

**A COMPREHENSIVE EXAMINATION OF THE DIAGNOSTIC PROCEDURE AND DOCTOR-PATIENT
COMMUNICATION IN CHINESE PUBLIC HOSPITAL.**

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ABSTRACT

This study examines how communication between doctors and patients is impacted in the setting of diagnostic procedures in public Chinese hospitals. In order to increase diagnostic accuracy, patient trust, and healthcare outcomes, the study highlights the need for efficient communication. The reason for this is the rising frequency of medical disputes and the escalating tensions inside China's healthcare system. After 862 individuals filled out the organised surveys, the quantitative data were analysed using SPSS software. They came from all around the country and represented all levels of healthcare facilities. Engaging interaction promotes open dialogue, patient participation, and patient narratives, all of which contribute to more accurate diagnoses and fewer disagreements. Findings indicate that paternalistic attitudes and structural concerns like staff shortages make diagnosing more difficult and reduce patient satisfaction. According to the conclusions of the study, medical professionals should prioritise communication retraining that has an emphasis on active listening, clarity, and empathy. As a result of a rise in medical controversies and a decline in patient-centred therapy, it is possible that workers will be compelled to complete training in medical policy and communication skills. There is a correlation between increased utilisation of China's publicly funded healthcare facilities and improvements regarding medical diagnosis, trust, and groundbreaking advances in healthcare, according to the findings of the survey. Effective healthcare workers prioritise personal development. Precision rises. This Chinese health paradigm improves relationships between doctors and patients as well as the amount of satisfaction felt by patients.

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

INTRODUCTION

The modern Chinese consumer-seller dynamic is very similar to that of a doctor-patient dynamic. How patients in China's outpatient healthcare settings feel about the results of their treatment has a significant impact on their level of satisfaction with their care. Everyone who pays for medical treatment insists they should get first-rate treatment. However, medical ethics dictate that doctors

must treat all patients fairly. Importantly, the number of patients a Chinese doctor sees is often compared to their pay. These issues weaken the doctor-patient relationship, making it difficult for doctors to meet all of their patients' requirements and change their attitudes about doctors' appointments. Medical services are not tradable goods since they cannot be immediately equated to monetary value. This long-standing issue must be addressed immediately by the Chinese government (Liang et al., 2020).

Reform efforts should centre on facilitating better two-way contact between patients and their doctors. By offering continuous and thorough training in good communication, healthcare providers can assist in reducing patient complaints regarding inadequate treatment. The reason behind this is because commercialisation of medical care impacts doctor-patient interactions. Patients in Chinese hospitals would be more satisfied with their care if medical professionals showed greater compassion and delivered treatment that was more grounded in their people skills than in their formal medical education. Second, there has to be less miscommunication and more trust among doctors, patients, and news outlets (Xiao et al., 2021).

BACKGROUND OF THE STUDY

Since 1978, there have been numerous changes to China's healthcare system. As a result, communication between Chinese medical professionals and their patients has undergone a sea change. An integral aspect of China's healthcare system, public hospitals are underfunded and pushed to become more autonomous despite this. Even while medical care has gotten better and can now provide more services than before, there is still more demand for it than there is supply. In recent years, people have had trouble accessing medical care because prescriptions are too expensive, consultations are too hard, and people take pharmaceuticals in ways that don't make sense. Healthcare services are in high demand. The healthcare system is under a lot of pressure due to protests against what people perceive as unnecessary medical procedures and exorbitant prescription prices. It erodes faith in healthcare systems, damages relationships between patients and doctors, and squanders precious medical resources (Shao et al., 2025).

The number of cases involving medical disputes in China has been steadily increasing for nearly a decade. There has been a noticeable shift in the typical sequence of diagnosis and treatments in hospitals due to the increase in doctor-patient disagreements. This led to the coining of a new term: "medical harassers" by the medical community. The individuals responsible for sowing discord in order to amass vast wealth are the true culprits behind the conflicts that arise between patients and doctors. When patients and doctors are at odds, the former frequently exhibits overt signs of anger and animosity. The majority of patients harbour concerns regarding the motivations and actions of their doctors. The lack of clarity in this information will cause doctors and patients to lose trust in one another and for arguments to escalate (Han et al., 2022).

