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An Extensive Study On Primary Care Physician–Patient Communication And The Diagnosis Process In Which The Physician Engages The Patient In Statistical Diagnosis In Chinese Public Hospitals

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ABSTRACT

The doctor–patient interaction in primary care settings in China has never been studied before, making this research groundbreaking. A huge dataset of urgent consultations from two outpatient clinics was captured and collated by researchers in a typical Chinese hospital. This method sheds light on the social structure of Chinese primary care medicine by revealing minute–by–minute patterns of interaction and sequence that occur during primary care visits. It depends heavily on the conversation analysis (CA) technique. The CA research is contextualized within the broader framework of Western medicine's real practice inside China's healthcare system via the use of a combination of ethnographic descriptive stories. At the heart of this study is the doctor–patient communication that takes place during diagnostics. While the doctor describes the diagnostic procedure, the patient answers various questions. Primary care doctors in China often rule out certain diseases, according to studies. 2) Clinical exams are the most common kind of medical testing performed during primary care visits with the goal of confirming a diagnosis. Thirdly, there may be discrepancies between the symptoms described by patients and the diagnoses made by medical specialists. 4) Diagnosis is a continuing process, as shown by the gathered consultations.

The findings suggest a more nuanced understanding of "diagnosis," suggesting that rather than being a discrete process (as has been suggested in the literature, for instance, by Byrne & Long, 1976), the process may comprise multiple rounds and be perceived as an integrated activity that unfolds over an extensive sequence (e.g., assessing the symptoms, elucidating their origin, offering a preliminary diagnosis, and ultimately reaching a definitive diagnosis).

KEYWORDS: *Public Hospital, Primary Care, Statistical Diagnosis, Communication.*

1. INTRODUCTION:

One of the first studies to analyze the dynamics of doctor–patient discussion in China, this research focuses on primary care physicians and offers a unique perspective on the topic. During the course of this research project, two outpatient clinics located inside a typical Chinese hospital will be used to record acute–visit consultations on video. With the help of these recordings, the objective is to construct a substantial data corpus. By using primary conversation analysis (CA) to identify trends

in primary care interactions in a sequential and moment-by-moment way, the purpose of this research is to shed light on the social structure of primary care medicine in China. Through the combination of CA analysis and ethnographic descriptive narratives, researchers may be able to get further knowledge on the use of Western medicine inside China's healthcare system.

A very little amount of information is known about primary care medicine in China, as well as its application or practice, despite the fact that the public and the media are quite interested in the topic. Despite the fact that this study may give some insight into the fundamental aspects of primary care in China, it only looks at one component, which is the acute contact between the doctor and the patient. According to Stivers investigations into any more approaches have not been carried out (Bhise, 2018).

2. BACKGROUND OF THE STUDY:

Researchers in primary care settings relied heavily on studies that combined traditional sociological methods with conversation analysis (henceforth CA). Byrne & Long Strong Heritage & Maynard and Robinson are only a few examples of the few studies that have not concentrated on healthcare systems outside of the United States and the United Kingdom. Non-Chinese works on the topic of Chinese medicine that do not rely on thorough evaluations of previous scientific material are few and few between, despite the subject's widespread interest. Therefore, there is a dearth of literature on primary care communication in China, according to the researchers. The relationship between primary care doctors and their Chinese patients is mostly unknown. Regardless, China's healthcare system has been the subject of several media reports. Media reports (such as Beam's "Under the Knife" and "Police to roof Chinese hospitals to stop attacks on doctors") highlight the challenges of China's current healthcare system, including the high volume of patients seen daily, low wages for medical professionals, systemic inefficiency, and even violent confrontations between patients and doctors (Schiff, 2018).

