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A Surveying Study on Social Satisfaction to Current Doctor-Patient Relationship in China

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Abstract

Objective: To survey social satisfaction to current doctor-patient relationship and to explore the influencing factors and improvement strategy. Methods: Survey 1167 people on internet by self-regulating questionnaire within the specified time and then make a statistical analysis. Results: The public's satisfaction to doctor-patient relationship is just at the level of 51.11%. And the satisfaction to Pharmaceutical systems is 56.23%, to related governmental duties is 51.92%, to media coverage is 59.72%, to medical personnel is 65.68%, to patient is 65.74%. There are statistical differences between different ages, residences, educational backgrounds, occupation and medical payments (P < 0.05). Conclusion: The public's satisfaction to current doctor-patient relationship is lower. It's a system engineering to improve the doctor-patient relationship. It needs the medical personnel, patient, government and medium to participate in together and pay more effort to improve doctor-patient relationship.

Keywords

1. Introduction

Doctor-patient relationship refers to the interpersonal relationship between the medical care providers and the receivers established during the medical treatment and it is one of the core research problem of medical ethics. Narrowly, doctor-patient relationship is the specific medical care provider-receiver relationship between the doctor and the individual patient. Generally, doctor-patient relationship is the people-to-people relationship between the doctor-oriented medical personnel and the patient-oriented crowd [1]. Since doctor-patient relationship is a long-history topic and becomes the "thermometer" of social complicated contradictions. It has raised

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concerns from the country, people and medium. There have been many researches and discussions in domestic and foreign academia forming various theory systems and research achievements in different views [2]-[19]. In recent years, domestic doctor-patient relationship is becoming more strained with the explosion of multiform doctor-patient crisis events with high risk, high attention and wide spread and it turns to be the tendency. On March 16, 2012, the event made a sensation throughout the country that about 40 medical personnel of Shanxi Hengshan Baixin Hospital all kneeled down to their patients; on March 23, 2012, the murder happened in the First Affiliated Hospital of Harbin Medical University; on February 26, 2014, Weibo reported that a nurse of Nanjing Stomatological hospital Medical School of Nanjing University was hit by a pair of state cadre couple and got spinal cord injury and paralysis of two lower limbs, also arising the hot discussion in the nation; and on April 1, 2015, Zhou Xiaohui who was the chief physicians in the department of hepatobiliary surgery of Sichuan Provincial People's Hospital suffered from the medical disputes and hung himself… Doctor-patient relationship has been the topic discussed in all circles and the focus of research in medical academia.

On the basis of the references to pertinent literature, the thesis combined the current conditions and characteristics of domestic doctor-patient relationship to screen out the possible dimensions of influential elements, edit a set of questionnaire about the social satisfaction to doctor-patient relationship and survey the public about the satisfaction to the present doctor-patient relationship on the Internet.

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2. Objects and Methods

2.1. Objects and Methods of Survey

The questionnaire was released on the Internet by Wechat on the phone in February, 2015 and SO JUMP survey company (http://www.sojump.com) within the survey period from March 24th in 2015 to April 8th in 2015. According to SUN Zhen-qiu *Medical Statistics*, sample size should be 10 - 20 times of questionnaire items. This questionnaire items were 23, so the sample size should be 230 - 460. In consideration of the more provinces and the big population in China, we demanded the company to survey more than 1000 netizens and citizens in the different province and cities.

There were 1080 valid questionnaires from SO JUMP and 87 valid questionnaires from Wechat on the phone, not including these submitted out of date in the statistic data. Finally there were 1167 valid questionnaires. After the returned 1167 valid questionnaires were entered into the database, we used SPSS 20.0 software package to analyse the reliability and validity of the questionnaires; then we disposed the evaluation and statistics with Excel. One-element ANOVA was used to get difference analysis. To describe evaluation results, we only reported average values with standard deviation eliminated to save space; single sample t test was adopted to analyse the sexual differences.

