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**The relationship between the media and YiNao under  
the Chinese healthcare system and cultural context**

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## **Abstract**

**Background** YiNao is a term that is used to describe violent behaviors against doctors and healthcare facilities. The behaviors are usually based on financial gains. In China, YiNao has been commonly indicated by the reported cases of doctor-patient disputes. Such disputes may take violent or nonviolent forms. Most of the time, the disputes are initiated by patients and families who are unsatisfied with the medical care they receive. They may complain about the high cost of treatment, poor communication, or low quality of care. Media which have given related news reports to the public could exert influence on the public in the doctor-patient relationship (Wang 2018a).

**Methods** This study used the scoping review methodology to discuss the relationship between the public and media in the doctor-patient relationship in the Chinese healthcare system and whether the wide coverage of the violence within the doctor-patient relationship is determining, exacerbating, changing the nature of the doctor-patient relationship. Also, the study will find whether there are media impacts on patients' behaviors to doctors.

**Results** A total of 152 articles were included. It is discovered that there was a media dissemination and effects process: media->audience->YiNao (Wenxiu 2015). This process could also be guided by McQuil's media components (McQuail 2005) and Harold Lasswell's '5W' model of communication (Wenxiu 2015). Also, studies showed that researchers have both considered traditional media (mainly mainstream media) as well as social media. This is because news reports from traditional media were more authentic and therefore the continued reliance on social media has its challenges, including the spread of rumors and negative information. When negative or

false reports are spread on doctor-patient relationships and disputes, the public is likely to form negative opinions and perspectives and gradually have stereotypes. Some of them even regard violence as normal and might imitate this. In addition, most of the aim of positive news reports is to improve the doctor-patient relationship but those news reports might have been exaggerated and lacked descriptions of medical limitations to improve the doctor-patient relationship. However, some of these could increase public expectations of doctors. These perspectives would affect the way patients interact with the public and doctors. For example, a little misunderstanding between a patient and a doctor would result in a conflict instead of exploring peaceful resolution measures. The increase in YiNao could be attributed to the use of media including social media.

**Conclusion** Experimental studies such as psychological experiments are required to explain the whole media dissemination and effects process including media effects on patients' behaviors to doctors. More factors such as geographic data related to this process should also be considered to have a more detailed explanation. In addition, adequate policy-making for medical services as well as media are required to further mitigate the episodes of violence.

## 1. Introduction

China is a country located in East Asia and is the most populous country in the world. It has an estimated population of more than 1.4 billion people. The country borders 14 other nations. It has an uneven population distribution as the majority, 96.31% of the population are located in the eastern half and 3.69% are distributed in the other parts of the country. Complex natural conditions contribute to the uneven distribution of China's population as well as some public services. China has a unique population structure and shape which can be attributed to some of its earlier held policy on population control. According to statistics released in 2020, the Chinese population is dominated by people between the ages of 25 to 59 years. From the population breakdown of the numbers, 63.4% of the population is people between the ages of 16 to 59 (Textor, 2021).

The statistics acquired in 2020 indicate that the sex ratio in the country stands at 104: 100 for males and females respectively. However, it should be considered that the sex ratio in the country varies with the age groups with the younger population recording possibly the normal sex ratio of 1:1 (Buchholz and Richter, 2021). Regarding the urban and rural population distribution, it is identified that 902 million people are residence of the urban areas while 510 million people are their rural counterparts (Textor, 2020). As it stands China is considered as one of the countries with lower fertility rates. According to Gao (2021), the fertility rate in China stands at 1.3 compared to the United States and India with 1.6 and 2.2 respectively. The lower fertility rate is linked to the women empowerment through education and higher standards of living.

The country has experienced massive economic growth that is supported by its manufacturing capability. Currently, China is the largest manufacturing and exporting nation in the world. Regarding the socio-economic indicators compared to other parts, China has one of the stable employment rates with the indications showing the drop witnessed for the first time in 2020 from a decade ago with 65.1 against the 2019's 65.3 (Textor, 2021). The country has achieved a milestone in its endeavor to fight and reduce the rate of poverty. The Chinese government has repeatedly emphasized that it has lifted about 100 million of its population from poverty to a stability state. As it stands, only 0.6% of the Chinese population is below the poverty index as per the government official data (Buchholz and Richter, 2021). In terms of its education levels, the Chinese population is having a favorable learning environment which has boosted its levels of literacy. The country has a policy which enforces compulsory education at the basic level. The level of literacy in the country has a total of 270 million enrolled students. It has been established that the number of students enrolling in foreign institutions has significantly increased.

From the historical perspective, the Chinese population had confidence in the traditional medical treatment and cure. However, the advancement in technology all over the globe has seen the country embracing the modernity in their health system (Gao, 2021). The Chinese philosophies and culture influenced significantly the approach to the medical and health system. Specifically, it came to be learned that the nurses attending on the patients were required to inculcate the cultural knowledge. Nevertheless, according to Kunst (2020), it was established that 13% of the population are not confident with the health of China making the country work towards ensuring better health standards at present. Considering the population of the country vis-à-vis the economic growth, it is realized that there is a poor health response to some of its population. In fact, the country is

exhibiting one of the greatest economic growths in the world with its standing as the second biggest economy in terms of its Gross Domestic Product (Gao, 2021). With the economic status and growth of China, it should be one of the best in terms of service provision in various sectors, including healthcare. For example, lifting more than 100 million from poverty status within a short period means that their overall well-being has improved, and they can as well access quality healthcare services, with many others being on the course of improving their living standards (Gao, 2021). In addition, the country is known for its fast infrastructural developments, which is also the main factor driving its economy (Wang & Wang, 2017). The country's growing economy and advanced infrastructures enable it to create the best possible healthcare facilities and equipment.

However, the Chinese healthcare system does not yet meet the expected standards. The country still experiences poor access to health and healthcare services in some areas, especially the rural regions. Despite being one of the largest economies, China has relatively poor healthcare as it is ranked number 144 in the world by the World Health Organization (WHO). The urban-rural disparity is pronounced in the country to an extent that the rural populations can hardly afford healthcare services. Besides, the Chinese high population means that the country still needs more healthcare facilities to serve the people better. In addition, China is one of the countries that have disputes across its healthcare systems. There are disputes among the healthcare providers, between the providers and organizations, and against the facilities and staff. In China, the doctor-patient relationship has been facing a crisis for a long time (Zhou 2017) and a third of doctors have experienced conflicts; thousands of them have been injured (Anonymous 2014). Although doctor-patient disputes/ conflicts exist worldwide, the frequency, scale, and viciousness of attacks in China have shocked the world and are drawing international attention (Anonymous 2012, 2014;

Hesketh et al. 2012). For Chinese doctors, patient satisfaction can be - quite literally - a matter of life or death (Yin 2017). The Medical Association in China claims there is an average of 27 doctor-patient attacks every year in every hospital across the country (CCTV 2014). In most published research, the number of doctor-patient disputes was calculated from news reports online, which are easier for authors to access (Achenbach 2018; Al 2015; Bhuyan 2020). These reports tend to represent extreme examples that are the tip of the iceberg. In 2019, there were 39 YiNao cases which caused death or injuries reported by the media. On Dec 25, a person used a knife to stab a female doctor's neck more than ten times because this doctor couldn't cure his mother who was 95 with several co-existing diseases. The doctor died instantly. Only 25 days later, on Jan 20, an ophthalmologist was seriously injured by a patient because he was dissatisfied with the outcome of the surgery. These two incidents took place close in time only 4 days before the date of the Chinese Spring Festival. Concerns have been raised that such reports of violence executed with impunity, might contribute to copycat behaviors so that they encourage the violence (Wu et al. 2015). Also, the number of articles on the relationship between media and the public in the doctor-patient relationship is huge, though they lack systematic summaries of the whole media dissemination and effects process. Most of them have discussed only media or audience rather than combining their results or even studying media impacts on patients' behaviors to doctors and the mechanism. In addition, the influence mechanism of it has not been discussed well. It is easy to know that the most popular kinds of violence are described by the term YiNao and according to some of the existing literature, media play an important role on the public in the doctor-patient relationship (Zhou 2017). It is discovered that there was a media dissemination and effects process: media->audience->YiNao (Wenxiu 2015) and this process could also be guided and explained by

McQuil's media components (McQuail 2005) and Harold Lasswell's '5W' model of communication (Wenxiu 2015). As a result, this research will introduce YiNao and will systematically conclude possible factors but focus on studying the impact of one of the important factors, media on the public in the doctor-patient relationship, which haven't been investigated systematically. The main research question is 'What is the relationship between media and the public in the doctor-patient relationship in China.' To systematically conclude existing literature about this topic and find the media dissemination and effects process as well as find gaps first, scoping review will be selected as the method.

## **2. YiNao**

### **2.1 The definition of YiNao**

YiNao is a Chinese term that refers to violent or nonviolent behaviors and incidents against healthcare facilities and staff, causing medical disturbances (Hesketh et al., 2012). It is used to describe a special Chinese doctor-patient relationship. In China, YiNao is a problem that has been increasing to a concerning level. According to a recent report, the violent incidents increased from just 10,000 in 2005 to about 18,000 in 2010 “Between 2004 and 2016, the number of such disputes that ended up in court rose from 8,854 to 21,480” (The Economist Group,2021). It is one of the contributors to the poor healthcare in the country, among other disputes. The problem is very common in China, but not popular in other developed countries. This means that it could be a problem with the healthcare system of the country, and the role that the public and other stakeholders play. There are three forms of YiNao: violent and nonviolent forms together, only violent forms, and only nonviolent forms.

There are more serious acts of YiNao that include physical violence against the doctors and disruptive nonviolent services that cause safety concerns within the public. Cases have been reported about people physically assaulting healthcare providers, forming walls and barriers between them and other patients, public humiliations, and smashing and destroying medical equipment. Some patients even go as far as threatening to commit suicide. Hesketh et al. (2012) report high suicide rates within the Chinese healthcare facilities with many of them related to high costs of treatment and high costs of healthcare services.