PURPOSE OF THE RESEARCH

Examining how healthcare providers' ability to communicate with one another affects diagnostic processes in China's public hospitals is the primary goal of this study. The purpose of this research is to examine the importance of trust in society and in the doctor-patient relationship by measuring patients' and doctors' levels of confidence in one another. The research looked at the diagnosis process and the many difficulties faced by healthcare workers, such as heavy workloads, cultural factors, and systemic problems that impact clinical decision-making. The dynamics examined in this article may lead to a more patient-centred approach, enhanced communication, and more accurate diagnosis. The results of this study could improve healthcare services, reduce the number of medical arguments, and encourage transparency in the setting of policies. In short, the subject shows how elementary it is to combine therapeutic operations with communication techniques. It also demonstrates how important it is to enhance the doctor-patient relationship and health outcomes by making adjustments that inspire active engagement in China's changing healthcare system.

LITERATURE REVIEW

In life-or-death situations, it is essential to take a communication skills course. It can be emotionally taxing for patients with serious illnesses to receive a diagnosis and vast, and sometimes terrifying, information regarding treatment options. It was especially difficult for medical experts to communicate at the tough stage. There are a lot of issues with information needs, reading comprehension, and cognitive health that doctors face when they have to tell patients unpleasant news. Perceptions of illness, choices for how to face it, and coping techniques are greatly impacted by the communication styles of both patients and doctors (Dong et al., 2025). Intercommunicating candidly and honestly between physicians and patients is admirably associated with patient satisfaction, psychological adjustment, therapy adherence, and outcomes. In discrepancy, if people are unable to manage and follow through because of unclear and cryptic communication, their feelings of anxiety, confusion, discomfort, and distress may increase. Better patient-doctor communication ought to be the fundamental objective of illness consulting services. When a patient's life is on the line, the doctor-patient interaction may need to be more dramatic, severe, and horrifying than usual. With this knowledge, anybody can perhaps better understand the features and challenges of outpatient communication in China. In light of this, it provides a definition of Chinese outpatient communication, investigates the individual and social elements that lead to ineffective communication, and looks for alternatives (Liu et al., 2024).

RESEARCH QUESTION

How does conflict management impact diagnostic procedures in Chinese public hospitals?

RESEARCH METHODOLOGY

Research Design

The correlation between doctor-patient communication and diagnostic procedures in China's public hospitals was examined in this quantitative study. Software used for data processing was SPSS version 25. Demographic data was condensed using descriptive statistics. In order to decide the intensity and movement of the links, researchers utilised odds ratios (OR) with 95% confidence intervals (CI). The result was believed to be statistically powerful when the p-value was less than 0.05. Because of their capacity to perform thorough statistical testing and systematic reviews of survey results, quantitative approaches are preferred.

Sampling

Multiple research population groups were represented through the use of stratified random sampling. Any individual can choose any hospitals based on the tier (tertiary, secondary, or primary) and where they were located (urban vs. rural). Patients and doctors were selected according to the size of the strata population to reduce the possibility of bias in the sample and to ensure fair representation.

From the Rao-soft software, it was evaluated that the minimum sample size should be 812 participants. It can be inferred from this figure that 925 surveys were distributed. In all, 893 responses were received; however, 31 of those were rejected due to missing information. The ultimate sample size was 862 valid responses. The findings were more representative and more applicable to the broader context of public hospital settings because of this tiered methodology.

Data and Measurement

A two-part structured questionnaire survey was the main data collection tool for the study: Using a 5-point Likert scale ranging from very disagree to very agree, Section B assessed remarks regarding doctor-patient communication and diagnostic procedures, whereas Section A recorded general demographic and hospital-related attributes. For the purpose of supplementing and contextualising the survey results, secondary data were also collected from relevant academic publications, medical records, and online databases.

