign Aid*. Health Journal, 6. In Chinese.
- Schultz, T. W. (1961). *Investment in Human Capital*. Economic Journal, 82 (326), 787.
- Schultz, W. T. (1990). *Human Capital: Population Quality Economics*. Huaxia Publishing House, Beijing. In Chinese.
- Shi, S. D. (2005). *Suggestions on Foreign Aid Work in the New Situation*. Chinese Health Resources, 8 (5), 237-238. In Chinese.
- Shi, Y. Y. (2010). *Medical Assistance in Foreign Medical Assistance*. Strait Pharmaceutical Journal, 22 (8), 275-277. In Chinese.
- Tang, Y. Z. & Wei, L. (2005). *Research on Foreign Cross-cultural Management and Its Revelation*. Modernization of Management, (5), 25-28. In Chinese.
- Vroom, V. H. (1964). *Work and motivation*. Industrial Organization Theory & Practice, 35 (2), 2-33.
- Wang, L. (2000). *Strategic Management of Human Resources*. Human Resources Development of China, (7), 42-43. In Chinese.
- Wang, R. (2006). *The Application and Revelation of Cultural Defaults in Geert Hofstede's Theory*. Master Thesis. Hebei Normal University, Hebei. In Chinese.
- Wang, Y. J. (2015). *China's Diplomacy on Medical Assistance to Africa*. Master Thesis. Central China Normal University. In Chinese.
- Wei, J. G. (2007). *Optimizing the Main Body, Improving Management and Strengthening the Construction of Foreign-aid Personnel*. International Economic Cooperation (2), 4-7. In Chinese.
- Wu, F. (2017). *Multi-measures to Boost Trade between China and Africa - Analysis of China-Africa Trade and Policy Suggestions in 2016*. Intertrade, (3), 36-41. In Chinese.
- Wu, J. Y. (2006). *Value Analysis of Human Resources Function and Cost*. Productivity Research, (11), 255-257. In Chinese.
- Wu, Y. P. & Zhao, J. Z. (2013). *Research on Human Resources Management in Overseas Projects of Bingtuan Construction and Engineering Group*. Economic Vision, (1), 135-137. In Chinese.
- Xi, J. P. (2013). *Be a Reliable Friend and Sincere Partner Forever*. People's Daily, 2. In Chinese.
- Xiao, H. (2007). *Human Resources Management of Overseas Projects*. Journal of Beijing Petroleum Managers Training Institute, 14 (6), 66-68. In Chinese.
- Xu, Z. Y. (2011). *The New Situation and Suggestions Faced by China's Aid to Africa*. Finance and Accounting for International Commerce, (2), 25-27. In Chinese.

- Yang, J. (2009). *Human Resources Management in International Projects*. Chinese Consulting Engineers, (9), 40-41. In Chinese.
- Yu, J. N (2007). *Intercultural Human Resources Management*. Wuhan University Press, Wuhan. In Chinese.
- Zhang, B. J. (2004). *Review of Gary Becker's Human Capital Theory*. Master Thesis. Yunnan University, Yunnan. In Chinese.
- Zhang, F. X. (2006). *A Comparative Study of the Development and Management of Transnational Human Resources*. Wuhan University Journal (Social Science), 59 (2), 162-167. In Chinese.
- Zhang, G. (1996). *Research on Japan's Foreign Aid Policy*. Tianjin People's Publishing House, Tianjin. In Chinese.
- Zhang, G. Y. (2014). *The Impact of HR Strategy on Overseas Management Training and Development Programs*. Journal of Management, 27 (3), 62-65. In Chinese.
- Zhang, H. (2017). *China's Overall Diplomacy and New South-South Cooperation in Developing Countries: A Perspective Based on the Forum on China-Africa Cooperation and China-Latin America Cooperation*. Global Review, 9 (2), 61-77. In Chinese.
- Zhang, M. T. & Jiang, B. (2007). *Human Resources Management in Overseas Petroleum Projects*. Co-Operative Economy & Science, (4), 16-17. In Chinese.
- Zhou, H. (2002). *Foreign Aid and International Relations*. China Social Sciences Press, Beijing. In Chinese.
- Zhou, Y. Y. (2016). *Topic discussion: Middle East African Migration Issues from a Transnational Perspective - CACF for 15 Years: Achievements, Challenges and Prospects*. West Asia and Africa, (1), 3-21. In Chinese.
- Zhou, Z. J., Lin, M. J., Yang, H., Zhang, T. H., Feng, W., & Chen, Y. D. (2003). *Survey on Satisfaction of Doctors in Some Provinces and Cities*. Chinese Hospital Management, 23 (5), 3-7. In Chinese.

