

Empirical Research of Media Use and Medical Trust Based on the Mediating and Moderating Effects

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Abstract: This paper aims to explore the impact of media use on public healthcare trust, using interdisciplinary methods to analyze the differences in the impact of traditional and new media use on healthcare trust by introducing social trust as a mediating variable and healthcare satisfaction as a moderating variable. Based on the data of 2617 valid public samples from the 2021 China Comprehensive Social Survey, Pearson correlation analysis, stratified regression analysis, and Process plugin validation of the moderated mediation model 5 were used to analyze. It was found that, while controlling for demographic variables, the impact of new and old media on medical trust was not significant. However, social trust played a complete mediating role between new and old media and medical trust and had a decisive impact on the influence of media use on medical trust. As a moderating factor, medical satisfaction has a more significant positive impact on public medical trust in traditional media environments compared to new media.

Keywords: Media usage; Medical trust; Social trust; Medical satisfaction; Intermediary regulation

1. Introduction

The frequent exposure of corruption incidents in the medical industry on major media platforms undoubtedly exacerbates the long-standing doctor-patient conflicts. In particular, in the post-epidemic era after the COVID-19 epidemic, all kinds of social contradictions and conflicts have taken on a new trend. Positive and stable medical trust is of great importance to the harmonious, stable, and healthy development of China's doctor-patient relationship in the future [1]. From the perspective of trust research theory, the construction of medical trust is believed to be influenced by three factors: the trustor, the trusted, and the trust environment [2]. At present, research has mostly focused on the first two dimensions, and there is a lack of research on building medical trust in the media environment, especially in the new media communication environment. At the same time, research on media use from the perspective of communication studies has explored topics such as subjective well-being, social trust, and political trust, while there has been relatively little research on the different effects of traditional and new media use on medical trust.

However, from the birth of traditional media to the flourishing of new media today, humanity has already survived in the simulated society created by mass media. Especially in the new media environment with the Internet and mobile terminals as carriers, network media has drawn the public into the information wave with its faster propagation speed, wider radiation range, and massive information carrying capacity than traditional media. At the same time, under the trend of interests, some self-media and social platforms often select negative information related to medical corruption, medical accidents, doctor-patient conflicts, etc. when checking news and selecting reporting frameworks, to attract attention and pursue maximum traffic. They directly push it to the audience through big data, and the audience turns a blind eye to positive medical news, which deepens their doubts and distrust of the entire medical system in the negative medical news environment.

Therefore, exploring the impact of audience usage of various media in different media environments on trust building is of great significance. This study focuses on the following questions: Will traditional and new media have an impact on the audience's medical trust, and what are the similarities and differences between the two? Under the mediating role of social trust and the moderating effect on

satisfaction with the healthcare system, what kind of medical trust will people with different media usage have? This paper takes the 2021 China Comprehensive Social Survey data as the research sample to empirically study the impact of different media uses on medical trust, and explore the mechanism and mechanism of their effects, to provide important insights for building positive, harmonious, healthy, and sustainable doctor-patient relationships and stable medical trust in the new era media environment.

2. Literature Review and Research Hypotheses

In the contemporary era when the Internet and new media are in the ascendant, according to the 51st Statistical Report on the Development of Internet in China released by the China Internet Network Information Center (CNNIC), as of December 2022, the number of Internet users in China has reached 1.067 billion, an increase of 35.49 million compared with December 2021, and the Internet penetration rate has reached 75.6%, the role played by traditional media (newspapers, magazines, radio and television) cannot be underestimated. The audiences of traditional media and new media (Internet and mobile phone customized information) have different demographic representations, such as gender, age, education, and urban and rural areas. The frequency of use of the same media by different social groups is quite different, and this difference will further affect the audience's doctor-patient trust and social trust. More importantly, there are significant differences between traditional and new media in terms of information production and supervision, which have different impacts on doctor-patient trust and social trust. Therefore, based on previous research, this paper proposes the following research hypotheses:

Assumption 1 (H1): Traditional media has a significant positive impact on medical trust.

