

Exploring the Relationship Between Doctors' Patients and Medical System Development

Xiaochen Xia

*The London School of Medicine and Dentistry, Queen Mary University of London.
ml19680@qmul.ac.uk*

ABSTRACT

Patient-Initiated Workplace Violence (WPV) Against Healthcare Workers as one of the topics of high public and global health concern, the doctor-patient conflict has increased dramatically in China over the past decade, and workplace violence against healthcare workers happens sometimes. Patient-initiated violence is fatal to healthcare providers and fuels general tensions between doctors and patients. This poses serious challenges to improving access and quality of health systems in the future.

This article aims to analyze the main reasons for the current conflict between doctors and patients in China. Provide a systematic, nationwide series of measures for workplace violence protection and prevention of Chinese medical staff. At the same time, this paper discusses the factors that cause WPV in medical staff in our country. This improves the efficiency and accuracy of predicting the trend of doctor-patient violence and provides a theoretical basis for formulating corresponding measures to improve the doctor-patient relationship.

The analysis of the article proves that China needs to focus on improving the service quality of primary health institutions. A consultation and exchange service center should be added in the hospital to facilitate the needy personnel to communicate with the relevant personnel in the hospital to express their needs, thereby enhancing the efficiency of doctor-patient communication in the process of medical services.

Keywords: *China medical research history; patient-doctor violence cases; world patient-doctor violence cases; medical system development.*

1. INTRODUCTION

Workplace violence (WPV) is a broad term that encompasses any act of violence or other threatening or disruptive conduct in the workplace. Employees, customers, and other unconnected people may be at risk as a result of this activity. WPV is defined by the WHO (World Health Organization) as a negative incident that threatens people's safety, well-being, or health [1]. Bodily and psychological violence (including beatings, stabbings, and injury to the physical, mental, and spiritual self) [2] are the two most common types of WPV. Significantly, WPV in the medical profession puts healthcare workers in a high-risk condition for an extended period of time [3], which is one of the central challenges in medical ethics research and a focus of worldwide attention [4]. In China, incidents of patient-initiated WPV against health care providers are causing considerable concern. Medical WPV is also known as "YiNao" in China. As WPV events keep happening, it not only harms healthcare providers, but it also

exacerbates relations between physicians and patients. This poses a challenge to China's programs aimed at improving healthcare access and quality.

Patients do not trust their physicians, and some even attack or murder them, as a result of this social relationship backdrop, while doctors are hesitant to spend more time receiving and treating patients. Citizens' access to social security is limited, and doctors are denied even the most basic forms of social security. Therefore, the goal of this study is to investigate the causes of medical WPV in China from many viewpoints while also examining the risk aspects in medical services and medical status in order to give theoretical support for future reform of the Chinese medical system.

2. METHODOLOGY

This study conducts a qualitative analysis of China's "WPMP" data released by the Chinese Medical Doctor

Association in 2018, which includes the causes of 295 typical medical accidents in mainland China (excluding Hong Kong, Macao, and Taiwan) in the past 10 years. At the same time, the article incorporates a survey from the Chinese Hospital Association, completed in 2013. The survey showed that in 2012, the total number of attacks on medical staff at hospitals in mainland China was higher than in 2008, many of which involved killing or seriously injuring medical staff.

Cai et al. (2019) observed that the WPV in developed provinces is much greater than even the far northwest interior [4]. There may be a link between the features of the violent event and population culture variations, economic rewards, and social status. Finally, throughout the whole study, full data (original) were retrieved from surveys performed at 8 county hospitals in 8 counties in Zhejiang Province's Shengzhou and Ninghai. The features of the phenomena of violence in multi-latitude thinking, as determined by a combined literature study and qualitative analysis technique.

3. RESULT

3.1. Prevalence of Medical WPV in China

According to the CMDA's China WPMP figures from 2018, over 66 percent of Chinese doctors had suffered doctor-patient violence. In the last decade, 362 medical workers were injured and 24 doctors were killed in the conflict, according to 295 medical injury cases published by Chinese media (excluding Hong Kong, Macao, and Taiwan). Of 295 medical incidents, 99 patients attacked medical workers with knives. Figure 1 shows statistics on the number of medical injury accidents reported in the media over the last decade; the colors in the figure denote the frequency of occurrence. It can be observed from the graph that health workers in Guangdong Province have the greatest rate of violent injuries. Medical violence is particularly prevalent in eastern Chinese provinces like Shandong, Jiangsu, Zhejiang, and Anhui, whereas northwestern Chinese provinces like Tibet, Qinghai, Xinjiang, and Inner Mongolia have comparatively few occurrences of violence.

