A COMPREHENSIVE ANALYSIS OF DOCTOR-PATIENT COMMUNICATION AND THE DIAGNOSTIC PROCEDURE IN CHINESE PUBLIC HOSPITALS.

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ABSTRACT

Within the context of diagnostic procedures in Chinese public hospitals, this research investigates how communication between physicians and patients is affected. The research underlines the necessity for appropriate communication in order to improve diagnosis precision, confidence among patients, and healthcare outputs. This is because interactions inside China's healthcare system are becoming more tense, and there are also an increasing number of medical conflicts. An analysis of quantitative data was performed with the use of SPSS software on 862 participants who had completed structured questionnaires. These participants were from a variety of locations and hospital levels. Communication exchange, patient engagement, and patient narratives are fostered by engaging communication, which leads to better diagnoses and fewer conflicts. According to the results, structural issues like overwork and a shortage of staff, as well as social problems like paternalistic attitudes, make diagnosis harder and lower patient satisfaction. Medical staff should prioritise transmission training that emphasises empathy, clarity, and active listening, according to the report. Due to rising medical disputes and declining patient-centred care, medical policy and communication skills training may be employed. According to the findings of the survey, greater participation in China's government-run medical facilities leads to improvements in medical diagnosis, trust, and revolutionary advances in healthcare. In the healthcare industry, employees who regularly participate in training for people skills would profit. It makes the precision better. Relationships between physicians and patients, as well as patient satisfaction, are enhanced by this Chinese healthcare model.

Keywords: Diagnostic Procedure; Doctor-patient Communication; Chinese Public Hospitals; Chinese Healthcare System; Medical Treatment.

INTRODUCTION

In China today, the interaction between a buyer and a seller is comparable to that between a doctor and a patient. Patients' satisfaction with their care is greatly influenced by their feelings about the outcomes of their treatment in China's outpatient healthcare settings. Every patient claims they have a right to the best care and service because they have already paid for it. Nonetheless, doctors

are required by medical standards to treat every patient equally. It is also essential to note that Chinese doctors' income is oftentimes likened to the quantity of patients they visit. The doctor-patient relationship is debilitated as a consequence of these factors, which make it hard for physicians to satisfy all of their patients' needs and alter their mindsets about doctors' appointments. Medical services cannot be directly associated with money and are not commodities that can be purchased or sold. The Chinese government must address this long-standing issue immediately (Liang et al., 2020).

The primary objective of the reform should be to improve communication between physicians and their patients. One way to fix the problem of service dissatisfaction caused by communication problems is to give healthcare workers constant and thorough training in communication skills. This is because medical care commercialisation has an impact on doctor-patient interactions. Patients in Chinese hospitals would experience greater satisfaction if staff exhibited increased compassion and delivered enhanced services related to non-technical skills. Second, doctors, their patients, and the press need to trust and understand each other better (Xiao et al., 2021).

BACKGROUND OF THE STUDY

The Chinese health care system has changed a lot since 1978. This has changed a lot about how doctors and patients in China talk to each other. China's public hospitals are an important part of the country's healthcare system, but they don't get enough money and are being pushed to become more self-sufficient. Even while medical treatment has gotten better and can now offer a wider range of services, there is still a gap between the demand and supply of health care. In recent years, consumers have had trouble getting medical help because of high medicine prices, hard consultations, and people using drugs in ways that don't make sense. The need for healthcare services has grown a lot. The medical system is having a hard time because of claims that medicine prices are too high and medical services are not needed. It makes people less trusting of healthcare in general, makes it harder for patients and doctors to get along, and wastes valuable medical resources (Shao et al., 2025).

For almost 10 years, the number of medical disputes in China has been going up in a straight line. It can be seen that the surge in doctor-patient conflicts has greatly changed the usual order of hospital diagnoses and treatments. As a result, the medical community has come up with a new term: "medical harassers". The people who are in charge of causing the chaos to make a lot of money are the ones who are to blame for the fights between patients and doctors. Patients often show clear signals of rage and hostility during conflicts with their doctors. Patients usually have suspicions about what their doctors really want and how they behave. Such unclear information will inevitably lead to disputes and a corrosion of trust between doctors and their patients (Han et al., 2022).

