Dilemmas and Strategic Optimization of New Media Content Communication in Public Medical Institutions: A Perspective of Emotional Communication

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ABSTRACT

Against the dual backdrop of the comprehensive advancement of the national health strategy and the continuously escalating emotional needs of the public in the post-pandemic era, the new media platforms of public medical institutions have become the core official communication arenas for public health science popularization, the handling of public health emergencies and the dissemination of health knowledge. At present, these institutions have generally completed the deployment of all-media matrices and possess the communicative advantage of professional authority; yet, long constrained by a governmental mode of communication thinking, they are beset by such prominent problems as imbalanced emotional expression, an ossified communicative register, ruptured emotional interaction and inadequate literacy among operating teams. As a result, the communication of public health information falls into the practical dilemma of 'authority in excess but warmth in deficit, professionalism prioritized but empathy absent'. Anchored in emotional communication theory and informed by the new media practices of public hospitals, this paper systematically reviews the current status, dilemmas and causes of emotional communication on the new media of public medical institutions, and proposes optimization strategies adapted to public health communication scenarios along four dimensions: content reconstruction, register innovation, interaction upgrade and team building. The aim is to advance the new media communication of public hospitals toward an upgrade characterized by 'professionalism as the foundation and emotion as the empowering force,' thereby facilitating the efficient reach of authoritative public health information, the construction of trust between doctors and patients, and the positive guidance of social health sentiments.

Keywords: emotional communication, public medical institutions, new media, public health

INTRODUCTION

With the full operation of the 'Healthy China 2030' Plan, public health communication has shifted from the singular objective of knowledge dissemination toward the multiple objectives of cultivating health concepts and building social consensus [1]. In the post-pandemic era, the public's demand for public health information has evolved from the rudimentary 'right to know' into a compound emotional need for reassurance, empathy, clarification and companionship. Collective emotions such as health anxiety and risk panic have become core issues that public health communication must address, elevating the value of emotional communication to an unprecedented level.

Against this backdrop, the new media platforms operated by public hospitals at all levels—official websites, WeChat official accounts, WeChat Channels, Douyin and the like—are no longer mere accessories of institutional publicity; they have become core official channels undertaking public health science popularization, policy interpretation, emergency notification, doctor–patient communication and the guidance of social sentiment [2]. In practice, however, current operations generally exhibit a tendency to prioritize the output of professional medical content while neglecting the construction of emotional communication, and the mindset of traditional government publicity is poorly aligned with the fragmented, emotional and interactive communication ecology of new media. At the theoretical level, existing health communication research has largely focused on the effects of medical technology popularization, persuasive models of health behavior, or

public opinion management in crisis communication, whereas systematic inquiries that adopt emotional communication as an overarching perspective to examine how public medical institutions—a distinctive type of actor—produce content, enact discursive practices and engage in social-emotional interaction on new media platforms remain scarce.

Grounded in the practical pain points of new media publicity in public medical institutions, this paper aims to provide front-line practitioners with operable and implementable strategies. By diagnosing such concrete problems as content homogenization, bureaucratic register and deficient interaction, and by proposing a full-chain optimization scheme spanning content production, register innovation and team building, the study seeks to enhance the new media communication efficacy of individual institutions and of the sector as a whole. At a more macro level, the research is of considerable practical value for building a harmonious doctor–patient relationship, alleviating social anxiety during public health emergencies, consolidating the authority and trustworthiness of official health information sources, and ultimately advancing population health literacy and health-related affect in tandem [3].

Accordingly, the core research questions of this paper emerge: from the perspective of emotional communication, what specific dilemmas do Chinese public medical institutions encounter in the new media communication of public-health-related content? What are their underlying causes? And how can a systematic set of strategies be constructed to optimize communication effects, strike a balance between professional authority and emotional warmth, and thereby better fulfill their functions of public service and social emotional support?

Core Concepts and Theoretical Foundations

(1)Definition of Core Concepts

New media of public medical institutions refers to the ensemble of online new media platforms officially operated by public hospitals at all levels—including general hospitals, specialized hospitals and centers for disease control and prevention—whose core functions are to disseminate medical and health information, provide public services, shape institutional image and participate in social governance[4]. These platforms primarily include WeChat official accounts, subscription accounts, WeChat Channels, Douyin accounts and official Weibo accounts. Their defining attribute is a trinity: a communicative attribute, a public-interest attribute and a public-function attribute .

