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Research on the Social Role Conflict Dilemmas in the Labor Process of Patient Escorts

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Abstract: At present, the academic community has shown interest in the emerging profession of "patient escort", but there is still a lack of research on the micro-level labor process of these patient escorts. This study employed semi-structured interview methods and conducted interviews with 14 patient escorts to analyze the social role conflicts they encounter during their labor process. The study found that patient escorts face such social role conflicts, and they have adopted flexible practical strategies to cope with them. This research enriches the current empirical studies in the academic community regarding the micro-level labor process and psychological state of patient escorts.

Keywords: Patient escorts; Social role; Labor process; New occupational group

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1. Introduction

By the end of 2023, the elderly population aged 65 and above in China had exceeded 217 million, accounting for 15.38% of the total population, indicating that China has entered the stage of moderate aging. From the present to the middle of the 21st century, it is the period of accelerated aging of the Chinese population. The total number of people aged 60 and above will reach a peak of 520 million in 2054, with the aging level rising to over 40%, both doubling compared to 2020, and entering a super-aged society [1]. The acceleration of the aging process, the uneven distribution of medical resources, the miniaturization of family structures, and the intelligentization of medical treatment procedures have made the problem of "difficulty in seeing a doctor" a social pain point. In the reality of "no one to accompany when seeing a doctor, no one to understand the medical process, and no one to manage emotions", the new profession of medical escort has emerged. The main job responsibilities of medical escorts include, but are not limited to, helping patients register, paying fees on their behalf, picking up medicine, and handling hospitalization procedures [2].

Existing research on the profession of medical escorts is still in its infancy. Some scholars have focused on the market demand for medical escort services and its influencing factors, using quantitative analysis methods

to explore the impact of factors such as family willingness, educational level, and individual occupation on the market demand for medical escort services [3–4]. Other studies have focused on the feasibility of medical escort services and the development prospects of the medical escort service industry, pointing out that medical escort services have a positive role in clinical medical treatment and care [5–6]. However, the current medical escort service industry faces multiple problems, such as low entry barriers, unclear boundaries of rights and responsibilities of the subjects, unregulated markets, and information asymmetry. They have proposed suggestions such as strengthening policy supervision, optimizing the intelligent construction of medical escort systems, and improving the relevant protection of medical escort service liability insurance [7–8]. Existing research has drawn the attention of the academic community to the work norms and social security of the new occupational group of medical escorts, but there are still many deeper issues to be explored.

In the actual work process, medical escorts are often required to perform tasks beyond their job responsibilities, such as interfering in doctors' diagnosis and treatment decisions; patients' personal privacy information is at risk of being leaked by "unscrupulous" medical escorts; medical escort service platforms require medical escorts to serve patients with full enthusiasm, but ignore the emotional labor costs of medical escorts. These situations remind us that medical escorts may face problems such as responsibility overstepping, inappropriate privacy acquisition, and emotional exploitation in their micro-labor process. However, the academic community currently lacks sufficient attention to the micro-labor process and labor predicaments of medical escorts. Based on the above situation, this study attempts to answer the following questions: The academic community often believes that medical escorts need to play the role of "temporary relatives" in the micro-labor process, but is this the only role [9]? Are there role conflicts among different roles? What kind of pressure do the dynamic emotional labor of medical escorts face? How do medical escorts adapt themselves? This paper starts from the social role theory and emotional labor theory, deconstructing the problem from the dual dimensions of social structure and individual experience, providing an in-depth analysis for understanding the occupational predicament of medical escorts.

2. Theoretical basis and research methods

2.1. Social role theory

The term "role" originally referred to the characters played by actors on a stage according to the script and the character's image. However, in the 1920s and 1930s, sociologist George Herbert Mead introduced the concept of "role" into the field of sociology, arguing that roles are gradually formed through people's interactions and communication. Social roles are used to analyze the possible behavioral manifestations of individuals in social interactions and the various relationships between individuals and society. In social interactions, when individuals play specific social roles, they not only enjoy certain rights but also need to fulfill corresponding obligations. The balance between these rights and obligations constitutes the core of social role theory [10].

2.2. Research method

This study employed semi-structured interviews to interview 14 medical companions. The interviewees were mainly selected through judgment sampling and snowball sampling on social platforms such as Xiaohongshu, Tieba, and WeChat groups. All were full-time medical companions, and two of them also served as supervisors in their teams or on their platforms.

The interviewees included 6 male escorts and 8 female escorts; 10 agency-based escorts (in this study, any escort with a standardized or non-standardized labor relationship within an institution, enterprise, or escort team is considered an agency-based escort) and 4 self-employed escorts (self-employed, or holding a supervisory or leadership role within the team); most of the escorts were between 28 and 40 years old, except for one escort team founder who was over 40 years old. The interview contents mainly covered personal basic information, previous education and work experience, reasons for employment, work processes, work details, emotional feelings, etc.

3. The multiple social roles of the patient escorts are expected to face conflicts

The demands and expectations that various entities (such as society, organizations, and individuals) have for the actions of role players when they assume certain roles are called role expectations. When role players fail to meet these expectations, role conflicts arise. In the process of providing escort services, escort therapists bear different and distinct role expectations from various entities.

Patients and their families have both "instrumental expectations" and "emotional expectations" of the escort therapists. "Instrumental expectations" refer to the fact that patients and their families hope that the escort therapists can quickly and efficiently complete the medical procedures, such as making appointments, picking up prescriptions, and reports. "Emotional expectations" refer to the fact that patients and their families hope that the escort therapists can help them deal with their sadness and anxiety and take on the role of an "emotional counselor." However, these two types of role expectations sometimes conflict; that is, if the escort therapist devotes most of their energy to complex medical procedures, they will inevitably temporarily fail to pay attention to the patient's emotions. Some patients also have misunderstandings about the functional scope of the escort therapist's role, thus having unreasonable "instrumental expectations", such as some patients hoping that the escort therapist can add an expert appointment that is difficult to book for them, or sign medical documents that should be signed by their family members, or explain complex pathological reports, etc. If the escort therapist cannot meet these unreasonable expectations, it will lead to a trust crisis. However, from the perspective of the escort therapist's own functions and responsibilities, these unreasonable role expectations indeed should not be met.