PURPOSE OF THE RESEARCH

The objective of this research is to investigate the impact of communication skills among doctors and healthcare professionals on diagnostic procedures in public hospitals in China. This study seeks to assess patients' levels of confidence in doctors and juxtapose these levels with doctors' opinions, so elucidating the significance of trust within society at large and specifically in the doctor-patient interaction. Healthcare staff face numerous challenges, including substantial workloads, cultural influences, and systemic issues that affect clinical decision-making, which are examined in the study concerning the diagnostic process. The dynamics mentioned in this article can lead to a more patient-centred approach, greater communication, and more accurate diagnosis. This research may improve healthcare delivery, reduce medical disputes, and foster transparency through legislative reform. In short, the subject shows how important it is to connect communication methods with clinical processes. It also shows how important it is to make changes that focus on productive engagement in order to improve health outcomes and make the doctor-patient relationship in China's developing healthcare system more friendly.

LITERATURE REVIEW

Communication courses are quite important when it comes to dealing with situations that could be deadly. Patients with serious illnesses have to deal with the emotional toll of getting a diagnosis and the detailed and sometimes alarming information about their treatment options. In the tough stage, it is especially hard for doctors and nurses to talk to one another (Jing & Banu, 2024). Doctors have to trade with a lot of various types of information needs, reading skills, and cognitive health issues when they have to tell patients ominous news. But the way patients and doctors talk to one another has a big impact on how people understand their situation, how they decide to face it, and how they cope with it (Dong et al., 2025).

Fair communication between the doctor and the patient is connected to higher levels of satisfaction and psychological adjustment, as well as finer therapy adherence and results. On the other hand, poor communication can make people more anxious, bewildered, distressed, and despondent, as well as make it harder for them to manage and follow through (Zeng et al., 2024). In general, better communication between doctors and patients is the most important part of providing disease consultation services Consultations with potentially lethal conditions may involve communication between the physician and the patient that is more specialist, serious, complex, and terrifying than what is commonly observed in standard medical practice settings. It may illuminate the traits of outpatient communication in China and the challenges it encounters. Consequently, it delineates the attributes of Chinese outpatient communication, elucidates the individual and societal reasons that lead to ineffective communication, and examines possible solutions (Liu et al., 2024).

RESEARCH QUESTION

How do communication skills impact diagnostic procedures in Chinese public hospitals?

RESEARCH METHODOLOGY

Research Design

This study employed a quantitative research methodology to investigate the relationship between doctor-patient communication and diagnostic procedures in public hospitals in China. Data processing was done with SPSS version 25. Descriptive statistics were employed to condense demographic data. Researchers used odds ratios (OR) with 95% confidence intervals (CI) to figure out the strength and direction of connections. A p-value below 0.05 indicates that the result is statistically significant. The reason for choosing quantitative methods is that they can do rigorous statistical testing and systematic evaluations of outcomes from surveys.

Sampling

Stratified random sampling was utilised to represent several research population groups. Hospitals were selected by tier (tertiary, secondary, and primary) and by topography (urban versus rural). To decrease sample bias and assure equitable representation, patients and physicians were chosen in accordance with the size of the strata population.

From the Rao-soft software, it was evaluated that the minimum sample size should be 812 participants. Following this, 925 questionnaires were sent out. There were 893 responses were received, but 31 were thrown out because they were incomplete. This left 862 fair responses as the final sample size. This stratified approach enriched the representativeness of the findings and intensified their applicability to the wider context of public hospital settings.

Data and Measurement

The study primarily collected data through a structured questionnaire survey consisting of two sections: Section A recorded general demographic and hospital-related characteristics, whereas Section B evaluated comments about doctor–patient communication and diagnostic processes using a 5-point Likert scale ranging from strongly disagree to strongly agree. Additionally, secondary data were gathered from online databases, medical records, and relevant academic publications to augment and contextualise the survey findings.