Webliography

China-Africa Trade Study. (2017, February 27). *Non-communicable Diseases May Open a Pharmaceutical Era in Africa*. Retrieved December 15, 2017, from <http://mt.sohu.com/20170227/n481800399.shtml>. In Chinese.

International Channel of People's Network. (2015, December 4). *Eight of China's 14 "All-weather Friends" are African Countries*. Retrieved May 11, 2017, from <http://world.people.com.cn/n/2015/1204/c1002-27889890.html>. In Chinese.

China Today. (2015, June 25). *Chinese Doctors in Africa*. Retrieved January 30, 2017, from http://www.chinatoday.com.cn/chinese/sz/sd/201506/t20150625_800034537.html. In Chinese.

Geert Hofstede Official Website. (2015). *The 6-D model of national culture*. Retrieved May 30, 2018, from <https://geerthofstede.com/culture-geert-hofstede-gert-jan-hofstede/6d-model-of-national-culture/>

Hofstede-Insights. (2018). *Comparison between China and Angola using the 6-D Hofstede's model*. Retrieved December 30, 2018, from <https://www.hofstede-insights.com/country-comparison/angola,china/>

News.China.com.cn. (2015, June 11). *China's Medical Aid Team to Africa is Known As a "Forever" Medical Team*. Retrieved May 11, 2017, from http://news.china.com.cn/txt/2015-06/11/content_35798035.htm. In Chinese.

Xinhuanet.com. (2013, August 10). *Work Plan on Shortening the Dispatch Time for Foreign Aid Teams*. Retrieved December 21, 2016, from http://www.cq.xinhuanet.com/2013-08/10/c_116891578.htm. In Chinese.

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Other References

Health and Family Planning Commission of Anhui Province of the PRC. (2015). *Measures of Anhui Province for the administration of foreign medical aid work*. In Chinese.

National Health and Family Planning Commission of the PRC. (2013). *The 50th Anniversary Conference of National Health Aid Work and Medical Team Dispatching was held in Beijing*. In Chinese.

Information Office of the State Council of the PRC. (2011). *China Foreign Aid*. In Chinese.

Information Office of the State Council of the PRC. (2014). *China Foreign Aid. Beijing Review* (No. 30). In Chinese.

Information Office of the State Council of the PRC. (1980). *Suggestions on the implementation of foreign medical aid work*. In Chinese.

National Health and Family Planning Commission of the PRC. (2006). *Measures of the Ministry of Health for the administration of foreign medical aid workers (for trial implementation)*. In Chinese.

National Health and Family Planning Commission of the PRC. (2015). *The Second China-Africa Ministerial Conference on Health Cooperation and Development was held in Cape Town, South Africa*. In Chinese.

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Appendix

1. Interview Guide

Number	Content
1	Introduce yourself and state reasons for the interview.
2	Determine the target of the interview to figure out the satisfaction of medical staff in China-aided hospitals in Africa
3	Based on the target of the interview, put forward topics which might be involved in the interview, including status quo and recognition of the aid, recruitment, staff turnover, staff training, performance appraisal, welfare and remuneration, job promotion, and cross-cultural management.
4	<p>Ask questions concerning the given topic of the interview.</p> <p>4.1 What is your general idea and understanding of the status quo of China's medical aid to Africa?</p> <p>4.1.1 What impresses you the most in your medical aid to Africa?</p> <p>4.1.2 Is there any difficulty in the medical aid? Do you need any help?</p> <p>4.2 What is your opinion towards medical aid?</p> <p>4.2.1 Would you choose again to participate in medical aid? Why?</p> <p>4.3 Is the current procedure to select and recruit fair and reasonable?</p> <p>4.3.1 If it is unreasonable, what is your suggestion for further improvement?</p> <p>4.4 Is there a high staff turnover in your hospital at present?</p> <p>4.4.1 What possible reasons would cause the turnover problem?</p> <p>4.5 Is the staff training in your hospital systematic and efficient?</p> <p>4.5.1 Which kind of training do you need the most?</p> <p>4.6 Is there any problem and suggestion in the current system of performance appraisal?</p> <p>4.6.1 What element do you believe should be the main consideration in performance appraisal?</p> <p>4.7 Are you satisfied with your present pay and remuneration?</p> <p>4.7.1 Besides basic salary, are you satisfied with other welfare such as insurance?</p> <p>4.8 Are you satisfied with the current system of job promotion?</p> <p>4.8.1 What is the current system of job promotion in your hospital?</p> <p>4.9 Do you find it difficult to adapt to the local environment and culture in your daily work?</p> <p>4.9.1 What kind of help would you like to get from the hospital?</p>
5	Record the interview and analyze the recording after the interview.

