

Knowledge Archaeological Research on Discourse of Hospital Issues in Chinese Health Communication

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Abstract: Health communication research, originating from Western academic traditions, has long been a blend of various academic discourses. In the context of Chinese academia, these studies have undergone theoretical transfer and adaptation, completing the migration of discourse fields and subsequently rejuvenating theoretical vigor. Against this background, this research, utilizing the framework of knowledge archaeology, conducts an academic historical review of the discourse system in Chinese health communication research. The research shows that in the evolution of discourse, hospital topics have gradually shifted from a loss of focus to a refocused attention, reflecting the challenges and achievements encountered in the gradual construction of an independent knowledge system within Chinese health communication research. To construct a health communication research knowledge system with local characteristics, it is crucial to enhance the focus on local issues and transcend disciplinary boundaries.

KeyWords: Health communication, Knowledge archaeology, Hospital issues, Independent knowledge system

Problem and Method

The recently China's Health Authorities encourages medical institutions and their healthcare professionals to actively undertake health promotion and education activities, playing a crucial role in advancing the steady development of the national health agenda. With issues such as doctor-patient relationships and intelligent healthcare becoming frequent talking points in public discourse, many hospitals have begun to move from the backstage to the forefront, proactively creating social media accounts to implement health communication, making them an integral part of health communication.

However, in the field of health communication academic research in China, the importance of the hospital topic has not received adequate attention for a long time. Historical research indicates that hospitals have either been overlooked as a background setting or merely mentioned as the subject of media reports and early health education practitioners in the chronicles of health communication history. This significant research gap reveals many often-neglected issues, such as whether hospitals' presence in health communication studies in China follows the call of a specific discourse, and if the absence of research in this field is, as Foucault might describe, a discontinuity of knowledge that beckons the construction of a stable discourse system¹. Whether hospitals can become a core subject in health communication research, and what benefits this might bestow upon the construction of China's independent health communication knowledge system, are questions worth exploring in depth.

To answer these questions, it is necessary to grasp the specific "hospital issue" in health communication research and observe the process by which hospitals enter the scene and gradually lose focus, exploring the mechanistic links that support this transformation². Issue construction is a process of academic practice for health communication researchers to "summon research problems" and "establish research paths", and this academic practice can also be understood as disciplinary discourse practice. Under Foucault's discourse theory framework, discourse analysis focuses more on how the world of science and technology, as part of everyday existence,

produces and defines knowledge in a material form, and the method for a concrete grasp of this is the archaeology of knowledge. The core of the archaeology of knowledge lies in focusing on the "movement process" of knowledge generation, rather than a priori frameworks preset for the object of study. The presence of hospitals is always connected with specific social relations and subjects within health communication, and due to the interdisciplinary research characteristics of health communication, this issue mechanism becomes extremely complex. Given the limitations of a single paper, this study selects the health communication research literature from 1987 to the present in the CNKI Chinese database as the main research subject, following the principles of the archaeology of knowledge. It analyzes the process of hospitals being included, fading out, and then refocusing in China's health communication research. By studying the "statements," which are the basic units of discourse, the role of hospital topics in the existing knowledge system is fully recognized. The research investigates the boundaries of health communication theoretical exploration in China and explores the significance of refocusing the hospital issue for constructing an independent Chinese health communication research knowledge system.

Historical Review of Academia: Changes in the International Health Communication Discourse Field

Discussing the international academic community's basic discourse field regarding health communication research requires a focus on the United States, the birthplace of modern health communication studies. The origin of American health communication research can be traced back to the mid-20th century. The rapid development of urbanization in post-war America led to the deterioration of the working environment, the prevalence of infectious diseases, and unequal distribution of medical resources. These issues stimulated the development of various health promotion movements in the United States, with health education and medical sociology gradually becoming important academic fields³. The former regards non-profit hospitals as the main disseminators of health information, aiming to advocate patient participation in

medical decision-making and promote communication between the public and hospitals via the transmission of professional health knowledge. The latter, aiming to promote the equitable distribution of health resources, adopts a structuralist perspective to critique the deprivation of equal access to medical resources for the lower social echelons by the highly marketized American medical system⁴. Therefore, the related research marginalizes discourses on the authority of medical knowledge and individual agency, focusing instead on the relationship between hospitals and health insurance policies, government departments, and the socio-economically disadvantaged.