3. RESEARCH QUESTIONS:

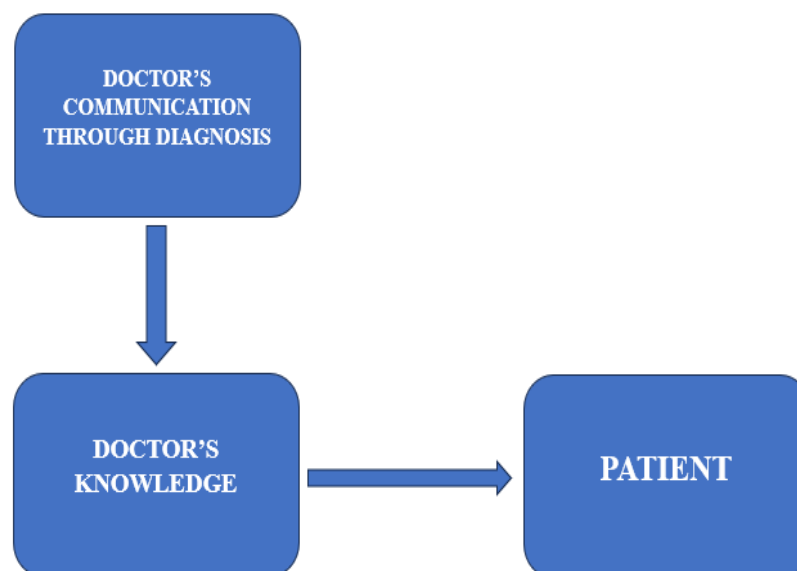
- What is the process of a primary care physician referring a patient to a specialist for further course of treatment called?
- What is the role of communication between doctors and patients?
- What is the importance of patient centered care?
- What are the five fundamentals of patient communication?

4. LITERATURE REVIEW:

The importance of clear and concise medical communication to the success of patient treatment has been confirmed by several references, including Korsch & Negrete Drew et al. Maynard & Heritage and Heritage & Maynard. How well a doctor and patient communicate during a consultation has a significant impact on medical outcomes including correct diagnosis, proper treatment choices, treatment regimen adherence, and patient satisfaction established that the bulk of the data included in this thesis, namely that which pertains to doctor-patient interactions, originates from a mainland Chinese hospital that follows a western style. In keeping with the central theme of the dissertation, this part provides a critical analysis of the CA research on consultations between primary care physicians and their patients. A review of medical authority will start off the program, followed by an analysis of patient-centered care's recent expansion and, lastly, CA studies of the dynamics between doctors and their patients. Therefore, there are three goals that researchers aim to achieve: Research in the field of medical science has greatly contributed to the development of conversation

analysis (CA) as a powerful tool throughout the last fifty years. This article aims to accomplish three things: 1) highlight the importance of studying practitioner–patient conversations to improve healthcare communication and outcomes; 2) summarize the key research points and their implications for medicine; and 3) discuss how CA has evolved into a powerful method for scientists to study medicine (Miao, 2020).

5. CONCEPTUAL FRAMEWORK:



6. METHODOLOGY:

This research allegedly prompted CA to use its naturalistic and qualitative methods. According to Goffman's theory, the normative duties and rights of social organizations are linked to the institutional structure that is formed by social interactions. According to Garfinkel, "ethno techniques" are used to enhance interpersonal connections. That is why CA approaches are great for researching long-standing institution-building social norms. Data instances having similar patterns are compared by CA in order for it to find patterns. This method is used by CA to determine whether the pattern is cumulative or continuing, as stated by Sacks and Schegloff.

6.1 Research Design

During this project's five months of fieldwork, two public metropolitan hospitals on the mainland of China will be used. Outpatient clinics inside hospitals have long been the primary means by which the vast majority of Chinese people have had access to medical treatment. In light of this discovery, the researcher decided to scrap the plan to collect data from primary care centers located in the community. Data on primary care encounters from a standard hospital in mainland China.

The data will be derived from video recordings taken at two main clinics: one for ear, nose, and throat conditions (249 patients) and another for diabetes (411 cases). From this pool of 660 consultations, researchers have collected data from 484 that were either first-time acute visits for ENT and diabetes or comprised patients whose symptoms were rapidly becoming worse. These 484 examples will be the focus of this study's efforts to identify patterns or similarities within the corpus.

All talks must be conducted in Mandarin Chinese, since it is the official language of China. This research was unable to include data intended to be collected from dentistry and neurology clinics due to the fact that the data was either audio recordings or too specialized to the clinics.