2. Summary of the Interviews

Q: Interviewer (the author)

A: Interviewee

2.1 Interview One

Q: Hello, Ms Shen, I am Jin. Currently, I am working on a research on the satisfaction of medical staff in China-aided hospitals in Africa. In my case study, I analyze the China-aided hospitals in Angola and focus on the analysis of China Tiesiju Civil Engineering Hospital. I would like to discuss my research with you in about half an hour to an hour. To begin with, I want to know your understanding and general idea of the status quo of China-aided medical services to Africa.

A: Hello, I am very pleased to discuss the topic with you. As far as I know, there are more than 40 medical teams from China providing medical aid services in Africa with a province-to-state approach. For example, Anhui Province is responsible to help Yemen with its medical resources and Sichuan to Angola while the expenses are all covered by the Ministry of Commerce of the PRC. The cooperation is mainly achieved by the recipient country providing infrastructure and China dispatches medical personnel working with the local medical staff. Doctors from China help to improve the backward medical conditions in Africa greatly and develop the local medical and health technologies rapidly. In particular, some cutting-edge technologies have been developed greatly, which improves the overall medical level.

Q: How do you feel intuitively in your aid to Angola?

A: I believe that China needs to cooperate with a group of countries and make progress together, so as to become a major power globally. During the cooperation, China can determine its role as a major power. I am really proud to be a part in this historical process.

Q: What difficulties you have come across in your work in Angola? What is the biggest difference between working in Angola and working in China?

A: The biggest challenge we are facing in medical aid construction in Africa is that we are constricted by the local medical resource shortage and the backward equipment. Therefore, many diseases cannot be cured. Even if our medical staff are capable in medical skills, the skills cannot be applied fully because of the insufficient supply of medicine. The shortage in

medicine is directly related to the fact that most of the medicine there is imported from other countries, which will also influence the overall development of the local medical and healthcare services.

Q: Ms. Shen, do you think that your personal competence in medicine has been improved during your work in Angola?

A: Sometimes I am really helpless because many kinds of medicine are not available here and the infrastructure such as medical equipment cannot meet our requirement and standards. We can only cure some simple diseases and wounds. I have been here for a year or two and I am not as capable in medicine as before.

2.2 Interview Two

Q: Hello, Mr. Wang, I am Jin. Currently, I am working on a research on the satisfaction of medical staff in China-aided hospitals in Africa. In my case study, I analyze the China-aided hospitals in Angola and focus on the analysis of China Tiesiju Civil Engineering Hospital. I would like to discuss my research with you in about half an hour to an hour. To begin with, I wonder, how do you adapt to your work in Angola in the beginning?

A: Although I have well-prepared for my work here in various ways such as reading books and talking with my colleagues as well as previous medical team to Africa, I was still uncomfortable in the very first few days and could not adapt to my work here.

Q: What do you think about the language training arranged by authorities concerned and your hospital?

A: The official language in Angola is Portuguese. At the very beginning, our hospital arranged a two-month training at Portuguese for everyone, which was not enough at all. In the very beginning, in the daytime, I took every opportunity to talk with my colleagues in Portuguese, making use of every second. At night, I studied Portuguese with my colleagues. However, the language is too complicated to be mastered within a short period. Therefore, there remained language barrier and medical team from China could only have basic conversation with our patients and local doctors in Portuguese.

Q: Do you miss your family in China during your work in Angola?

A: Compared with epidemic and diseases, homesickness is the largest challenge in our medical team, especially for my female colleagues. As for myself, I have been accustomed to communicating with my family online. To be honest, I was too busy to feel homesick and sad.

Q: Are you accustomed to the local traditions and culture?

A: African people are very enthusiastic, and they tend to express their gratitude and affection directly. Every time we met with the local residents, they would greet us by saying "Ni Hao".