With the enrichment of mass media practices and the development of various branches of communication studies, health communication practices and research were gradually incorporated into fields such as communication studies, education, and medical sociology. Against this backdrop, health communication as a discipline started taking form, with effect studies at its core and health promotion as its aim. During this period, "communication" was often seen as a means to achieve health education and promote medical reform, with an extremely unequal relationship between audiences and medical institutions as conveyors in academic discourse. The involvement of social psychology provided an opportunity to reconcile this contradiction. Influenced by the specific cultural context of the 1960s, American social psychology focused on the relationship between attitudes and behaviors, giving individuals a significant role in the communicative process with medical institutions. This not only gradually equalized interaction between individuals and hospitals, but also introduced important analytical frameworks to health communication, including the Theory of Planned Behavior and the Health Belief Model. From thereon, health communication gradually formed an interdisciplinary knowledge field, encompassing communication studies, medicine, medical sociology, and social psychology. The "Stanford Heart Disease Prevention Program" of 1971 is considered the beginning of modern health communication research⁵. It was also during this time that authoritative communication research organizations, such as the International Communication

Association (ICA) and the Speech Communication Association (SCA), began establishing various health communication research bodies. By the mid-1980s, with health communication practices like AIDS prevention represented worldwide, health communication had become an indispensable topic at various authoritative communication research conferences. During this period, health promotion agencies such as the "National Institutes of Health (NIH)" became the primary sources of funding for health communication research, and "scholars engaged in related fields primarily hailed from medicine and public health, communication studies, sociology, and education", among others.

From the perspective of the division within the discourse system, health communication research in the West, exemplified by the United States, can be broadly divided into two domains: "communication studies of health" and "communication studies in health." The former treats hospitals as the "background" of primary health activities and examines people's health behaviors and concepts through the lens of questions posed by communication studies. The latter views hospitals as "laboratories" for observing health behaviors, beginning with a consciousness of health issues and utilizing communication theories for health interventions and promotion. Under this discourse boundary, research in "communication studies in health" often excludes complex factors such as culture in the discursive representation of hospital topics, and the treatment of the relationship between audiences and hospitals is characterized by centralization, with a significant focus on applicability in research purposes, particularly emphasizing interventions for infectious diseases⁶ and drug abuse⁷.

In contrast, research in "communication studies of health" places more emphasis on the role of practice, culture, and other diverse factors when discussing hospital topics. The subjects involved in the research are more varied, and the interactive relationship with hospitals is closer. This discursive tendency is most pronounced in studies of doctor-patient relationships⁸.

Theoretical Journey: The Discourse System Evolution of Hospital Topics in Health Communication Research in China

Health communication, like other imported academic concepts, has evolved to reflect local characteristics through its integration with the discourse fields of mainland China. Edward Said describes this process as "theoretical travel," suggesting that "the movement of ideas and theories from one place to another is not only a vivid fact but also often constitutes a precondition that makes intellectual activities possible."⁹ Theoretical travel focuses on the evolution of core concepts within a discipline's knowledge system as it migrates across discourse fields. The differences between the starting point and destination of the theory involve complex interactions between the theory, political systems, culture, and other factors. Combining "theoretical travel" with the archaeology of knowledge provides an analytical framework for the discourse evolution of hospital topics in the localization process of health communication in China.

Hospital Topics Incorporated into Health Propaganda Discourse

The introduction of health communication is closely related to the socio-political changes in China. Before the reform and opening-up, health discourse in China was often linked with grand themes such as patriotism and revolution. In the 1980s, with the shift in the national work focus, the academic narrative on health topics gradually moved away from the discourse of class struggle, turning towards health education and promotion in the context of economic development. This historical transformation marked the beginning of a theoretical journey from health education to health communication. This process has three characteristics: "First, health communication was initially introduced by health education, not the field of communication studies; second, it was driven directly by international cooperation on issues like AIDS prevention¹⁰; and third, health communication research in China has long sought the legitimacy of its theoretical framework within the discourse system of health propaganda." Hospitals, as authoritative sources of health information and primary communication institutions, have seen the evolution of related academic topics,

becoming important objects to observe how Western theories adapt to the Chinese health propaganda discourse field.

The appearance of the first AIDS case in mainland China in 1986 accelerated the introduction of health communication research. The "First Health Education Theory Seminar" held in 1987 systematically introduced the application of communication theory in health education, marking the formal inclusion of health communication theory focused on disease prevention and control into the health propaganda discourse system. In this process, hospitals were not only the main institutions for health education but also the key sites for health education practice. Health communication research on hospital topics mainly focused on application areas such as infectious disease prevention and environmental health improvement, with a discourse characterized by the "communication studies in health" research paradigm, emphasizing the introduction of content related to health education and promotion from Western health studies. The "marketing model" originating from health marketing became a research hotspot during this period.