Assumption 2 (H2): New media has a significant negative impact on healthcare trust.

Assumption 3 (H3): Social trust mediates the relationship between traditional media and medical trust.

Assumption 4 (H4): Social trust mediates the relationship between new media and medical trust.

From a macro perspective, the overall medical conditions of a country, as another important object in the doctor-patient relationship, may not directly affect patients' attitudes, but as an important carrier of doctor-patient relationships, they have a significant impact on the formation of trust among doctors [3]. The medical conditions, including hospital hardware equipment, professional level of doctors, service attitude of medical staff, and treatment process, as a whole unit of a country, will form a joint force and work together on patients. According to the theory of rational choice, trust is the result of rational calculation, and trust in doctors is based on a rational evaluation of hospitals [4]. Diagnosis and treatment equipment, reputation, charging standards [5], appearance, hygiene conditions, comfort [6], etc. are all the basis for evaluation. Perfect diagnosis and treatment equipment and outstanding medical resources are important criteria for patients to judge whether their diseases can be cured. In general, hospitals with higher levels have more resources, more complete diagnostic and treatment equipment, higher levels of doctor skills, and better hygiene conditions, which can better meet patients' expectations and increase their trust in their doctors [7]. Some scholars have also pointed out that although tertiary hospitals have a higher level of medical technology, there are more patients with complicated diseases, which leads to greater pressure and risks borne by practitioners, and easily triggers doctor-patient conflicts, affecting patients' trust in medical providers [8]. Overall, according to the theory of trust, the more the behavior of the trusted object meets the expectations of the subject, the more the subject trusts the object [9]. Therefore, the following research hypotheses are proposed:

Assumption 5 (H5): The moderating effect of medical satisfaction between traditional media use and medical trust.

Assumption 6 (H6): The moderating effect of medical satisfaction on the relationship between new media use and medical trust.

3. Research Methodology

3.1. Data Sources and Sample Overview

The data for this study comes from the latest data from the Chinese General Social Survey (CGSS2021). As the questions related to medical trust and medical satisfaction belong to the sub-modules of Part C, there were only 2617 original samples. After data cleaning, the final effective sample size for this analysis was 900.

3.2. Variable Measurement and Data Processing

3.2.1. Dependent Variable

The dependent variable is medical trust. Score using a 5-point scale, with 1 indicating complete lack of confidence and 5 indicating complete confidence. The measurement item for medical trust: D2. Overall, how confident do you have in China's healthcare system? According to the descriptive statistical results, the overall medical trust of the sample is relatively high ($M=3.93$, $SD=0.83$).

3.2.2. Independent variables

The independent variable is media usage. This paper specifically refers to the usage of different media in the past year in the sample data, testing the frequency of respondents' use of different types of media. The survey questionnaire is "A28. What is your usage of the following media in the past year?" The answers range from "never" to "rarely", "occasionally", "frequently", and "very frequently", with scores ranging from 1 to 5. Two sub-scales, "traditional media use" and "new media use", were extracted through the factor analysis principal component method ($KMO=0.615$, Bartlett's sphericity test $Sig=0.000<0.05$, indicating the effectiveness of factor analysis). Among them, the mean of traditional media usage is $M=2.098$, and the standard deviation is $SD=0.672$; The mean of new media usage is $M=2.669$, and the standard deviation is $SD=1.255$. (See Table 1)

Table 1: Component Matrix after Rotation

What has been your usage of the following media over the past year	Component	
	Traditional media usage	New media usage
Newspaper	0.824	
Magazine	0.795	
Broadcast	0.630	
Television	0.408	
Internet (including mobile internet access)		0.822
Customized mobile message		0.686
Extraction method: principal component; Rotation method: Orthogonal rotation method with Kaiser standardization.		

3.2.3. Mediation and Moderation Variables

The mediating variable is social trust. Corresponding to the question "A33. Overall, do you agree that the vast majority of people in this society can be trusted?" in the questionnaire, the answers are " Very Disagree, Moderately Disagree, Neutral, Moderately Agree, Strongly Agree", with corresponding scores ranging from 1-5.