Q: What impresses you the most in your medical aid? What supports your hard work in Africa?

A: Every time we raised our national flag high in our station, I felt a great sense of pride, which recalled me my vow on departure many times: I am proud of being a member of foreign medical aid and I vow to my country; I promise to safeguard the honor of China and observe the discipline of foreign affair. I am particularly proud to be chosen to participate in medical aid services in Africa. I stand for my country there and I am not alone.

Q: Is your medical skills improved in your work in Angola?

A: Every day I would select several copies of medical records, read relevant English materials over and over, and prepared my lessons for many times in my dormitory. The next day I would discuss with my colleagues. In this way, I improve my language skills and learn various special cases, which prepared firsthand references for my clinical practice, teaching, and research after my return. In fact, most of the time, instead of helping local people, I feel that my work there is more like improving myself in medical skills, communication skills, clinical experience, language proficiency, and determination as well as perseverance to overcome difficulties. What I have gained there far outweighs what I have paid.

2.3 Interview Three

Q: Hello, Mr. Yu, I am Jin. Currently, I am working on a research on the satisfaction of medical staff in China-aided hospitals in Africa. In my case study, I analyze the China-aided hospitals in Angola and focus on the analysis of China Tiesiju Civil Engineering Hospital. I would like to discuss my research with you in about half an hour to an hour. To begin with, I wonder, what do you think about the salary of medical aid to Africa and the future career development?

A: Different from other regions, hospitals in the southern part of our province provide better package much higher than the medical aid subsidy which is only around 2,000 US dollars per month. Therefore, the subsidy is actually not so attractive to us. Moreover, we have to consider our future career development. As you know, modern medical science develops really fast. During our two years of work in Africa, we are basically doing very simple medical work and we are gradually unfamiliar with our professional skills. In other words, we need to spend extra efforts to catch up with others after returning to China. Besides, when we are working in Africa, our hospital in China would not maintain our positions and it is highly possible that our positions have already been taken by others when we come back.

Q: How is your working condition in Africa?

A: We often have to postpone our operations because of the shortage in bandage or anesthetic. Moreover, we have to deal with situations on our own such as sudden power failure and equipment malfunction during our operations. Some patients who have been diagnosed and treated may get deteriorated conditions because local nurses care for the patients inappropriately or fail to obey doctors' advice. Some attending physicians have to double up as nurses in some operations or medical work.

Q: What about your living conditions in Africa?

A: Some houses are dilapidated with outdated facilities and frequent water cut-off as well as power failure. We live in some low-rising cement buildings built in primitive natural environment. Worse still, many daily use products are not available here and we could only ask someone to bring them for us from China or purchase these products from other countries such as South Africa or Dubai. Meanwhile, water cut-off and power failure are just routine for us. In the worst situation, we have encountered a water cut-off for three months, which made it very difficult for us to wash and clean ourselves and even led to anxiety or anger among some of our members.

Q: What is the major difficulty in your work in Africa?

A: The members have worked for a very long time in Africa, which is a relatively closed environment. Facing with such challenging conditions, our members are exhausted mentally and physically. Moreover, there are other problems including the heavy workload, the accumulating and unsolvable conflicts, the boring and lonely life, and homesickness. All the aforementioned difficulties resulted in frequent psychological problems among our members, including depression, anxiety, and insomnia. Worse still, it is much more difficult to handle affairs locally than what has been imagined in China. The local inefficient government would

postpone some very simple affairs for a long time and cause some rash because of carelessness. Therefore, we could never expect that the local government would finish the task all at once. On many occasions, our leader and interpreter had to urge and supervise over and over again.

2.4 Interview Four

Q: Hello, Ms. Zou, I am Jin. Currently, I am working on a research on the satisfaction of medical staff in China-aided hospitals in Africa. In my case study, I analyze the China-aided hospitals in Angola and focus on the analysis of China Tiesiju Civil Engineering Hospital. I would like to discuss my research with you in about half an hour to an hour. To begin with, I wonder if you could share your views on human resource management of the medical aid to Africa.

A: There are widespread human resource management problems in the aided hospitals here. We do not have enough doctors from China in Africa, so we have to assign many management tasks to local people. However, basically, these people are not qualified enough for the appointed management work.

Q: Are you satisfied with your wages?