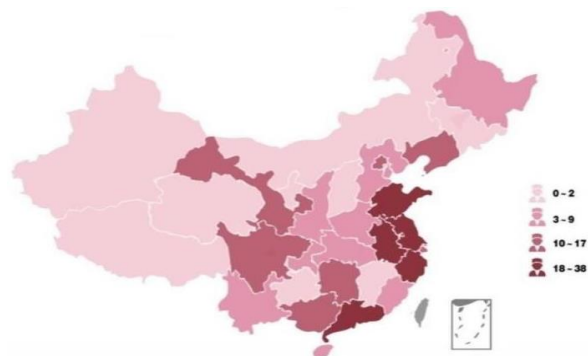


Figure1: The number of medical injury incidents reported by provincial and municipal media

According to a study conducted by the Chinese Hospital Association in 2013, there were an average of 27.3 attacks on health workers per hospital in 2012, up from 30 in 2013 and much higher than the previous five years (Figure 2). These attacks on health workers include common attacks and attacks that result in the death or serious injury of health workers.

In the survey on doctor-patient relationship, more than 70% of the respondents claim that inadequate communication with patients is one of the reasons for poor doctor-patient relationship.

Patient satisfaction and trust, treatment adherence, and favorable health outcomes are all linked to successful doctor-patient communication, while bad doctor-patient communication is linked to patient discontent, mistakes, and disagreements in the medical sector. Therefore, the medical environment's stability is a major concern for the whole medical business. [5] [6].

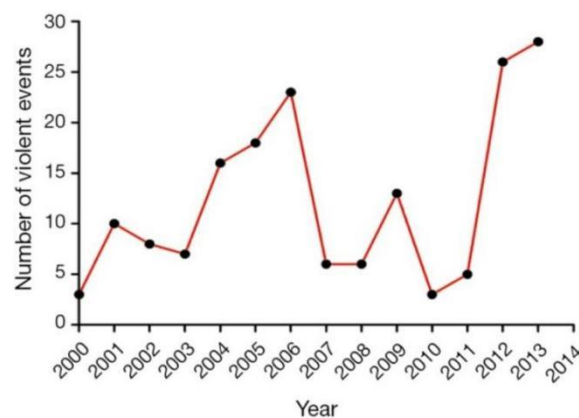


Figure2: The annual number of violent events reported is increasing [7]

3.2. WPV cases in China (2013-2016)

Based on the research of 2013-2016 study on China's healthcare WPV by Cai, et al., (2019) it collected details (including multiple factors) of medical dispute cases in 31 provinces in China (Table 1)[4]. Through the analysis and conclusion, it is concluded that the medical dispute cases are mainly due to the low level of education, which leads to verbal conflicts and poor communication in the communication between doctors and patients, and then turns into violent behaviors of personal attacks.

Table1: numbers of medical violence in China 31 provinces.

Province	Number of identified serious WPV incidents	Geographical region
Tibet	0	Western China
Qinghai	0	Western China
Hainan	2	Eastern China
Chongqing	4	Western China
Ningxia	4	Western China
Xinjiang	6	Western China
Shanghai	7	Eastern China
Inner Mongolia	7	Western China
Guizhou	7	Western China
Shanxi	8	Central China
Tianjin	8	Eastern China
Fujian	8	Eastern China
Heilongjiang	9	Central China
Yunnan	9	Western China
Shaanxi	9	Western China
Gansu	9	Western China
Guangxi	10	Western China
Beijing	12	Eastern China
Liaoning	15	Eastern China
Sichuan	15	Western China
Jiangxi	17	Central China
Jilin	20	Central China
Hubei	26	Central China
Zhejiang	27	Eastern China
Anhui	28	Central China
Henan	30	Central China
Shandong	31	Eastern China
Hebei	32	Eastern China
Guangdong	32	Eastern China
Hunan	33	Central China
Jiangsu	34	Eastern China
Total	459	

Figures 3 and 4 illustrate that East China is a frequent area of medical violence. The main reasons can be divided into three parts. First of all, the overall economic strength of East China is at the highest level in China, so it has high-quality medical resources and perfect medical fund reserves. However, the abundance of medical supplies in East China has caused people from remote western regions and central and backward provinces to flock to eastern cities for health checks, which has scattered medical resources in the eastern region and made the medical resources available to local users strained. The number of doctors has increased. Growth cannot keep up with the increasing number of patients.

