

## Chapter 2

### Literature Review

The researcher has determined the concept of research guidance, theory, and related research. The specifics are as follows:

1. Current Status of Medical Service Quality Management
2. Medical Service Quality
3. Patient Complaints
4. Customer Relationship Management
5. Related Research

#### Current Status of Medical Service Quality Management

Ward and Ponton started studying medical evaluation in 1918 and 1928, respectively, and gradually formed the concept of medical quality management. However, medical quality management was not as fast as industrial product quality management. As a medical institution whose primary function was to heal the wounded and rescue the dying, its quality management was more important than product quality management.

Since China's new healthcare reform (on March 17, 2009, the Central Committee of the CPC and the State Council announced to the public on deepening the reform of the medical health system), public hospitals deepened reform and entered deep waters, and the medical market gradually opened up. Hospitals faced increasingly fierce competition and began to enter a new stage of "patient-centered" and provide patients with high-quality services (Wu & Xiao, 2013, pp. 33-42).

On September 13, 2016, the relevant policies of the State Council required that the equalization level of public health services should be gradually improved, and the service model of "combining prevention and treatment" was initially established. Service content was expanded on demand, service quality management was strengthened, the national basic public health service projects were increased to 45 in 12 categories, and the limitation of providing services to the local registered population was broken. Service quality management was further promoted, and performance appraisal indicators were tilted toward quality indicators (Briefing of The State Council Leading Group for Deepening the Reform of the Medical and Health Care System No.165).

Hospital medical technology, medical ethics, and management level could reflect the hospital medical service quality, which were the core competitiveness of hospitals. Medical quality existed in every link and dimension of medical service. In general hospital management, it was not only necessary to improve the environment, improve the technical level of doctors, but also to improve the service consciousness of medical staff (Che, 2019, p. 1).

The medical service quality management was searched from the literature database, and then the literature associated with this study was summarized, mainly studied from the perspectives of management mode, the form of medical association under new medical treatment, management concept, and empirical analysis.

### **1. Research papers in China**

Liu (2014, pp. 325-330) applied customer relationship management to quality management research in the health examination industry, taking the customer as the center. She studied the needs of health examination services from the perspective of customers and provided customers with satisfactory products and services. To improve the quality of medical service at S Hospital's health examination center, the marketing strategy for promoting its development was studied. Macro environment analysis (Politics, Economy, Society, Technology, PEST) and situational analysis (Strength, Weakness, Opportunity, Threat, SWOT) were used to analyze the current development environment and the status quo faced by the health examination center of S Hospital, as well as to gain a deep understanding of its strengths and weaknesses, opportunities, and threats. Secondly, the health examination center was divided into individual customers, group customers, and medical staff customers, and questionnaires were designed for these three customer types. Information from hundreds of customers in recent years was randomly selected to study the purpose of medical examinations, expectations and service quality, the expectations and quality of the environment, facilities, and equipment, the technology of medical staff, and the expectations of medical staff, as well as service attitude and service quality requirements. The results were analyzed to promote medical service quality, improve customer satisfaction, cultivate long-term loyalty, and develop potential customers.

Geng (2021, pp. 98-101) adopted the related theory of customer satisfaction, customer loyalty, and customer relationship management. With reference to the five-dimension theory of service quality and the SERVQUAL model, a questionnaire for black gold customer relationship management was compiled based on the actual situation of Jingning Road Sub-branch. After obtaining data, the reliability and validity of SPSS software were tested, and the questionnaire results were analyzed. The problems in

the customer relationship management of Jingning Road Sub-branch mainly focused on four aspects: low service efficiency, low product acceptance, a single customer experience, and low network comfort. The causes of these problems centered on the lack of comprehensive team quality, inadequate branch publicity, poor effectiveness of value-added services, and an unreasonable network environment layout. The black gold customer relationship management strategy of Jingning Road Sub-branch was optimized in four aspects: team building, image publicity, value-added service, and network layout. Corresponding safeguard measures were formulated in four areas to effectively implement the strategy optimization and reduce the black gold customer loss rate of Jingning Road Sub-branch.

