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Research on the Management of Doctor-Patient Relationship in China's Private Medical Institutions

（Thesis submitted for the degree of Executive Doctorate in Business Administration）

Cohort: 2018

Candidate: Yan Honghui

Supervisor: Prof. Zhang Shixian

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ABSTRACT

With the development of China since its reform and opening up, the medical and healthcare systems covering both urban and rural residents have taken shape and the residents' income has also been increasing. Therefore, people are becoming more and more demanding on the medical and health services, but the medical institutions are not all competent in meeting the patients' expectations. According to the 2015 White Paper for Physicians, a survey on the causes and solutions for doctor-patient contradictions showed that 70.67% of the physicians surveyed hold that they work under pressure mainly due to medical disputes, heavy workload and patients' high expectations. With vicious incidents in doctor-patient relationship continuing to be reported, the author can't help wondering, what are the core influencing factors of doctor-patient relationship and what are the reasons for doctor-patient conflicts? With these questions in mind, the research problem is determined, namely the influencing factors of doctor-patient relationship in China's private medical care.

The research purpose is to find ways to improve doctor-patient relationship in China by studying the influencing factors of doctor-patient relationship in China's private medical care. The improvement of doctor-patient relationship is of great significance to the medical services by medical staffs, the development of private medical care, and the promotion of Healthy China Initiative. The complexity of doctor-patient relation lies in the diversity of influencing factors, such as national policies, patients' excessive expectations, doctors' medical skills in treatment, patients' expenditures, medical service staffs' attitude, etc. China proposed the Healthy China Initiative (2019-2030), which indicates that ensuring the health of 1.4 billion residents is at the heart of the government work. To ensure people's health, individuals, medical practitioners, medical institutions and the government should make joint efforts. As a demonstration of medical service, the harmonious doctor-patient relationship is of great significance to the Healthy China Initiative. At the same time, the author noticed that China has shifted from the policy of common development of public and social medical services to the policy of public dominated and social medical services as complement. For private medical care, the

harmonious doctor-patient relationship is of great significance for its overall development. For medical practitioners, they must have a better understanding of patients' expectations, and develop a harmonious doctor-patient relationship with shared goal, so that they can work and feel relieved in a safe workplace. Only in this way, can they provide patients with better medical services. In addition, key elements of the interaction mechanism between medical practitioners and patients can be identified in direct contact and interaction, which can be used as behavioral references in providing medical services.

The thesis firstly introduced abstract theories from domestic and foreign scholars on asymmetry information, corporate social responsibility, and customer relationship management. At the same time, research results on doctor-patient relationship, doctor-patient conflicts, patient needs and expectations, etc. were summarized. On the basis of literature reading, the author conducted three rounds of questionnaire surveys, with 267 questionnaires generated and 93 medical care practitioners in four cities from three chain enterprises interviewed. Through four rounds of interviews, over 100 times of observation and thorough study of 876 files in 200 cities from referred enterprises, 677 tags, 40 concepts, 16 sub-categories and 4 categories closely related to the theme "influencing factors of doctor-patient relationship" were concluded via open coding. Then, a theoretical model was constructed based on repeated statistical comparisons, participant feedback, and theoretical sampling. After that, the theoretical model was explained and discussed in detail to figure out the building of doctor-patient relationship in the information transmission that involves patients, institutions, and medical practitioners. The role that enterprises can play in improving doctor-patient relationship was explored through case studies.

The author conducted grounded theory research on three domestic private medical enterprises and the research conclusions are as follows:

Conclusion 1: Asymmetry information is the core contributor of doctor-patient relationship, which affects doctor-patient contradictions. The research found that the asymmetry information among patients, doctors and institutions can be found in the following aspects: patients want emotional comfort first, then effective and harmless treatment, transparent expenditure, economical treatment and good experience; doctors hold that medical skills count most, and their top priority is to cure the sickness to save the patients; institutions put safety, compliance

and innovative development first, so as to control risks and avoid punishment from superiors, and then enlarge the institution and develop innovative technologies. Medical institutions and practitioners have to obey the rules and follow procedures for diagnosis and treatment, so as to continuously improve the quality of medical services and ensure that the treatment is harmless to patients. In addition, the keeping of various documents and records during diagnosis and treatment is an arduous work for doctors, which also squeezes doctors' time to communicate with patients. Influenced by educational level, personal income and resources, as well as other external factors, patients with high expectations and anxiety are more likely to be a trigger for doctor-patient conflicts during medical treatment. Asymmetry information leads to patients' anxiety and cognitive imbalance, which further affects the accumulation and eruption of negative emotions. At the same time, there are stagnation and interference in information transmission. Doctors' self-protection is an unspoken occupational consensus among medical practitioners. Due to excessive supervision and punishment, patients' misunderstanding and complaints, as well as reports of various doctor-patient conflicts, especially reports of vicious violence and killing of medical staffs, doctors dare not to take risks easily, but to avoid risks within the compliance. Patience during information transmission helps improve the doctor-patient relationship. When the inner emotion of medical staffs is externalized into reactions, it not only infects themselves and partners, but also patients. Reactions of patients thereafter serve as the interaction between doctors and patients, and good interactions accumulate to a harmonious doctor-patient relationship. Information transmits between doctors and patients. Information is emotionless, but people have emotions. The information transmission requires emotions, and patience in transmission add warmth to the doctor-patient relationship.

Conclusion 2: Based on organizational ethics and social responsibility, medical enterprises can effectively improve doctor-patient relationship by enhancing their capabilities of customer relationship management. At the heart of this approach is to adhere to practical medical ethics, forming an organizational ethical atmosphere, and guiding medical practitioners in the practice of professional ethics. In today's medical practice, there are four basic principles of medical ethics: respect for autonomy, non-maleficence, beneficence and justice, which form the basic moral norms that medical staffs must follow. First, respect for autonomy, including the right of

informed consent and privacy; Second, the principle of non-maleficence; Third, the principle of beneficence, which is understood as an obligation of medical staffs to provide medical services for the benefit of patients and their families; Fourth, the principle of justice. It refers to the ethical obligation to treat each patient equally, ensure justice in allocating medical and health resources and handling medical disputes. In addition to these main principles, there are also data security and privacy protection. These principles are very important fundamental principles in medical ethics aimed at protecting the rights and interests of patients, improving the quality of medical services, and promoting sustainable development of medical and healthcare. In addition, these principles are also the cornerstone of medical services and doctor-patient relationship. At the same time, enterprises should actively undertake corporate social responsibilities, keep the bottom line of environmental protection, radiation and infection, protect the interests of stakeholders, employees and patients, reduce asymmetry information, ensure information sharing and mobilize patients, to repay the shareholders with value generated by multi-parties. The research also found that the patient relationship management is implemented in the referred enterprises. The digital patient management platform, digital labels and electronic files help doctors quickly identify the patient needs and provide customized services, which deliver better treatment experience and digital evaluation right after diagnosis. The digital chronic disease management on the Internet of Things enables doctors to share information with patients and participate in disease management, thus bring institutions, doctors and patients closer. The innovative doctor-patient cooperation mode is the development trend of the doctor-patient relationship.

Keywords: Doctor-Patient Relationship; Asymmetry Information; Corporate Social Responsibility; Medical Ethics; Customer Management

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