In addition, regional and class conflicts between eastern and western China are accelerated due to the long-term inequality of regional economic development that cannot be effectively controlled. It makes health checks and treatment unaffordable for the poor and has led to a worsening of the existential hatred caused by the gap between the rich and the poor level. It adds a lot of insecurity and instability to a comfortable society in the long run.

Finally, most of China's talents are concentrated in East China, so the technological R & D and scientific research achievements in the professional fields in this region are also developing relatively fast. In contrast, the central and western regions are at a disadvantage in retaining top talents and human resources and are not as attractive to R & D personnel and high-tech technical talents. Therefore, in the medical staffing of hospitals, the staff of hospitals in the central and western regions

may be in a situation of low education level and inexperienced work.

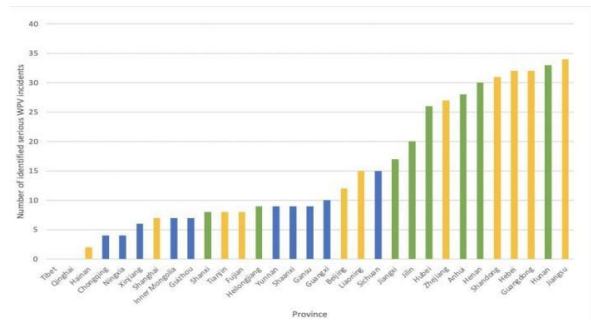


Figure3: Violence against healthcare workers in China from 2013-2016 [8]

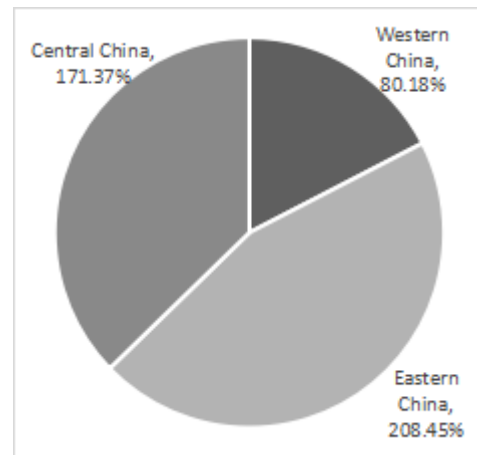


Figure4: Percentage of Violence against healthcare workers in China from 2013-2016 [8]

Table 2 describes the statistical data on violence against health workers based on the analysis of data on violence against doctors and patients provided by eight county-level hospitals in Zhejiang Province. The authors used Pearson's chi-square test and Fisher's exact probability test on the raw data to examine differences in WPV between different population groups. The results show that, in terms of gender, 70.7% of women are victims of violence. In terms of age, 64.5% of medical staff under the age of 35 are victims of violence. Nearly half of the victims were nurses, and more than a third of the casualties were doctors, who were the major targets of the violence.

The major areas of violence, according to Nan et al (2021), are general medicine and surgery[8]. Simple issues like common fever, low back pain, and cough must be dealt with by the hospital's general internal medicine department. It can reduce the burden on the appropriate professional departments and guarantee that patients can seek medical care more quickly depending on the hospital's setup. However, because patients do not understand the distinctions between departments, many patients and their families will assume that the doctors in this department are irresponsible, that all of the treatments they receive will fail to produce practical

results, and that communication will fail to respond to patients. existing skepticism As a result, when patients and their families are in physical discomfort, they are more likely to experience unpleasant emotions and conflicts.