2.2. Design of the Questionnaire

With comprehensive applications of literature research and expert consultation and combining the domestic current situations of doctor-patient relationship and pharmaceutical system, we developed the questionnaire by ourselves. Five items were deleted with the testing of the reliability and validity of the pre-investigation and analysis of 87 Wechat Moments, thus the formal survey questionnaire was formed. Every item was counted by 7-scale Likert scale and the satisfactory option was 5 points or above. Meanwhile, formal questionnaire consisted of six dimensions and 23 items in sum, and the dimensions and their abbreviations are as following: Pharmaceutical systems (PS), governmental duties (GD), media coverage (MC), Evaluation of medical personnel (EMP), Evaluation of patient (EOP) and Evaluation of doctor-patient relationship (EDPR).

3. Results

3.1. Statistical Results of Objects' General Conditions

3.1.1. Description of the Investigated Objects' Location
The objects responding to the survey came from 16 provinces in the country and locations of samples were shown in **Figure 1**.
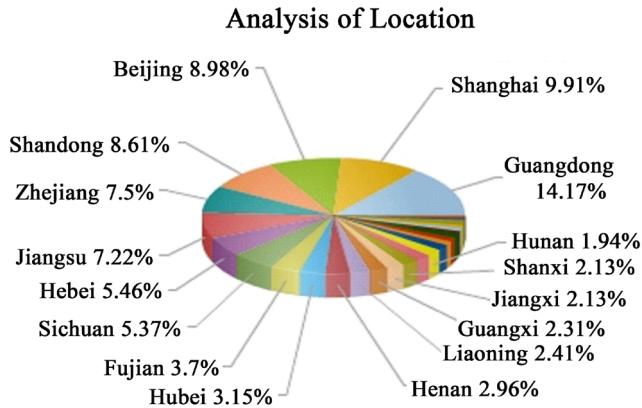
Analysis of Location

Figure 1. Location pie of investigated samples.

3.1.2. Descriptive Statistics of Survey Objects

Among the sample group of 1167 investigated objects, there were 565 males (48.43%) and 602 females (51.57%); distribution of age groups: 0.83% below 20%, 73.24% from 20% to 35%, 23.7% from 36 - 50, 1.57% from 51 - 60 and 0.65% above 60; distribution of residence: 82.41% in cities, 10.74% in villages and towns, 6.85% in the countryside; distribution of education background: 0.09% of primary school, 0.65% of middle school, 13.33% of high school/technical secondary school/junior college/professional high school, 78.61% of bachelor degree and 7.31% of master and doctor; distribution of professional categories: 20.82% workers, 0.26% peasants, 6.43% professionals, 17.24% business or individual operater, 11.40% teachers, 6.68% medical personnel, 18.08% scientific and technicial workers, 7.88% official, 10.71% others (such as students etc.); distribution of medical payment: 61.11% insurances for urban employees, 11.2% insurances of NCMS (New Cooperative Medical Scheme), 15% insurances for urban residents, 3.24% commercial insurances, 4.07% self-paying, 3.24% at pubic expense and 2.13% others (such as students' group insurance etc.). Group distributions of investigated objects complied with the structural characteristics of people and netizens at present.

3.2. Satisfaction Statistics of Survey Objects

The satisfaction rate of survey objects is the rate of objects whose evaluation scores were 5 or above. The satisfaction rates to current Pharmaceutical systems (PS), governmental duties (GD), media coverage (MC), Evaluation of medical personnel (EMP), Evaluation of patient (EOP) and Evaluation of doctor-patient relationship (EDPR) are 56.23%, 51.92%, 59.72%, 65.68%, 65.74% and 51.11%, respectively. 67.59% of objects held the opinion that medical personnel should take the main responsibility of building harmonious doctor-patient relationship, 68.89% thought it should be the government and 46.11% thought it should be the patient.

3.3. Classified Statistics of Sample Group's Evaluation to the Doctor-Patient Relationship Satisfaction

3.3.1. Satisfactory Evaluation of Different Sexual Publics

The evaluation scores of the publics on Pharmaceutical systems (PS), governmental duties (GD), media coverage (MC), Evaluation of medical personnel (EMP), Evaluation of patient (EOP) and Evaluation of doctor-patient relationship (EDPR) were all below 5 and generally it was inclined to be from neutrality to satisfaction. Whereas, evaluations of publics of different genders were not significantly different (P > 0.05). The statistical analysis results are shown in **Table 1**.