Public health new media communication is distinct from clinical popularization science that targets individual diseases. It refers specifically to communicative activities carried out on the new media platforms of public medical institutions for the purposes of promoting population health, preventing disease, responding to public health events and interpreting public health policies [5]. Its content spans infectious disease prevention and control, vaccination, chronic disease management, advocacy of healthy lifestyles, environmental health, and the reporting and interpretation of public health emergencies. Its core characteristics are the public nature of its issues, the non-exclusivity of its benefits and the strong externalities of its communicative effects.

(2)Core Theoretical Foundations

Emotional communication holds that information dissemination is never a purely rational process; emotion is a key variable embedded in the structure of communication and driving its effects. Emotion itself becomes the core content that is represented and shared, while simultaneously serving as the central psychological motive that drives users to follow, forward and comment. Sustained practices of emotional communication can connect dispersed audiences around a given health issue or institutional brand into an emotional community that shares particular emotional experiences and value identification[6]. For public hospitals, constructing an emotional community of caring, credible and reliable health guardians constitutes one of the ultimate goals of their communication.

Positive emotional communication can foster social solidarity and healthy behaviors, whereas negative and irrational emotional communication exacerbates social fragmentation and impedes the effective implementation

of public health measures [7]. Emotional guidance and governance therefore constitute an indispensable component of public health communication.

Current Status of New Media Communication in Public Medical Institutions from the Perspective of Emotional Communication

(1)Communication Vehicles: A Mature All-Media Matrix Covering All Audience Scenarios

The vast majority of tertiary hospitals and a considerable number of secondary hospitals have completed the baseline deployment of the two WeChat/Weibo, Douyin and Kuaishou configuration together with WeChat Channels, giving rise to diversified content formats such as text-with-images, long-form graphics, short videos, livestreaming and audio. This lays the foundation for reaching audiences with different media preferences in an all-dimensional, multi-scenario manner. However, the functional positioning and emotional tone of these platforms often lack coordinated planning; the indiscriminate cross-platform redistribution of identical content is widespread, and finely differentiated emotional content tailored to the community cultures and expressive modes of different platforms remains underdeveloped.

(2) Communication Content: Centered on Authoritative Public Health Science Popularization and Emergency Communication

Current content production exhibits a stable structure centered on authoritativeness, public-interest orientation and knowledgeableness. It falls mainly into three categories: routine health science popularization, covering seasonal disease prevention, knowledge about common and frequently occurring diseases, and healthy lifestyles; interpretation of public health policies, chiefly concerning new medical insurance policies, vaccination guidelines and the promotion of screening programs; and emergency information reporting, which during public health emergencies undertakes functions such as releasing epidemic data, interpreting prevention and control policies and providing guidance on accessing care.

This body of content constitutes the fundamental base of communication. Its strength lies in being professional, accurate and reliable; its weakness is that it is frequently oriented toward knowledge inculcation and thus lacks emotional warmth. Meanwhile, practices of emotional communication have begun to sprout, but in an unbalanced bipolar pattern. One pole consists of tentative attempts at warm narrative: some leading institutions have deliberately launched columns such as Healers' Stories, Patients' Voices and Hospital Humanities, conveying warmth by recounting the dedication of medical staff and the recovery experiences of patients. For instance, tribute videos produced by certain hospitals around occasions such as Chinese Doctors' Day and Nurses' Day have elicited favorable emotional feedback. The other pole is the widespread absence and occasional excess of emotional expression: most routine science popularization remains expressionless knowledge text, while a minority of institutions, chasing traffic, fall into the trap of excessive sentimentality or entertainment—packaging serious medical topics with exaggerated clickbait headlines, or producing frivolous dance shorts to explicate grave diseases. Such practices may attract attention in the short term, but they impair the seriousness and authority of medical communication.