Table2: The Socio-Demographic Characteristics of the Participants (n = 1,388) [8]

Demographic	n (%)
County	
Jiangshan	354 (25.5)
Kaihua	331 (23.8)
Shengzhou	325 (23.4)
Ninghai	378 (27.2)
Sex	
Male	404 (29.1)
Female	983 (70.7)
Age	
<26	284 (20.5)
26-30	350 (25.2)
31-35	261 (18.8)
36-40	152 (11.0)
41-45	147 (10.6)
>45	167 (12.0)
Staff category	
Physicians	477 (34.4)
Nurses	642 (46.3)
Medical technicians	220 (15.9)
Administrative staff	47 (3.4)
Department	
General medicine	314 (22.6)
General surgery	239 (17.2)
Emergency/ambulance	101 (7.3)
Pediatrics	51 (3.7)
Gynecology and obstetrics	84 (6.1)
ICU	75 (5.4)
Operating room	70 (5.0)
Technical services	218 (15.7)
Rotation in unit	44 (3.2)
Others	184 (13.3)
Professional title	
No	86 (6.2)
Junior	628 (45.2)
Intermediate	433 (31.2)
Senior	220 (15.9)
Others	17 (1.2)
Encourage to tolerate WPV	
Yes	184 (13.3)
No	725 (52.2)
I don't know	479 (34.5)

Note. ICU = intensive care unit; WPV = workplace violence.

In general, medical violence in China mainly occurs in China's densely populated urbanized provinces or cities (developed cities—Shanghai, Beijing, Hangzhou, etc.), and most of these places are the core areas of national medical resources. In violence, most of the victims are women or healthcare workers, while surgery and general medicine are hospital departments with a higher frequency of violence.

The main reasons for the occurrence of medical violence are communication difficulties, understanding difficulties, and self-cognition problems caused by backward education. Secondly, due to the gap in economic strength, some patients cannot afford high medical expenses.

4. DISCUSSION

4.1. Summary of result

In the past ten years, the overall trend of doctor-patient violence in China has been on the rise. The bad doctor-patient relationship caused by multiple factors makes the relevant government officials attach great

importance. In response to this kind of violence, relevant departments are currently responding quickly through lectures, teaching, and compensation. In cases with serious circumstances, they are handled by the national legal organs in a unified manner. China has not been able to fully implement a medical policy system that can fully meet the needs of patients and protect the legitimate rights and interests of doctors. The gap between the rich and the poor in the country has gradually widened due to rapid economic development, resulting in frequent violent incidents. At the same time, China's investment in health care development is seriously insufficient, accounting for only 2% of the total global medical expenditure [9].

4.2. Critically analyze the cause of WPV

4.2.1. Medical staff

At the moment, the absence of unambiguous statutory protection and public backing pushes necessary medical staff to adopt self-protective measures. Self-protective behaviors can be split into two categories: those that reduce violence and those that promote violence. Coordination, communication, mentoring, self-introduction, and polite attitudes are some of the physician behaviors that might help avoid and minimize violence. However, most health care workers work with "I should be doing this, but I'm not exposed to" behavior that promotes violence. This increases the chances of violence. On the other hand, actively promoting violence is more common in patients and their Rude attitudes, loud voices, condescension, and contempt for medical staff are the main manifestations of family members. These acts were implicitly acknowledged as triggers for the development of violence, providing "legitimacy" for patients and accompanying staff to attack medical personnel.

4.2.2. Patients and their families

Due to the changing role of patients in the health care system, patients can collected full range of information about health from social media to make better health-related decisions. However, social media disseminates health knowledge while neglecting to give patients their share of the responsibility for their care process and outcomes, which is often perceived by patients as something they can legitimately be entrusted with in the medical field. This unilateral responsibility and demand from the patient are essentially a double-edged sword. Patient dissatisfaction may manifest itself in the form of violence if treatment is not effective. Satisfy the patient's own internal imbalance by gaining social attention and sympathy.

4.2.3. Hospital

In stressful and complex hospitals, there is currently a single approach to violence prevention and response. When it comes to medical violence, the responsible person should seek for the underlying cause from a variety of angles, engage in appropriate medical knowledge public awareness initiatives among the masses in light of their own national circumstances, and resist imposing unilateral medical reform in society. Basically, medical workers also face a high risk of occupational health hazards [10]. Doctor fatigue is a long-standing phenomenon in contemporary Chinese medicine. About 91.3 % of medical personnel in China's medically developed areas work fewer than 8 hours per day, which has a significant impact on the quality of life and mental health of doctors in my nation [11]. Young clinicians are currently the most important source of growth for most Chinese hospitals. These clinicians do specialized and extensive work, yet they lack clinical experience. Young doctors are more prone to burnout due to overwork and stress. The doctor-patient connection has a significant impact on medical service quality. Similarly, the frequency of doctor-patient disagreements is determined by the quality of medical practice.