7. RESULT:

The first kind of diagnostic discourse was outlined by Stivers and is often delivered after a physical examination; the second form is prediagnostic commentary, which consists of diagnostic statements delivered before the official diagnosis. According to her, a prediagnostic statement should provide some indication of the final diagnosis. With the exception of a few studies involving CA and medical contacts, prediagnostic discourse has received far less attention than the formal diagnosis. According to Spranz–Fogasy the diagnostic conversation that occurs before the final diagnosis is characterized by the usage of the phrase "prediagnostic statement" to set the stage. He continued by emphasizing the importance of the physical examination in light of the diagnostic information given in these statements. During a physical examination, a doctor's "online commentary" includes everything they feel, hear, predict, or assume about the patient's health. Prediagnostic discourse, or diagnostic comments made before the final diagnosis, are examined in this chapter by researchers. I am now doing research on how the exclusionary approach to diagnosis impacts the doctor–patient relationship.

Sequential component 1 – checking on a certain symptom.

D: kan tui, zhong ba,
look legs swollen Q
Let me examine your legs, whether they're swollen.

P: °tui bu zhong.°
N swollen
°No, they are not swollen.°

(15.2) ((Doctor checks Patient's legs.))

D: jiu shi jue de(.) shou zhong, lian zhong. just be feel
CP hands swelling face swelling **You feel just(.) hands and
face swelling.**

P: en. shou zhong lian zhong.
PRT hands swelling face swelling
Yes. Just hands and face swelling.

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At the moment, I'm investigating how the exclusionary diagnostic method impacts the doctor-patient dynamic.

Sequential component 2 – checking on a certain trigger.

D: na ni zuijin you mei you,
then you recently have N have **Then**
recently have you or not,

(.)

D: cuo lian you a shenme you mei you huan xin de,
rub face lotion PRT what have N have changed new **NOMHave**
you **changed** facial lotion or not,

P: mei you. mei you.
N have N have
No. I haven't.

For example, the doctor may ask, "Has your facial lotion changed?" as a diagnostic tool. Due to an allergic response, the researcher had to replace the face lotions. The doctor's questions appeared to back up her other theory, that the edoema was caused by an allergic response. "Usually, for certain people, edoema is brought on by allergies..." (the doctor's discourse, lines 25–26) lays forth this diagnostic idea. The patient appears to be dismissing this choice as well, given their negative response on line 7.

The first sequence's lines 1–4 and lines 5–7 already showed this pattern of diagnosis by omission. Among the several interconnected characteristics of inferior exclusion as shown by excerpts 1.1 and 1.2 are:

Asking and answering a set of questions is a common way to get a patient's medical history. Before the session even started, the doctor may have made some preliminary conclusions about the patient's health based on the symptoms they asked about. The bulk of the diagnostic evidence required to rule out a probable illness comes from patients' replies, even while doctors' queries contribute to establish a prospective condition. The doctor may be better able to recall conflicting evidence for exclusion if he or she combines the verbal assessment with a short physical examination (looking, hearing, etc.).

A alternative diagnosis may be reached by the doctor if the patient's comments or actions do not align with the presence of a symptom or trigger.

Therefore, the null hypothesis stands. The doctor is inclined to continue investigating the initial theory if the patient's actions or statements corroborate the presence of certain symptoms or triggers.

At this point, the question-and-answer format is removing a diagnostic hypothesis in an indirect way. researchers will provide an explanation for the omission when researchers get to that part of the discussion. To rephrase, the doctor first makes an implicit diagnosis by following a set methodology while analyzing the patient's medical history; then, by exclusion, they create an explicit diagnosis.

It turns out that getting a patient's medical history is important for making a proper diagnosis.

In their hypothetical logical process of exploring or rejecting alternative diagnostic ideas, doctors' queries follow a tree-like structure, according to Elstein et al.

Sequential component 4: recommending tests.

D: danshi ni bu- bu cha,
however you N N test **However**
if you don't- don't take tests,

D: wo ye bu hao shuo jiu shi baifenbai paichu. I
also N good say just be one hundred percent excluded I **can't**
say for sure it's one hundred percent excluded.