Nonviolent forms of YiNao include the spread of posters and leaflets against doctors, hospitals, or some perceived ill treatments, public protests and addresses, and sit-ins (Wang et al.,

2017). Some people go as far as bringing corpses into the hospital premises and demand compensation for poor services that caused the deaths (Zhang, Stone, & Zhang, 2017). In some instances, people play loud music in the hospitals, occupying the doctors' offices, drumming, setting firecrackers, and conducting memorial services within the healthcare facilities are some common practices used by the public to demonstrate their dissatisfaction with the health services that they receive. Even though they do not directly affect the facilities and the healthcare providers, the nonviolent forms still send a message about public dissatisfaction (Jiang, 2011). As a result, they cast doubts on the credibility and the quality of the healthcare services and the whole Chinese healthcare system.

Despite of the nonviolent forms of YiNao, there are a few instances of violent incidences. They include physical confrontations and fights. In most cases, the violent perpetrators have financial or political gains to expect from their conduct. Their violence against the healthcare facilities and doctors is aimed at destabilizing the healthcare processes within the facilities (Zhang et al., 2017). Violent confrontations could also emerge during the daily interactions between the patients and the doctors. Hesketh et al. (2012) explain that the violent outbursts were spontaneous and were caused by patients' anger and frustrations at poor care, high costs of care, and medical errors. Some of the details of the violent episodes were collected for a website and summarized for the medical professionals in 2012, claiming that "The incidents included 29 murders and 52 serious injuries, most of which were caused by stabbing or head injury. Others included a doctor who had acid poured on his face, another who had her throat cut, and an explosion in a hospital that caused five deaths and many injuries" (Hesketh et al., 2012).

Apart from violent and nonviolent behaviors and incidents against healthcare facilities and staff, there are some other conflicts which will not cause medical disturbance but will be applied by official lawsuits by participants. In this research, these conflicts won't be defined as YiNao. Therefore, this research defines that YiNao includes violent or nonviolent behaviors or incidents that cause medical disturbances with unofficial methods. This definition will continuously be adapted in the following thesis.

## **2.2 The differences between 'YiNao' and 'professional YiNao (criminal gangs)'**

Years ago, 'YiNao' has always been accompanied with the phrase 'criminal gangs' in the press. However, 'YiNao' doesn't mean criminal gangs but could include criminal gangs (professional YiNao). To avoid misunderstandings, it is necessary to distinguish 'YiNao' and 'professional YiNao (criminal gangs)'.

In 2006, the Chinese Hospitals Association conducted a survey targeting on 200 hospitals in China and found that more than 50%(21/53) of YiNao cases had been involved in criminal gangs (ChineseRadio 2012). In 2010, People's Daily, an official media group, reported that some of the YiNao cases in some places had underworld forces (People.cn 2010). 'Criminal gangs' became an inescapable and huge component in YiNao during that period. Therefore, the word 'YiNao' began to be often accompanied by 'criminal gangs' on news reports and the literature during that period (Wen 2012) and these criminal gangs owned their name, 'professional YiNao' in 2016 by the police (XinhuaNewsAgency 2016). However, because of the only one-word difference that leads to misunderstandings, 'YiNao' have once been mistakenly regarded as 'professional YiNao(criminal gangs)' who prepared to go to extreme lengths to obtain compensation from hospitals on behalf of families in disputes with hospitals, in return for a substantial commission

out of the payment (Hesketh et al. 2012) during that period. At present, the ‘professional YiNao’ has been declining due to the containment, and therefore the medical disturbances are now carried out mostly by patient families and relatives (Tu 2018). However, some other unofficial media groups/bloggers still misunderstood ‘YiNao’ and ‘professional YiNao gangs’ and mistakenly reported that ‘YiNao’, instead of ‘professional YiNao’, were ‘criminal gangs’ (L. Su 2018). The reason for this may be due to the lack of rigor for some of the journalists’/bloggers’ and the one-word difference between ‘YiNao’ and ‘professional YiNao’.

In fact, the author found that in the Chinese literature, most papers whose keywords are doctor-patient disputes/conflicts/relationships, medical violence are mostly discussing ‘YiNao’. Therefore, the author would set these words as keywords of the scoping review in case of missing articles. In addition, these words won’t be used in the inclusion and exclusion criteria but the word ‘YiNao’ will appear. Also, as ‘doctor-patient disputes’ outside of China have not considered ‘YiNao’, doctor-patient disputes in this thesis contain YiNao.

### **2.3 Understanding the causes of YiNao**

There is a general lack of public trust on the healthcare system and staff by the Chinese public. People feel that the healthcare system is too commercialized that the staff and facilities focus more on the profits than the quality of the services provided (Hesketh et al., 2012). According to Zhang et al. (2017), trust is an important element during the care process. People want to feel comfortable with the care process and confident that they will get value for their money. Unsatisfactory treatment outcomes despite paying highly for the medication services fuel the violence. Some of the factors below lead to a lack of public trust.

### **2.3.1 Commercialized healthcare system**

From the 1980s, there was a general change in the Chinese healthcare system that led to the commercialization of the sector. The whole system, healthcare facilities, and health professionals began to focus more on the financial side of healthcare by maximizing profits (Hesketh et al., 2012). As a result, the costs of medical equipment and services increased while the quality of healthcare either increased or remained as before. The change in the structure meant that the state was no longer in charge of providing health care to the citizens. In addition, their control of the sector also reduced. As a result, the private sector took control and commercialized healthcare in the whole country (Zhang et al., 2017). Facilities and providers became more interested in the profits with little regard to the quality of the services provided. As the general prices increased, access to healthcare became a problem, medical expenses became high, and the public began to grow frustrated. In some facilities, patients would endure long waiting times to get even basic medical care and consultations (Wang et al., 2017). In addition, doctors would spend the least time possible with patients with their focus being on the number of patients treated and not the nature of the care provided.

### **2.3.2 Lack of consultation time**

By 2014, the average patient consultation time in China was one and a half minutes. This is nearly the shortest time possible that a consultant can spend with a patient. It also means that the doctors would use shortcuts in addressing the patients' problems or do everything superficially to increase the number of patients that they tend to in a day (Jiang, 2011). At the same time, the consultations fees remained high. Most of the patients and clients could not understand the hurry and grew frustrated to an extent of starting violence against the doctors. Besides, some had to wait

for long in lines and still leave dissatisfied with the care provided (Hesketh et al., 2012). Patients would even budge into the consultation rooms while the doctor is attending to another patient to show their dissatisfaction with the waiting time, costs, and services.

It is so hard to get to treatment in some of the healthcare facilities where scalping for tickets has turned into a significant issue (Yuan, 2016). Patients should pay to get appointments before they can be given a ticket. In one case, a lady posted a video internet uncovering that she had been sitting tight two days for a short time appointment yet she could not get one since scalpers had booked them all. The scalpers exchanged one arrangement for 4,500 Yuan (\$US688), multiple times higher than the first charge of 300 Yuan (\$US46; Yuan, 2016).

### **2.3.3 Personal reasons of health professionals**

There might be substance to many patients' protests. Clinical experts, including doctors and nurses, have very low pay rates and can legitimately enhance their pay with payments on prescriptions and medical services. They would readily explore these options to earn more legally and this changes their focus from quality health care to quantity. It has been established that some of the providers get bribes for treatment and even payoffs from informing funeral service homes of looming patient deaths (Hesketh et al., 2012). Principles of clinical education differ: rural doctors can qualify following three years of preparation, while in more renowned emergency clinics, it requires 10 years. A few specialists have a doctor's permit with practically no conventional advanced degree since they have finished the capability assessment, which is easy (Huang et al., 2010). This might bring about factor practice, reliant upon the level of preparation.

### **2.3.4 Lack of incomplete complaint systems**

In various countries, medical care complaint frameworks have been instituted to ensure the general wellbeing and security of patients. However, China is yet to establish such a system. There is no valid free clinical misbehavior framework to report clinical errors. Most patients cannot bear the cost of the expense and time needed to use formal clinical dispute arrangements, and are, hence, feeble against the clinical organization. The cost of a clinical suit is assessed to be something like 40,000 Yuan (around US\$6000), which is the estimated yearly pay of a metropolitan family (Zhang et al., 2017). Clinical disputes are confounded, tedious, seldom effective, and can have disastrous outcomes (Zi, 2007). Wang Baoming, a Beijing throat cancer patient who had been working for five years recently cut his PCP multiple times in her arms, head, and back following quite a while of contributing to a blog about the supposed bombed medical procedure and endeavors to sue the doctor for clinical misbehavior (Jiang, 2011). Seldom is clinical negligence cases shut through lawful channels within three years. A few patients consider data imbalance among specialists and themselves as the main justification behind the deficiency of claims and there is right now no free outsider to survey and manage clinical negligence and questions.

### **2.3.5 Patients' high expectations**

Ridiculously high expectations are one more contributing element to YiNao. In any case, given the exceptionally concise consultation time allowed, it is not actually to be expected that patients are sufficiently educated regarding the dangers or likely accomplishment at the hour of meeting. Moreover, there gives off an impression of being restricted by large accessible data connecting with the significant expense and dangers related with operations, especially for patients with complex conditions. Patients accept they will have a decent clinical result once conceded to

the medical clinic, paying little heed to the seriousness of the illness (Liu et al., 2013). At the point when these assumptions are not met, the struggle might emerge. Relative medical data including disputes, well-being data dispersed broadly in China through online media, magazines, and TV might prompt the overall population to accept they are all around informed with regards to clinical issues and, in this way, more requesting of care. Notwithstanding, quite a bit of this data might be incorrect or imbalanced with variable wellbeing education inside the populace, particularly in provincial regions where it is potentially lower.