4.2.4. China's medical system

Since the 1980s, my country has implemented a market-oriented reform of the medical system. In order to employ more qualified professionals and use more advanced equipment and drugs for patients, public hospitals have made increasing profit margins one of the goals of hospital development. However, the resulting high medical costs and imperfect medical insurance systems have inspired patients' dissatisfaction with the medical system [13]. Patients complained of long wait times, difficulty in seeing well-known experts, and doctors' perfunctory attitudes [16], so they insulted and assaulted medical staff, and used violence to damage hospital equipment [17]. At present, China is in the stage of transformation of the medical system. However, the number of doctors is increasing and the number of patients is large. The problems of difficulty in seeing a doctor and the cost of seeing a doctor remain unresolved. The medical events brought about by these problems have led to the deterioration of the working environment for doctors [11].

4.3. Understand the drivers of physician violence

According to Tucker et al. (2015), patients in China's medical environment lack faith in medical workers, which is linked to disparity in treatment prices [21]. Finally, the government makes hospital management a business. To gain money, hospitals are

pushed to use a commercial competitive model [22]. Furthermore, health professionals' conflict management skills are lacking; physician conflicts of interest; the systematic denial of care to impoverished patients; and the overwhelming demonization of doctors' images in the Chinese media all contribute to the formation of medical violence [21]. The healthcare industry in China has been commercialized since the 1980s, and the government is no longer responsible for delivering healthcare, resulting in a significant increase in medical expenditures, unsustainable medical costs for patients, or poverty for many patients owing to a large medical debt [23]. Even if the patient has health insurance, medical insurance products do not cover 100% of health care costs. Simultaneously, all hospitals have an unwritten principle that patients must pay before getting treatment, and that if they do not pay, effective medical care may be stopped [22].

Second, patients are sad and unsatisfied as a result of the long treatment lines and short appointment times [24]. According to a survey from 2014, patients' average consultation duration was 1.5 minutes, which was extremely quick [25]. Patients frequently break into the consulting room while the doctor is treating another patient in several big Chinese cities, such as Beijing and Shanghai. This epidemic has now extended to major Chinese cities' central hospitals [26].

5. RECOMMENDATION

Due to the lack of clarity in China's healthcare legislative system, the lack of uniform laws or guidelines can lead to inconsistencies and uncertainty in how different regulations are applied. There is a need for a neutral and impartial judicial system to assess medical disputes.

Furthermore, the media's prejudice, unfairness, and false reports on the doctor-patient relationship need to be strictly stopped, and punishment can be imposed if the circumstances are serious [7]. Freedom of speech and freedom of reporting cannot be used as the reason for false reports of medical issues. The media should report any social event fairly and objectively. In addition, the government should raise the salaries of medical workers. Help medical institutions reasonably expand their teams and relieve the pressure on medical staff. More primary health schools could be established across the country to provide the basis for training primary care workers.

At the same time, hospitals can join the safety credit system, and list suspected violent patients as key reminders to remind medical staff to act cautiously [7]. In view of the knowledge barriers existing in medical knowledge, health information popularization activities can be increased to increase the general public's understanding of medical common sense. Finally, the

state needs to allocate medical resources evenly between developed and developing cities, ensuring that the national health ministry can regularly review its effectiveness.

6. CONCLUSION

Medical disputes are on the rise globally, especially in China, which is famous for its frequent outbreaks of medical personnel fatalities. This article analyzes the basic situation and causes of medical violence in China. It found that the relevant government departments and all walks of life could not correctly understand the close relationship between patients and medical work, which led to the increasing frequency of medical disputes. On the other hand, medical workers have to deal with possible violent incidents in a high-pressure and complex working environment, which hinders the development of the medical industry. Therefore, there are indications that there are many loopholes in China's current medical system, and interventions can be made in the face of crises such as a large population, an aging population, a shortage of doctors, and poor medical quality. Reasonable use of social media as a publicity medium has a positive effect on correcting the popularization of health knowledge and easing the relationship between doctors and patients. Establishing a healthy doctor-patient relationship is conducive to further improving the quality of medical services and reducing violence. The resolution of doctor-patient violence will play a decisive role in the medical improvement process in China.

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