(3)Emotional Communication Practice: Tentative Exploration of Warm Narrative Without a Coherent System

At the level of concrete practice, the new media of public medical institutions has shown an initial turn from purely rational notification toward limited emotional expression. The most notable exploration lies in the introduction of warm narrative: on important occasions such as Doctors' Day and Nurses' Day, short videos or graphic posts showcasing the dedication of medical staff are released in concentrated fashion, and moving stories of patients who recover after arduous struggles are occasionally shared. Such content aims to soften the institutional image and evoke emotional resonance among audiences [8].

This practice, however, is far from mature and displays pronounced features of sporadic, fragmented and subordinate character. The release of emotional content is strongly festival-driven or event-driven, lacking the stable output of regularized, column-based programming and not yet integrated into the daily content matrix. At

the same time, the forms of emotional expression are relatively monotonous, largely confined to the single narrative frame of eulogy or gratitude, and the complex and plural emotional dimensions of the doctor–patient relationship remain underexplored, resulting in conspicuous homogenization. More importantly, emotional communication still occupies a subordinate position in the overall communication strategy, regarded as garnish or soft packaging for hard-core science popularization rather than as a core pillar equal in weight to professional communication.

The root cause of this fragmented practice is that institutions have yet to establish a methodology and production system for emotional communication that is deeply adapted to public health communication scenarios. Gaps exist throughout—from thematic planning and narrative models to the standardized calibration of emotional tone, and further to differentiated emotional strategies for different public health issues. Consequently, current practices of emotional communication tend to be spontaneous and arbitrary; unlike science popularization, they have not formed replicable, assessable and sustainable standardized procedures. Their communication effects are therefore unstable for want of systemic support, making it difficult to construct durable, coherent and profound emotional identification in the public mind.

(4) Core Characteristics of Communication: Authority in Excess, Warmth in Deficit; Professionalism First, Empathy Absent

Communication on the new media of public medical institutions exhibits a form of structural imbalance: authoritativeness and professionalism are over-supplied while empathy and warmth are under-supplied. Communicators are accustomed to playing the role of professional authorities who edify the public, adopting a top-down, announcement-like and jargon-laden register. This knowledge-based communication model was effective in an era of information scarcity, but in today's new media environment of information overload and emotional abundance it struggles to penetrate users' information cocoons and emotional filtering mechanisms; communication thus remains at the level of mere delivery and rarely achieves the deeper effects of touching hearts and eliciting empathy. Practices of emotional communication remain, on the whole, scattered, spontaneous and unsystematic, and have yet to be elevated to a strategic height commensurate with professional communication.

Core Dilemmas of Content Communication on the New Media of Public Medical Institutions from the Perspective of Emotional Communication

(1) Content: Imbalanced Emotional Expression and the Bidirectional Rupture Between Professionalism and Warmth

A large number of public health science articles still follow the writing style of academic papers or textbooks, replete with technical terminology, complex data and abstract principles. For example, a post on hypertension prevention and treatment may be devoted entirely to physiological mechanisms, drug classifications and statistical risks, while lacking everyday guidance and emotional encouragement concerning patients' diet, exercise and psychological adjustment. This de-contextualized and de-personalized narrative strips medical knowledge of concrete persons and lived experience, erecting a high cognitive threshold and closing off the channels of emotional resonance.

Existing emotional narratives largely fall into the heroic paradigm of the flawless paragon or the gratitude paradigm of the tear-jerker. The former labors to depict medical staff as selflessly devoted and neglectful of their families; the latter dwells on patients' tearful gratitude after narrowly escaping death. Although such narratives may evoke momentary emotion, their high degree of sameness and their lack of textural authenticity and human complexity readily induce aesthetic fatigue, making it difficult to form durable emotional memory points or brand distinctiveness. In the process of exploring emotionalization, two deviations tend to arise: emotional deficiency, in which content is as flat as water; and emotional overload, in which excessive sentimentality or entertainment is deployed in pursuit of traffic. Instances include recounting the emergency response to a major casualty incident in a facetious tone, or over-dramatizing the suffering of critically ill patients through tear-inducing music and close-up shots. Such emotional anomie not only dissolves the professionalism intrinsic to

medicine, but may also inflict secondary emotional harm on patients and their families and erode institutional credibility.