### **3 The role of the media**

Apart from the reasons mentioned above, the Chinese media has a significant role in influencing the relationship between doctors, medical facilities, and the public. Like in most cases, media plays an essential role in almost everything, including forming public perceptions (Leye, Xi, & Ming, 2020). This thesis will consider both traditional media and social media because they are different and important. Detailed reasons are as following:

‘In a new media environment, traditional news media and social media have similarities as well as differences in constructing the public image of medical personnel’ (Wang et al., 2017). The presentation of YiNao from traditional media (newspaper, TV and so on) is news reports from official news organizations. Their news resources are authorized and accurate. Before the appearance of new media in 2009 in China, the public gained 100% of information from the traditional media because of its one-way mode of communication. After 2009, more and more official news organizations begin to register social media accounts and publish their news reports not only on traditional media but also on social media platforms (Wang et al., 2017). At this

moment, the public became able to comment on the platform, which created public opinion and therefore the communication mode became two-way. Therefore, the populace could gain information from traditional media, public opinion and self-media. The new media has become an inherent part of modern society. Social media are online platforms, often mobile, that support the creation and exchange of user-generated content(Kaplan and Haenlein 2010). They include platforms for networking, collaboration and information sharing (e.g, Facebook, Twitter, YouTube, Wechat, Weibo) and online forums aimed at specific communities (e.g Patientslikeme, DingXiangYuan) (Taylor and Pagliari 2018). In modern societies, people get instant updates and news from their social media platforms. People no longer need to wait to get new information near a television or buy a newspaper. Apart from this, on social media platforms, self-media and some other unofficial accounts could publish relative information but fake online news reports, which is different to traditional media. Therefore, these news resources remain unclear and some of them may lack evidence which could cause rumors. Even so, the appearance of social media allows the information that the public receive become more diverse and the public can make comments, therefore, forming public opinion. As a result, the communication mode of traditional media and social media has transformed from one-way to two-way and the media impacts on the public will simultaneously change.

Apart from the communication mode, existing media studies show that studying the contents of traditional media is popular. In addition, studying official news reports on social media is in fact studying traditional media. The only difference is there are public comments on these news reports on social media platforms. Also, in this thesis, 67 of 152 scoping review included articles about media news reports contents studied have analyzed reports from traditional media.

Therefore, this research will discuss the relationship between all media and YiNao rather than only social media. Studying not only social media but also traditional media will better understand their differences and the changing media impacts on the public even on YiNao because of the changing communication mode. In addition, this thesis will conclude a media dissemination and effects process and explain the mechanism by concluding results from existing literature and introducing several theories to explain the process, such as framing theory, agenda setting theory, broken window theory, cultivation theory, conformity effects, stereotyped theory, pseudo environment, the spiral of silence effects, life cycle theory and media social responsibility theory. These will be analyzed in detail in the scoping review section.

### **3.1 Leaning reports from both traditional media and social media**

The media has a role to inform the public accordingly by airing events and incidents as they occur. At the same time, they have a duty to ensure that the stories are authentic, verifiable, and do not cause further problems. This is not always the case in some of the Chinese media outlets. There have been several instances of newspaper coverage of how healthcare organizations and providers mistreat their patients and serious YiNao. The same applies to the televisions and the internet-based media organizations. Wang et al. (2017) argue that in some cases, the media reports are one-sided and emotional to cater to the public, even though they intend to give a balanced account of events. For example, the mainstream media tend to be attracted by news that has more conflicts from the hospitals (Zhang et al., 2017). This could lead to the loss of balanced reporting. In some instances, people would pay more attention to the conflict news than the positive reports about health and healthcare (Hesketh et al., 2012). In addition, health professionals widely think media even the society has deep misunderstandings and prejudices against the medical

industry. Therefore, they are passive and prefer not to respond. This phenomenon has not changed although new media such as Wechat or Weibo become more popular as the information on them are less authentic (Wei 2015). This is the reason why patients' voice appeared at the first on news reports about some serious YiNao incidents rather than hospitals' opinions. Therefore, leaning reports have been produced intentionally or unintentionally. As a result, most of the time the media participate in building a gap between the public and the doctors instead of being part of the solution.

The public forms perception and make decisions and choices based on what they see in the mainstream media and the internet sources (Hacquin, Altay, Aarøe, & Mercier, 2021). Their behaviors are then influenced by the events that they see or hear instead of what they experience. According to the Cultivation Theory, people tend to absorb the information that they get from the media outlets (Zhang et al., 2017). It should be the role of the media to make the public understand more about the healthcare systems and the potential causes of issues that cause health problems. Leaning towards the conflicts reduce the balance and could lead to negative perceptions about the healthcare organizations and doctors.

### **3.2 Public opinion on social media platforms**

To some extent, the increased reliance on social media and personal blogs is part of YiNao because of the impacts they have in the whole process. According to Zhang et al. (2017), they have been indirectly involved in the public humiliations and attacks that the healthcare providers in China get because of fake news and propaganda that some of them have spread for personal and financial gains. When an individual or an organization runs a fake story about a doctor or an organization, it becomes a direct attack on the subject and the effects can also be indirectly felt by the other healthcare professionals. The public will consume an untrue story and believe it even if

it has been fabricated (Karami, Bennett, & He, 2018). For the social media users and bloggers involved, they will attract the public attention as more people would be willing to listen to such exciting stories. During the process, the media organization will be gaining followers and subscribers and, therefore, may exert public opinion which allow the doctors, organizations, the public as well as the healthcare system to be involved. At this moment, it is difficult to calm the public down.

To the best of the author's knowledge, the current research about the media and its role on YiNao is not systematic and has some gaps that need to be addressed. For example, they have given unclear information entirely about how official media and social media platforms have contributed to the public in the doctor-patient relationship as well as YiNao in China. This study will attempt to address the existing gaps by systematically collecting and analyzing data on the relationship between the public or even YiNao and the media. It also recommends various intervention strategies by various players involved in addressing the problem of YiNao.

#### **4 Significance**

The existing knowledge of YiNao is based on a confusing definition. This study has explained the concept of doctor-patient disputes and YiNao and how they arise. The current research has collected and discussed data on the structure of the healthcare system and the role it might have on disputes. For example, complaints about the high costs of treatment could be related to the flaws of the system. This study has added a unique knowledge on YiNao as a topic and also pointed out the potential links between the Chinese healthcare system and YiNao (Xiong, Lai,

Jiang, Sun, Dong, Yao, & He, 2021). The new pool of knowledge has been based on a systematic scoping review and has been organized in a logical manner.

The study will study the causes of the disputes from the communication perspective. It is found that the existing knowledge on YiNao and Media is based on unsystematic and confusing research data. For example, there isn't a review concluding the research on the relationship between media, the public and YiNao in China. Researches are independent and some of them are even contradictory. Therefore, it is not clear whether there is a clear impact of media on the public in the doctor-patient relationship and what is the impact without collecting, concluding and analyzing relative studies. In addition, whether there is an impact of the media on YiNao remains unclear. As a result, there is a need for better studies that would clearly describe YiNao, its origin, impacts, and how it relates to the media. This article uses a scoping review method to correct the limitations of the past literature.

This article begins by explaining the definition of YiNao and its possible causes. Then it determines what is the impact of media on public in doctor-patient relationship according to the findings of the scoping review. After that, it goes further to investigate whether there is an impact of the media on public behaviors (YiNao) and what is the impact. The author will connect these two parts and then conclude an entire media dissemination and effects process. Finally, the article will suggest the role that different stakeholders have in addressing YiNao.

## **5 Research questions**

### **Main Question:**

What is the relationship between media and the public in the doctor-patient relationship in China?

### **Sub question:**

What is the relationship between media and social media, YiNao and health policy in China under Chinese cultural context?

## **6 Scoping Review**

### **6.1 The function of the scoping review**

Scoping review is a research method that synthesizes and maps literature of a given topic to enable the researchers to identify key concepts from the existing evidence, gaps in research, and the types of evidence sources that would influence practice and policymaking (Munn et al., 2018). The scoping review is a new approach that differs significantly from the traditional systematic reviews. In the scoping review, the scope is broader because besides identifying the key concepts, it will also determine the types of evidence, the gaps that exist, limitations, and how they impact decision-making (Pham et al., 2014). Usually, scoping review aims to map the existing literature by focusing on the nature, volume, and characteristics of the existing research. It is of much use when the topic of study is not yet studied extensively by the previous research or reviews.

Scoping reviews and systematic reviews are similar in several ways. First, they all analyze the evidence that exist on the research question using rigorous and transparent methods (Tricco et al., 2016). They also identify the key concepts addressed by the existing literature on the topic (Guo et al., 2018). However, the two review methods differ based on their aims and purposes. The primary aim of a scoping review is to map the available body of literature on the research topic area (Tricco et al., 2015). On the other hand, systematic reviews aim at summarizing the best available literature on the topic. Secondly, scoping reviews aim at collecting and presenting an overview of a large and diverse body of literature. Systematic review selects a small body of research literature that is narrowed down as much as possible on the topic of concern. Scoping reviews also include a wide range of study designs and methodologies to address the effectiveness

of interventions whereas systematic reviews focus on randomized controlled trials (Colquhoun et al., 2014).

## **6.2 Reasons for Choosing**

For this study, scoping review was the best research methodology to answer the research questions because of various reasons. Firstly, the topic is not yet addressed extensively by the existing literature as there are no reviews considering media and YiNao in China (Lockwood, Dos Santos, & Pap, 2019). This means that the current knowledge on the relationship between the media and YiNao is still scanty, multi-angled, unorganized, and unsystematic (Shatte, Hutchinson, & Teague, 2019). Therefore, it was necessary to take a research method that uses a wide range of research evidence to understand more about the topic. It would be difficult to narrow down on the few research articles to use for systematic review when the available evidence is not direct to the topic area (La Rosa, Bonadonna, Lucentini, Kenmoe, & Suffredini, 2020). Secondly, the topic needs to be understood better and broadly to try to establish the origin and the nature of patient-doctor disputes, and the role of the media and social media. Only the scoping review rather than the systematic review would allow for the broad approach to the topic for better analysis and mapping. The approach in this study is to find and review the existing body of literature on the relationship between media and social media, and public in the doctor-patient relationship especially YiNao in the Chinese healthcare system.