D: ni yao tongyi cha,
you if agree tests
If you agree to testing,

D: wo gei ni cha ge xue, cha ge niao, kan kan.= I
give you test CP blood test CP urine see see I'll
give you tests on your blood and urine, and see.=

The doctor recommended further testing after previous evaluations for liver and kidney problems came out negative. As stated in lines 31 and 32, "But if researchers don't check, researcher can't say for sure it's one hundred percent excluded." Instead of implying that these theories are feasible, this language proves that they are false. An intentionally inserted swerve, "If researchers consent to testing," is used to influence the patient. In order to determine the wellness, experts will analyze the blood and urine. Chapter 6 of the testing recommendation goes into more detail on this topic, so make sure researchers watch it.

Throughout the whole procedure, the doctor makes three attempts to rule out problems with the kidneys and liver (Excerpt 1). The doctor will try to eliminate potential causes in three steps: implicitly (by asking about the patient's history), explicitly (by presenting contradictory information), and finally (if the patient wants to feel better) by conducting extensive tests. No medical issues should arise from this, regardless of how much they try to minimize it. Below researchers can see some instances of the interactive elements of the diagnosis by exclusion sequence.

8. PURPOSE OF THE RESEARCH

By analyzing the various patient reactions to physicians' explanations of diagnostic analyses, this study seeks to address the question, "How do patients react when their doctors explain diagnostic analyses to them?" as written. The data suggests that the exclusionary strategy is often used by primary care physicians in China when making diagnoses. Primary care consultations may include medical testing, such clinical tests, to confirm the emerging diagnosis. Doctors' opinions on a patient's symptoms could differ from what the patient remembers or recalls themselves. Almost every step of the collected consultations involves some kind of diagnosis, as shown before.

According to these results, instead of a single step, diagnosing now entails a series of steps. Symptom evaluation, symptom cause explanation, preliminary diagnosis, and definitive diagnosis are the steps involved (Moffett, 2021).

9. DISCUSSION

Investigators have studied the habits and routines of communication between Chinese physicians and their patients by carefully observing recorded sessions. None of human interactions are governed by the whims of the people involved, but by social norms and institutions. The three-step traditional CA approach was used to perform the study by the researchers: A pattern of behavior in interactions may be established in three stages: 1) determining the pattern's kind; 2) seeking for more instances with similar characteristics; and 3) gathering instances to demonstrate the pattern's recurrence. The findings provide light on the practices, patterns, and other aspects of interaction in primary care consultations in China.

The thesis's key contribution is a comprehensive review of primary care contacts in routine Chinese hospitals. Despite studying a different form of medicine than the other two initiatives, the researchers also want to learn about the synergies between Western and Chinese medicine. Wang uses quantitative methods and composite CA to study the dynamics of interactions in pediatric clinics throughout China. Wei is using CA to look at the types of interactions that occurred in TCM. Researchers have taken a more sophisticated approach to studying the types of medical interactions that happen between adults and doctors during in-person, urgent care consultations, as opposed to previous studies that have concentrated on the CA approach, or "medical actions / activities" as the primary focus.

Researchers were unable to find any other thesis that analyzed the prevalent social attitudes and norms in Chinese healthcare institutions. In addition, this thesis is pioneering the use of a CA naturalistic observational technique to study medicinal interactions in Western medicine. Information on the sequence and interactional aspects of the beginning, participation, and resolution of a diagnosis in encounters between primary care physicians and their patients is a significant contribution of this study.

The significance of fast diagnosis (from preliminary to definitive) during history-taking and the patterns of interaction and features of the sequence in which doctors make diagnoses during consultations during acute visits are two of the main contributions to the field. The researcher will then describe the three main contributions.

10. CONCLUSION:

Emotions have a significant role in collective decision-making, according to the available research. Good affect causes us to feel hopeful and trusting in the world, which motivates us to be generous and altruistic. On the other hand, negative consequences tend to make people doubtful and unfavorable about society knowledge. Consequently, people's decision-making processes may be more fraught with uncertainty or danger when their morale is low. A variety of negative emotions, including anger, depression, guilt, and shame, might influence risk-taking and decision-making. Finding the sweet spot between being risk-averse and maximizing rewards is essential for good decision-making. Considering that successful therapies for depression include addressing social and emotional functioning.

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