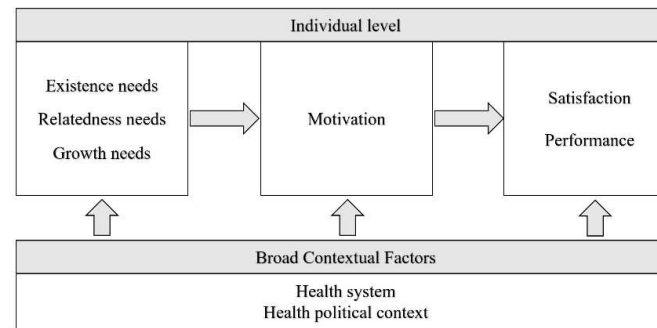


Supplementary Appendix

1. Search terms

(China[Title/Abstract] OR Chinese[Title/Abstract]) AND ("primary health care"[Mesh] OR "General Practice"[Mesh] OR "General Practitioners"[Mesh] OR "Physicians, Family"[Mesh] OR "Community Health Services"[Mesh] OR "Delivery of Health Care"[Mesh] OR "township hospital"[Title/Abstract] OR "township health center"[Title/Abstract] OR "township health centre"[Title/Abstract] OR "community health station"[Title/Abstract] OR "village clinic"[Title/Abstract] OR "community health center"[Title/Abstract] OR "community health centre"[Title/Abstract]) AND ("manpower"[Mesh] OR "Education, Public Health Professional"[Mesh] OR "Education, Professional"[Mesh] OR "Education, Medical, Continuing"[Mesh] OR "Professionalism"[Mesh] OR "Career Choice"[Mesh] OR "Career Mobility"[Mesh] OR "human resources"[Title/Abstract] OR "retention"[Title/Abstract] OR "incentives"[Title/Abstract] OR "salary"[Title/Abstract] OR "professional medical master"[Title/Abstract] OR Motivation[Mesh] OR "Salaries and Fringe Benefits"[Mesh] OR "Staff Development"[Mesh] OR recruit[Title/Abstract] OR recruited[Title/Abstract] OR recruits[Title/Abstract] OR migration[Title/Abstract] OR migrate[Title/Abstract] OR migrating[Title/Abstract] OR migrated[Title/Abstract] OR migrates[Title/Abstract] OR immigration[Title/Abstract] OR immigrate[Title/Abstract] OR immigrating[Title/Abstract] OR immigrated[Title/Abstract] OR immigrates[Title/Abstract] OR emigration[Title/Abstract] OR emigrate[Title/Abstract] OR emigrating[Title/Abstract] OR emigrated[Title/Abstract] OR emigrates[Title/Abstract] OR mobility[Title/Abstract] OR turnover[Title/Abstract] OR "brain drain"[Title/Abstract]) AND ((eng[Language]) OR chi[Language]) NOT "Autobiography"[ptyp] NOT "Bibliography"[ptyp] NOT "Biography"[ptyp] NOT "Consensus Development Conference"[ptyp] NOT "Consensus Development Conference, NIH"[ptyp] NOT "Corrected and Republished Article"[ptyp] NOT "Dataset"[ptyp] NOT "Dictionary"[ptyp] NOT "Directory"[ptyp] NOT "Duplicate Publication"[ptyp] NOT "Electronic Supplementary Materials"[ptyp] NOT "Festschrift"[ptyp] NOT "Interactive Tutorial"[ptyp] NOT "Legal Cases"[ptyp] NOT "Letter"[ptyp] NOT "News"[ptyp] NOT "Patient Education Handout"[ptyp] NOT "Periodical Index"[ptyp] NOT "Personal Narratives"[ptyp] NOT "Portraits"[ptyp] NOT "Published Erratum"[ptyp] NOT "Retracted Publication"[ptyp] NOT "Retraction of Publication"[ptyp] NOT "Twin Study"[ptyp] NOT "Video-Audio Media"[ptyp] NOT "Webcasts"[ptyp].