3.3.2. Satisfactory Evaluation of Different Age Groups

As it is in **Table 2**, no evaluation of the public on the six dimensions reached 5 points and the differences of publics of different ages on the evaluation of Pharmaceutical systems (PS), governmental duties (GD), media coverage (MC), Evaluation of medical personnel(EMP), Evaluation of patient (EOP) and Evaluation of doctor-patient relationship (EDPR) were significant (P < 0.05). Apparently, the evaluation of the 51 - 60 group on governmental duties (GD) and doctor-patient relationship is lower than that of other groups, and the evaluation of

Table 1. Statistical results of satisfactory evaluation of different sexual publics.

Gender	Pharmaceutical systems (PS)	Governmental duties (GD)	Media coverage (MC)	Evaluation of medical personnel(EMP)	Evaluation of patient (EOP)	Evaluation of doctor-patient relationship (ERDP)
Totality	4.4397	4.2316	4.524	4.8156	4.7992	4.2738
Male	4.3954	4.1929	4.5795	4.7726	4.8562	4.2386
Female	4.4788	4.2657	4.475	4.8535	4.7489	4.3048
T value	−1.153	−0.867	1.232	−1.265	1.617	−0.757
P value	0.249	0.386	0.218	0.206	0.106	0.449

Table 2. Statistical results of satisfactory evaluation of different age groups.

Age	Pharmaceutical systems (PS)	Governmental duties (GD)	Media coverage (MC)	Evaluation of medical personnel (EMP)	Evaluation of patient (EOP)	Evaluation of doctor-patient relationship (ERDP)
Below 20	4.5286	4.8	4.45	4.74	4.9	5
20 - 35	4.4966	4.312	4.6066	4.8701	4.861	4.3602
36 - 50	4.3252	4.0328	4.33	4.6734	4.6465	4.0286
51 - 60	4.1429	3.75	4.1087	4.8087	4.5942	3.9565
Above 60	3.4082	3.8929	4.4286	4.5143	4.4762	4.4286
F value	2.669	3.253	2.485	1.931	2.334	3.606
P value	0.031	0.012	0.042	0.103	0.054	0.006

Table 3. Statistical results of satisfactory evaluation of publics from different residences.

Places of residence	Pharmaceutical systems (PS)	Governmental duties (GD)	Media coverage (MC)	Evaluation of medical personnel (EMP)	Evaluation of patient (EOP)	Evaluation of doctor-patient relationship (ERDP)
Urban	4.4652	4.2552	4.5646	4.8315	4.8385	4.2687
Towns	4.3879	4.1524	4.4675	4.8049	4.6504	4.4756
Countryside	3.2245	4.0774	4.1429	4.65	4.5675	4.0357
F value	1.595	0.805	3.362	1.075	3.418	2.205
P value	0.203	0.447	0.035	0.342	0.033	0.111

the group above 60 on the Pharmaceutical systems (PS) and governmental duties (GD) is not as high as that of other groups.

3.3.3. Satisfactory Evaluation of Publics from Different Residences

As it is shown in **Table 3**, the public satisfaction of residents from various places was not above 5 points, including that the evaluation of countryside residents is lower than that of urban and towns on media coverage(MC) and Evaluation of patient(EOP), so that the difference was statistically significant (P < 0.05).

3.3.4. Satisfactory Evaluation of Publics with Different Education Backgrounds

Table 4 shows that there were significant differences among the satisfaction to each dimension of public with different education backgrounds (P = 0.00). In general, the satisfaction of people at the cultural level of primary is the lowest, following is that of people at a cultural level of middle and high school. Meanwhile, the satisfaction of people with an education background of bachelor is the highest, then that of people with an education background of doctor follows.

3.3.5. Satisfactory Evaluation of Publics with Various Professions

The satisfactory evaluations of publics with diverse professions to every dimension are significantly different in **Table 5** (P < 0.05). On the whole, only the satisfaction of the peasant to each item is above 5 points, complying with the evaluation standard for satisfaction while these of groups with other professions is below five points including the lowest satisfaction from the medical personnel. The satisfaction to each dimension from medical

Table 4. Statistical results of satisfactory evaluation of publics with different education backgrounds.