(2)Register: Entrenched Official Register and the Absence of an Empathetic Register

The long-standing attributes of public institutions and the inertia of governmental communication have led many hospital new media accounts to unconsciously adopt the register of official documents, reports and announcements. Its features include: frequent use of imperative terms such as should, must and shall; a proliferation of long and compound sentences; an objective and detached tone; and a habitual reliance on labelled, role-based appellations such as our hospital, the patient and family members [9]. This institutional voice may be necessary in authoritative releases, but in everyday communication it constructs an unequal and distanced communicator–recipient relationship that sits ill at ease with the egalitarian, cordial and lively internet-savvy register familiar to new media users. The sense of dialogue, sense of companionship and sense of everyday life that are indispensable to emotional communication find virtually no place in such a register.

(3)Interaction: Predominantly One-Way Communication and the Severance of Two-Way Emotional Connection

New media is inherently interactive media, yet many hospital new media accounts remain at the stage of an online bulletin board. The new media of public medical institutions generally lack timely, effective and personalized responses to the doubts, anxieties, complaints and even panic expressed in user comments and private messages. A common scenario is that during periods of acute epidemic tension, after a hospital publishes its visiting guidelines, the comment section fills with anxious questions about specific details while the official account remains silent. This posture of read but not replied amounts to unilaterally closing the channel of emotional communication and amplifies users' sense of helplessness and dissatisfaction. Compounding this is the absence of regularized design for emotional interaction: content planning tends to center on what we want to say rather than what users want to participate in. Interactive columns capable of stimulating users' creation, sharing and emotional investment—such as health story solicitation, health queries answered and doctor–patient role-reversal experience—are rarely seen. Without regularized rituals of emotional interaction, users remain merely passive recipients of information, and it is difficult to cultivate deep emotional stickiness and a sense of community belonging.

(4)Actors: Deficient Emotional Communication Literacy Among Operating Teams

Personnel composition constitutes a major constraint. Most current new media operators come from hospital administrative posts or are clinicians working part-time. They possess solid medical knowledge, which ensures the professionalism of content, but generally lack systematic training in journalism and communication, psychology and narratology. They are better at explaining pathology than at telling stories, and more concerned with whether the information is correct than with how communication moves people. The empathy, narrative skills, online linguistic sensibility and insight into user psychology that emotional communication requires are relatively underdeveloped [10]. Insufficient coordination in the production mechanism is another shortcoming. The prevailing content production workflow—clinical experts draft, publicity staff edit, leaders review and release—is a linear process that guarantees professional safety but does not foster emotional creativity. Clinical experts supply the knowledge core and publicity staff handle the verbal packaging, yet the intermediate and creative step that transforms knowledge into an emotionally resonant story is missing, as is a systematic mechanism for researching and feeding back audience emotional needs.

An Analysis of the Causes of the Emotional Communication Dilemmas of New Media in Public Medical Institutions

(1)Communicating Subject: Institutional Constraints and an Entrenched Communication Mindset

The public-interest, public-institution nature of public hospitals dictates that the primary principle of their publicity work is safety, steadiness and compliance. Under the strong constraint of making no mistakes, the room for error tolerated in emotional and personalized exploration is drastically reduced, and the continued use of

rigorous, objective and neutral governmental discourse becomes the safest choice. Moreover, the high-risk character of the medical industry renders institutions extremely cautious toward any content that might invite misinterpretation, controversy or legal risk; emotional expression, given its polysemy and subjectivity, is treated as a potential risk point rather than a value point. This organizational culture, in which risk aversion outweighs communication innovation, is the fundamental cause of the entrenched communication mindset.

(2)Content Production: Entrenched Standardized Paradigms and the Absence of Emotional Design

After years of development, public health science content has given rise to a highly standardized production template. This industrial mode of production guarantees the efficiency and baseline quality of mass content output, but it also stifles the individuality and affectivity of content. Emotion is regarded as a redundant design that resists standardization and lowers efficiency, and is therefore excluded from the production process. Content production becomes the transport and assembly of knowledge rather than creation grounded in users' emotional needs.