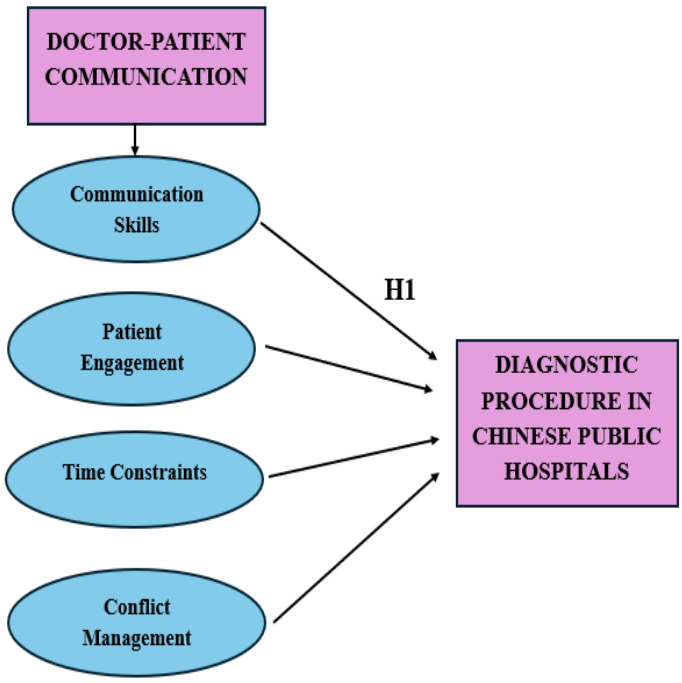
Statistical Software

All statistical analyses were conducted utilising SPSS version 25 for advanced modelling and MS Excel for data administration, tabulation, and visualisation.

Statistical Tools

The data underwent descriptive and inferential statistical analyses. Descriptive analysis displayed frequency distributions, means, and standard deviations to summarise participant responses. Researchers did factor analysis to check for validity and dependability. Also, Analysis of Variance (ANOVA) was used to look at differences between strata. This detailed statistical procedure made sure that the structural patterns and relationships in the data were carefully looked at.

CONCEPTUAL FRAMEWORK



RESULTS

Factor Analysis: Factor Analysis (FA) is commonly used to verify the fundamental structure of a collection of measurement items. The prevailing belief is that scores of the visible variables are directly impacted by unseen, hidden influences. An approach that relies on models is the accuracy analysis (FA) method. The main focus of this research is to establish relationships between the observable events, their hidden causes, and measurement mistakes.

To determine if the data is suitable for factor analysis, one might apply the Kaiser-Meyer-Olkin (KMO) Method. As a total and for each model variable, researchers verify that the sample size is sufficient. Many variables share a lot of variance, as seen by the statistics. Data with smaller percentages tend to be better suited for factor analysis. The output of KMO is an integer between 0

and 1. If the KMO value is between 0.8 and 1, then the sampling is considered sufficient. Remedial action is necessary if the KMO is below 0.6, indicating insufficient sampling. Employ your best judgement; some authors choose 0.5 for this purpose, resulting in a range of 0.5 to 0.6.

As a percentage of total correlations, partial correlations become statistically significant when the KMO score is near zero. When there are substantial correlations, component analysis becomes much more difficult.

A bleak 0.050 to 0.059.

• 0.60 - 0.69 subpar

The standard range for a medium grade is 0.70–0.79. A quality point value ranging from 0.80 to 0.89. The interval from 0.90 to 1.00 is quite impressive.

Table 1. KMO and Bartlett's Test.

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.833
Bartlett's Test of Sphericity	Approx. Chi-Square	3252.968
	df	190
	Sig.	.000

The Bartlett Test of Sphericity demonstrated that the correlations between matrices were statistically significant overall. The Kaiser-Meyer-Olkin metric of sampling adequacy is 0.833. The researchers achieved a p-value of 0.00 using Bartlett's sphericity test. The results of the Bartlett sphericity analysis indicated that the association matrix is defective.

INDEPENDENT VARIABLE

Doctor-Patient Communication: For drug use to be safe and effective, doctors and patients need to be able to talk to each other honestly and openly. Doctors need to be able to put themselves in their patients' shoes in order to communicate well with them and get good health results. There are three primary themes: physicians' expressions of empathy, patient outcomes (including functional status, safety, and satisfaction), and the influence of empathy on enhancing doctor-patient communication. There is a lot of evidence that good communication and finding a lot of important things are really important when it comes to talking about medicine. Listening and asking questions are equally important parts of communication, not just giving and receiving information. Giving patients time to converse and asking them questions is a fantastic way to get them involved.

Doctors should give patients transparent instructions on how to take their medications and write prescriptions for them. It is very important to summarise and check patients' knowledge on a frequent basis. Including numbers like time periods, natural frequencies, and absolute figures might assist in getting the point across about the pros and cons. Additional time in the schedule, written tools, and recommendations from other chemists can all make it simpler to talk to patients and help them understand the often-confusing world of medications (Noble, 2020) . In current decades, the domain of medicine has used artificial intelligence (AI) more and more to improve the process of diagnosing diseases. Using AI to find diseases also makes people wonder how doctors should explain the technology to their patients. The interpersonal skills between physicians and patients, together with the patients' psycho-cognitive perspectives on artificial intelligence, necessitate attention (Derevianko et al., 2023).