A: In recent years, the wages of medical staff in China have been soaring so fewer and fewer medical professionals are willing to respond to the call of the country to work in Africa. In the very beginning, even some of our members were transferred from Grade-A tertiary hospitals but fewer and fewer young people are willing to work in Africa at present. China mainly encourages medical professionals to work in Africa by cash rewards or promised promotion after their return. However, compared with the environment in China, these encouragements are not so attractive.

Q: Is there a high staff turnover in medical aid team to Africa?

A: We have a huge turnover here since we change our members from leaders to employees every two years. Life of medical staff here heavily relies on self-regulation because they would encounter numerous psychological problems.

Q: Is your medical competence improved in Africa?

A: This is my second year in Africa and I am certain that my new colleagues are less professional in medical skills year by year. Excellent medical talents are increasingly reluctant to work in Africa.

Q: What improvements are needed in our current management system of human resources in Africa?

A: Sometimes, I do wish I were a doctor from Cuba and North Korea because the Angolan government would provide salary subsidy for them with a much higher amount than the amount of their income in China, which encourages the doctors from these two countries to provide medical aid in Angola. However, the Angolan government does not grant doctors from China any subsidy. I believe the reason for this difference is that doctors from Cuba and North Korea are proficient in Portuguese, so the Angolan government is more willing to pay these doctors. However, doctors from China are not accessible to learning Portuguese at all.

2.5 Interview Five

Q: Hello, Mr. Jiang, I am Jin. Currently, I am working on a research on the satisfaction of medical staff in China-aided hospitals in Africa. In my case study, I analyze the China-aided hospitals in Angola and focus on the analysis of China Tiesiju Civil Engineering Hospital. I would like to discuss my research with you in about half an hour to an hour. To begin with, I wonder if you could share your advice to improve our medical aid work in Africa.

A: Because of the talent cultivation system and hospital department planning in the recipient country, the overall skill level of medical staff in the local hospitals is generally lower than ours with different methods of diagnosis and treating. Therefore, we need to be sincere when working with local medical staff, so as to win their true friendship. Only by cooperating with the local doctors can we make the best use of our professional skills.

Q: What do you think about the status quo of the medical aid work in Africa?

A: Medical care is the top priority of all our work. The local medical care condition is really limited compared with the condition in China. There is no advanced medical care equipment and instrument. Moreover, there are complicated language barriers and unfamiliar patients under strange medical environment, which leads to difficult communications. Therefore, medical staff from China cannot adapt to the local conditions at first. However, all of us get accustomed to our work and won respect from the local patients as well as recognition from administrators of the local hospitals with our positive attitude and perfect mastery of medical skills. Over the previous year, the medical care team has provided volunteer medical consultation and free round visits for multiple times, offering diagnosis and treatment of internal medicine for 500 employees in Africa.

Q: From your perspective, what is the main significance of medical aid to Africa?

A: I believe the major significance is not only about medical care work but also to promote and publicize that the medical care aid from China can help the locals. According to China's policy, 90% of the medical care should be provided for the residents and 10% for the China's embassy. As for other Chinese people and Chinese funded enterprises in Africa, we only provide necessary and manageable health counseling services.

Q: What is your advice to improve our current management system of human resources in Africa?

A: Our medical team can play a key role in establishing our training system of medical staff. Moreover, to establish this system, we can regularly arrange experts to provide special support for the departments and professional fields in need. Furthermore, we should cultivate more specialists in doctor training. Based on the actual situation of local patients, we should focus on cultivating more specialists in gynecology and traumatology. Moreover, we can hold academic exchanges regularly and train the local medical staff to diagnose and treat the local common diseases and frequently-occurring diseases.

We may build a medical aid center, attracting and cultivating more local medical staff to participate in the clinical diagnosis and treatment of the hospitals, which would result in an optimized local layout and facilities. We can also build medical schools or nursing schools, which would contribute to educating the local medical staff. Apart from spreading knowledge of modern medical science, our medical team can also bring to Africa traditional Chinese medical techniques such as acupuncture and diagnosis and treatment techniques integrating traditional Chinese medicine and western medicine.

2.6 Interview Six

Q: Hello, Mr. Li, I am Jin. Currently, I am working on a study on the satisfaction of medical staff in China-aided hospitals in Africa. In my case study, I analyze the China-aided hospitals in Angola and focus on the analysis of China Tiesiju Civil Engineering Hospital. I would like to discuss my research with you in about half an hour to an hour. To begin with, could you please explain how to be selected as a medical aid team member?