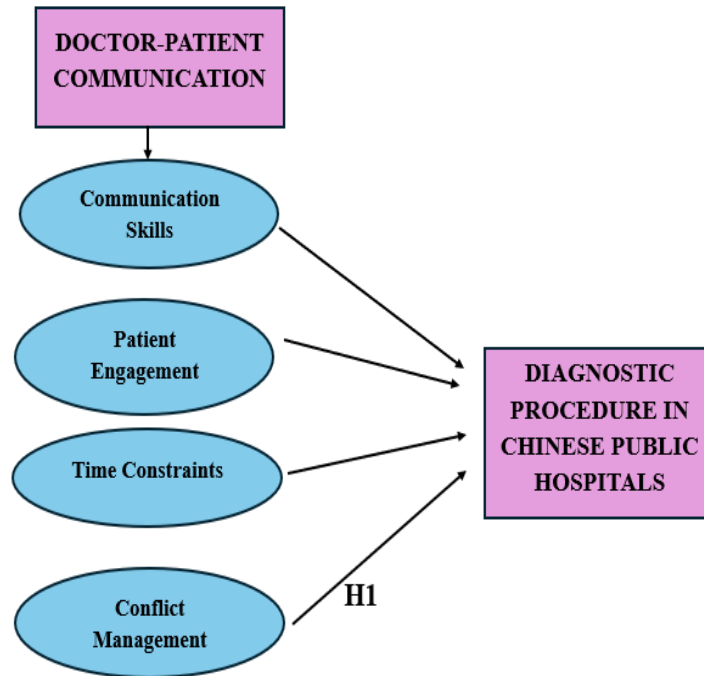
Statistical Software

Every statistical evaluation was performed using SPSS version 25 for advanced modelling and MS Excel for data management, compilation, and display.

Statistical Tools

Two types of statistical analysis were performed on the data: descriptive and inferential. To summarise the responses of the participants, descriptive analysis showed distributions of frequencies, means, and standard deviations. Scientists used factor analysis to ensure the reliability and validity of their findings. The differences between the strata were further examined using Analysis of Variance (ANOVA). The structural patterns and correlations in the data were thoroughly examined by means of this comprehensive statistical approach.

CONCEPTUAL FRAMEWORK



RESULTS

Factor Analysis: It is usual practice to do Factor Analysis (FA) to confirm the underlying structure of a set of measurement items. The conventional wisdom holds that hidden factors have a direct bearing on the scores of the observable variables. Precision analysis (FA) is a model-based strategy. Finding connections between observable events, their underlying causes, and measurement errors is the primary goal of this study.

Applying the Kaiser-Meyer-Olkin (KMO) method can help in determining if the data is appropriate for factor analysis. Researchers ensure that there is an adequate sample size for all model variables and the total. According to the data, a lot of the factors share the same variance. Factor analysis works better with data that has smaller percentages. The result of running KMO is an integer from 0 to 1. Sampling is deemed adequate if the KMO value falls within the range of 0.8 to 1.

The KMO must be greater than 0.6 to indicate adequate sampling; otherwise, corrective measures are required. Make an informed decision; 0.5 has been chosen by several writers for this reason, leading to a range of 0.5 to 0.6.

When the KMO score is close to zero, partial correlations become statistically significant as a fraction of overall correlations. Component analysis becomes substantially more challenging in the presence of strong correlations.

A dismal 0.050 to 0.059.

- 0.60 - 0.69 below standard

The typical range for a medium grade is 0.70–0.79.

A quality point value between 0.80 and 0.89. The range from 0.90 to 1.00 is quite remarkable.

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

There was statistical significance in the correlation matrices as shown by Bartlett's Test of Sphericity. As a measure of sample adequacy, the Kaiser-Meyer-Olkin statistic is 0.833. The researchers used Bartlett's sphericity test and got a p-value of 0.00. The correlation matrix was found to be flawed according to Bartlett's sphericity test.