## **6.3 Scoping review objectives**

To the best of the author's knowledge, this is the first scoping review to have specifically investigated the types and features of research on the relationship between media and the public in the doctor-patient relationship under the Chinese cultural context. Therefore, the objective is to

review different studies on the topic areas both in English and Chinese and combine the results in a single review article to see the features of research in each language and, if it is possible, find their differences, although the number of the relative articles in English is small.

The scoping review will aim at determining whether there is a clear impact of media on the public in the doctor-patient relationship and what is the impact (media->audience). It is better to find whether there is an impact of the media on public behaviors to doctors and what is the impact (audience->YiNao). **To achieve this objective, it is necessary to analyze articles about media itself, media effects on audience and media effects on YiNao separately first and then connect them altogether. Therefore, as media include traditional media and social media, to achieve this objective, the author has selected four themes according to the existing literature and the sequence of the process, media->audience->YiNao. The themes are, features of research on traditional media, features of research on social media, media impacts on the audience and media impacts on YiNao. In fact, according to McQuail, the first two themes belong to one of his famous media research angles, contents studied, and the last two belong to audience and media effects studied (McQuail 2005). Therefore, it is easy to know that these four themes which will be shown in the discussion part of this research could also be guided by McQuil's three media research angles: contents studied, audience studied and effects studied. As a result, this scoping review will refer to McQuil's three research angles to investigate the features and types by analyzing existing articles' methodology, theories, findings and so on in each theme group and then try to find the inner relationships of each theme according to the results.** Therefore, during the scoping review, research without clear methodology, study design as well as findings will be excluded to meet the basic threshold of

quality and authenticity. **Apart from these, if it is possible, it is still necessary to discover the differences between research in Chinese and in English as YiNao is a Chinese term and there should be differences between articles about doctor-patient disputes in different languages. Finally, the review will investigate how the previous research articles analyze the topic of understanding the impacts that different stakeholders would have on addressing the YiNao and improving the healthcare system in China.**

## **6.4 Methods**

The author will identify articles for the scoping review through both major English language and Chinese language.

### **6.4.1 Databases chosen**

#### **English language databases:**

- CINAHL
- PsycINFO
- Medline
- Embase
- Web of Science
- ASSIA
- ProQuest Dissertation and Theses

#### **Chinese language database:**

- China National Knowledge Infrastructure (CNKI)

## **6.4.2 Inclusion and Exclusion Criteria**

The inclusion and exclusion criteria have been changed once during the data extraction process. As time is limited, the author decided to analyze 1000 of 10027 articles to do a pilot study which could be an epitome of all articles. According to the inclusion and exclusion criteria, the author extracted 152 articles and gave discussion on their research directions and methodology referring to McQuail's three research angles.

### **Inclusion Criterion**

1. Papers were published in a peer-reviewed journal including reviews or editorials, or as unpublished dissertations and theses, and other grey reports;
2. Papers written in English or Chinese
3. Full text available to the researcher
4. Satisfy established quality criteria
5. Papers considering the relationship between media or social media and YiNao will be included.
6. Papers considering media or social media as an intervention to influence patients' or public (e.g. satisfaction or dissatisfaction, attitudes or behavior towards healthcare or health professionals) and its potential relations to YiNao will be included.

### **Exclusion Criterion**

1. Papers were not written in English or Chinese

2. Full text is not available to the researcher
3. Papers only describe the cost-effectiveness of social media usage will be excluded.
4. Papers that mainly focus on the function of digital technologies will be excluded.
5. Papers that mainly focus on violence rather than media will be excluded.
6. Papers that do not have methodology or study design will be excluded.
7. Papers that investigate the influence or impact of media on the change of public health behaviors will be excluded.

The current study has used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for literature search (Moher et al. 2009). In total, 8548 articles were found based on the search strategy. Among them, after removing duplicates, 7351 articles were selected. Among these articles, 250 articles were included after screening titles and abstracts. Among them, 98 articles were excluded after the full-text reading. Therefore, finally, 152 articles were included for the scoping review. The exclusive screening and acceptance process is described in **Figure 1**. The author observed that half of the articles are journal articles and others were dissertations. Most of them are written in Chinese (n=147) and only five are in English, which discussed YiNao in China.



## PRISMA 2009 Flow Diagram

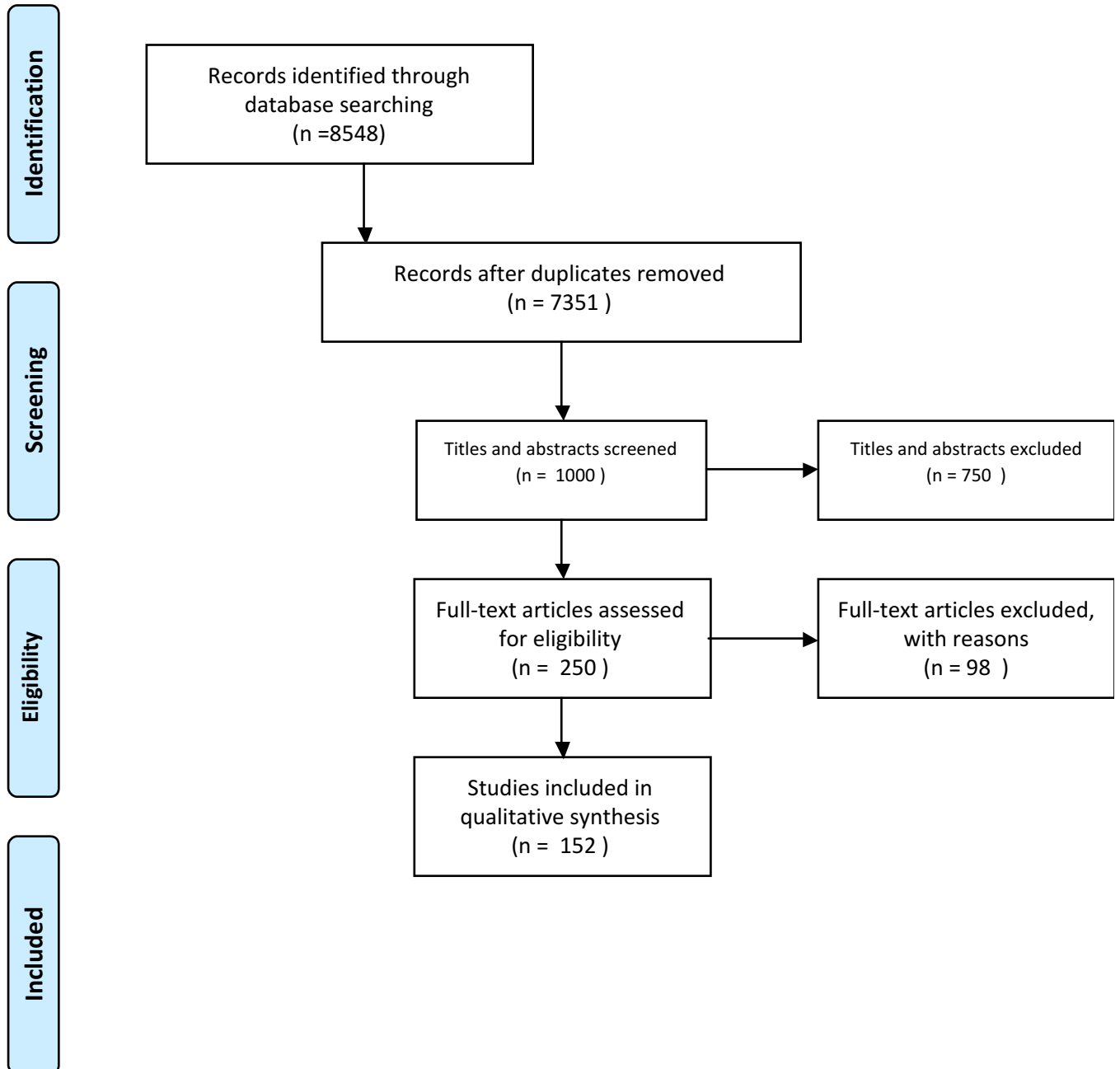


Figure 1. The PRISMA flow chart

## **6.5 McQuil's Media Components**

As mentioned above, the media dissemination and effects process, media->audience->YiNao (Wenxiu 2015), can be divided into four themes: research of traditional media, research of social media, media effects on audience, media effects on YiNao. In fact, the discovery of these four themes has been inspired by three famous McQuil's media components: contents studied, audience studied and effects studied, as the articles about the topic in this thesis could be divided into two parts: media contents studied and audience (effects) studied. It is easy to see that these are in fact the same as McQuil's media components. This is the reason why the author would like to use McQuil's media components to guide the discussion. In addition, the author would like to merge the last two of the components because they have a high degree of overlap. Before the discussion, this section will introduce the definition of contents studied and audience and effects studies, which may also give more explanation about why these are useful and important to analyze and some matters needing attention.

### **6.5.1 Content studied**

Apart from using a proposed label to describe the media contents, it is not so easy to analyze the media contents in-depth, because there is not a consensus of the content among the communicators, the recipients and the texts (McQuail 2005). However, we can always see that researchers try to conclude the media content generally as media have some standardized formats. In addition, the contents studied could reflect public worries on social phenomenon and media content has been regarded as reliable evidence that helps the public understand the present society and its culture. Besides, as media gradually become publicity tools as well as even stereotypes carriers, content studied begins to attract media researchers. Most importantly, some researchers

even suggest that it is possible to find media effects according to the superficial media contents. Therefore, it is necessary to study media content in this thesis to find media effects.