(3) Audience Dimension: Diversified and Sensitized Public Emotional Needs

Public needs have undergone profound change. No longer content to serve as passive receptacles of knowledge, audiences now expect emotional support, psychological reassurance and identity recognition[11]. The generalization of health anxiety and the improvement of access to medical information have raised the public's fastidiousness about information and their emotional sensitivity to unprecedented levels. At the same time, the emotional needs of audiences differing in age, educational attainment and health status have become highly differentiated, and the traditional one-size-fits-all science popularization content can no longer match such diversified and refined emotional needs .

(4)Media Environment: The New Media Ecosystem Intensifies the Contradictions of Emotional Communication

Social media is itself an emotional amplifier. Topics involving health care are naturally high in emotional involvement. Negative incidents, doctor–patient conflicts and medical rumors tend to go viral precisely because of their intense emotional coloring (anger, fear, and the like). By contrast, official content from public hospitals, characterized by authority, rigor and restraint, is often at a disadvantage in the competition for attention. This communication environment, in which bad money drives out good, compels official institutions to consider how, while upholding professionalism, they might deploy the legitimate techniques of emotional communication to enhance the reach of positive information and effectively counter negative public opinion.

Strategic Optimization of Content Communication on the New Media of Public Medical Institutions from the Perspective of Emotional Communication

(1)Content Reconstruction: Building a Tiered Content System of Professionalism as Foundation, Emotion as Empowerment

In content creation, hard-core science popularization should be rendered warm: professional public health knowledge should be translated into life-oriented and scenario-based narratives, using plain language and authentic scenes to lower comprehension thresholds and to embed the positive affects of reassurance and clarification. The core of this move is to translate professional knowledge into the language of everyday life and into emotional stories. In explaining diabetes management, rather than merely listing indicators and medications, one might produce a vlog entitled ‘Seven Days at the Healthy Table of a Person with Diabetes,’ or a short video entitled ‘Afternoon Tea with an Endocrinologist,’ embedding knowledge naturally within concrete life scenes and humanized dialogue, and conveying the positive affect that the disease is manageable and life remains good.

At the same time, the quality of emotional content must be raised. The flawless paragon narrative should be abandoned in favor of micro-level detail and stories of ordinary people, so that small narratives carry major public health value, excavating authentic scenes of warmth in grassroots public health work and everyday health guardianship. Rather than focusing on generic footage of medical staff charging ahead, one might follow an

emergency nurse as she treats the hand wound of a crying child, recording her gentle movements, her soothing words and the child's gradual calming—substituting the authentic power of detail for the grandiosity of emotional propaganda. Attention should also be paid to the easily overlooked minor figures of public health, such as the daily routines of community disease control workers and the stories of vaccine cold-chain couriers, so that great feeling is revealed through small narratives. Thematic planning must strictly control the scale of emotional communication, hold fast to the professional bottom line of medicine, distinguish public-interest warmth from traffic-driven sentimentality, achieve a balanced unity of professionalism and affectivity, and formulate internal ethical guidelines for emotional communication. The emotional theme should be made explicit and the mode of expression carefully weighed, so as to ensure that emotional expression neither oversteps nor distorts nor degrades.

(2) Register Innovation: Forging an Egalitarian and Empathetic New Media Register

In the process of communication, the stiff didactic and announcement-style register should be thoroughly abandoned in favor of a dialogic and companionate register, transforming the traditional authoritative announcement into health companionship communication. Everyday expressions such as ‘Did you know,’ ‘This way is more reassuring’ and ‘Don't worry’ should be used more often; an egalitarian dialogic posture should be adopted to align with the vernacular of mass online discourse, breaking down the psychological barriers between official communication and audiences, and transforming public health information delivery from one-way knowledge inculcation into a warm, empathetic two-way emotional exchange.

Concurrently, a differentiated emotional register strategy should be implemented, precisely adapting expressive styles to different audiences: a lively and accessible internet-savvy register for adolescents, a gentle and patient colloquial register for middle-aged and elderly groups, and a reassuring and professionally precise register for high-risk populations, thereby achieving differentiated communication characterized by one register per group. In addition, the personified expression of accounts should be strengthened by creating anthropomorphic labels such as Health Steward and Warm Medical Voice, communicating with audiences through a vivid personified identity so as to effectively dissolve the official distance of public medical institutions' new media and continuously draw closer the emotional bond with audiences.