INDEPENDENT VARIABLE

Doctor-Patient Communication: Patients and physicians must be able to communicate freely and honestly for medication usage to be safe and successful. For effective patient communication and positive health outcomes, doctors must have the ability to empathise with their patients. Doctors' displays of empathy, patient outcomes (such as functional status, safety, and satisfaction), and the impact of empathy on improving doctor-patient communication are the three main points. Several pieces of evidence point to the fact that while discussing medical matters, it is crucial to have effective communication and to identify many key factors. In addition to providing and receiving information, paying attention and raising questions are critical components of

communication. The best method to engage patients is to give them time to talk and ask them questions. Patients should get clear instructions concerning how to take their drugs, and doctors should write their prescriptions. It is crucial to regularly review patients' knowledge and describe their progress. It may be easier to convey the benefits and drawbacks if someone provide numerical information such as durations, natural frequencies, and absolute values. Better time management, more accessible textual resources, and advice from other chemists may all make it easier to communicate with patients and guide them through the maze of pharmaceuticals (Noble, 2020). Artificial intelligence (AI) has been increasingly employed to enhance illness diagnosis in the medical field in recent decades. Many are concerned about the best way for physicians to convey AI to their patients when it comes to illness detection. Patients' psycho-cognitive views about AI and the doctors' interpersonal abilities are both important. (Derevianko et al., 2023).

FACTOR

Conflict Management: It would seem that change is as inevitable as conflict in a project context. Disagreement is inevitable whenever members of a project team engage in conversation while carrying out their respective duties. Teamwork, decision-making, and the achievement of the project's objectives and goals in the face of culturally and linguistically different backgrounds are, in reality, insurmountable obstacles. Resolving conflicts and fostering new ones are both part of conflict management. There is a sweet spot for conflict that allows projects and organisations to work at their best, say behavioural and interactionist theories. Participants in a project who are content with the way things are and unconcerned with finding ways to improve their productivity are unlikely to be creative, innovative, or open to change if there is zero tension (Rahim & Katz, 2020).

When dealing with problems in a project, the confrontation/problem-solving or negotiation method may be the most effective strategy. This method of conflict management is very applicable to project management since problem-solving is an integral part of project management. The project and its stakeholders will benefit most from this approach's goal of a win-win situation. Project supervisors should familiarise themselves with the process of professional negotiation. On the other hand, remember that arguing or negotiating takes time. Project managers should not rush or skimp on them; instead, they should devote a great deal of time and energy to them and be open to hearing out and resolving issues from all stakeholders (Mayer, 2020).

DEPENDENT VARIABLE

Diagnostic Procedure in Chinese Public Hospitals: In order to provide results that are not only prompt but also suitable and supported by scientific evidence, the techniques of evaluation for periodontal-related illnesses are continually being refined. This is done in order to satisfy the need for speedy findings. Medical data and clinical evaluations of the periodontal tissues were the major

means of study that were accessible in the past when it came to determining whether or not there were any issues with the structures that support the teeth. A wide range of alternatives have surfaced and been verified via the process of experimenting and failing over the course of time. This is because the limits of traditional procedures have become more apparent over the course of time. (Hong & Baek, 2024). A better knowledge of the periodontal infection 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 treatment and prevention of disease, which is necessary for periodontal aetiology. There has been extensive use of gingival crevice fluid, a biofluid 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 and bacterial byproducts, and diagnostic tools are all found in the GCF (Ahsan et al., 2022).

Relationship between conflict management and diagnostic procedure in Chinese public hospitals: There is a vicious cycle of distrust that people in the healthcare industry are caught in. This leads to heightened levels of anxiety and self-protection on the part of doctors, which in turn exacerbates problems in communication. Consequently, this increases the responsibilities of physicians, which adds to a strong feeling of unfairness and victimisation. Mistrust, especially the suspicion that physicians have of patients and other family, improves the likelihood of these outcomes. As a consequence of these variables, healthcare results are worse, patients are becoming more dissatisfied and furious, conflicts and disputes are escalating, and unfavourable media coverage is occurring. All of these reasons eventually contribute to even higher levels of distrust. Not only does the vicious loop represent the catastrophe of the connection between the patient and the physician, but it also represents the crises of healthcare as a profession and medical institution (Wang et al., 2020).