While studying media content, understanding the media production is unavoidable. The media production is mainly decided by three things. The first one is the overall media policies and structure arrangement from the national perspectives. Media as a social organization should not only cater to social needs and social norms but also be guided by public policies. To some extent, media have the responsibility to satisfy public interests but in most circumstances, it will not be restricted as they should obey rules, especially for mainstream media (traditional media) groups. The second one focuses on the public, government and audience's expectations as well as their evaluation principles and standards on the media. Besides, the third one considers demand and pressure from external media organizations; conventional requirements for large-scale production of news and cultural products; personal and professional characteristics of the communicator and so on (Yousaf & Che, 2019).

### **6.5.2 The audience and media effects studied**

The audience refers to all readers, listeners, and viewers who receive media content or the target of media information transmission. There is no mass communication without an audience. The audience plays an important role in the media effects during the communication process, which has attracted a huge number of researchers (McQuail, 2005). Therefore, the audience is an important factor in this thesis. Audience research also has many topics and purposes, and it is by no means limited to "measuring" the audience from the perspective of the media. These studies follow several distinct theoretical paths (McQuail, 2000). The audience research not only focuses on why do audiences use the media, but also explores the factors that allow them to use or

understand and the causal interaction between these factors such as society and culture, although the "use" of the medium is entangled with other activities of the audience, and it is difficult to completely keep it separate from other experiences in our lives.

Important effects studied always belong to the audience studied (McQuail 2005) and include the core subject of the social and cultural research issue. Research on effects continues triggering new theories and controversy. Here McQuail describes different paths explaining the media effects and explains the different types of effects especially the conscious and unconscious effects and their influence on short-term effects on individuals and long-term effects on culture and society. For example, they pay attention to the impact of the media on the forming of public understanding. In addition, they consider media effects on public behaviors. Research and theories of effects mainly focus on numerous popular forms of contents such as sex and violence and their potential harm to the culture and the society. This is the reason why should the author consider this component.

## **6.6 Discussion**

### **6.6.1 Thematic analysis and entire analysis**

The author extracted information from all eligible articles and identified four significant themes. Themes were arranged systematically: features of research on traditional media, features of research on social media, media effects on audience and media effects on YiNao. Firstly, the author would give analysis separately in each theme section according to included articles. Then, all themes will be considered altogether and the author will give entire analysis: differences between research in and outside of China and the entire analysis on the media dissemination and effects process. The author has also drawn some mind maps which are useful for better understanding.

### **6.6.2 Separately analyzing according to themes**

#### **Features of research on traditional media**

Studies showed that most of the research on traditional media is talking about doctor-patient disputes are analyzing news content. The targets that researchers chose are YiNao (or doctor-patient relationship) News reports (**Figure 2**).

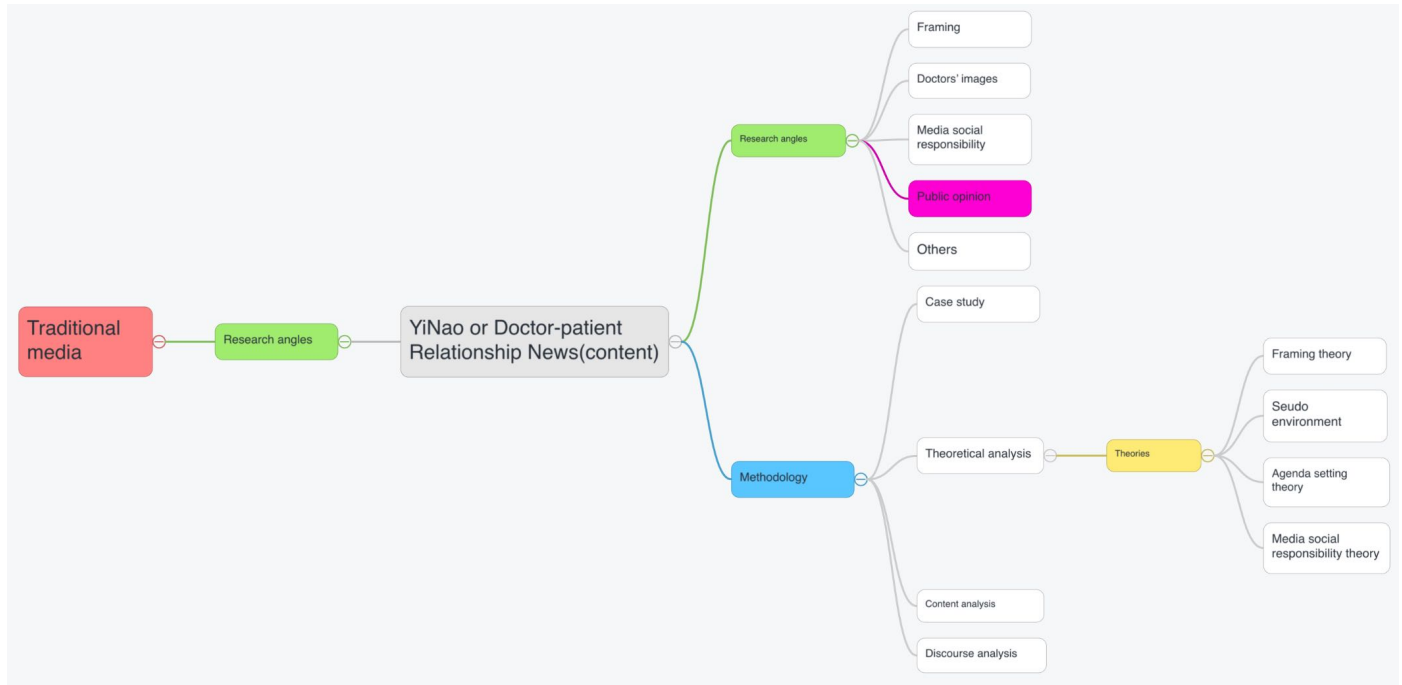


Figure 2. Features of research on traditional media

It is interesting to discover that 90% of included articles have been studying news reports from the traditional media. There are 5 research angles for these research namely analyzing mainstream news reports' framing (X. Chen 2017e; Chi 2015; Lei 2018; L. Li 2017b; S. Luo 2014; Min Han 2013; Z. Wang 2015e; H. Xie 2015; Du Yang 2018), doctors' images (Aibaidula 2018; Buwei Chen 2013; Bingyu Chen 2017d; Z. Luo 2018; M. Su 2013; Ye Tao 2019), media social responsibility (H. Bai 2016; S. Chen 2018a; T. Chen 2018b; Y. Gao 2018; Z. Li 2015; J. Li 2016b; Qian 2016; Tang 2019; J. Wang 2012a; W. Wang 2012b; H. Wang 2014; L. Wang 2015d; L. Yang 2017), public opinion (Chen 2015; Dong 2015; Guo 2017, 2018; Li 2016a, 2019a; Pan 2016; Tian 2017; Wang 2018c, 2018a; Zhao 2015; Zheng 2018, 2019) and others. In this research, 'framing'

means frames of news reports rather than the framing theory. Also, ‘agenda setting’ means the agenda setting (the way of news setting) of the news reports rather than the agenda setting theory. ‘Others’ include articles which have analyzed all research angles (Chunyan Chen 2017; P. Gao 2016; J. Gao 2019; Jiaxin Li 2014; Jingmei Ouyang 2015; Ru 2012; Y. Xie 2017; Dan Yang 2016; Yu Wang 2017) or chose researchers’ own research angles (Hui Zheng 2015; Jianping He 2017; Shaolan Wei 2017; Xin Chi 2016; Yicheng Luo 2016; Yili Jiang 2016; Yu Jiang 2017; Yue Qiu 2016) such as investigating YiNao news reports from the perspectives of emotional appeal (Huan 2019), health communication (Dan Yang 2016), risk society (Du 2017) and communication barriers (X. Dong 2018b) and so on. Among 5 research angles, framing (11 articles), doctors’ images (10 articles) and media social responsibility (10 articles) are the three most discussed topics.

Framing analysis is guided by framing theory which suggests that news stories have been reported guided by lists of frames (Ge 2014): news titles, news photos, photo captions, news introductions, news resources, quotations selection, quotations emphasis, data and graphs and the conclusion. These factors could be used to analyze news frames to discover how did media reflect social reality and the process of media production which has been continuously influenced by news frames (Bingyu Chen 2017d). Apart from framing analysis, doctors’ image is also a popular research angle for researchers. It is found that in recent years, the number of positive doctors’ images is increasing (Buwei Chen 2013). Also, most of the news reports gave neutral stories and the number of negative doctors’ images is decreasing. Doctors’ images from traditional media news reports could be divided into four types: healthcare workers, white angels, business healthcare people and complaints receivers. In addition, the construction of doctors’ images from the media angle has a series of problems such as imbalanced news stories, sensational headlines,

the lack of deep analysis and so on (Ge 2014). As a result, ‘media social responsibility’ becomes a new and independent research angle. Media social responsibility considers news ethics, media responsibility, media objectivity and media anomie phenomenon. It is also discovered that media have lost a part of social responsibility when producing news stories although the entire condition remains normal (H. Bai 2016; S. Chen 2018a; T. Chen 2018b; Y. Gao 2018; Z. Li 2015; J. Li 2016b; Qian 2016; Tang 2019; J. Wang 2012a; W. Wang 2012b; H. Wang 2014; L. Wang 2015d; L. Yang 2017). These authors also concluded several reasons that caused the loss of media responsibility. Firstly, the industry lacks complete news policies. Before the reform and opening-up policy, China had been carrying out a medical operational policy which brought out barefoot doctors. Most of the doctors and patients were acquaintances and therefore YiNao rarely appeared. Also, China was under a political and closed region at that time and media had been controlled by the government. Doctors were described as ‘white angels’. After the reform and opening-up policy, the doctor-patient relationship became worse largely because of the marketization mentioned above. Simultaneously, the government gradually released media control and YiNao started to appear on news reports. However, the lack of media surveillance and relative laws turns out to be a problem. While marketization also took place in the media industry, some media groups even try to gain interest by utilizing policy loops. Some media groups especially little unofficial groups preferred to regard YiNao as a stunt to attract attention. Some of them even violated personal privacy. These happened more often on social media platforms where unofficial media groups or self-media are active. Secondly, the attention economy become popular. Topics that are fresh, important as well as closely related to life are more likely to satisfy public prying psychology and media marketization. Thirdly, stereotypes and news ‘typed’ reporting. Doctors are always regarded

as knowledgeable and people with high social status and comparatively, patients have been marginalized and disadvantaged. This stereotype also influences how the media produce news reports. In addition, journalists would like to report similar news stories using fixed frames. To satisfy demanded daily reports, they should rely on news resources which are easy to get. Therefore, voices from doctors, researchers or experts rarely appear because it is difficult to interview them. Finally, amateur journalists lack medical knowledge. Some journalists would misunderstand the incident so that superficially produce imbalanced news reports because of the lack of medical knowledge. In addition, for the research angle, public opinion, normally public opinion analysis has always been investigated when studying social media. The reason why it appears here is that mainstream media begin to have their social media accounts and could publish their news reports on social media platforms, therefore, leading to public opinion. This research angle is special and will be discussed in detail later in the section ‘Features of research on social media’.