The moderating variable is the satisfaction of doctors, corresponding to the question "D20. Overall, are you satisfied with China's healthcare system?" Recode this variable, and the final answer is a 5-point scale of " Very Disagree, Moderately Disagree, Neutral, Moderately Agree, Strongly Agree ", with corresponding values of 1-5.

3.2.4. Control Variables

The control variables mainly refer to demographic variables. The demographic variables in this paper include age (20-101 years old, $M=53.64$, $SD=17.57$) ,Gender, Political Status, Registered Residence, Nature of Work, and Educational Attainment. (Table 2)

Table 2: Variable Description and Definitions

Variable	Questions	Evaluation
Dependent Variable		
Medical Trust	Overall, how much confidence do you have in China's healthcare system?	No confidence at all, 2. Almost no confidence, 3. Some confidence, 4. High confidence, 5. Complete confidence. 98. Unknown, 99. Refused to answer (both marked as missing values).
Independent Variable		
Media Usage	What has been your usage of the following media over the past year?	Never, 2. Rarely, 3. Sometimes, 4. Often, 5. Very often. 98. Unknown, 99. Refused to answer (both marked as missing values).
Mediator Variable		
Social Trust	Overall, do you agree that in this society, the vast majority of people can be trusted?	Strongly disagree, 2. Somewhat disagree, 3. Neutral, 4. Moderately agree, 5. Strongly agree. 98. Unknown, 99. Refused to answer (both marked as missing values).
Moderator Variable		
Medical Satisfaction	Overall, are you satisfied with China's healthcare system?	Recoded: 1. Very dissatisfied, 2. Somewhat dissatisfied, 3. Neutral, 4. Moderately satisfied, 5. Very satisfied. 98. Unknown, 99. Refused to answer (both marked as missing values).
Moderator Variable		
Age		Aged 20-101 years
Gender	Dummy Variable	Male assigned value "1", Female assigned value "0"
Political Affiliation	Dummy Variable	0 = Non-Communist Party member: Including civilians, League members, and members of democratic parties; 1 = Communist Party member
Highest Level of Education	What is your current highest level of education?	Recoded: 1. No education, 2. Primary school and below (including private schools and literacy classes), 3. Junior high school, 4. High school (including general high school, vocational high school, secondary vocational school, technical school), 5. Junior college (including regular and adult higher education), 6. Bachelor's degree and above (including regular and adult higher education, postgraduate degree).
Nature of Work	Your current marital status	0 = Working in a non-governmental institution; 1 = Working in a governmental institution.
Registered Residence Status	Your current registration status	Rural residence status assigned value "0", non-rural residence status assigned value "1".

3.3. Statistical Methods and Moderated Mediation Testing Approaches

This paper uses SPSS26 software for Pearson correlation analysis, stratified regression analysis, and Process plugin validation of the moderated mediation model. Model 5 is selected, and 5000 samples with replacement are extracted from the original sample to estimate the 95% confidence interval of the mediation effect. If the confidence interval does not include 0, it indicates the existence of a moderation effect, otherwise, it does not exist.

4. Research and analysis results

4.1. Descriptive Statistics and Correlation Analysis of Variables

Before conducting regression analysis, mediation, and moderation analysis, this paper first conducts correlation analysis between various variables. Table 2 presents the mean, standard deviation, and correlation of traditional media, new media, social trust, medical satisfaction, medical trust, and demographic variables.