The fundamental conflict of interest that exists within the healthcare system, which has led to the transformation of hospitals and medical personnel into profit-driven entities, is the driving force behind the circle. The essential concept of medical professionalism, which is the priority of patient welfare, is significantly compromised by this organisational conflict of interest. Additionally, the conventional Chinese ideal of "medicine as a form of humanity" is also endangered by this conflict of interest. Restoring the confidence of patients may be accomplished by resolving the conflict of interest that exists within the institution and fostering medical professionalism via the implementation of a number of practical actions that are advised (Zhang et al., 2020).

The researcher proposed the following hypothesis to assess the impact of conflict management on diagnostic procedures in public hospitals in China in light of the previous discussion:

“H01: There is no relationship between Conflict Management and Diagnostic Procedure in Chinese Public Hospitals.”

“H1: There is a relationship between Conflict Management and Diagnostic Procedure in Chinese Public Hospitals.”

Table 2. H1 ANOVA Test.

ANOVA					
Sum					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	36928.520	302	5343.567	609.251	.000
Within Groups	425.680	559	5.246		
Total	40251.820	861			

The outcome of this research is noteworthy. With a p-value of .000 (less than the .05 alpha level), the value of F (609.251) approaches significance. So, anybody can say that the null hypothesis is rejected and that *“H1: There is a relationship between Conflict Management and Diagnostic Procedure in Chinese public hospitals”* has been accepted.

DISCUSSION

As this study demonstrates, public healthcare facilities in China may benefit from better communication and conflict management practices when it comes to diagnostic procedures. There is a strong correlation between effective conflict administration and accurate diagnosis, suggesting that improving therapy outcomes may be as simple as addressing systemic and personal problems. Incorrect diagnoses and disputes arise from a lack of effective communication between doctors and patients, which is exacerbated by paternal mindsets and shortages of staff. Instead, medical staff should benefit from learning how to resolve disputes and promote open, empathetic communication in order to enhance diagnostic teamwork. This study found that participants whose conversation skills instruction focused on active attention, straightforwardness, compassion, and dispute settlement reported lower rates of misunderstandings and higher rates of trust. With healthcare conflicts on the rise and public trust in the system dwindling, these kinds of initiatives are more important than ever. Medical staff confidence, patient happiness, plans for treatment, and medical history are all positively impacted by better communication. Staffing shortages and excessive workloads are systemic problems that hinder dialogue and lead to paternalistic attitudes. Training in conflict management and communication as part of medical school and residency programmes enhances both diagnostic precision and the quality of relationships between doctors and their patients, according to the study's authors. A more reliable and effective medical system may be possible as a result of an

increase in the importance of these soft skills, since patient-centred therapy is a central tenet of China's reforms to healthcare.

CONCLUSION

Effective communication and conflict management improve the diagnostic process in China's public healthcare system, according to this research. Resolving interpersonal and systemic conflicts may directly enhance therapeutic results, as shown by the considerable association between conflict management techniques and diagnosis precision and efficacy. Current issues including paternalistic attitudes, staff shortages, and high patient loads cause misunderstanding, trust loss, and disagreements. Hospitals may improve diagnosis and patient satisfaction by encouraging open, respectful dialogue and teaching dispute resolution. The study also emphasises the need for ongoing development in communication skills such careful listening, accurate language, understanding others' viewpoints, and successful negotiation. In China's ever-changing healthcare system, training like this helps doctors and patients understand one other and build trust. To promote positive interaction, organisational structural issues including limited resources and internal disagreements must be addressed. Improved clinical communication improves diagnosis accuracy, suggesting healthcare reforms should prioritise soft abilities alongside technical training. Chinese public hospitals may promote health, relationships, and dispute resolution by doing so. To make China's healthcare system more patient-centred, trustworthy, and effective dispute resolution and communications training must be included into medical training and professional growth. This strategy improves client care and helps create a sustainable, equitable healthcare system that meets population demands.

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