Education background	Pharmaceutical systems (PS)	Governmental duties (GD)	Media coverage (MC)	Evaluation of medical personnel (EMP)	Evaluation of patient (EOP)	Evaluation of doctor-patient relationship (ERDP)
Primary	3	2.75	3.25	4.4	3.5	4
Middle school	3.9365	3.5278	3.6667	4.7111	4.1111	3.5556
High school (technical secondary school/junior college/professional high school)	4.1058	3.8194	4.1914	4.5506	4.4733	4.0216
Bachelor degree	4.535	4.3927	4.6602	4.9162	4.9253	4.4105
Master and doctor	4.2355	3.6351	4.018	4.4306	4.3514	3.6441
F value	6.217	12.521	8.803	8.476	12.4	9.451
P value	0	0	0	0	0	0

Table 5. Statistical results of satisfactory evaluation of publics with various professions.

Profession	Pharmaceutical systems (PS)	Governmental duties (GD)	Media coverage (MC)	Evaluation of medical personnel (EMP)	Evaluation of patient (EOP)	Evaluation of doctor-patient relationship (ERDP)
Workers	4.4539	4.3179	4.749	4.907	4.9986	4.3374
Peasants	5.5238	5.3333	5.3333	5.3333	5.4444	5.3333
Professionals	4.4533	4.3867	4.7533	4.8907	4.9067	4.4867
Business or individual operators	4.4155	4.2669	4.6087	4.8667	4.847	4.3575
Teachers	4.4919	4.265	4.5977	4.7459	4.9098	4.3233
Medical personnel	4.0861	3.1442	2.6218	4.1256	3.4103	3.1603
Scientific and technical workers	4.6202	4.4491	4.7938	4.9346	5.0284	4.4573
Officials	4.5559	4.337	4.6304	4.9217	4.7971	4.3533
Others (such as students etc.)	4.1931	4.084	4.364	4.7216	4.616	4.132
F value	2.454	7.223	21.736	5.04	19.791	6.801
P value	0.012	0	0	0	0	0

personnel is apparently lower than that of groups of other professions and especially that to media coverage is even low to 2.6218.

3.3.6. Satisfactory Evaluation of Publics Paying in Different Ways

As shown in **Table 6**, significant differences ($P < 0.05$) exist in the satisfactions to the dimensions of doctor-patient relationship in the way of various payments. In general, almost all dimensions haven't been satisfactory and only the evaluation of commercial insurance payers has exceeded 5 points. In addition, self-paying medical care gets the lowest satisfaction as the commercial insurance gets the highest satisfaction. The fact of concern is that the evaluations of medical personnel working on free medical care on governmental duties (GD) and doctor-patient relationship are distinctly lower than that of groups paying in other ways.

4. Discussions and Suggestions

4.1. Creativities and Disadvantages of the Study

Firstly, the survey was established in currently strained doctor-patient relationship, studied doctor-patient relationship in the wider views of social public instead of separate relationship between medical personnel and the patient. The research of social satisfaction was carried out with the self-regulating questionnaire focusing on the influential elements of doctor-patient relationship. Then in the aspect of survey methods, the survey was effec-

Table 6. Statistical results of satisfactory evaluation of publics paying in different ways.

Medical payment	Pharmaceutical systems (PS)	Governmental duties (GD)	Media coverage (MC)	Evaluation of medical personnel (EMP)	Evaluation of patient (EOP)	Evaluation of doctor-patient relationship (ERDP)
Urban Employees Basic Medical Insurance	4.4636	4.2406	4.5453	4.8304	4.8136	4.251
New Cooperative Medical Scheme	4.6643	4.5508	4.5772	4.9073	4.916	4.561
Urban Residents Basic Medical Insurance	4.3896	4.2303	4.597	4.8303	4.8848	4.3545
commercial insurance	4.7421	4.6806	4.9583	5.4	5	4.8056
self-paying medical care	3.773	3.4598	4.1071	4.2214	4.3869	3.8304
free medical service	4.2597	3.7727	4.1023	4.5091	4.3788	3.6818
others	4.3571	4.2981	4.2308	4.8692	4.6282	4.25
F value	4.102	5.198	2.229	5.369	3.963	3.661
P value	0	0	0.038	0	0.007	0.001

tively completed with the combination of modern information and the application of internet information tools and platforms.