Besides, as the methodology, case study(Ye Tao 2019), theoretical analysis, content analysis and discourse analysis (P. Gao 2016) are four main methods that researchers would like to choose. For theoretical analysis, framing theory and agenda setting theory are mostly used to explain news reports' contents. The framing theory suggests that news reports are produced according to frames and there are also audience frames that explain how the audience accept and deal with media information (Audience frames will be discussed in detail next in the ‘media effects on audience’ section) (Wang 2018a). Therefore, analyzing news reports frames has been widely used to find the doctor-patient disputes reports laws. Agenda setting theory suggests that media have an agenda setting function--selecting topics and reporting angles (Guo 2018). Different angles that journalists choose could attract the public to pay attention to things that journalists have

set and abandon others. In other words, the agenda construction could not decide how the audience thinks but could give guidance of what they should think. Doctors' images description is a usual agenda for journalists.

### **Features of research on social media**

The presence of new media especially social media has posed a challenge to traditional media and changed the dissemination pathway from one-way to two-way communication as mentioned before. Public reaction, public opinion take place during the media dissemination process, which has brought out more complex and diverse impacts and interactions.

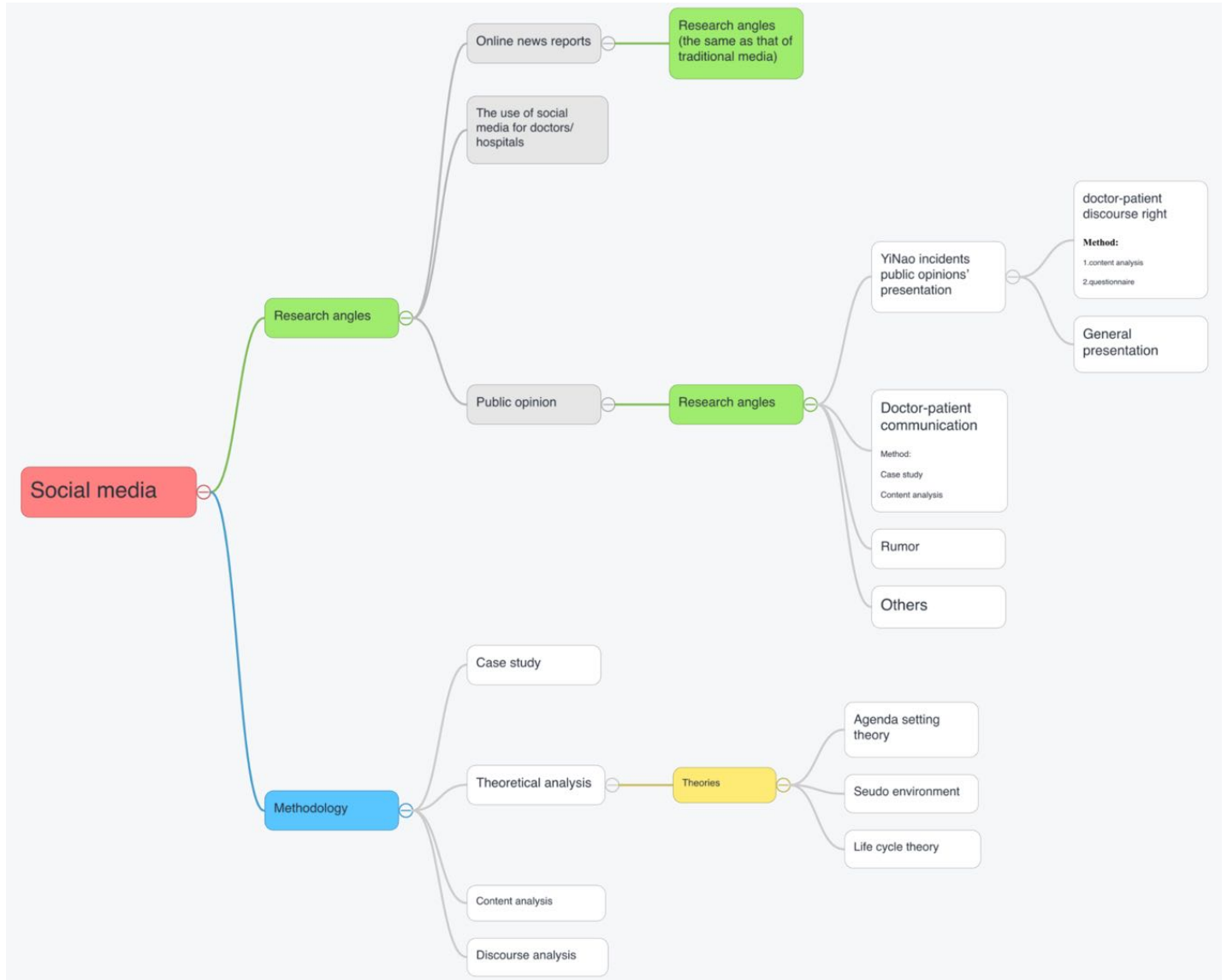


Figure 3. Features of research on social media

In fact, research angles of social media could be divided into three parts (**Figure 3**): online news reports (Chen 2017b, 2017a; Ouyang 2018; Tan 2016b; Wang 2016a) (Jia 2017; N. Li 2013; Mao 2019; Na 2018) (Chen 2016; Li 2017a, 2018; Tan 2016c; Wang 2015b, 2019b, 2019c), the

use of social media for doctors/hospitals (王祎 2018; Bai 2018; Dong 2018a; Hu 2016, 2019; Li 2019b; Liang 2015, 2019; Mei 2015; Qin 2019; Wang 2015c, 2015a, 2018b, 2019a; Wei 2015; Xie 2016; Zhan 2019; Zhao 2018; Zhong 2019; Zou 2018) and public opinion (Tan 2016a) (Han 2017; C. a. Hou 2015; Ma 2016) (Chen 2014, 2017c; Zhong 2013). In fact, public opinion analysis could also belong to the ‘media effects on audience’ section. As official media groups started to own social media accounts, they will publish news reports on social media platforms. Online news reports here are from not only official but also unofficial media groups (self-media), which are different to news reports discussed in the ‘research on traditional media’ section. Though online news reports are different, they have similar research angles to news reports from social media according to existing literature: media social responsibility (Chen 2017b, 2017a; Ouyang 2018; Tan 2016b; Wang 2016a), doctors’ images (Jia 2017; N. Li 2013; Mao 2019; Na 2018) and others (Chen 2016; Li 2017a, 2018; Tan 2016c; Wang 2015b, 2019b, 2019c). This is because more researchers studying media content would like to consider both official and unofficial news reports for the development and increasing impacts of the social media because of its widespread coverage. The author found that online news reports lack authenticity and were more likely to be emotional and imbalanced comparing to news reports from traditional media (Wang 2018a).

For the public opinion analysis, there are four research angles: the dissemination of rumors (Tan 2016a), others (Han 2017; C. a. Hou 2015; Ma 2016), YiNao incidents’ public opinions’ presentation (mainly on weibo, a Chinese instagram) (Chen 2015; Dong 2015; Guo 2017, 2018; Li 2016a, 2019a; Pan 2016; Tian 2017; Wang 2018c, 2018a; Zhao 2015; Zheng 2018, 2019) and doctor-patient communication (Chen 2014, 2017c; Zhong 2013). Among them, the last two research angles are the most analyzed (16 articles). YiNao incidents’ public opinions’ presentation

also includes two research angles: general public opinions' presentation and only focusing on doctor-patient discourse rights. Agenda setting theory (Chen 2015; Dong 2015; Guo 2017, 2018; Li 2016a, 2019a; Pan 2016; Tian 2017; Wang 2018c, 2018a; Zhao 2015; Zheng 2018, 2019) has been widely used to guide the public opinions' presentation research. According to the life cycle theory (Wang 2018c), the public opinion after YiNao news reports have been published has 5 stages: induction period, outbreak period, spreading period, turning period and rest period. During the process, a researcher conducted a case study and claims that hot weibo core contents which have provided different agendas (support doctors, support patients, condemn the media and so on) have direct impacts on public comments' attitudes (Guo 2018). Most of the public comments stood on the same line with hot weibo contents. In addition, it is social media that could allow media groups and the public continuously publish information. After more truth has been provided, public attitudes become rational. This phenomenon is called social media self-purification. However, this takes a long time and will not entirely eliminate the public anxious emotions. Apart from the general public opinions' presentation research, researchers found that social media led to imbalanced discourse rights of doctors and patients. There are three reasons (Mei 2017). The first is the lack of media gatekeepers. The appearance of social media took place of some discourse rights from the traditional media. Audiences do not have to wait for news reports from traditional media but can gain information immediately through the internet as everyone is a journalist in the Web 2.0 generation. However, the information compared with that from the traditional media groups which have been carefully selected and surveyed might lack authenticity and cause fake news and rumors. Secondly, social media have given patients more discourse rights. Patients always spoke on social media platforms at the first instance, which gains public opinion advantages.