2. Preliminary conceptual framework of motivating factors influencing PCW's performance



3. List of included studies' general characteristics

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Zhang <i>et al.</i> , 2016	2014	Quantitative study	Jiangxi	Rural	Village Clinic	To assess village doctors' job satisfaction during the reforms and to explore factors affecting job satisfaction.	Low job satisfaction. The top three items leading to dissatisfaction were pay and the amount of work that had to be done, opportunities for job promotion and work conditions.	Marriage, income, intention to leave, satisfaction with learning and training, social status, relationship with patients and satisfaction with the new healthcare reforms were significantly associated with job satisfaction.	Low
Lin <i>et al.</i> , 2015	2013.9-2014.4	Quantitative study	Guangdong	Urban	Community Health Centre	To explore the impact of workplace violence on job performance and quality of life of community healthcare workers in China, especially the relationship of these three variables.	Workplace violence among community healthcare workers is prevalent in China.	The workplace violence had negative effects on the job performance and quality of life of CHCs' workers.	Low

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Zhang <i>et al.</i> , 2015	2013.8-2014.1	Qualitative Study	Jiangsu, Henan, Jiangxi, Heilongjiang, Sichuan, Gansu.	Rural	Village Clinic	To investigate the village doctors' income structure and analyze how these health policies influenced it.	The health-care reform policies have had lasting impacts on village doctors' income structure since the policies' implementation in 2009.	Several policies such as the National Essential Medicines System, Integrated management, National Basic Public Health Services, New Rural Cooperative Medical Scheme had major impact on village doctors.	Moderate
Wu <i>et al.</i> , 2014	2012	Quantitative study	Zhejiang	Both	Community Health Centre; Township Health Centre	To explore the factors influencing doctors' job satisfaction and morale in China, in the context of the ongoing health system reforms and the deteriorating doctor-patient relationship.	Low job satisfaction. Primary care doctors were the least dissatisfied with the income and opportunities for promotion. Patients were becoming more aggressive in their demands and there was an increasing trend of violence against doctors.	Doctors in the provincial hospital appeared to be the most dissatisfied group, and primary care physicians were most satisfied with their work and the causes of dissatisfaction fall into three main areas: low income, heavy workload and patient aggression.	Low

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Li <i>et al.</i> , 2014	2012	Quantitative study	Heilongjiang	Urban	Community Health Centre	To assess the determinants of job satisfaction in community health workers in one Chinese province.	Overall job satisfaction was higher than extrinsic job satisfaction and lower than intrinsic job satisfaction. All desired workplace characteristics were higher than the associated actual workplace characteristics.	The main determinants of job satisfaction were occupation, years worked in health service institution, and five subscales representing the gap between desired and actual workplace characteristics, which were system and policy; fringe benefits; working relationship; professional development; and remuneration.	Low
Fang <i>et al.</i> , 2014	2012.07-08	Quantitative study	Hubei	Rural	Village Clinic	To analyze the factors that influence the turnover intention of village doctors by investigating village clinic workers in rural areas, particularly in Xiangyang City, Hubei Province.	Village doctors were most dissatisfied with my pay and the amount of work I do, the chances for advancement on this job, and the work conditions. Highlight the influence of job satisfaction on turnover intention of village doctors	Income satisfaction, the way organization policies are put into practice, my pay and the amount of work I do, the chances for advancement on this job and the work conditions were significantly related to the turnover intention of village doctors.	Low

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Zhou <i>et al.</i> , 2014	2013.1-3	Qualitative Study	Zhejiang, Yunnan	Rural	Township Health Centre	To explore the impacts of these reforms on health workers and service users at township level, which has been the major target of the first phase of the reforms.	Some elements of the reforms may actually be undermining primary care. While the new health insurance system was popular among service-users, it was criticized for contributing to fast-growing medical costs, and for an imbalance of benefits between outpatient and inpatient services. Salary reform has guaranteed health workers' income, but greatly reduced their incentives. The essential drug list removed perverse incentives to overprescribe, but led to falls in income for health workers, and loss of autonomy for doctors.	The health workers' intention was mostly blamed on the loss of income and incentives and in the larger hospitals, on the essential drug list, and the way it limits clinical autonomy and the provision of specialist services.	Low

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Liu <i>et al.</i> , 2014	2009-2010	Mixed method study	Anhui	Both	Township Health Centre; Village Clinic; Community Health Centre/ Station	To conduct an initial assessment of the effects of specific parts of the reforms in Anhui.	The reform of primary healthcare institutions in Anhui has improved the personnel structures surrounding frontline healthcare workers, increased their incomes, improved work efficiency, and changed the compensation patterns of primary healthcare institutions, improved hardware, reduced drug prices, and, to some extent, improved the diagnosis and treatment structure. However, the reforms have not radically changed the behavior of medical workers or the visit patterns of patients.	Two problems emerged from the reforms. First, the enthusiasm of medical staff decreased, and second, the supply of drugs could not adequately meet the demand.	Moderate