Journalism and communication studies entered the field of health communication research later. Until the SARS outbreak, narratives in the field concerned with health communication primarily focused on effect studies and media business dimensions, incorporating themselves into the mainstream discourse of health propaganda through the measurement of health propaganda effects and strategy improvement. Within the discourse system of journalism and communication studies, "hospitals" are defined as the subjects of health propaganda. Meanwhile, hot topics in overseas research, such as doctor-patient relationships and organizational communication within hospitals, had not yet received attention from domestic health communication research. The Western theoretical system of health communication did not enter the mainstream discourse of health topics in China during this period.

The "Defocusing" of Hospital Topics in Health Communication Research

The SARS (Severe Acute Respiratory Syndrome) outbreak represents a significant moment when health communication entered the mainstream discourse system in

China. In the evolution of the health communication discourse system dominated by government authorities, China's health authorities summarized the experience from the SARS period and began to shift the dominant discourse in health issues from health propaganda to the more professional "health communication." Initiatives such as the "China Health Knowledge Dissemination Incentive Program" and the "First International Health Communication Seminar in China" symbolize the entry of health communication research into the mainstream academic field¹¹, with a substantial increase in the volume of literature on health communication during this period. However, medical professionals, as important actors in health communication, not only failed to enter the mainstream discourse field of health communication research, but hospital topics also remained unhighlighted in this stage of research¹². This defocus is the result of the division of the disciplinary discourse system of health communication research in China at the beginning of this century.

At that time, since China had not yet established a professional journal for health communication research, Chinese health communication researchers primarily constructed their discourse systems around two existing disciplines: medicine and health, and journalism and communication. In medical and health-related journals, the discourse on health communication focusing on hospital topics was highly concentrated on the role of hospitals in disseminating healthcare reform policies and implementing health education. Health communication was seen as a propaganda task attached to the medical context, and its disciplinary specificity was not recognized by the mainstream discourse in the medical and health academic field. Simultaneously, in journalism and communication journals, the discourse on health communication research intentionally demarcated itself from medical and health domains such as disease prevention and health education. Hospitals were mainly viewed as entities in urgent need of exposure in mass media and were marginalized in issue setting. There are two main reasons for this phenomenon: firstly, during this period, Chinese health communication researchers primarily came from journalism and media industries, focusing the discourse on communication channels, audiences, and effects, while

overlooking hospitals as communicators. Secondly, under China's party-controlled media system, the problem consciousness in journalism and communication research needed to align closely with the news propaganda practices of mainstream media and cooperate with the shift from health propaganda to health communication in discourse tone by relevant departments. As a result, the audience became the core research subject during this period, and hospitals were marginalized in topic setting.

In the decade following SARS, health communication in China developed rapidly and achieved significant results after entering the mainstream discourse field. Overall, however, government health departments, as key promoters, still regarded communication as a means of health education, with the disciplinary practice of "health communication" mainly reflecting "the use of mass communication means for health information delivery," that is, "mass health communication." Under China's medical and media systems, the government's discourse shaped the positioning of health communication research in the fields of medicine, health, and journalism, and communication. Acting as communicators, hospitals were regulated as propaganda executors and media reporting subjects within the diverse discourse systems of journalism and communication studies, medicine and health, and the government, thus becoming marginalized in the process of topic setting.

The "Re-Focusing" of Hospital Topics in the Localization Process

In the second decade of the new century, the development of new media technologies represented by social media has completely reshaped "the most basic life and life trajectory of individuals"¹³. The empowerment of media technologies on personal communication and expression has promoted the personalization of health issues and disrupted the one-way health communication system constructed by health propaganda departments and mass media. China's health communication research is facing a reconstruction of its discourse system in the information technology era. At the same time, the mixed communication subjects in cyberspace have led to the prevalence of "pseudo-health communication"¹⁴, and the public has an urgent demand for high-quality health content. This means that the production of health content needs

to be recognized by the authorities in the medical and health field on the one hand, and to fit the local health behavior context on the other. Against this background, hospitals have stepped out of the backstage of health communication and become independent producers and disseminators of health information by utilizing social media, and the hospitals as "communicators" have once again been the focus of health communication research¹⁵. In terms of topic distribution, medical and health journals focus on the innovation of public hospital health service models in the era of self-media and the optimization of content production incentive mechanisms in the era of self-media, while theories on hospital media use and disease prevention and control from overseas research have also been introduced for localized practice¹⁶. The journalism and communication field's attention to the role of hospitals as communicators has mainly focused on the content production and operation of hospital self-media platforms¹⁷, as well as the crisis public relations and opinion guidance effects of these platforms in public health emergencies, reaching a peak during the COVID-19 pandemic¹⁸.