Through the "Medical Quality Management Measures" (issued by the National Health and Family Planning Commission of the People's Republic of China on September 25, 2016), Gao Haizhen proposed that "quality is the core of medical management" and clarified the unshakable position of quality in hospital management. The study anchored high-quality development through overall systematic thinking and practiced high-quality development with a modern quality management concept, showing that the practice of a modern quality management concept had become a beacon for hospital construction and development (Gao, 2022, pp. 3-9). The measures also clearly stated that efforts were made to improve patients' medical experience and employees' practice experience. Hospital development was committed to "patients, employees, and relevant parties" satisfaction. "Three satisfaction" became the goal of hospital quality pursuit. Starting from improving patient satisfaction, improving medical experience, improving employee satisfaction, improving practice experience, and paying attention to stakeholders, this study proposed a new idea of medical quality service management (Gao, 2022, pp. 3-9).

Ren (2021, pp. 27-29), taking Company A as the research object, introduced the business characteristics of the company's own products and the existing after-sales service mode from different perspectives. Then, combined with the current situation of Company A, the problems existing in the after-sales service quality of Company A's own product business were analyzed. Based on the PDCA cycle, a three-level after-sales service management model was built to improve the after-sales service management mode and after-sales service workflow of Company A, further optimizing the after-sales service index, and putting forward optimization suggestions. It provided reference significance for the after-sales service quality management and improvement of similar domestic enterprises.

## **2. Research papers in other countries**

Mosadeghrad (2014, pp. 210-220) conducted exploratory in-depth individual and focus group interviews with 222 healthcare stakeholders, including healthcare providers, managers, decision-makers, and payers, to identify factors that influenced the quality of healthcare services provided by healthcare organizations in Iran. The study examined patient-related factors, provider-related factors, and environmental factors, which encompassed patient socio-demographic variables, patient collaboration, patient types of diseases, provider competence, provider motivation, satisfaction, healthcare system, resources, facilities, leadership, management, collaboration, and partnership development. The findings suggested that healthcare quality could be improved through supportive leadership, appropriate planning, education, training, and effective management of resources, staff, and processes.

Additionally, it is worth noting that both the government and the industry have increasingly prioritized the quality management of medical services. They have continuously studied and explored, but their focus has largely centered on the theoretical and practical experiences of total quality management in enterprises. This approach neglects the unique characteristics of medical services, especially the psychological and social aspects. The hospital studied in this paper is a general hospital, and due to the growing demand for medical services, increased attention to health, and the recent surge in medical resources, the public has raised higher expectations for the quality of medical services. Consequently, complaints about medical institutions have become a common occurrence, making medical service satisfaction an increasingly central concern for the public.

## **Medical Service Quality**

### **1. Research papers in China**

Medical service was defined in the Hospital Management Dictionary as a kind of health service provided by hospitals or medical technicians to the population, including health promotion, disease prevention and disaster, health consultation, health examination, emergency treatment, elimination and control of diseases, clinical diagnosis and treatment, rehabilitation, etc. The strength and level of medical service capacity directly affected the core competitiveness of hospitals and the satisfaction of the public (Li & Hu, 2005, p. 3). In 2017, the state issued the Action Plan for Further Improving Medical Services (2018-2020), which clearly emphasized the importance of improving medical services. As information independent of hospital norms and culture, patients' complaints directly

reflected their own medical experience and were a valuable resource for improving medical services (Gao, 2020, pp. 2-9). Unlike feedback mechanisms such as patient satisfaction and patient consultation, medical complaints revealed existing or potential systemic problems in the development of medical services from a unique perspective, which could more directly represent patients' demands than hospital-initiated surveys (Foster, 2020, p. 257).

Han & Xu (2023, pp. 53-56) reviewed the increasing number of medical complaints at home and abroad, the continuous development of medical complaint management and related research, and cited the distinctive medical complaint mechanisms and measures in Britain and Australia, which attached importance to the value of medical complaints, and the improvement mechanism and measures in China. They focused on discussing the effect of medical complaints on improving medical services, preventing and reducing medical risks, and finally put forward the prospect of application of medical complaints to provide new ideas for achieving high-quality development of medical services.