A: First of all, I apply for it by self-recommendation, then the hospital chooses the candidates, and later the provincial health planning committee organizes written examination and

interview, and before becoming a real member, we have to take five months of systematic training.

Q: What is the pace of your life and work in Angola?

A: I get up at six every morning. There is no break at noon, with only half an hour of meal time. I return to the dormitory at six thirty in the evening.

Q: What is your working and living environment in Angola? How do you adjust yourself to it?

A: The local social security is relatively poor. The medical team members have to open multiple locks before entering the dormitory, and each room is equipped with an alarm. Although there is internet access in the dorm, the connection is very poor. With a 6-hour time difference with the domestic time, it is already midnight in China when we return to the dormitory, so we can only video chat with family members on weekends. In the face of all kinds of harsh and difficult natural environments and working and living conditions, I often tell myself to adapt to the environment quickly, courageously face the difficulties, and devote myself to the medical work.

Q: What is the most impressive thing in your mind?

A: Once, a colleague worked with the local medical staff to perform surgery on a patient. During the operation, his hand was accidentally pricked by the local doctor and directly touched the patient's blood. The patient's blood was examined immediately, and since the patient was an HIV carrier, the colleague immediately received antiviral treatment. In the 28 days of taking antiviral drugs, the colleague suffered a lot from the huge side effects. Due to shortage of the medical staff, after two weeks of leave, he overcame his physical discomfort and returned to his job. Fortunately, after three months, the test results came out and he was not infected. This incident is the most impressive one to me.

Q: What is the biggest feeling in your heart in medical assistance? What supports you to work hard?

A: Due to the backwardness of the medical level in Angola, the Chinese foreign aid medical team must complete the heavy medical tasks, and also guide and train the medical personnel in the aided areas to help improve their technical level. Everything happened during aiding Africa has made me feel the African people's respect and gratitude to Chinese doctors. It also made me understand the far-reaching significance of China's aid to Africa and the true value of being a doctor. This is the glory of my life and the most memorable experience.

2.7 Interview Seven

Q: Hello, Mr. Zhang, I am Jin. Currently, I am working on a study on the satisfaction of medical staff in China-aided hospitals in Africa. In my case study, I analyze the China-aided hospitals in Angola and focus on the analysis of China Tiesiju Civil Engineering Hospital. I would like to discuss my research with you in about half an hour to an hour. To begin with, have you received systematic training before coming to Angola?

A: I was a graduate student of spinal surgery and was selected as a member of the national foreign aid medical team after rounds of tests. Before departure, I received professional training in Portuguese and AIDS, tropical diseases and infectious disease prevention for about nine months.

Q: When you first came to Angola, could you adapt yourself to the local work?

A: In the first half year when I arrived at Luanda, I always had a cold and diarrhea because I was unaccustomed to the climate of a new place. There are frequent power outages and water cuts. After the power outage, the air conditioner could not be used. The sweat could even wet the eyes, and the clothes were all wet after a while. Under the high temperature of about 35 degrees without air conditioner, we insisted on medical work in the simple board room hospital.

Q: What is the local medical environment and medical conditions in Angola?

A: The local medical conditions are very limited. There is no bed in the surgery. The patient can only receive simple debridement, suture, cast immobilization and joint reduction in the treatment room. Only X-ray is available in the radiology department, but the examination is often terminated because of frequent power outages or shortage of X-ray films. The laboratory can check hematuria, malaria parasites, and HIV, but the examination is also often terminated because of the occasional water stoppage and lack of reagents. Although public hospitals in Angola have implemented free medical care, there are insufficient equipment and apparatus. The hospital has a limited budget, and the pharmacy has only some basic antibiotics, anti-malarial drugs and anti-inflammatory painkillers. Most of the time, after doctors prescribe drugs, patients have to buy them out of the hospital.

Q: Do you have a strong work intensity?

A: After we went there, the workload was very heavy, and we used to receive more than 110 patients one day. I once treated a local patient with a dislocation of the shoulder. It took me

only two or three minutes, but the patient was told by the local hospital that his situation could not be handled and should be referred to another hospital. There was also a young man who has a blood pneumothorax due to a fracture. After I stitched and bound him up, I suggested him to be transferred to the hospital immediately. However, after two or three hours, the patient was still waiting in the hospital and began to vomit blood, because he was told that there was no ambulance. This young life could have been saved.

Q: What do you think are the main difficulties encountered in your work in Angola?