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Luo <i>et al.</i> , 2014	maybe 2012	Quantitative study	Hubei , Guizhou, Hebei , Guangdong , Zhejiang	Urban	Community Health Centre	To analyze and determine the main related factors that influence work passion of CHS workers by investigating CHS workers from five Chinese provinces.	Low passion for current work. Workers were most dissatisfied with the balance between remuneration and workload, job promotion opportunities and most dissatisfied with the balance between remuneration and workload, job promotion opportunities.	The related factors that influence CHS workers' work passion are socio-demographic factors such as age, and years of employment, and other work-related factors such as learning and training opportunities, compensation packages, work stress, and personal development opportunities.	Moderate

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Ding <i>et al.</i> , 2013	2009 v.s. 2012	Quantitative study	Anhui	Urban	Community Health Centre	To compare the job satisfaction (JS) of community health workers (CHWs) before and after the local comprehensive medical care reform (LCMR) in Anhui Province to provide evidence for improving the LCMR policy to increase the JS of CHWs.	After two years' implementation of the LCMR, CHWs' total JS have a small improvement. CHWs have lower satisfaction in the dimensions of pay, promotion and benefits dimensions before and after the LCMR.	The average scores of total JS and satisfaction with pay, contingent rewards, operating procedures and communication in the effect evaluation survey were statistically significantly higher than those of the baseline survey. The average score of satisfaction with promotion in the effect evaluation survey was statistically significantly lower than that in the baseline survey.	Low

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Hung <i>et al.</i> , 2013	2011	Quantitative study	Jilin, Shandong, Anhui, Chongqing, Ningxia	Both	Township Health Centre; Village Clinic; Community Health Centre/ Station	To provide an overview of major performance motivating factors for primary care providers (PCPs) in China and examine associations between these factors and individual and practice setting characteristics.	There were greater needs for improvement in rural than urban settings, especially in living environment. Types of PCPs were associated with needs for improvement in different factors. There were more needs from nurses and village doctors.	The most important motivating factors for PCPs to improve performance were professional development, training opportunities, living environment, benefits, working conditions and income.	Low
Sun <i>et al.</i> , 2013	Maybe 2012	Quantitative study	Zhejiang, Guangdong, Guizhou, Hebei, and Hubei	Urban	Community Health Centre	To ascertain the key factors that influence the CHS worker turnover intention to increase their work satisfaction and stability.	38.7 % community health workers intended to quit. CHS workers were less satisfied with the balance between payment and work quantity, promotion opportunity, and working conditions.	The influencing factors that result in turnover intention are socio-demographic factors such as age, post of duty, professional title, and working seniority, and other work-related factors such as pay packets, learning and training opportunities, promotion and personal development space, and working stress.	

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Ding <i>et al.</i> , 2013	2011.3-6	Quantitative study	Hubei, Jiangxi	Rural	Township Health Centre; Village Clinic	To improve the early detection of epidemics in rural China by integrating syndromic surveillance with the existing case report system.	Village doctors prioritize medical services but they do their best to manage their time to include public health services. The willingness of township health centre directors and village doctors to provide public health services has improved since the introduction of the package and a minimum subsidy, but village doctors do not find the subsidy to be sufficient remuneration for their efforts.	Factors to consider in future activities to improve the quality and extent of public health services provided by village doctors include actual and potential sources of village doctor income (i.e. medical services, social pension and other government support), the relationship between village clinics and township health centres and the amount of public health subsidy.	Moderate