The disadvantages were that the survey was carried out in a short period with small sample sizes, and social public samples were limited to netizens, which caused the unbalance to people's structure.

4.2. Discussions of Statistical Results of Satisfaction

The results show that the satisfaction rate of publics to doctor-patient relationship is 51.11% and that to each affective dimensions ranges from 51.92% to 65.68%. Compared with the cotemporaneous surveys on the satisfaction to patient and to medical personnel, the former is usually from 60% to 90%, whereas satisfaction rate to medical personnel in literature and reports is usually between 16.6% and 50% [20]-[25]. According to the findings of empirical research by Li Bin and Ren Rongming, senior managers and doctors of public hospitals hadn't gotten what they deserved for their contributions to their work [26]. Despite of that, Liu Zimin and others discovered that the gradually increasing governmental investment failed to improve the total factor productivity by researching on the dynamic efficiency of governmental investment to health service in 2003-2009 [27]. The findings of the research showed that current doctor-patient relationship was generally dissatisfactory to publics. Meanwhile medical personnel feel more upsetting than that the patient do but they still offer rather satisfying medical service to patient. In addition, it also discovers that doctor-patient relationship is not only the directly separate interpersonal relationship between medical personnel and patient, but also the social relationship with deeply meanings, being related to the influential elements including Pharmaceutical systems (PS), governmental duties (GD), media coverage (MC), Evaluation of medical personnel (EMP) and Evaluation of patient (EOP), etc.

Comparing the differences between evaluations of various sample groups, there is no significant difference between the evaluations of distinct sexual groups; significant differences exist between the evaluations of various age groups and groups with diverse education backgrounds, which can be understood that the evaluation is affected by social experiences and education backgrounds. At the same time, different frequency of disease development at different ages can affect how often people adopt medical treatment and how they feel, so then can influence their judgments. The age group above 51 with higher frequency of disease development has lower satisfaction than other groups do; the evaluations of the countryside group to media coverage and evaluation to patient are obviously lower than these of the urban and towns group, which uncovers that there exist defects in the medium propaganda and guides to people in the countryside and reminds that the countryside residents are lack of medical knowledge but have unreasonable expectations of medical treatment; in comparison with the evaluation of other groups with various professions, the satisfaction of medical personnel is the lowest that medical personnel give the poorer evaluation to each dimension than that other groups do and even only mark 2.62 points in Likert scale to media coverage. However, since the medical personnel are directly involved in the doctor-patient relationship as the direct receiver and builder that the result is worrying and calls for deep thoughts;

the commercial insurance receives the best satisfaction while the self-payment gets the poorest one in the comparison with evaluation of various medical payments. Whereas in reality, the customers of commercial insurance usually have high income while most of the self-paying patients belong to low-income group, which shows that the payment capability is one of the elements that can affect the satisfaction to the doctor-patient relationship. Differently, the evaluation of the patient at public service to governmental duties and the doctor-relationship is apparently poorer to that of other groups paying in other ways. This unreasonable result reveals the unbalance between the medical investment and productivity in China as well as the abuse of the socialized medicine system for some people.

4.3. Suggestions

The deteriorative doctor-patient relationship brings more risks to the medical relationship and decreases the work satisfaction even as well as the professional honesty which can have adverse impacts on the construction of the harmonious doctor-patient relationship, even worsen the patients' confidence on the medical personnel. The doctor-patient relationship shall be referred to carry out medical reform but the medical reform is always in charge of the government. To improve the present strained doctor-patient relationship, it is a system engineering that not only requires the medical personnel and managers to promote the medical service but also needs to innovate the pharmaceutical system, strengthen the governmental duties, improve the medium publicity and guides, perfect the hospital management and promote the confidence between medical personnel and the patient at the same time. The government must perform its duties to change the disadvantages of the medical system and form the justice health service system; both the medical personnel and the patient shall have further respects, understanding and communications; the medical service provider, medical personnel must take on the responsibilities to offer better health care service; the patients are supposed to know well about the current pharmaceutical system, have scientific comments on the treatment outcomes and rationally deal with medical disputes; media must objectively and scrupulously reports the medical disputes and emergent events to lead the public opinion in the correct view.

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