FACTOR

Communication Skills: Health care workers need to be capable of communicating well in order to build faith with their patients and help them live better, more significant lives. This perspective asserts that enhancing professionals' communication skills can boost their ability to oversee for patients and increase the quality of medical services. The Accreditation Council for Graduate Medical Education (ACGME) has set six important skills, and one of them is the capacity to communicate well. There are three main types of communication that fall under the umbrella of expanding circles: communication within healthcare systems, communication between professionals and teams, and communication that is focused on patients and their families. Communication skills (CS) are basically the capacity to get your point across to other people. This group includes both spoken and unspoken ways of communicating (Puscas et al., 2021). These ways of communicating include speech units, ways to listen, body language, and facial expressions. During their medical care, there is a tool that can help the patient acquire and understand information. This tool is concentrated on empathy, informed alliance, and getting the patient involved. Healthcare providers can better comprehend what their patients need, make treatment plans based on what they know, and create a restorative and supportive environment where patients and clinicians can work together to make decisions when they use patient-centred care (CS). As a result, people are more prone to stick with their treatment and make shifts to their behaviour (Ruben et al., 2020).

DEPENDENT VARIABLE

Diagnostic Procedure in Chinese Public Hospitals: The evaluation techniques for periodontal-related issues are always improving to provide results that are quick, applicable, and supported by science. Diagnostic data and clinical evaluations of periodontal tissues were once the mainstays for detecting abnormalities with the structures that are supporting the teeth. Over time, as the

limits of traditional procedures have become more apparent, a number of solutions have arisen and been confirmed via trial (Hong & Baek, 2024). A better knowledge of the periodontal disease cascade is the foundation for these developments. Diagnostic tests must be objective, including sensitivity and specificity, and the severity of the illness must be defined in order to make a paradigm change from disease knowledge to prevention and treatment of diseases, which is necessary for periodontal aetiology. There has been extensive use of gingival groove fluid, a bio-fluid located in the mouth next to the gingiva, to study and distinguish between normal and diseased periodontal health. To detect subtle changes in the disease's mechanism, the biomarkers discovered in the GCF may be useful. Periodontal disease biomarkers, host including bacterial products, and diagnostic tools are all found in the GCF (Ahsan et al., 2022).

Relationship between communication skills and diagnostic procedure in Chinese public hospitals: It is extremely crucial for Chinese primary care doctors to improve the quality of care and patient satisfaction in three areas of communication: getting information, giving information, and ending the relationship. Looking into the reasons underlying this phenomenon shows that primary care doctors' capacity to absorb and process patient information well depends a lot on how they get and give information. When doctors and patients share important information, it makes people happier and more willing to work with healthcare procedures. Also, doctors can improve the way they connect with patients by ending visits in a way that makes treatment plans clearer to them (Liang et al., 2020). It is very crucial to make sure that everybody comprehends what happened at the climax of the encounter. This is because people often go to the doctor because they are in discomfort and may not know sufficiently about medicine. This strategy makes diagnoses more accurate by making sure that everyone has the same amount of information. It has also been seen that setting the stage dimension doesn't affect the quality of healthcare in China's primary care settings. One likely reason is the paternalistic relationship between doctors and patients that is widespread in China. Patients in this country are more inclined to depend on their physicians for assistance, although they may harbour diminished expectations regarding their physicians' genuine understanding or concern for their specific issues. This particular characteristic of patient expectations could explain why our results are different from what is normally seen in Western settings (Han et al., 2022).

In light of the preceding debate, the researcher developed the following hypothesis to evaluate the influence of communication skills on diagnostic procedures in Chinese public hospitals:

"H_{01}: There is no relationship between Communication Skills and Diagnostic Procedure in Chinese Public Hospitals."

"H_1: There is a relationship between Communication Skills and Diagnostic Procedure in Chinese Public Hospitals."

Table 2. H1 ANOVA Test.

ANOVA					
Sum					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	38858.620	328	5452.517	611.232	.000
Within Groups	485.770	533	5.346		
Total	40071.380	861			

This investigation yields remarkable results. The F value is 611.232, attaining significance having a p-value of .000, which is below the .05 alpha threshold. The hypothesis *"H1: There is an interaction between Communication Ability and Diagnostic Method in Chinese Public Hospitals"* is accepted, while the hypothesis of no significance is rejected.