Lu, et al. (2023, pp. 183-186) searched the literature in the evaluation of medical service quality in the domestic and foreign databases, analyzed the role of SERVQUAL model in the evaluation of medical service quality, realized the improvement of the scale according to the development needs, and discussed the ability of SERVQUAL model to evaluate the medical service quality in an objective, comprehensive, scientific and real-time way. Gao Jiarong (2022, pp. 3-9) investigated the decline in the satisfaction ranking of discharged patients in the first quarter of 2020, and the hospital carried out a series of targeted service improvement work. Based on the PDCA cycle, the service satisfaction improvement was carried out around continuous improvement, and the satisfaction scores and rankings of the first quarter and the third quarter were compared. Results: After the implementation of the service improvement measures and the development of the service special work, both the satisfaction score and the ranking were improved. The continuous improvement measures of medical service quality based on the PDCA cycle method played a positive role in improving patient satisfaction. Sun (2016, p. 298) took AE private hospitals as the research object, used the Gronroos Perceived Service Quality theory, PZB service quality gap theory, and SERVQUAL evaluation method, took the outpatient and inpatient evaluation of AE private hospitals as an example, and put forward corresponding countermeasures and suggestions on this basis.

In the "Research on the Improvement Strategy of Medical Service Quality in the Level III Dye General Hospital," Jiang Shuai expounded the research background,

purpose, and significance, and briefly summarized and commented on the relevant literature at home and abroad. This paper introduced the development situation, organizational structure, management status, and research results of the research hospital. In addition, the hospital service quality was analyzed, the questionnaire was distributed to the outpatients and inpatients, and the reliability and validity of the results were tested. Through the analysis of the causes of hospital service quality problems, it was found that the hospital had problems such as inadequate environment and infrastructure, neglect of patients' feelings, and cumbersome processes. From the aspects of medical professional technical level, service attitude, diagnosis and treatment process, diagnosis and treatment cost, and medical environment, suggestions and countermeasures were put forward to improve the medical service quality of the hospital, so as to solve the existing problems in Dye hospital.

By consulting relevant literature, researchers demonstrated medical service quality by summarizing the current situation of medical complaints, taking the service quality gap model (SERVQUAL) as the entry, the questionnaire method, and the theoretical method related to service quality. Survey results: The quality of medical services in the hospital was not only related to the patient but also closely related to the direct provider and medical staff of the medical services. Mainly from the perspective of patients receiving medical services in research hospitals, the impact of medical staff satisfaction on the quality of medical services, as well as the combined impact of medical staff and patient satisfaction, was the next step in this paper.

Wang, et al. (2021, pp. 178-184). took the complaint data of a top-three hospital in Kunming City from 2016 to 2018 as an example to classify the causes of complaints, and analyzed the data based on the data analysis method, and they found that the proportion of women in complaints was higher, most complaints were at the scene, the complaint time was mostly concentrated in winter and spring, the complaint reasons were mostly pleasant and responsive reasons, the complaint processing time was mostly within 5 days, and the complaint types were mostly help suggestions. According to the results, some measures were proposed to improve the quality of medical services, such as paying attention to gender differences, focusing on the quality of medical services during the winter and spring season, accelerating the response time of medical services, providing humanized medical services, dealing with medical complaints more efficiently, and improving the communication skills of doctors.

## **2. Research papers in other countries**

Cham, et al. (2022, pp. 140-157) used social media communication of hospital brand image and brand trust as the entry point to explore the perception and attitude

of medical patients on service quality, satisfaction and behavioral intention after consumption. Data were collected from 294 medical patients and hypotheses were tested using structural equation modeling techniques.

The survey results show that social media communication has had a positive impact on the perception of the hospital brand image, thus affecting their trust in the hospital brand. Patients' perceived value and trust in medical staff mediated the relationship between their perceived quality of service and satisfaction.

## Patient Complaints

### 1. Research papers in China

1) Hu Huanghe (2019, p. 110) took a private hospital in a city as a case, analyzed the current situation of private medical institutions' doctor-patient relationship management in depth, and reconstructed the harmonious doctor-patient relationship through private hospitals. They focused on the main components of the harmonious doctor-patient relationship in the hospital, including the shaping of patient satisfaction, the reconstruction of the medical consultation process, and the optimization of hospital complaints and crisis management. They also proposed countermeasures to implement the safeguard measures of the reconstruction plan for a harmonious doctor-patient relationship in the hospital.

Findings: First, there were various factors that led to tension between doctors and patients, and the doctor-patient relationship was not a simple social problem; it became a global and widespread social problem. Second, the solution to the doctor-patient relationship was not confined to the hospital but was analyzed from the hospital to the social level. Third, the level of medical services was improved, and the ideological and moral construction of medical personnel was strengthened. After the occurrence of doctor-patient disputes, hospitals strengthened safety precautions, avoided violence, did a good job in public crisis prevention management, established independent mediation mechanisms, and strengthened media communication management to effectively resolve doctor-patient conflicts and contradictions.