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Li <i>et al.</i> , 2013	2009.12-2010.12	Quantitative study	Beijing, Jiangsu, Zhejiang, Hainan, Guangxi, Shanxi, Jiangxi, Guizhou, Yunnan, Gansu	Rural	Township Health Centre; Village Clinic	To analyze the educational status and future training needs of China's rural doctors and provide a basis to improve their future training.	Rural health professionals in China who have relatively low healthcare education should be focused on. Rural doctors the training status and needs of China's rural doctors are still disjointed in terms of the training time, training method and training content.	Rural doctors wanted to extend the training time, preferred to practice-focused training (on-site guidance from senior doctors, clinical further education), and had greater desire for clinical skills, preventive healthcare and medication knowledge education.	Low
Shi <i>et al.</i> , 2014	2011	Quantitative study	5 provinces representing Eastern, Central, and Western China	Both	Township Health Centre; Village Clinic; Community Health Centre/ Station	To provide a snapshot of the current state of primary care workforce (PCW) serving China's grassroots communities and examine the factors associated with their job satisfaction.	Low job satisfaction PCW are least satisfied with their income level (only 8.6% are either satisfied or very satisfied), benefits (12.8%), and professional development (19.5%).	Lower income and higher workload are the two major contributing factors toward job dissatisfaction.	Moderate

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Ge <i>et al.</i> , 2011	2009.12 -2010.2	Quantitative study	Liaoning	Urban	Community Health Centre	To clarify the level of job satisfaction of Chinese community health workers between a metropolitan (Shenyang) and a small city (Benxi) in Liaoning province and explore its associated factors.	A moderate level of job satisfactions. Community health workers in a metropolitan had lower job satisfaction as compared to those in a small city.	Three significant predictors of intrinsic and extrinsic job satisfactions were the two dimensions (social support and decision latitude) of stress and cynicism of burnout.	Low
Zhao <i>et al.</i> , 2011	2008.12 - 2009.2	Qualitative study	Beijing	Urban	Community Health Centre	To understand the advancements in and barriers to the implementation of measures to improve basic public health services in an urban Chinese community.	The number of practitioners and their low levels of skill were insufficient to provide adequate services for community residents.	Due to the broad scope of basic public health services and limited financial incentives, providers felt that they were under great stress and often complained that community members for whom they were responsible did not trust them as these clinicians had lower levels of knowledge and skill than specialists.	Moderate

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Liu <i>et al.</i> , 2010	2007	Quantitative study	Anhui, Xinjiang	Rural	Township Health Centre	To measure job satisfaction level of THC employees in poor rural China and to identify relevant features in order to provide policy advice on human resource development of health service institutions in poor regions.	Moderate job satisfactions in poor areas. Job satisfaction scores reflecting job significance, job competency and team work were highest, while work conditions and atmosphere and job reward were lowest.	Township health centers employees are more satisfied with the work significance and cooperation with colleagues, while less satisfied with work conditions, reward and promotion opportunities.	Low

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Zhou <i>et al.</i> , 2015 Feb	2013	Qualitative Study	Jiangxi	Rural	Township Health Centre; Village Clinic	To explore the perspectives of health providers on the contract service policy, and investigate the demand side's attitude toward the public health services delivered under the contract policy.	The contract service actually promoted the supply side to provide more public health services to the villagers and contracted patients felt satisfied with the doctor-patient relationship.	Most health providers complained about the heavy workload, insufficient remuneration, staff shortage, lack of official identity and ineffective performance appraisal, in addition to contempt from some villagers and supervisors after the implementation of the contract service.	Moderate

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Chen <i>et al.</i> , 2015	2012.5-7	Mixed method study	Jiangsu	Rural	Township Health Centre; Village Clinic	To reveal the challenges of village doctors' survival and training in economically developed areas in eastern China.	The main challenges in Changzhou include an insufficient amount of village doctors, difficulties in obtaining professional qualification for village doctors, low salaries and benefits, and difficulties in recruitment.	The gap between expected and actual income is the primary factor affecting the attractiveness of a career as a village doctor. Changes to training have influenced the stability of village doctor teams. Declining attachment of young people to their hometown village has contributed to recruitment difficulties.	Moderate
Wang <i>et al.</i> , 2013	2009.9-11	Quantitative study	Beijing	Rural	Village Clinic	To explore the reasons for the poor recruitment and to propose possible strategies to improve the situation.	Rural doctors were generally older than average and considered the training strategy to be inadequate in in China.	In general, the initiatives identified by rural doctors as being of most value in the recruitment of doctors were those targeting retirement pension and income.	Moderate