Table 3: Descriptive Statistics of Variables

	N	Minimum	Maximum	Mean Value	Standard Deviation
Age	8148	20.00	101.00	53.64	17.57
Gender	8148	0.00	1.00	0.45	0.50
Level of Education	8127	1.00	6.00	3.29	1.49
Political Affiliation	8135	0.00	1.00	0.12	0.32
Domicile	8061	0.00	1.00	0.40	0.49
Nature of Work	2767	0.00	1.00	0.17	0.37
Traditional Media	8136	1.00	5.00	2.10	0.67
New Media	8146	1.00	5.00	2.67	1.25
Medical Trust	2639	1.00	5.00	3.93	0.83
Social Trust	8079	1.00	5.00	3.64	1.00
Medical Satisfaction	2676	1.00	5.00	4.03	0.93
Valid Case Count (in Series) 900					

The results showed that traditional media, new media, social trust, medical satisfaction, and medical trust were significantly positively correlated, with correlation coefficients ranging from 0.444 to 0.055. There was a significant positive correlation between the frequency of traditional media use and social trust and medical trust, while the positive correlation with medical satisfaction was not significant. There

is a significant negative correlation between the frequency of new media use and social trust, as well as medical satisfaction. Although there is a positive correlation with medical trust, it is not significant. In demographic variables, age, gender, education level, political outlook, registered residence, and work type are significantly positively correlated with the frequency of traditional media use, age, education level, political outlook, registered residence, and work type are significantly correlated with the frequency of new media use, age, gender, and political outlook are significantly positively correlated with social trust, age, education level, registered residence, and work type are significantly correlated with medical satisfaction, and age is significantly correlated with medical trust. (See Tables 3 and 4)

4.2. Regression Analysis of Predictor Variables on Social Trust in Healthcare

To further explore the impact of various predictor variables on medical trust, this study conducted stratified regression analysis into two categories: traditional media use and new media use (see Tables 3 and 4). The first is the regression analysis of the use of traditional media. At the first level, six control variables including age, gender, education level, political outlook, registered residence, and work type are added. After adjustment, the R side is not significant and can only explain 0.1% of the medical trust. At the second level, the use of traditional media as the second factor in the equation also explains 0.1% of the total variance, which is not significant. At the third level, when the variables of social trust and medical satisfaction enter the equation, both social trust and medical satisfaction have a significant positive impact on medical trust and explain 15.1% of the total variance. This data indicates that people who trust society are generally more satisfied with China's current medical care, and therefore trust China's medical care more.

Table 4: Correlation between Variables

	Age	Gender	Education	Political Affiliation	Domicile	Nature of Work	Traditional Media	New Media	Medical Trust	Social Trust	Medical Satisfaction
Age											
Gender	.030**										
Education	-.555**	.112**									
Political Affiliation	.101**	.166**	.238**								
Domicile	-0.02	.039**	.399**	.220**							
Nature of Work	-0.01	-.070**	.326**	.243**	.194**						
Traditional Media	.148**	.116**	.185**	.244**	.227**	.186**					
New Media	-.557**	0.01	.512**	.083**	.202**	.084**	.076**				
Medical Trust	-.048*	0.03	0.02	0.00	0.00	0.03	.064**	0.02			
Social Trust	.133**	.052**	-0.01	.077**	0.01	0.03	.115**	-.067**	.123**		
Medical Satisfaction	.054**	-0.03	-.092**	-0.02	-.060**	.083*	0.01	-.125**	.444**	.166**	

Significant correlation at the 0.05 level (two-tailed). Also, significant correlation at the 0.01 level (two-tailed).

Table 5-1: Hierarchical Regression Analysis of Traditional Media and Various on Medical Trust