2) Taking a Grade-A tertiary hospital in Shenzhen as an example, Li Minhao (2020) combined the management theory with the actual situation of medical complaint management in the hospital, discussed the existing problems in medical complaint management organization, medical complaint handling process, and medical complaint handling, and proposed improvement measures.

Findings: This Grade-A tertiary hospital had a relatively complete medical complaint management system. Improving the quality of treatment and ensuring patient safety were important points to prevent and reduce complaints in the clinical field. Medical personnel should have strived to improve their medical skills in many ways, and the hospital level needed to continue to strengthen medical quality management. Hospitals should have continued to adhere to the principle of public welfare and appropriately reduced registration and treatment fees and improved the network appointment system to shorten the waiting time of patients.

3) Han Sirou and Xu Min (2023, pp. 53-56) started from the value of medical complaints in improving the quality of medical services. They reviewed the increasing number of medical complaints at home and abroad, as well as the continuous development of medical complaint management and research. They respectively introduced the characteristic medical complaint mechanisms and measures of Britain, Australia, and other countries that attached importance to the value of medical complaints, as well as the improvement mechanisms and measures of medical complaints in China. Then, according to the focus of medical complaints to improve the efficiency of medical services and prevent and reduce medical risks, they discussed the application prospects of medical complaints in order to inspire patients to submit high-quality complaints, enable medical institutions to correctly understand and make full use of complaints, and provide new ideas for achieving high-quality development of medical services (Han & Xu, 2023, pp. 53-56).

### **3. Research papers in other countries**

Tom W. Reader (Wang, et al., 2013, pp. 1925-1927), a British scholar, divided medical complaints into three areas: clinical, management, and doctor-patient relationship. The clinical field included two types of complaints: medical quality and medical safety. Management areas included the management system, waiting time, and access to health services. The field of doctor-patient relationship included doctor-patient communication, humanitarianism, and patients' rights complaints, which were more commonly used in the international classification of medical complaints. At that time, there was no uniform standard for the classification of medical complaints in China, and most of them were classified according to the actual situation of medical complaints in our hospital.

1) Veerman, et al. (2016, pp. 340-345) conducted a retrospective analysis of medical malpractice claims and MDB decisions regarding SIC disputes in four major surgical specialties through a total of 11,376 medical malpractice claims and 661 MDB complaints during the period 2004-2013. It also concluded that focusing on key SIC



elements for patients can improve satisfaction and expectations, thereby reducing the risk of malpractice claims and MDB complaints.

2) Kohanim, et al. (2016, pp. 234-241) demonstrated with facts that the number of patient-initiated complaints against physicians was associated with an increased risk of malpractice. Using a large national database of patient complaints, the study assessed the number and content of unsolicited patient complaints against ophthalmologists to identify significant risk factors for receiving complaints. The Patient Advocacy Reporting System (PARS) was used to analyze 2087 unsolicited or spontaneous complaints against 815 ophthalmologists who practiced at 24 academic and non-academic institutions. Complaints against 5273 non-ophthalmologists and 19,487 non-ophthalmology and non-physicians during the same period were used for comparison.

## **Customer Relationship Management**

### **1. Research papers in China**

1) Through the analysis of the business environment and the current situation of the ZL Pharmaceutical Sales Company, Yao (2022, p. 1191) identified the problems in customer classification, customer communication, and customer relationship maintenance, analyzed the causes, proposed customer segmentation, one-to-one service, and set up a management team to optimize the implementation of customer relationship management strategies. Yao applied PEST theory, Porter's five forces model, and RFM basic analysis methods to improve the level of customer relationship management and market competitiveness, with the aim of enhancing the company's customer relationship management level and market competitiveness.

Results: The researcher found that the ZL Pharmaceutical Sales Company, as a pharmaceutical service promoter, faced weak growth and sought to improve the then-current problems of the company's customer relationship management. The researcher optimized it from the perspective of customer relationship management and proposed corresponding optimization measures for its problems. Through the optimization of the customer relationship management team and process, the company was able to better meet the market demand in the changing environment and thus achieved the company's purpose of optimizing customer relationship management (Yao, 2022, p. 1191).