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Li <i>et al.</i> , 2017	2014-4	Mixed method study	Shandong, Guangxi, Shaanxi	Rural	Village Clinic	To describe village doctors' job satisfaction under the context of health sector reform and investigate the associated factors.	Low job satisfaction. Village doctors who earned the top level of monthly income felt more satisfied, while on the county level, those who lived in counties with the highest GDP felt less satisfied.	From interviews, most workers believed that age, income, and integrated management had a positive influence on the job satisfaction, while pension plan and basic public health care policies exhibited negative effects. Also, the increasing in availability of healthcare and health resources along with local economic development had negative effects on village doctors' job satisfaction.	Low

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Zhang <i>et al.</i> , 2017	2013	Quantitative study	Shanghai, Shaanxi, Shandong, Anhui	Urban	Community Health Centre	To examine the mediation effect of job satisfaction on the relationship between person-organization fit (P-O fit) and turnover intention based on data from China.	The effect of P-O fit on turnover intention was partially mediated through job satisfaction.	P-O fit was directly related to job satisfaction and inversely related to turnover intention.	Low
Li <i>et al.</i> , 2014	2013.3.1-10.31	Quantitative study	Heilongjiang	Urban	Community Health Centre	To examine levels of work stress and motivation and their contribution to job satisfaction among community health workers in Heilongjiang Province, China.	Levels of overall motivation perception and scores on the career development, responsibility and recognition motivation subscales were higher in satisfied respondents relative to dissatisfied respondents.	The main determinants of job satisfaction were occupation; age; title; income; the career development, and wages and benefits subscales of work stress; and the recognition, responsibility and financial subscales of work motivation.	Low

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Meng <i>et al.</i> , 2009	2006	Qualitative Study	10 provinces	Both	Township Health Centre; Community Health Centre	To analyze the mobility of health workers in township and community health centres.	Increased rate of workers leaving township and community health centres between 2000 and 2005, with the majority of the mobile health workers moving to higher-level health facilities; very few moving to other rural township health centres.	The main reasons for leaving were low salaries, limited opportunities for professional development and poor living conditions.	Moderate
Wang <i>et al.</i> , 2017	2013	Quantitative study	Shandong, Anhui, Shaanxi	Rural	Township Health Centre	To investigate the association between the latent clusters and health-care staff's personal and professional features.	The minority of health-care staff belong to the "satisfied class". Three among four subgroups are not satisfied with income, benefit, training, and career development.	Low job satisfaction was associated with specialty, training opportunity, and income inequality.	Low

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Chen et al., 2017	After 2009	Qualitative study	Guangxi	Rural	Township Health Centre	To understand the level of job satisfaction as felt by primary health care providers.	Increasing the incomes and fringe benefits of healthcare workers, improving their work conditions, and providing training and continuing education opportunities would help rural clinics retain doctors and eliminate the current unsatisfactory conditions.	The main concerns related to job satisfaction included working conditions, financial rewards, and the doctor's relationships with patients.	Moderate

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Lu et al., 2016	2013	Quantitative study	Guangdong	Both	Township Health Centre; Village Clinic; Community Health Centre/ Station	To explore job satisfaction among healthcare staff in Guangdong following the health system reforms in 2009, and to investigate the association between job satisfaction and work stress, work–family conflict and doctor–patient relationship.	The overall job satisfaction exceeded slightly dissatisfied and approached slightly satisfied. Measures to enhance job satisfaction include the reduction of workload, increase of welfare, maintaining moderate stress and balancing work–family conflict.	The sociodemographic variables including occupation, educational background, professional status, years of service, annual income and night shift, work stress, work–family conflict and doctor–patient relationship frequency significantly influenced the level of job satisfaction.	Low