Also, compared to the professional medical explanation, diverse and common voices from patients are more likely to be accepted by the public. In addition, social media have broken the monopoly of elites' discourse rights and allowed common people to be self-media and speak free. The last reason is the conformity effects and the spiral of silence effects (Wang 2018a). The lack of authentic information in time leads to conformity. The spiral of silence suggests that people are more likely to keep silent when they have different opinions from other people around them. Therefore, on social media platforms, silent doctors allow voices from patients to become stronger and lead to more silence.

For the research angle 'the use of social media for doctors/hospitals', it owns the highest number of articles. It reflects that social media can not only be platforms for the public to comment on but also for doctors/hospitals to manage public relations and improve doctor-patient relationships. These researches mainly focus on how can doctors or hospitals build complete dynamic public opinion surveillance stations and be aware of the influence of negative news and public opinion. They should protect doctors' and hospitals' images and utilize the best of social media to supervise public opinion.

## **Media effects on the audience**

As mentioned above, public opinion analysis also belongs to studies on media effects on the audience but the following contents will explain other two research angles: media effects on public attitudes (9 articles) (Chaohua 2017; X. Chen 2017e; Y. Gao 2018; Hong and Yuan 2016; Huimin 2011; Wenjing 2017; Xinzhe 2012a; Yiming 2016; Yue 2013) and media effects on public trust towards doctors and hospitals (3 articles) (Li 2016a; Long 2018; Xinjian and Jian 2017). It is interesting to see that the number of articles about the media effects on audience is far less than the number of articles about analyzing content of news reports from traditional media and social media (**Figure 4**).

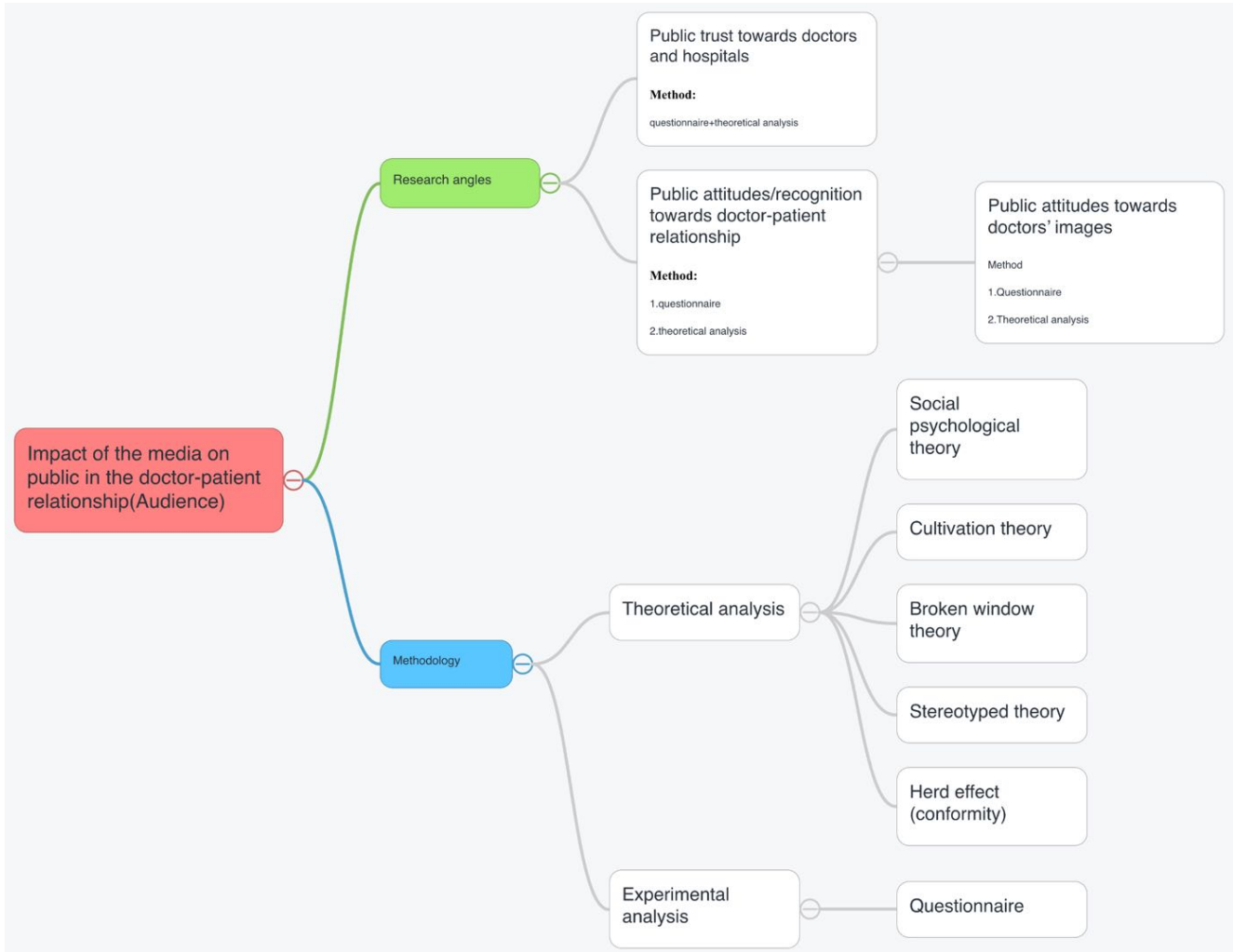


Figure 4. Media effects on the audience

It is discovered that media have impacts on public attitudes towards the doctor-patient relationship (Chaohua 2017; X. Chen 2017e; Y. Gao 2018; Hong and Yuan 2016; Huimin 2011; Wenjing 2017; Xinzhe 2012a; Yiming 2016; Yue 2013). To deeply analyze, an author conducted a survey in Shanghai using quantitative analysis and found that media influenced public recognition degree of the frequency of doctor-patient disputes but have less impacts on public

recognition degree of the causes of doctor-patient disputes (Chen 2017). This nicely proves the cultivation theory which suggests that content especially negative and violent content on media will largely increase public recognition of the dangerous level of society (Jianze 2015). During the forming process of public recognition, the public themselves (audience original attitudes, personal involvement, personalities, the frequency of exposure to media, personal state and demographic variables) and the outside environment (authenticity of news resources, reference groups, news properties and culture) play important roles. Another research set Zhenjiang city as an example and analyzed media effects on both doctors and patients in the doctor-patient relationship doing a survey (Chen 2016). It also discovered that the more YiNao news reports, the more tension between doctors and patients the public will think. In addition, it showed that 71.9% of people believed that media had negative impacts on doctor-patient relationships and 25.8% of them said that media increased the mistrust level between doctors and patients in Zhenjiang City. Apart from these two studies, other articles have conducted surveys on only medical students and achieved similar results. They also found that medical students were more likely to feel the tension between doctors and patients and news reports were imbalanced and would give them bad images.

There are only two articles analyzing the impacts of media towards public trust in doctors and hospitals. Some researchers claim that at present, the number of negative doctors' images is more than that of positive doctors' images because media should pursue news values and cater the social psychology (Xinjian and Jian 2017). News reports' frames and agendas have consciously or unconsciously built and intensified negative doctors' images, which lead to stereotypes and build a pseudo environment (Chen 2017c). The pseudo environment is not the real environment around us but is created by the media. We are in fact living under the pseudo

environment as nobody could describe the world objectively. Therefore, the pseudo environment of YiNao makes people believe that they are surrounded by a dangerous doctor-patient environment. Simultaneously, most positive news reports have excessively praised doctors but less mentioned medical limitations, which allow patients to have excessively high expectations and increase trust crisis. For example, when medical accidents appear, it is hard for patients or their families to accept them immediately and therefore query doctors or hospitals. From the social-psychological angle, when the public without medical seeking experiences pay attention to the doctor-patient disputes, it is easy for them to imagine exaggerating doctor-patient conflicts because they will regard the present incident as passed disputes which have been reported before (Xiaodong 2018). This will easily intensify patients' dissatisfaction towards doctors and worsen doctor-patient trust. In fact, the appearance of social media has worsened the phenomenon as the audience will face more negative news reports and negative public emotions while browsing the internet pages (Long 2018). The continuous news reports may allow patients to be suspicious of doctors' decisions so hinder normal doctor-patient communication and trust. Stereotypes of doctors and patients' victim recognition frames have continuously been activated because of public media memories.

## Media effects on YiNao



Figure 5. Media effects on YiNao

There is a widely accepted belief that the mass media is a powerful tool for influencing people's behaviors toward doctors. However, it is very difficult to predict and prove these effects as we cannot know whether people's behaviors are only influenced by the media and it is difficult to interview people who took part in YiNao (Williamson, 2011). Only one article has mentioned the possible influence of media on patients' behaviors to doctors among included studies.

A researcher selected 400 posts about 4 YiNao incidents and analyzed public behaviors tendency (Wang 2019b). 125 posts thought that YiNao was right and doctors would not improve their attitudes until they were beaten. 97 posts claimed that violence must be met by violence and some of them even said that doctors should beat patients back. 48 posts thought only making bigger troubles could promote judicial treatment. In all, most of the people tended to support violence. Though this phenomenon could not prove that people will have violent behaviors in the reality when facing such incidents, it largely reflects that YiNao news reports have increased public violent emotions. We can also see that the doctor-patient relationship is tense in China and public

trust towards doctors as well as society is decreasing. The improvement of media laws as well as the healthcare system needs everyone's efforts and should always be paid attention to.