		Non standardized coefficient B	standard error	Standardized Coefficient Beta	t	Significance	95.0% Confidence Interval Lower Limit	Upper Limit	Collinearity Statistics Tolerance	VIF
Model 1	(Constant)	3.968	0.166		23.935	0	3.643	4.293		
	Age	0.001	0.002	0.021	0.53	0.596	-0.003	0.006	0.739	1.354
	Gender	0.051	0.052	0.034	0.991	0.322	-0.05	0.152	0.97	1.031
	Education	-0.016	0.024	-0.029	-0.667	0.505	-0.062	0.031	0.995	1.682
	Political Affiliation	0.105	0.08	0.048	1.315	0.189	-0.052	0.262	0.845	1.183
	Domicile	-0.06	0.055	-0.04	-1.099	0.272	-0.168	0.047	0.849	1.178
	Nature of Work	0.07	0.076	0.034	0.931	0.352	-0.078	0.219	0.857	1.167
Model 2	(Constant)	3.889	0.172		22.548	0	3.551	4.228		
	Age	0.001	0.002	0.009	0.226	0.822	-0.004	0.005	0.714	1.4
	Gender	0.052	0.052	0.034	1	0.317	-0.05	0.153	0.97	1.031
	Education	-0.021	0.024	-0.038	-0.864	0.388	-0.068	0.026	0.986	1.708
	Political Affiliation	0.089	0.081	0.04	1.097	0.273	-0.07	0.247	0.831	1.203
	Domicile	-0.066	0.055	-0.044	-1.202	0.23	-0.174	0.042	0.846	1.183
	Nature of Work	0.061	0.076	0.029	0.811	0.418	-0.087	0.21	0.853	1.173
Model 3	Traditional Media	0.065	0.04	0.058	1.64	0.101	-0.013	0.143	0.898	1.113
	(Constant)	2.426	0.198		12.264	0	2.038	2.814		
	Age	0	0.002	0.005	0.126	0.9	-0.004	0.005	0.704	1.42
	Gender	0.054	0.048	0.035	1.136	0.256	-0.039	0.147	0.966	1.035
	Education	-0.001	0.022	-0.002	-0.052	0.958	-0.045	0.042	0.979	1.728
	Political Affiliation	0.051	0.074	0.023	0.688	0.492	-0.095	0.197	0.83	1.205
	Domicile	-0.074	0.051	-0.049	-1.452	0.147	-0.173	0.026	0.844	1.185
Model 3	Nature of Work	-0.017	0.07	-0.008	-0.244	0.807	-0.155	0.12	0.846	1.182
	Traditional Media	0.041	0.037	0.036	1.105	0.27	-0.032	0.113	0.886	1.129
	Social Trust	0.063	0.024	0.083	2.622	0.009	0.016	0.111	0.943	1.061
	Medical Satisfaction	0.317	0.026	0.375	12.031	0	0.265	0.369	0.971	1.03

a. Dependent variable : Medical Trust

Hierarchical regression explained a total of 15.3% of the total variance. The second is the regression analysis of the use of new media. The first level includes six control variables: age, gender, education level, political outlook, registered residence, and work type. After adjustment, the R side is not significant, and can only explain 0.1% of medical trust. At the second level, the use of new media as the second factor entered the equation, which also explained 0.1% of the total variance and was not significant. At the third level, when the variables of social trust and medical satisfaction enter the equation, both social trust and medical satisfaction have a significant positive impact on medical trust and explain 15.1% of the total variance. This data indicates that people who trust society are generally more satisfied with China's current medical care, and therefore trust China's medical care more. Hierarchical regression explained a total of 15.2% of the total variance. (See Tables 5-1 and 5-2)

Table 5-2: Hierarchical Regression Analysis of New Media and Various Variables on Medical Trust