2) Tian Dongjie (2020, pp. 459-460) believed that information asymmetry between doctors and patients was one of the important factors in the occurrence of doctor-patient conflicts. To improve doctor-patient conflicts and enhance doctor-patient

communication, the researcher conducted a study on a second-class general hospital, involving both doctors and medical staff, patients, and patients' families in the hospital service as research subjects. The study was carried out to investigate doctor-patient information asymmetry under the guidance of the patient service module, internal management module, and management decision module in Hospital Customer Relationship Management (HCRM) theory.

Results: The perception of information asymmetry between doctors and patients was relatively obvious among males, and the older the age, the lower the education level, and the more obvious the perception of information asymmetry was among people whose major was not medicine.

The analysis of the results on the perception of information asymmetry between doctors and patients mainly focused on four aspects: medical knowledge, role orientation, cognitive harmony between the two sides, and differences in the medical treatment process. Information asymmetry between doctors and patients existed in 16 aspects of outpatient and inpatient medical services and non-medical professional services, among which: the lack of patient information in registration, interview, examination, and treatment in the outpatient part was prominent, reaching more than 20%, and the lack of patient information in disease awareness, auxiliary examination, laboratory tests, and treatment plans in the inpatient part was also prominent, reaching more than 40%. In non-medical professions, the lack of information on patients' right to know, right to choose, right to privacy, and right to complain in patients' rights and interests, and the lack of information on patients' guidance, appointment, consultation, convenience services, and comprehensive services in patients' services were all outstanding, reaching more than 20%.

According to the Delphi Method, there were measures to reduce the information asymmetry between doctors and patients: the quality of patient consultation channels and patient access to medical information in the patient service module; the quality of service information display methods, hospital guidance system design, service hardware equipment and facilities, key groups of people where information asymmetry occurred, and doctor-patient communication mechanisms in internal management; SOP specification upgrades, rules and regulations in management decision module design upgrades, introduction of third-party institutions, customer-centered.

3) Li Shanwei (2022, pp. 85-87) studied the design and implementation of a CRM system, based on the existing customer management system of pharmaceutical industry enterprises. This effort was combined with the prevailing conditions of the

domestic pharmaceutical industry market. By leveraging the advantages and characteristics of the CRM system and new media, it allowed pharmaceutical enterprises to effectively manage customer relationships and pharmaceutical marketing.

Results: The establishment and operation of a company's CRM system were critical. Based on the service objects and functional requirements of the CRM customer relationship management system in the pharmaceutical industry, the researchers discussed and studied the design objectives, design principles, functional combination, and realization of the CRM system in conjunction with new media advertising.

## **2. Research Papers in other countries**

1) Baashar, et al. (2020, p. 103442) categorized and summarized CRM studies in healthcare settings. They conducted a comprehensive search of studies that examined CRM in healthcare settings, including hospitals, clinics, medical centers, and nursing homes, using various databases. They analyzed and evaluated 19 carefully selected research papers and introduced the positive and negative results of CRM technology in the field of healthcare.

Results: The use of CRM systems yielded positive results in patient-hospital communication, satisfaction, and hospital healthcare operations, productivity, cost, performance, efficiency, and service quality. There were significant gaps in knowledge about the use of CRM in healthcare settings. Future research should focus on exploring other potential factors, such as patient characteristics, culture (patient and hospital), and trust.

2) Min, et al. (2021, p. 104373) used CRM theory to analyze outpatients in an infectious disease hospital in Shanghai, China. The classical RFM (R: newness, F: frequency, M: currency) model in CRM was innovatively extended to a dRFM (d: percentage of drug expenditure) model. The best clustering algorithm was selected from K-means, Kohonen, and two-step clustering methods to find the optimal model to distinguish different economic value patient types, and the best decision algorithm was selected from C5.0, CART categorical regression tree, CHAID, and QUEST algorithms to verify the model.

Results: Using the dRFM model, the objective CRM analysis of hospital infectious disease patients accurately identified different types of patients, providing an objective and effective basis for hospital management.

## Related Research

Researches on the optimization of medical service quality in general hospitals related to patient complaints and customer relationship management are as follows:

1. Chen Liang (2022, pp. 37-39) explored the issue of doctor-patient dispute governance by using Wenzhou Z Hospital as an example. The path of doctor-patient dispute governance was developed through literature research, case study, and interview methods. The definition of doctor-patient disputes was elaborated, the current situation of their governance and the characteristics of their nature were discussed, the shortcomings of doctor-patient dispute governance and its causes were analyzed, and then a reasonable and effective way of doctor-patient dispute governance was explored.