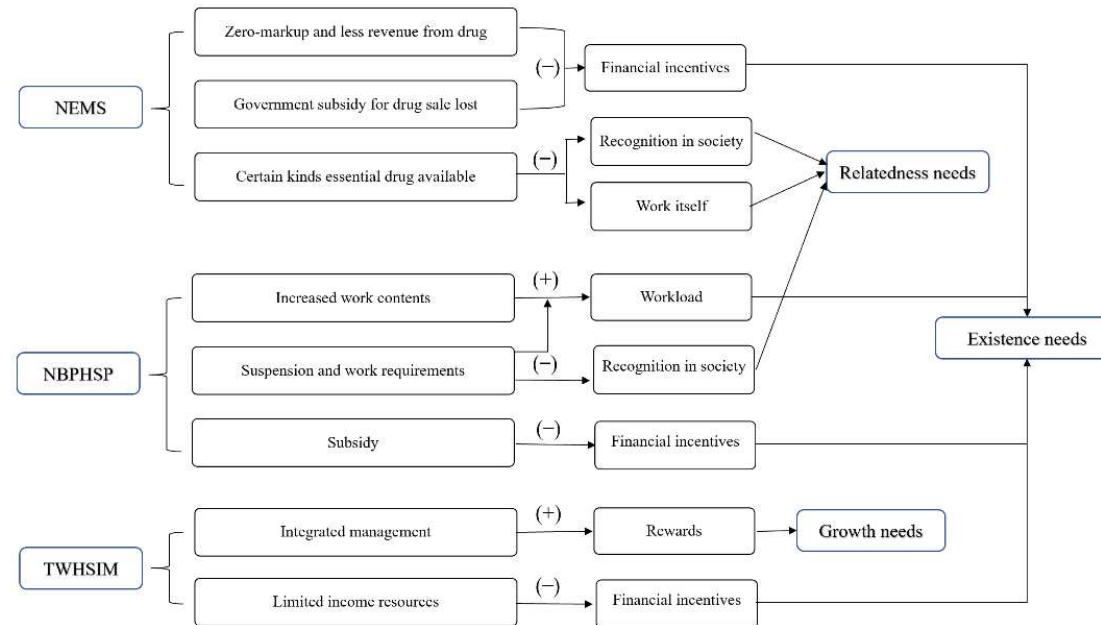
Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Song et al., 2015	2011	Quantitative study	Jilin, Shandong, Anhui, Chongqing, Shaanxi	Both	Township Health Centre; Community Health Centre	To find out which job attributes affect Chinese primary care providers' choice of job and whether there are any differences in these job preferences between doctors and nurses.	Policymakers need to improve primary care providers' income, benefits and working conditions to fulfil their basic needs, invest in infrastructure and strengthen training programmes in order to raise the community's confidence in the services.	Though income was important, Chinese primary care providers also had strong preferences for sufficient welfare benefits, sufficient essential equipment and respect from the community.	Low
Mo et al., 2017	2014	Quantitative study	Guangxi	Rural	Township Health Centre	To explore the current health training status of nurses working in rural Chinese township health centers and to ascertain their perceived needs.	A decentralized degree-linked training program in which medical universities and city hospitals collaborate would be an appropriate mode of delivery.	Mismatch between current health training initiatives and desired programs in terms of training setting, content, and delivery mode	Moderate

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Zhang et al., 2017	2013	Qualitative Study	Shandong	Urban	Community Health Centre/ Station	To analyze how health reform of CHS led to changing job features for primary health providers.	The new model of primary health care significantly affected the nature of primary health work and triggered a range of PHC providers' coping processes.	Health workers perceived their job as less intensive than hospital medical work but often more trivial, characterized by heavy workload, blurred job description, unsatisfactory income, and a lack of professional development.	Moderate
Zhang et al., 2017	2014	Quantitative study	Zhejiang, Jiangxi, Shaanxi, Xinjiang	Urban	Community Health Centre	To investigate the perceptions of primary care workers about the impacts of the national essential medicines policy (NEMP).	The NEMP has significant impacts (as perceived by the health workers) on health services delivery in primary care settings.	The impacts of the NEMP vary by region, professional practice and the income level of health workers. It is important to maintain support from physicians through income subsidies (to compensate for potential loss) and training.	Moderate

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Feng et al., 2017	2014	Quantitative study	Qinghai, Inner Mongolia, Xinjiang	Rural	Village Clinic	To examine the satisfaction of village doctors with the Township and Village Health Services Integration Management (TVHSIM).	Low satisfaction with the TVHSIM. A well-rounded social insurance model for village doctors is urgently needed and enhancing essential medical training should be carefully considered.	Social insurance, essential medical knowledge, year of practice significantly influenced satisfaction of village doctors on human resources management, drug and medical device management, and financing management.	Low
Li et al., 2016	2014	Quantitative study	Shandong, Guangxi, Shaanxi	Rural	Village Clinic	To identify factors associated with village doctors' basic public health services provision and to formulate targeted interventions in rural China.	There is considerable room for improvement regarding the factors associated with village doctors' basic public health services provision.	Increasing public health care subsidies received by individual village doctors, availability and attendance of training opportunities, and integrated management and NCMS contracting of village clinics are important factors in increasing basic public health services provision in rural areas.	Low