		Non standardized coefficient B	Standard Error	Standardized Coefficient Beta	t	Significance	95.0% Confidence Interval	Collinearity Statistics
							Lower Limit Upper Limit	Tolerance VIF
Model 1	(Constant)	3.968	0.166		23.935	0	3.643 4.293	
	Age	0.001	0.002	0.021	0.53	0.596	-0.003 0.006	0.739 1.354
	Gender	0.051	0.052	0.034	0.991	0.322	-0.05 0.152	0.97 1.031
	Education	-0.016	0.024	-0.029	-0.667	0.505	-0.062 0.031	0.595 1.682
	Political Affiliation	0.105	0.08	0.048	1.315	0.189	-0.052 0.262	0.845 1.183
	Domicile	-0.06	0.055	-0.04	-1.099	0.272	-0.168 0.047	0.849 1.178
	Nature of Work	0.07	0.076	0.034	0.931	0.352	-0.078 0.219	0.857 1.167
	(Constant)	4.032	0.198		20.356	0	3.643 4.421	
Model 2	Age	0.001	0.002	0.014	0.344	0.731	-0.004 0.006	0.681 1.468
	Gender	0.05	0.052	0.033	0.964	0.335	-0.052 0.151	0.968 1.033
	Education	-0.014	0.024	-0.025	-0.58	0.562	-0.061 0.033	0.583 1.714
	Political Affiliation	0.108	0.08	0.049	1.35	0.177	-0.049 0.266	0.841 1.188
	Domicile	-0.059	0.055	-0.039	-1.076	0.282	-0.167 0.049	0.848 1.179
	Nature of Work	0.07	0.076	0.033	0.927	0.354	-0.078 0.218	0.857 1.167
	New Media	-0.017	0.028	-0.022	-0.592	0.554	-0.072 0.038	0.822 1.217
	(Constant)	2.462	0.221		11.15	0	2.029 2.896	
Model 3	Age	0.001	0.002	0.012	0.307	0.759	-0.004 0.005	0.664 1.506
	Gender	0.053	0.048	0.035	1.123	0.262	-0.04 0.147	0.964 1.038
	Education	0.002	0.022	0.003	0.072	0.942	-0.042 0.045	0.577 1.732
	Political Affiliation	0.061	0.074	0.028	0.825	0.409	-0.084 0.206	0.839 1.192
	Domicile	-0.07	0.051	-0.046	-1.381	0.168	-0.169 0.029	0.847 1.181
	Nature of Work	-0.012	0.07	-0.006	-0.17	0.865	-0.149 0.125	0.85 1.177
	New Media	0.001	0.026	0.001	0.029	0.977	-0.05 0.052	0.813 1.23
	Social Trust	0.066	0.024	0.087	2.751	0.006	0.019 0.113	0.949 1.053
Medical Satisfaction		0.317	0.026	0.375	12.008	0	0.266 0.369	0.966 1.036

a. Dependent variable: Medical Trust

4.3. Moderated Mediation Analysis

To examine whether media use has a direct impact on medical trust, the mediating role of social trust between media use and medical trust, and the moderating effect of medical satisfaction between media use and medical trust, the results are shown in the following figure. Traditional media use (coeff=0.116, confidence interval CI=[0.0252, 0.207] excluding 0, and $p<0.001$) significantly positively affects audience social trust. The use of new media ($\beta=0.00781$, confidence interval CI=[0.009, 0.147] including 0, and $p<0.05$) has a significant positive impact on social trust.

The impact of traditional media use on audience medical trust is not significant. The mediating variable social trust (confidence interval CI=[0.0168, 0.1114] excluding 0 and $p<0.001$) significantly positively affects audience medical trust, while medical satisfaction (confidence interval CI=[0.198, 0.553] excluding 0 and $p<0.001$) significantly positively affects audience medical trust. The indirect effect moderating variable medical satisfaction (confidence interval CI=[0.0004, 0.0173] excluding 0, and $p<0.001$) is effective. The results of traditional media usage are shown in Figure 1.