Results: After actively addressing doctor-patient disputes in Wenzhou, the number of such disputes gradually decreased in recent years. Hospital treatment technology progressed, and the quality of service provided to patients underwent a qualitative improvement. Hospitals strictly enforced safety and security supervision and management measures, revised the hospital complaint management mechanism, and enhanced the functions of social coordination agencies for doctor-patient disputes in various regions.

2. Based on a brief analysis of the dilemmas of talent cultivation in TCM rehabilitation technology, Li Hongyan (2022, pp. 134-136) proposed a professional talent cultivation model that focused on the doctor-patient relationship. From multiple dimensions and levels, she pointed out that it was necessary to strengthen students' in-depth understanding of the doctor-patient relationship, cultivate students' ability to effectively deal with the doctor-patient relationship, provide ideas and methods for future professional teaching, and better cultivate professional quality talents.

Results: The researcher believed that classroom-based teaching, optimized content, and methods should be used to train professionals who emphasized technology as well as communication, respected individuals and personalities, and guided students to be familiar with the meaning and role of doctor-patient interaction. At the same time, it should have highlighted democracy, focused on the patient rather than the disease, and used psychological techniques to promote the functional rehabilitation of patients as a routine content."

3. Ning Tianwei (2018, p. 144) believed that through the rational use of the concept of business administration, the comprehensive efficiency of hospitals could be continuously improved so that all medical and health resources could play their

maximum value, and the goal of improving the current quality of medical care and increasing the income of medical staff could be achieved. The researcher explored the aspects of adapting to economic development, financial management, as well as controlling costs, personnel training and management, and combining them with market development.

Results: Business administration capacity, as an important aspect, not only ensured that resources in the hospital were fully utilized, but it also played an important role in improving the overall capacity of the hospital. Therefore, the role played by business administration in hospitals was increasing. In the future arrangement of hospital work, it was also necessary to use business administration methods to better improve the efficiency of hospital economic management and continuously promote hospitals to better provide people with quality and efficient medical services.

4. Lang Fang, Gao Xiaoqian, and Shen Yujie (2019, p. 260) analyzed the patients and families who complained during the consultation process from a psychological perspective. They believed that psychology was determined by behavior, and people's behavioral performance was ultimately governed by psychology. Therefore, understanding the psychological state of patients and medical staff could solve the problem correctly, positively, and quickly.

Results: Medical staff regulated their own behavior and improved their communication skills. Complaints were the malignant results of the interaction between medical staff and patients. From the perspective of medical staff, it was necessary to reduce or avoid complaints, constantly improve their professional and technical level, increase the awareness of active service, and strive to build a harmonious doctor-patient relationship. A harmonious doctor-patient relationship environment could bring patients a sense of security, mobilize patients' subjective initiative, and increase the understanding and trust of both doctors and patients.

First of all, they respected the patient and listened. The American psychologist Albert Merabian had once proposed a formula: the full expression of information = 7% intonation + 38% voice + 55% expression. When the medical staff respected the patient in communication, it conveyed to the patient the message that "I respect you, and your condition is very important to me," and the two sides established a relationship of mutual trust in the communication process, and the communication could proceed smoothly. Secondly, to treat patients sincerely, they started from love, played empathy, thought for each other, regulated medical care behavior, and did their best to avoid hurting patients.

Medical staff built psychological defense mechanisms after complaints occurred, strengthened their own psychological care, enhanced self-regulation, reduced

their own stress, and consciously and systematically carried out load reduction, which not only improved efficiency but also buffered the stressful situation.

They eliminated the negative impact of public opinion and enhanced social support. The current problems of difficult and expensive medical care led to public opinion that was unfavorable to medical staff. Outpatient care was the first window of patient consultation and treatment, and its contact time with patients was short, unlike hospitalized patients, who had a long and mutually beneficial process of contact with medical staff. So, a little dissatisfaction could lead to complaints, and the hospital needed to do a good job of public opinion propaganda to show the community and publicize the real work of medical workers, which could show the society, especially the patient group, a comprehensive understanding of medical care, and at the same time, call on the community to support the work of medical workers.

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