DISCUSSION

The study found that doctor–patient communication affects diagnosis accuracy and efficacy in Chinese public hospitals. This indicates that effective communication enhances diagnostic processes, but ineffective communication obstructs patient participation and precision. These results back with past studies that showed that being clear, paying attention, and exhibiting empathy all help build trust, compliance, and patient satisfaction. Because of red tape, not enough staff, and too many patients, public hospitals in China must prioritise structured and sympathetic communication if they want to build real partnerships. The study concluded that bad communication makes doctor-patient disagreements worse, which makes patients less credible to entrust their doctors and slows down the procedure of getting a diagnosis. The results are more broadly relevant due to the stratified sample procedure, which guaranteed the inclusion of all hospital tiers and national regions. Communication's systemic impact on diagnostic quality is not restricted to specific institutions.

Importantly, the study implies that enhancing healthcare provider communication training could minimise disagreements, optimise diagnostic efficiency, and promote patient-centred treatment. Communication should be as important as technical expertise in therapeutic practice. Chinese public hospitals can improve diagnostic accuracy, trust, conflict resolution, and healthcare outcomes by improving communication in clinical procedures.

CONCLUSION

The study examined diagnostic methods and doctor-patient conversation in China's public hospitals. Effective communication affects diagnostic test accuracy, reliability, and efficiency, according to research. This shows that good communication is a therapeutic ability that affects diagnosis accuracy, patient trust, and satisfaction. The results indicate that clear and consistent

communication between all parties' benefits patients in understanding diagnostic testing, medical instructions, and active participation in their care. The study emphasises the importance of medical education and communication for career advancement. Hospitals can improve diagnosis, reduce medical disputes, and promote unity through the use of patient-centred communication strategies. A more precise diagnosis, trust, clarity, and collaboration can be gained through influential communication. Healthcare betterment in China can only be long-lived if there is open dialogue between administrators, doctors, and patients as they work to improve clinical outcomes and boost patient happiness.

REFERENCES

1. Ahsan, M., Luna, S., & Siddique, Z. (2022). Machine-learning-based disease diagnosis: A comprehensive review. Healthcare, 10(3), 541.
2. Derevianko, A., Pizzoli, S., Pesapane, F., Rotili, A., Monzani, D., Grasso, R., & Pravettoni, G. (2023). The use of artificial intelligence (AI) in the radiology field: what is the state of doctor–patient communication in cancer diagnosis. Cancers, 15(2), 470.
3. Dong, J., Hong, X., & Chen, Q. (2025). Communicative Accommodation in Chinese Doctor–Patient Interaction. Health Communication, 1-10.
4. Han, Y., Lie, R., Li, Z., & Guo, R. (2022). Trust in the doctor–patient relationship in Chinese public hospitals: evidence for hope. Patient preference and adherence, 647-657.
5. Hong, S., & Baek, D. (2024). Diagnostic procedures for inflammatory bowel disease: laboratory, endoscopy, pathology, imaging, and beyond. Diagnostics, 14(13), 1384.
6. Jing, F., & Banu, A. (2024). 1A thorough examination of Chinese public hospitals with a focus on the diagnosis procedure and patient-physician communication: 1A thorough examination of Chinese public hospitals with a focus on the diagnosis procedure and patient-physician communication. American Journal of Medical Science and Chemical Research, 6(01), 01-06.
7. Liang, Z., Xu, M., Liu, G., Zhou, Y., & Howard, P. (2020). Doctors in Chinese public hospitals: demonstration of their professional identities. BMC medical education, 20(1), 501.
8. Liu, X., Zeng, J., Li, L., Wang, Q., Chen, J., & Ding, L. (2024). The influence of Doctor-Patient communication on patients' trust: the role of Patient-Physician consistency and perceived threat of disease. Psychology Research and Behavior Management, 2727-2737.
9. Noble, L. (2020). Doctor-patient communication and adherence to treatment. CRC Press.
10. Puscas, L., Kogan, J., & Holmboe, E. (2021). Assessing interpersonal and communication skills. Journal of graduate medical education, 13(2s), 91-95.
11. Ruben, M., Blanch-Hartigan, D., & Hall, J. (2020). Communication skills to engage patients in treatment. The Wiley Handbook of Healthcare Treatment Engagement: Theory, Research, and Clinical Practice, 274-296.

12. Shao, J., Wen, M., Zhang, Y., Zhang, L., & Sun, J. (2025). Research on the Measurement of Doctor-Patient Communication Quality Scale. Frontiers in Public Health, 13, 1606403.
13. Xiao, Y., Du, N., Zong, L., & Chen, S. (2021). It's time to ease the doctor–patient relationship in China. Family Practice, 38(6), 848-849.
14. Zeng, J., Gao, Y., Hou, C., & Liu, T. (2024). The impact of doctor–patient communication on medication adherence and blood pressure control in patients with hypertension: a systematic review. PeerJ, 12, e18527.