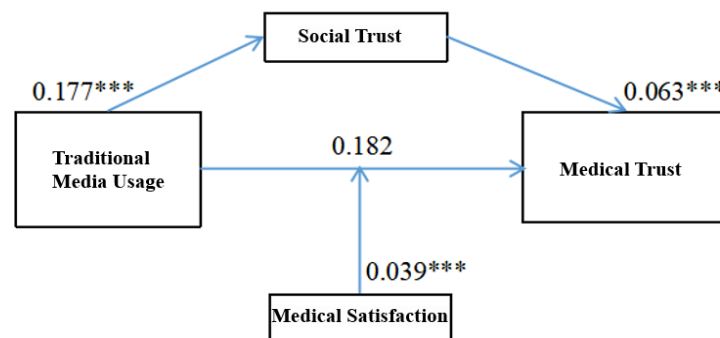


Figure 1: The results of traditional media usage

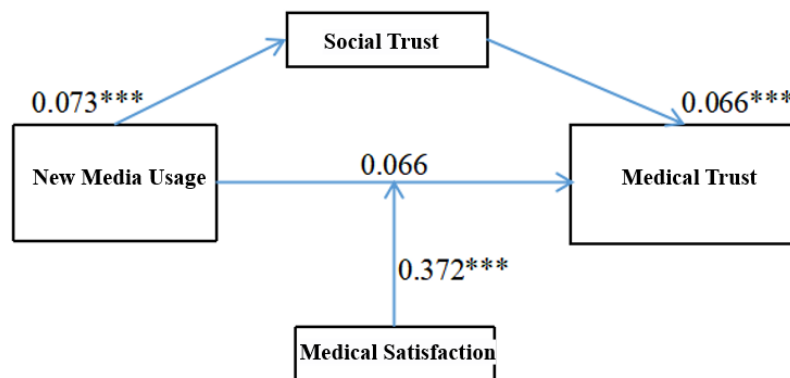


Figure 2: The results of new media usage

The impact of new media use on audience medical trust is not significant. The mediating variable social trust (confidence interval $CI=[0.0189, 0.114]$ excluding 0, and $p<0.001$) significantly positively affects audience medical trust, while medical satisfaction (confidence interval $CI=[0.195, 0.539]$ excluding 0, and $p<0.001$) significantly positively affects audience medical trust. The indirect effect moderating variable of medical satisfaction (confidence interval $CI=[-0.0001, 0.0122]$ including 0) is ineffective. The results of new media usage are shown in Figure 2.

5. Conclusion and Discussion

This study is based on the 2021 China Social Comprehensive Survey data, analyzing the relationship between different media usage preferences of the public and medical trust, and exploring the underlying mechanisms. The main conclusions drawn from the study are as follows:

5.1. Medical Trust Based on Controlled Variables

Research has found that age, education level, and medical trust are positively correlated. Regarding gender, men have a higher level of medical trust than women. People with party membership have a higher level of trust in medical care than those without party membership. Non-farmers have a lower level of medical trust than farmers, and the public working within the system has a higher level of medical trust than those working outside the system.

The possible explanation for this phenomenon is that as one grows older, their knowledge and life experience continue to increase, and their social status also improves. Their thinking logic matures accordingly, and their understanding of things becomes more objective, rational, and comprehensive, reducing their impulsiveness and impulsive actions in their youth. When faced with illness and unpleasant medical experiences, their tolerance and understanding of the people and things around them increase, and their passive trust in medical care also increases. The reason why party members and the public working within the system have relatively high medical trust may be because various administrative personnel in China currently enjoy a high proportion of publicly funded medical benefits. Due to the high reimbursement ratio, they are not very sensitive to expenses and have a certain economic strength during the medical treatment process. In addition, the policy documents requiring medical treatment in tertiary hospitals for publicly funded medical care also stipulate that personnel within the system are generally exposed to medical resources that are higher than the social average level and are less involved in medical difficulties such as insufficient expenses. Therefore, this group has developed a relatively high level of medical trust.

Of course, the higher medical trust displayed by the rural household registration population compared to the non-rural population is determined by the actual medical treatment needs of the rural household registration population. On the one hand, the rural population has lower medical expectations than the non-agricultural population, which is due to the helplessness of the rural population who have been forced by their economic strength to fight against minor illnesses for years, and the low proportion of medical experience in their personal lives. On the other hand, in rural societies, the relationship between medical staff and patients in village and town health centers is mostly based on acquaintance or even family

relationships. The number of patients in small health service institutions such as village clinics is small, so the interaction time between doctors and patients is more abundant. The trust of patients in doctors is mainly based on interpersonal trust with acquaintances. Therefore, the medical experience of rural populations based on low medical expectations, low frequency of medical treatment, and acquaintance trust is compared with the higher medical expectations of non-rural populations, the higher frequency of medical treatment due to medical treatment, and the relatively indifferent interpersonal relationships between urban doctors and patients, which has led to a relatively higher level of medical trust among rural populations.