A: In Angola, the biggest problem is infectious diseases, especially malaria and AIDS. The big mosquitoes are the most terrible. Many members of the medical team have been infected with malaria, with symptoms of sustained high fever, headache and diarrhea, and no mood to eat anything. In addition, gunshot wounds are particularly common in Angola, and sometimes in the hospital you will hear gunshots from outside. Therefore, doctors basically work only within the hospital. One day, a Cuban doctor was taking a nap in the room when the window was suddenly shattered by a stray bullet. Fortunately, he was lying down. If he was standing up and walking around, the consequences are unimaginable.

The lack of living materials often plagues us. We eat either roasted chicken drumsticks or fried chicken drumsticks every day, and the amount is too small to have a full meal. I even lost ten pounds in Angola. Due to lack of water, it is difficult to grow vegetables in Angola and vegetables are more expensive than meat. Therefore, the medical team brought some vegetable seeds such as spinach, pepper, beans, and loofah before departure. Every day I treat patients, eat meals and go to bed. Occasionally we play basketball, watch TV, and sing karaoke with the members on their birthday.

2.8 Interview Eight

Q: Hello, Ms. Zhao, I am Jin. Currently, I am working on a study on the satisfaction of medical staff in China-aided hospitals in Africa. In my case study, I analyze the China-aided hospitals in Angola and focus on the analysis of China Tiesiju Civil Engineering Hospital. I would like to discuss my research with you in about half an hour to an hour. To begin with, why are you willing to come to Angola for medical aid?

A: I come here to realize a dream made when I was young. As early as more than a decade ago, I learned in the news that the African people had been short of medical care for a long time and their medical standards were low. At that time, I made up my mind that I must go to

Africa to offer my contribution in the future. However, to realize this dream is not as simple as I thought.

Q: How are you selected by the medical team?

A: At first, my thoughts were strongly opposed by my family. After repeated persuasion, they reluctantly gave me a "green light". After that, I went through strict selection across the province. There were altogether ten medical backbones in this batch of medical aid team members, and after the interview, we also took five months of training, including medical foreign language, team building, and foreign affairs etiquette.

Q: What is the local medical work environment?

A: The local medical conditions are relatively poor. Surgical forceps, scalpels and other instruments are far from meeting the demand for delivery. Local gynecologists and nurses are seriously inadequate, and it is urgent for Chinese doctors to come to help. Cesarean section surgeries in China usually need two to three doctors with a device nurse and a patrolling nurse. However, in Angola, there is only one doctor with a midwife to complete the whole process of surgery. Obstetric emergency volume is particularly large. There are substantial critically ill lying-in women with symptoms such as scarred uterus, metrorrhagia and umbilical cord distress. However, the safety of the child and the mother is the greatest relief for us.

Q: So, Ms. Zhao, do you think that the level of personal work has been improved during your work in Angola?

A: The medical skills have not been improved much, but practice makes perfect. The intensity of work here is relatively large, and there are many cases encountered, so this experience has greatly enriched my medical experience.

2.9 Interview Nine

Q: Hello, Mr. Chen, I am Jin. Currently, I am working on a study on the satisfaction of medical staff in China-aided hospitals in Africa. In my case study, I analyze the China-aided hospitals in Angola and focus on the analysis of China Tiesiju Civil Engineering Hospital. I would like to discuss my research with you in about half an hour to an hour. To begin with, how do you comment on the treatment of medical aid team?

A: The old generation of aid team members are extremely dedicative, but now people are different. We must also consider various factors, and weigh the pros and cons. The economic attractiveness is not so big. In the 1970s and 1980s, the foreign aid allowance was very high under the price conditions at that time, but now it is different.

Q: What difficulties did you encounter when you first came to Angola?

A: Although I have received training before aiding Africa, I have encountered language barriers in Africa. I can only force myself to communicate with local people. When I return to the station, I read more books, recite words and practice speaking. After two months, I can have the most basic communication with the locals.

Q: What difficulties have you encountered during your work?

A: The problems are mainly social security issues, poor medical conditions, and lack of medical equipment. On one occasion, a patient with limb weakness and difficulty in breathing came to the hospital. Through physical examination, the patient was found to have thyroid hypertrophy. Because the local hospital did not have the auxiliary examination device, I considered it to be hypokalemia due to experience, and took the risk of supplementing the patient with potassium. I had been sitting alongside the bed for a few hours and only left after the patient's conditions had improved.