In addition, the escort therapist also faces a contradiction between "truthful disclosure" and "keeping it a secret" between the family and the patient, that is, the family does not accompany the patient to the doctor's office but purchases escort services to accompany the patient, and asks the escort therapist to inform them of the patient's true situation, but the patient does not want their children or family members to worry, so they hope the escort therapist can conceal their illness. In this situation, whether the escort therapist chooses to "truthfully disclose" or "keep it a secret" faces an ethical dilemma.

Doctors also have "irrelevance expectations" and "auxiliary expectations" for the escort therapists. "Irrelevance expectations" refer to some doctors not trusting the escort therapists and not wanting the escort therapists to interfere in their medical diagnoses. Some hospitals even view the escort therapists as negative images, such as "scammers." "Auxiliary expectations" refer to some doctors hoping that the escort therapists can take on the role of "translator" or "mouthpiece", converting complex medical terms into understandable language for the patient and their family, thereby reducing communication costs and easing the doctor-patient conflict. "Irrelevance expectations" and "auxiliary expectations" have a natural conflict. The escort therapist needs to handle them flexibly according to the individual characteristics of different doctors.

The different expectations of different entities regarding roles can also lead to role conflicts. For instance, the

patient escort service platform may require the escort staff to accompany the patient throughout the entire medical consultation process. Some platforms even require the uploading of escort summaries and reports after the escort is completed. However, the patient themselves or the doctor may not want the escort staff to enter the consultation room together with the patient. And since the escort staff cannot enter the consultation room, they cannot obtain the detailed diagnosis from the doctor and thus cannot upload a detailed escort report. Or the patient's family may hope that the escort staff can accompany the patient throughout the process and provide detailed feedback on the patient's condition after the escort is completed. However, in the case where they cannot enter the consultation room, the escort staff cannot provide completely true and accurate feedback on the patient's condition.

4. The strategies employed by patient escorts in handling conflicts related to social roles

The ambiguity of the professional responsibility boundaries of the patient escort often causes them to be pulled between multiple social roles, but the patient escort can reconcile conflicts by flexibly switching roles and actively clarifying responsibilities.

In terms of role switching, the patient escorts will choose which role to prioritize based on different situations. For example, when caring for an elderly person who is not accompanied by their children, the patient escort will actively assume the role of "a family member of the younger generation", prioritizing the relaxation of the elderly person and gaining their trust. During the communication with the doctor, the patient escort will actively communicate with the doctor to meet both the "instrumental expectations" and the "emotional expectations" of the client.

When caring for younger patients or elderly patients with their children present, the patient escort can choose to speak more or less based on the actual situation. In scenarios where they do not need to speak themselves, they only need to play the role of "an information intermediary", responsible for recording the doctor's orders and repeating them to the patient after the consultation.

Some patient escorts will also follow the requirements of the affiliated platform or institution, wearing the specific attire of the unit or wearing an ID badge to prove their professional status as patient escorts and shape their professional image, in order to avoid being mistaken for "scammers." Even if some institutions or teams do not require them to wear uniforms, the patient escorts will still require themselves to wear formal and neat attire, and female patient escorts will also apply light makeup to enhance their professional sense and trustworthiness. Goffman believes that people play various roles in the social stage, and the performance scenarios are divided into "front stage" and "back stage" [11]. The behaviors of wearing uniforms, ID badges, and applying light makeup by the patient escort are conducive to establishing a professional and reliable role image in the "front stage", promoting the smooth performance of roles in the subsequent companion care process. During the consultation process, the patient escort will temporarily set aside their professional sense and hand over the professional medical decision-making to the medical staff, and their role will flexibly switch to "record keeper" and "transmitter."

In terms of responsibility clarification, the patient escort will adopt different targeted measures at different stages of the companion care process to clearly define their responsibility boundaries. Before the companion care service begins, the patient escort will show the platform's or their own formulated relevant documents to the patient. The documents will contain statements about the responsibility scope of the patient escort, generally used

to avoid situations where responsibility is difficult to define or responsibility is shirked. Some patient escorts will choose to "definitely not handle emergencies" to avoid the occurrence of adverse events. During the companion care process, they will adhere to the bottom line principle of "companionship without diagnosis", firmly not choosing a treatment plan for the patient, firmly not interfering with the final medical decision of the doctor, and firmly not signing any medical documents as a family member. After the companion care is completed, some patient escorts will sign a document similar to "Companion Care End Agreement" with the patient and "check out" on the platform, avoiding "unjustified pursuit of responsibility" by patients in the future.

5. Conclusion and Outlook

As the aging process in the country continues to accelerate, people have implemented the proactive aging strategy [12]. The development of the companion care service industry is of great significance for the implementation of the proactive aging strategy and for alleviating the difficulty in accessing medical care for various groups of people. However, in the current booming development of the companion care service industry, the academic community lacks in-depth research on the micro labor process of patient escorts. This study uses qualitative research methods and discovers that patient escorts face issues of social role conflict, and there are latent ethical risks. It is believed that there is a lack of institutional support and social cognitive biases. In the face of labor ethical dilemmas, patient escorts have explored practical strategies to reconcile the conflicts of social role expectations.

Disclosure statement

The author declares no conflict of interest.

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