### **6.6.3 Differences between existing studies on the relationship between media and the public in the doctor-patient relationship in and outside of China**

99% of included articles are in English as YiNao is a Chinese doctor-patient disputes and existing reviews on the relationship between media and the doctor-patient relationship in English have not considered YiNao. Most of them studied the impacts of the media on people's health behaviors and their communications between patients and health professionals and less mentioned YiNao. For example, traditional media coverage and the rapid growth of social media such as Twitter and Facebook have made it easier to find and disseminate health-related concerns and misperceptions and then increase public mistrust of vaccines so fewer people would want to be vaccinated (Catalan-Matamoros and Penafiel-Saiz 2019). In addition, the author also noted that some of the articles discussed the effects of patients' initiative use of social media to seek medical knowledge on the relationship between patients and healthcare professionals. However, in China, though there are reviews synthesizing the use of social media on patients' health behaviors, they were more likely to emphasize media effects on patients' or public satisfaction or dissatisfaction with healthcare and the relationship with YiNao. In addition, it is known that only one systematic review published in 2016 in English investigated the use and effects of social media on patients and their relationship with health professionals. It is suggested that social media can have beneficial effects, as well as potential harmful effects on the interaction between the patient and the health professional (Smailhodzic et al. 2016). However, the review did not mention the traditional media which can also exert an influence on patients and ignored YiNao. Nevertheless,

Chinese researchers would regard traditional media as an important factor when investigating Chinese doctor-patient relationship as explained above. Also, though media has been regarded as one of the important factors that is related to violence by many researchers outside of China, only patients are review targets (Anonymous 2014; Ambesh 2016; Bo et al. 2018; Hesketh et al. 2012; Sun et al. 2018). In Chinese articles, the public might have potential patients and have also been included to know better about public opinion.

In all, there are some differences between articles about media effects on the public in the doctor-patient relationship in Chinese and English largely because YiNao and its related reasons are Chinese phenomena and could be explained better under the Chinese cultural context. As a result, most related articles have been written in Chinese.

#### **6.6.4 Analysis of the media dissemination and effects process**

As discussed above, violence between health workers and patients, the tension between doctors and patients has been widely covered both in Chinese traditional media and social media (G. Hu et al. 2019). The media have impacts on the public in the doctor-patient relationship and the author claims that the media dissemination and effects process is media->audience->YiNao. The above discussion has analyzed features of research of contents of media, media effects on the audience and media effects on YiNao by summarizing existing included articles guided by McQuil's media components independently. However, the internal mechanism of the whole process has not been investigated entirely and systematically. In fact, the author found that Harold Lasswell's '5W' model of communication (Wenxiu 2015), which is a fundamental media communication model of media effects along with other useful theories are persuasive and reasonable to explain the entire 'media->audience->YiNao' process. This framework focuses on

‘who, (says) what, (in) which channel, (to) whom, (with) what effect’ can also be divided into five parts: communicator ⇨ information ⇨ media platforms ⇨ audience ⇨ effects. Therefore, the influence of the media on the doctors and patients who had been involved in YiNao could also be applied to this fundamental communication model.

### **Communicators**

Communicators can be official organizations (media groups) or We Media groups that spread information about YiNao or doctor-patient relationships (Dong, 2021).

### **Information**

\* Media reports about doctor-patient relationships from official media groups as well as influential We Media groups, and public comments on YiNao (Miao & Yu, 2021).

\* The ‘public opinion’ on YiNao.

### **Media platforms**

Weibo, online news websites, television and newspapers.

### **Whom**

The public including patients and doctors.

### **Effects**

\* Public attitudes/trust towards doctor-patient relationship/doctors/hospitals

\* (Motivations ⇨ ) behaviors: ‘disputes’

To investigate the internal mechanism of the entire process, it is useful to study each part listed above to gain a big picture of the phenomenon (Ye & Yu, 2021) and finally summarize these findings and achieve personal conclusion.

Some researchers have studied media reports about doctor-patient disputes/relationships in China on traditional media and social media (L. Hou and Li 2016; D. Hu and Li 2020; Lin 2019; Xuan Wang 2016b; Xinjian Wang and Wang 2017, 2018) and have found that the negative media reports had negative influence on public attitudes towards the doctor-patient relationship (D. Hu and Li 2020; Qu et al. 2018; Xinjian Wang and Wang 2018; Xinzhe 2012b). This is because the type and amount of information presented in the media including traditional media and social media can shape attitudes, beliefs, and perceived norms (behavior mechanisms) which may influence behaviors (Fishman and Casarett 2006). Also, it may influence the decisions not only of patients but also of the public including healthcare givers and policymakers (Weeks and Strudsholm 2008) according to the cultivation theory and from the psychological perspective. For example, those who receive negative reports on healthcare organizations and doctors are highly likely to develop negative perspectives and some of them will believe that they are living in such a dangerous environment and they will associate any dispute they meet with disputes reported before in their memories. Wei et al. (2013) claim that the fundamental mistrust of patients towards the current medical system has deteriorated because of persistent negative media reports and they gradually become stereotypes. It is discovered that the appearance of social media has not improved the relationship between doctors and patients as it allows more people to realize the condition thus providing more people with a tense pseudo environment (Chen 2017c). The broken window theory suggests that this will allow more people especially those with low education to

imitate violence against doctors as they may regard violence as a normal thing because of their feelings of frequent YiNao around us and then conformity appears (Kastner et al., 2012). On the other hand, those who get normal good pictures of the doctors and the facilities from the media are highly likely to develop positive opinions and address disputes peacefully instead of letting it result into violence. However, the number of positive news reports is fewer and some of them have been exaggerated and the lack of descriptions of medical limitations could lead to patients' high expectations.

Apart from the media dissemination and effects process, the author also drew a mind map about the role of the policy during the process (**Figure 6**) according to the literature. For the media, the function of the policy is to supervise public opinion and rumors to create a clean online environment and provide guidance to the journalists from the traditional media. For media impacts on the audience and YiNao, it is necessary for the government to set laws to improve medical policies such as the complaining system and the coverage of medical insurance. In addition, relative punishment should be ensured to avoid serious violent incidents and protect personal security.

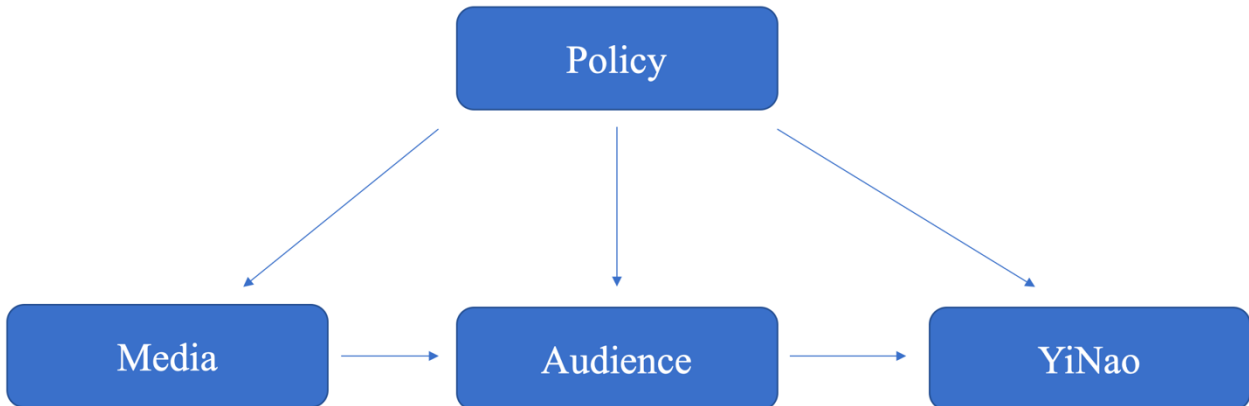


Figure 6. The role of the policy

The author has explained the main mechanism of the media dissemination and effects process to answer the research question. It is discovered that media could exert influence on public attitudes and trust to doctor-patient relationship. Also, negative coverage could increase patients' violent tendency. In fact, this process is complex as during the process, some other uncertain factors such as geographic data, public media involvement and personal personalities and so on could also exert influences. Because of their uncertainty, the author has just analyzed the general entire process and those uncertain factors and influences have been excluded.

## **7 Limitations and Recommendations**

While most existing articles focus on the relationship between media and public health behaviors, to the best of the author's knowledge, this is the first scoping review that have captured the research on the relationship between media and the public in the doctor-patient relationship under the Chinese cultural context. Also, it is the first scoping review that has explained the whole media dissemination and effects process including considering media effects on patients' behaviors to doctors. It is also the first research that introduce McQuil's components. While using McQuil's components the author discovered that the media dissemination and effects process could be divided into 4 parts and it is easy to see what angles of media deserve deep study. According to this scoping review, though the media effects on patients' behaviors to doctors could be explained by theories, there are gaps in the experimental research of this type of research and it needs further investigation. Besides, there is only one article talking about media effects on patients' tendency to violence. Therefore, media effects on YiNao remains a gap and need more researches to support it. Psychological experiments on public psychology and following up survey after reading YiNao reports could be a good choice. Interviewing violence participators could be also reliable. In addition, it is discovered that differences between the effects of traditional media and social media have less been analyzed and this needs further investigation. Grounded theory or in-depth could be used to analyze deeply. Finally, as the number of included articles is big, the author has just analyzed the entire media dissemination and effects process without considering every factor as well as every case in detail. It is necessary to consider all factors and if possible, select some typical cases to analyze more in detail, draw an entire mind map to show their relationships and use quantitative method to find their inner relationships.

Apart from giving these gaps, this research could also provide media, public and policy with advice. Media should provide authentic news and be responsible to the public opinion and society to create a real online environment. Journalists should also improve their medical knowledge to avoid giving bias and stereotypes to the public rather than just pursuing attention. In addition, the public should obey rules, be responsible for their voice and do not believe rumors as well as spread rumors. Also, the public must improve the ability to recognize the authenticity of information online and remain rational all the time and say no to violence. Last but not least, the government should keep paying attention to improve the medical system and guarantee public medical requirements and improve relative laws to avoid serious violent incidents at the macro level.

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