When I first arrived in Africa, my teammates and I were infected with malaria and typhoid. Some teammates even infected for five or six times. They had the idea of returning to China several times, but when thinking of their mission and the duties of a doctor, they encouraged and supported each other and persisted to the end.

2.10 Interview Ten

Q: Hello, Ms. Jiao, I am Jin. Currently, I am working on a study on the satisfaction of medical staff in China-aided hospitals in Africa. In my case study, I analyze the China-aided hospitals in Angola and focus on the analysis of China Tiesiju Civil Engineering Hospital. I would like to discuss my research with you in about half an hour to an hour. To begin with, how can you adjust yourself to the environment in Angola? What is your psychological state?

A: Although I knew that the two years of aid in Africa would be very difficult before I left, I was surprised when I saw the resident room. The living conditions here were worse than imagined. When I first came to the station, there were not only many rats in the house, but also the traces of termites eroded everywhere on the wall. The furniture and electrical appliances were dirty and could not be used directly. Everyone started to clean up little by little. We were very optimistic, thinking that even if the environment was worse, this was our home.

Q: What is the local living and working environment?

A: In Africa, the incidence of malaria, typhoid fever and AIDS is high. More than half of the mosquitoes carry malaria parasites. Once bitten, you are very likely to be infected with malaria. A female team member got malaria and typhoid fever right after she arrived here. Therefore, in order to boost resistance and successfully complete the task, all of our team members will insist on running and exercising every day.

There are no supermarkets, no shopping malls, and even no street lights at night. Most of the time, we stay in the house or yards of about 10 square meters, playing mobile phones, reading books, watching TV, or chatting with everyone. Occasionally we also go hiking on weekends or go to church to do worship. Compared with the difficulties in my individual life, I am more concerned about the local medical conditions.

Q: What about the local medical environment and medical conditions?

A: The medical conditions here are not very good. Patients can only do basic blood tests, and it takes 2 to 3 days to produce results. There is only one baby radiant warming station and two oxygenators in the pediatrics department. There are only a few types of drugs, and there are only 4 to 5 antibiotics in pediatrics. The condition of the ward is also very poor. The pediatric ward is small and there is no distinction between infected and non-infected wards. When there are many sick children, two or three children have to lie on one bed, even the newborn babies are in such an environment.

Q: Do you have a good relationship with local staff?

A: At first, many local doctors thought that we came to study, so they were very arrogant to us, but when we pointed out their mistakes and made the correct diagnosis, the local doctors began to admire us. Now when there were critically ill patients, the local doctors will take the initiative to resort to us, and even rush to make the rounds of the wards with us. Because there is almost no examination here, it is basically based on clinical experience to diagnose the disease, so our rich clinical experience is very helpful here.

Q: How do you comment on the selection of aid workers?

A: China's selection requirements for aid workers are very strict. The criteria involve work experience, professional level, foreign language level, whether you can get along well with others, and whether you have any misdeeds. When I learned that I was selected as a member of the medical aid team, I was very proud at first, but I also feel sad when I thought of my family. My parents and mother-in-law are not in very good health, and I am at the age with both parents and kids to take care of. During the two years here, my family can only rely on my husband, so I still feel guilty about it.

3. Structured Interview Questionnaire

Dear colleagues:

This questionnaire is specially designed in order to study the management of human resources in China's medical aid to Africa, improve satisfaction of the medical staff, and determine what are truly needed by the employees and the recipient countries in management of human resources. Through the questionnaire, we hope to know your opinion, actual demands, advice, and expectations on management of human resources. Your view would be highly valued in this research. Thank you for taking the time to complete this questionnaire. We appreciate your support and help for our work. The survey would be only used for academic research. Your information and answers would be treated as confidential.

- Q1: What is your department and your position?
- Q2: How long have you been working in Africa?
- Q3: In what ways were you selected and recruited to provide medical aid in Africa?
- Q4: After arriving in Africa, have you been trained by the hospital concerning your work?
In which aspect in particular?
- Q5: Are you satisfied with your salary and welfare?
- Q6: Apart from the basic salary, are you satisfied with other welfare, subsidies, and insurance?
- Q7: How is your performance appraised? Do you have any advice on performance appraisal?
- Q8: How many days do you have for vacation? Are you satisfied with the current system of job promotion? Do you have any advice on system of work motivation?