5.2. Media Utilization Positively Influences Medical Trust

From the analysis results, regardless of traditional or new media, the use of various media has a non-significant positive impact on medical trust, which is different from the data results of CGSS2011 and 2012 analyzed by Zhang Hongze and contradicts previous research conclusions. According to the reporting logic of "bad news is good news" in news media [10], when reporting on doctor-patient relationships and medical news, the "suffering style" medical reporting framework and "patient disadvantage" reporting thinking have become habitual. The audience who have been exposed to such negative reports for a long time lacks positive guidance, and the image of doctors is "stereotyped" [11]. The doctor-patient relationship is "stereotyped", especially with the rapid development and targeted promotion of new media. The more the public is exposed to new media, the greater the level of distrust between doctors and patients should be. However, the conclusion drawn in this paper is the opposite, due to three reasons.

First, from 2011 to 2021, after the policy implementation of the "12th Five Year Plan for Deepening the Reform of the Medical and Health System and Implementation Plan", China's medical level has been improved in terms of hardware facilities and equipment, patient medical environment and conditions, as well as the overall professional level of doctors. The internal strength of the medical system has also been enhanced, especially in the face of the difficulties of the epidemic, which has withstood huge challenges and tests. The public's overall evaluation of the medical level has improved compared to more than a decade ago. Second, the media reporting framework and narrative focus have changed. The increase in typical publicity of the medical cause in mainstream media, the attention of We Media and online bloggers to positive reports of medical personnel, and the spread of positive energy short videos emerging in society. At the same time, the growing We Media and official account and other platforms have reported medical events promptly, which has greatly increased the openness and transparency of medical news, and turned the public from "being in the dark" to "participating in interaction". These changes have alleviated the increasingly tense doctor-patient conflict from external reasons and changed the stereotype of medical personnel in the public's mind. The third is the introspection and awakening of the public themselves. After decades of "media-based" survival, the public's media literacy has been continuously improved, and they have a certain ability and evaluation criteria for identifying fake news, false information, and flipped news events in negative social reports. They can properly view news events published by online self-media. When it comes to negative news related to the medical industry, the public can consciously, objectively, calmly, and rationally analyze the various relationships involved, and can move from blindly following the trend in the complex network information to the current "calm treatment". From the reform and upgrading of the medical industry itself to standardized media reporting and the awakening of public rationality, these internal and external factors have formed a positive guiding impact of media use on overall medical trust.

5.3. Mediation and Moderation Effects

The mediating effect of social trust between media use and medical trust is significantly positive and belongs to a complete mediating effect, while the moderating effect of medical satisfaction varies among different media use and medical trust. The level of medical satisfaction positively and significantly moderates the impact of traditional media on medical trust, while there is no significant moderating effect between new media and medical trust.

The issue of trust is an important ethical and social issue [12]. The improvement of social trust directly affects medical trust, and for the general public who have a high level of trust in society as a whole, they naturally have more trust in the medical industry. At the same time, it can be seen that no matter what kind of media environment, the positive impact of social trust on medical trust is unchanged, but the impact of different media methods on social trust is different. The influence of traditional media is more far-reaching, while the impact of new media is less, which is also similar to previous research results of

the same kind, which again proves that media, as a form of social communication, affects the public's view and judgment of the objective world with the role of the "invisible hand".

The moderating effect of medical satisfaction on medical trust is more obvious and significantly positive in the traditional media environment, but not significant in the new media environment. This result may be because the public who uses traditional media tends to be older in demographic variables compared to those who use new media. The elderly have more personal medical experiences, accompany others for medical treatment, and are exposed to medical treatment around them. Medical satisfaction, influenced by medical experience, directly affects medical trust. Therefore, the role of medical satisfaction in medical trust is more prominent. At the same time, young people who use new media have a lower probability of personal medical experience than the elderly, and their evaluation of medical trust is generally fuzzy due to other factors. Therefore, their medical trust is less affected by medical satisfaction.

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