(3) Interaction Upgrade: Building a Two-Way, Closed-Loop Mechanism of Emotional Connection

At the level of interaction, in order to upgrade from one-way communication to two-way emotional connection, the primary task is to construct an institutionalized emotional feedback loop. This means moving beyond the traditional pattern that privileges release and neglects response and establishing a regularized emotional feedback response mechanism. Operating teams need to proactively monitor and efficiently respond to users' questions, anxieties and even complaints in comments and private messages: providing clear guidance for inquiries, and offering timely emotional validation and reassuring communication for emotionally charged messages[12]. A sentence such as ‘We understand your concern,’ combined with a concrete answer, does far more to soothe unease than a formulaic reply, thereby turning potential negative sentiment into an opportunity for trust-building. At the same time, serialized emotional interaction columns should be carefully designed—for example, launching the story solicitation My Health Diary, the live question-and-answer session The Expert Is Here, or health knowledge challenge contests. These initiatives aim to transform users from passive information recipients into active content participants and story co-creators, strengthening their emotional belonging and community identification through deep participation .

Deeper emotional connection depends on the refined operation of private-domain spaces. Public medical institutions can establish dedicated interactive spaces such as WeChat groups for core service populations, which are then operated over the long term and in depth by medical staff or professional case managers. In such settings, communication is no longer confined to generalized knowledge push; it integrates professional personalized guidance, immediate emotional support and authentic peer experience exchange. This high-interaction, high-companionship, high-trust private-domain relationship can continuously cultivate users' deep emotional dependence on and identification with the institutional brand, ultimately consolidating loosely attached followers into a stable emotional community of health companions. This marks the highest form of interactive value: an

upgrade from the information response that resolves a single problem to a stable network of emotional connection grounded in long-term trust and resonance.

(4)Team Empowerment: Cultivating Composite Medicine Plus Communication Emotional Operation Capabilities

Realizing the paradigm shift from the release of professional information to the integration of emotional value ultimately hinges on the systematic reshaping of team capabilities and the fundamental transformation of production mechanisms. This requires a capability restructuring of existing operating teams: systematic training spanning the principles of emotional communication, story-based narrative, user psychology and visual emotional transmission should be provided, with an emphasis on enhancing their emotional insight and emotional translatability, so that they possess not only the ability to vet medical knowledge but also the professional communication skills to turn austere knowledge into warm narratives and to build emotional connections with users.

On this basis, the traditional content production line must be re-engineered. The key measure is to break the linear clinical draft–editorial release model and to construct a collaborative creative workflow in which clinical experts supply the knowledge core, emotional planners excavate and design narrative emotional points, new media editors handle networked expression and production, and professional reviewers safeguard medical and ethical safety. Among these, the specially created role of emotional planner is the core driver of the transformation; its responsibility is precisely to implant emotional elements systematically into the content core[13]. To ensure that this change deepens continuously, supporting institutional and incentive reforms are needed: an evaluation system oriented toward effect indicators such as reach, interaction rate and user emotional feedback should be established, so as to motivate teams to shift from the pursuit of release volume to the creation of emotional resonance, and ultimately to complete the organizational role transition from knowledge carriers to emotional co-creators.

CONCLUSION

At a time when new media are profoundly reshaping both the communication landscape and the structure of social emotion, new media communication by public medical institutions stands at a critical juncture: the transition from an information release platform to a public service and emotional connection platform. This study argues that rational communication relying solely on professional authority is no longer adequate to a complex communication environment and diversified user needs. Emotion is not the opposite of professionalism; rather, it is the catalyst and connector that enable professionalism to truly take root in people's hearts and to take effect. The optimization of strategies from the perspective of emotional communication is, in essence, a profound transformation of communication philosophy: from institution-centered to user-centered, from knowledge inculcation to relationship building, and from one-way notification to two-way empathy. This requires public medical institutions to break through institutional and cognitive inertia and, with greater courage and wisdom, to incorporate emotional communication systematically into the strategy and practice of public health communication.

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