Compared to before 2010, the hospitals as communicators are no longer facing the "audience" as a whole, but "users" with specific health information needs who can actively participate in the discussion and decision-making of health issues. The application of new media technologies has overturned the one-way discourse system aimed at health education, and health communication is no longer just a propaganda task attached to the professional medical field, but embedded in the entire process of medical services and has become an important communication practice for guiding public opinion in public health emergencies. However, overall, health communication research has not gone beyond the existing disciplinary discourse system in terms of its focus on the function of hospitals as communicators. Although hospitals have entered the field of health communication research in the role of communicators, the discourse on related topics is still woven around mass communication and popular science education, and hospitals themselves have not become the focus of health communication research. It was not until "doctor-patient communication" entered the

core field of China's health communication research that the discourse system centered on "mass health communication" began to show some changes.

China's health communication research did not start to focus on doctor-patient communication until around 2010. During this period, the frequent occurrence of violence against medical staff and incidents of killing doctors made the discourse system centered on mass health communication unable to effectively explain the complex doctor-patient communication practices in the Chinese medical context. The huge differences between the medical systems and cultural environments of China and the West made it difficult to directly apply the research frameworks and conclusions represented by the United States. In order to deeply answer this local issue, the health communication academia in China gradually recognized hospitals as practical domains with professional knowledge systems in their research on doctor-patient communication. "The doctor-patient relationship, as the 'interface' where social individuals and the social medical system intersect, has become an important window for examining the state of social medical and health services from a cultural perspective." Related research has shifted from the unidirectional promotion of "knowledge-trust-behavior" from the perspective of doctors, patients, and media, to the multi-dimensional interaction between people, culture, and technology. The return of hospitals in the roles of communicators and practical domains has shown that the discourse system centered on "mass health communication" in China is not uniformly unified, but is constantly attempting to break through and reconstruct the existing disciplinary system under the guidance of local problem consciousness. The rediscovery of the uniqueness and professionalism of hospitals as research objects reflects the efforts of China's health communication research to construct an autonomous knowledge system for health communication under the local problem consciousness.

Re-Focusing on Hospital Topics: Reconstruction of the Discourse Field of Health Communication under China's Autonomous Knowledge System

Archaeological Knowledge of Discourse Field Shifts: The "Defocusing" and "Re-Focusing" of Hospital Topics in Health Communication Research

"The object of archaeology is the unified body of ever-changing discourses, the different sets of discourse formation rules that govern and unfold in different discursive spaces¹⁹." "It is these rules that make it possible for the objects of statement to be presented in a certain specific, standardized way within a certain period."²⁰ Through the archaeological knowledge of the trajectory of hospital topics in China's health communication theory, from "defocusing" to "re-focusing", the discourse shifts of hospital topics reveal both the achievements and predicaments of China's health communication research in gradually constructing an autonomous knowledge system.

After decades of development, China's health communication research has formed a relatively stable discourse system with internal differences and discontinuities. Since the introduction of the theoretical concept of health communication to China, its discursive representation has always been embedded in China's health propaganda and health education system, seeking survival space within the international academic discourse field and the existing disciplinary system in China. "Mass health communication" research aimed at health propaganda and health education has become the mainstream, and hospitals have been normatively represented in this discourse system as static physical spaces or subjects executing communication tasks. "The stability of the discursive configuration in the discursive space is made possible by the internal system of rules that deals with differences and discontinuities²¹." China's health communication research not only has a relatively stable discourse system under China's health propaganda system, but also presents openness and development in the process of international exchange and integration into the new media environment. With the increasing exchange between China and the international health communication community, the research topics of China's health communication have been connected with the mainstream academia abroad. The rise

of local health issues such as medical reform and doctor-patient communication has led to the differentiation of previously essentialized health communication research objects such as the concept of health, the audience, and hospitals into different professional fields.