Study [Citation]	Study period	Study design	Province	Area	Institution	Objective	Key motivation conclusions	Influencing factors	Risk of bias
Song et al., 2016	2011	Quantitative study	Ningxia	Both	Primary healthcare centers	To examine current understanding and opinions of China's National Essential Medicine System (NEMS) of primary care providers and patients.	High level of satisfaction towards NEMS among primary care providers, which is a reflection of the improvements in the health care system.	Overall there was a link between knowledge about NEMS and satisfaction with the program: the providers with greater knowledge of NEMS, reported higher satisfaction.	Moderate
Li et al., 2015	2012	Mixed method study	Jiangsu	Rural	Village Clinic	To identify specific factors of and potential solutions to the shortage in village doctors.	The shortage in village doctors presents a major obstacle toward the realization of China's policy of public health service equalization.	Many factors associated with the shortage of village doctors were payment related including low salaries and bonuses, heavy workload, few opportunities for continuing education, unattractive pension plans and poor working environments.	Moderate

4. A logical diagram of motivating factors influencing PCW's performance



5. Overall job satisfaction score among primary care workers

Study [Citation]	Study period	Province/city	Area	Sample size	Measurement of scales	Measurement of overall satisfaction	Job satisfaction score	Standard deviation
Liu <i>et al.</i> , 2010	2007	Anhui	rural	77	Likert 5 point	Sum of dimension	3.76*	-
Liu <i>et al.</i> , 2010	2007	Xinjiang	rural	95	Likert 5 point	Sum of dimension	4.49*	-
Ding <i>et al.</i> , 2013	2009	Anhui	urban	765	Likert 5 point	Sum of dimension	3.06	0.497
Ge <i>et al.</i> , 2011	2009-2010	Shenyang City	urban	1010	Likert 5 point	Sum of dimension	3.36*	-
Ge <i>et al.</i> , 2011	2009-2010	Benxi City	urban	684	Likert 5 point	Sum of dimension	3.50*	-
Shi <i>et al.</i> , 2014	2011	5 provinces	both	863	Likert 5 point	Sum of dimension	3.43	0.77
Hung <i>et al.</i> , 2013	2011	Jilin, Anhui, Shandong, Chongqing, Ningxia	both	823	Likert 5 point	Sum of dimension	3.39	-
Wu <i>et al.</i> , 2014	2012	Zhejiang	both	111	Likert 5 point	Sum of dimension	3.23	0.06
Li <i>et al.</i> , 2014	2012	Heilongjiang	urban	448	Likert 5 point	Sum of dimension	3.69	-
Ding <i>et al.</i> , 2013	2012	Anhui	urban	495	Likert 5 point	Sum of dimension	3.13	0.643
Luo <i>et al.</i> , 2014	2012	Hubei, Hebei, Guizhou, Guangdong, Zhejiang	urban	3220	Likert 5 point	Sum of dimension	3.37	-

Sun <i>et al.</i> , 2013	2013	Zhejiang, Guangdong, Guizhou, Hebei, Hubei	urban	3212	Likert 5 point	Sum of dimension	3.44	-
Fang <i>et al.</i> , 2014	2012	Hubei	rural	1889	Likert 5 point	Sum of dimension	2.57	-
Zhang <i>et al.</i> , 2017	2013	Shanghai, Shaanxi, Shandong, Anhui	urban	656	Likert 5 point	Standalone item	3.55	0.74
Li <i>et al.</i> , 2014	2013	Heilongjiang	urban	930	4 point	Sum of dimension	3.11	0.68
Zhang <i>et al.</i> , 2016	2014	Jiangxi	rural	935	Likert 5 point	Standalone item	1.82	0.63
Li <i>et al.</i> , 2017	2014	Shandong, Guangxi, Shaanxi	rural	1221	4 point	Standalone item	2.43*	-
Lu <i>et al.</i> , 2016	2013	Guangdong	both	5845	Likert 6 point	Sum of dimension	3.99	0.99
Wang <i>et al.</i> , 2017	2013	Shandong, Anhui, Shaanxi	rural	603	Likert 5 point	Sum of dimension	3.37	-

* We converted these scores from the sum of percentage scores into 5-grade score: Overall satisfaction = summed score/maximum total score × 5