The development of new media technologies has further promoted the change of the "mass health communication" centralized discourse, and the research path of health communication has gradually shifted from the passive response of the communicator's mindset to the multi-narrative and two-way communication under the dialogue mode²². International exchanges have brought about theoretical updates and developments, and local issues have become the basis for the negotiation and dialogue between foreign theories and the local discourse field. The development and popularization of new media technologies have also accelerated the transformation of the discourse style of health communication²³. China's mainstream health communication discourse field, centered on "mass health communication", has incorporated the academically displaced and discontinuous discourse into the real environment of China's medical and media development, transforming the disruptive discourse practices into the driving force for enriching and developing the existing discourse system, and constructing a stable field that accommodates diverse discourse forms.

Questions, Principles and Paths: Reconstruction of the Health Communication Discourse Field under China's Autonomous Knowledge System

To this day, China's health communication research has not gained an important position in the international academic discourse field, and is often questioned for its lack of depth and professionalism. "Depth" refers to the degree of response of the research content to the research topic, and the lack of depth is rooted in the failure to analyze problems by grounding in China's national conditions and forming a local problem consciousness. As a theoretical system that has traveled from the West, health communication, under the huge differences between the medical and media environments of China and the West, is often unable to touch the essence of the

problems by applying Western theoretical frameworks and research methods to the Chinese reality, and unable to raise research questions with disciplinary innovation. The defocusing of hospital topics is due to the blind pursuit of the Western health education research framework, while neglecting the characteristics of the local medical system. "Professionalism" refers to the disciplinary boundaries and norms of health communication research itself. To this day, China still lacks professional exchange platforms represented by professional research journals in health communication, and the publication of health communication research can only find discourse basis within the existing disciplinary boundaries. Currently, the publication of China's health communication research literature is highly concentrated in the fields of medicine/health and journalism/communication, with huge differences in their disciplinary discourse systems, forming rather obvious disciplinary barriers. Once the research object involves multiple professional fields, the relevant research topics become difficult to discuss systematically and in-depth, which is also the reason why the "hospital health communication research topic" with expertise in both medicine/health and communication has long been neglected. The disciplinary barriers have led to the scattered efforts of China's health communication research in various disciplinary fields, making it impossible to form a professional disciplinary system with clear boundaries, and thus difficult to grasp the complex and changing local issues in depth. From the perspective of the interactive relationship between human development and knowledge systems, the innovation of production relations by information technology will break the highly differentiated knowledge pattern of the industrial era, forming a modern knowledge system with multi-field integration and human-centered characteristics. Therefore, in order to establish a discourse field with depth and professionalism in China's health communication research, and provide wisdom and solutions for solving problems in China and the world, it is urgent to establish an autonomous knowledge system with integrative features²⁴.

In terms of basic principles, the construction of an autonomous knowledge system for health communication research in China must adhere to the guiding ideology of

Marxism, combine the professional principles of health communication research with the actual development of China's health cause and health industry, and combine with the social and cultural context of China's characteristics, through the creation of a more autonomous, inclusive, and professional dialogue environment, respond to the Chinese and global issues in health communication practice, and promote theoretical and methodological innovations.

There are two key paths in this process. First, establish a local problem consciousness. This means that health communication research should grasp the major contradictions in the field of health communication from the overall situation of China's health cause and health industry development, from the trend of media digitization, and from the complex and diverse health practice fields in Chinese society, and focus efforts in the most urgent and critical public health issues²⁵. Second, break down disciplinary barriers, promote the establishment of professional journals in health communication research, and encourage universities, health propaganda agencies, hospitals and other entities to conduct cross-disciplinary research combining their own professional knowledge fields, so as to construct a health communication discipline knowledge system with multi-disciplinary integration and core of promoting human development.

The construction of an autonomous knowledge system for health communication research in China is both a guarantee for the healthy development of this "imported theory" in the local context, and an inherent requirement for China's health communication research to go global. This article conducted an archaeological knowledge on the discourse shifts of hospital topics in China's health communication research, tracing the evolution of the logic of knowledge production in the decades-long "theoretical journey" of health communication in China, and using it as a window to observe the current lack of local problem consciousness and disciplinary barriers faced by China's health communication research. "Only by taking root in the land of China and striving to construct original concepts and theories can we have a voice on the international stage." To solve the dilemma of "unprofessional" and "not

in-depth" in China's health communication research, we need to work together with our colleagues in the future, starting from local problem consciousness, conduct more detailed and in-depth research on health communication research objects in multi-perspective and cross-disciplinary cooperation, and empower the construction of China's autonomous health communication research knowledge system.

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