Troublemaking in Hospitals

Performed Violence against Healthcare Professionals in China

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Abstract

Yi Nao describes a type of violence displayed in Chinese hospitals which involves organised disturbances led by patients' relatives and/or *Yi Nao* gangs. Drawing on media reports of *Yi Nao,* we argue that the phenomenon of *Yi Nao* transforms hospitals into "power arenas" in which a struggle over moral and political resources (capital) takes place between patients, *Yi Nao* gangs, doctors, government agencies, and hospital management. Two interrelated rules that are crucial to understanding the *ad hoc* local strategies of the actors involved in *Yi Nao* are examined: the "publicity rule", and the "rule of risk-avoidance". We also argue that the political discourse of "stability" has been internalised by the officials in the Chinese government and public hospitals in mediating social disputes. At the same time, *Yi Nao* actors use this discourse to creatively adapt to social resistance, as reflected in the disposition to use performative disturbance in pursuit of material or symbolic compensation.

Keywords: Medical Disputes, *Yi Nao*, Hospital Violence, Stability-maintenance, China

Introduction

Workplace violence against medical staff has become a global issue. According to the World Health Organization (2018), globally, around 38% of health workers have experienced physical, workplace-related violence at some point in the last few years. China stands out for the scale, frequency, and viciousness of the attacks experienced by health workers. According to the 2016 and 2017 surveys by the Chinese Medical Doctor Association (2018), 66% of the doctors surveyed experienced doctor–patient conflicts. The tension in doctor–patient relationships and high frequency of violence against health professionals in China has attracted international attention with the Lancet publishing three editorials discussing the violence against doctors in China and highlighting its severity ("Chinese Doctors," 2010; "Violence Against Doctors," 2014; "Protecting Chinese Doctors," 2020).

While the majority of violence directed at health professionals in China consists of daily, unorganised, individual incidents, there is also a tradition of organised troublemaking in hospitals—a phenomenon called "*Yi Nao*". This includes symbolic actions such as hospital gatherings, sit-ins, public displays of crying, cursing medical staff, raising banners, placing patients' corpses in hospitals, establishing funeral shrines in hospitals, and blocking hospital entrances (Zhang & Cai, 2018, p. 5). In 2015, there were 118,000 *Yi Nao* incidents across the country (Lu & Lu, 2016). *Yi Nao*'s prevalence has triggered lively discussions in almost every sphere of public discourse in China, ranging from news reports to public speeches and academic publications (Wang, S., 2015; Wang, D., 2015).

This study adopts a sociological perspective to analyse *Yi Nao* as an extra-institutional, performative enactment of contention that employs deliberately disruptive collective action to attract the attention of the officials responsible for preserving order and administering justice.

It is argued that the hospital constitutes a “power arena” in which a struggle over resources (capital) takes place that is akin to a “game” between *Yi Nao* protesters, health professionals, hospital management, local police and government. Two interrelated rules are crucial to understanding the *ad hoc* strategies of the actors involved in *Yi Nao*: the “publicity rule”, and the “rule of risk-avoidance”. Moreover, it is contended that the political discourse of “stability”—in which political and social stability are the fundamental objectives of public administration—has been internalised by government bureaucrats and public hospital managers in mediating medical disputes. The notion of “stability” is also creatively utilised in acts of social resistance, as reflected in the disposition of *Yi Nao* actors to enact performed, public disturbances in pursuit of material or symbolic compensation.

Background

Yi Nao and the Healthcare System in China

The phenomenon of *Yi Nao* has been attributed to various structural problems within the Chinese healthcare system. Since the mid-1980s, the system has undergone continual reform. The most significant reform concerns financing and incentives; while government subsidies played a significant role in the past, and user charges represented a limited source of revenue, state subsidies were cut in the 1980s, and hospitals have since been encouraged to rely more and more on user charges (Hsiao, 1995). To enable hospitals to survive financially, the government has allowed hospitals to derive profits from drugs and some newly introduced, mostly technology-based, services. At the same time, however, the prices of most traditionally provided items, mainly services such as doctor consultations or patient care, have been kept at a lower level than the associated costs. Thus, the cuts in state subsidies have forced hospitals to seek other sources of financing, and the imposed pricing structure has incentivised hospitals

to sell drugs and technology-based services to subsidise their losses. As a consequence, the over-prescription of drugs and unnecessary diagnostic tests has become increasingly prevalent (Blumenthal & Hsiao, 2015).

The quality of services in Chinese hospitals is frequently perceived to be problematic (Hesketh et al., 2012; "Violence Against Doctors," 2014). Treatment is seen as rushed, impersonal and disrespectful, contributing to patients' discontent (Wang, D., 2015). However, in the event of patient dissatisfaction, limited options for recourse are available and the existing channels are seen as biased (Hu & Zeng, 2015; Zhang & Cai, 2018). Instead of helping patients to resolve medical concerns and disputes, legal and bureaucratic mechanisms have, thus, played a role in fuelling *Yi Nao* incidents (Xiao, 2016; Pan et al., 2015). These structural problems are understood as important underlying reasons for doctor-patient conflicts, including *Yi Nao.*

Hospitals Under "Stability-maintenance"

Despite the privatisation of many other sectors, the Chinese government has maintained its dominance in the healthcare system, asserting that public ownership is in the public interest. Therefore, although the financing of public hospitals has been largely privatised, the hospitals have remained public entities. Most notably, the presidents of public hospitals are still appointed by the government and, as government cadres, are required to act in accordance with the core values and the political agendas of the government (Allen, Cao, & Wang, 2014).

In China, "stability-maintenance" (*weiwen*) is a top priority. This refers to a set of interrelated strategies, measures and ideologies that aim to maintain the ruling order of the Chinese Communist Party and prevent the occurrence of any social disturbances (ranging from mass

incidents to small-scale, less controversial civic disturbances) that might threaten the status quo and the legitimacy of the ruling regime (Benney, 2016 p. 390-391; Xie & Liu, 2019, p. 6). Within the cadre system, "stability-maintenance" is a fundamental issue in the performance-based evaluation of local cadres, as evidenced, for instance, by the "one item veto rule" (*yipiao foujue*). Based on this rule, periodical "hard" targets, such as preserving social stability, must be successfully fulfilled. If one of the targets is not accomplished, all other achievements of the local leadership will be void, and the responsible people will not receive promotion (Heberer & Trappel, 2013, p. 1051). Related scholarship on contentious politics in China (e.g., Lee & Zhang, 2013; Hu & Zeng, 2015; Yu & Huang, 2016; Xie & Liu, 2019) have described the ways in which systems of "stability-maintenance" influence the thinking and behaviour of grassroots-level officials in everyday contexts. Essentially, the discourse of "stability" functions as a "cognitive filter" or "framing device" that structures the responses and actions of officials to perceived threats to stability (Sandby-Thomas, 2010, p. 155). The political culture and policy of "stability-maintenance", in turn, permeates most sectors of Chinese life (Benney, 2016, p. 391).

Immersed in this system of "stability-maintenance", governments and public hospitals adopt a "stability mentality"— a set of dispositions towards prioritising social stability in decision-making that reflects both the stability-oriented political structure and individual officials' behavioural and ideological preferences for "stability-maintenance". Some scholars (e.g., Xiao, 2016; Tu, 2014; Luan & Meng, 2012) have pointed out that "stability-maintenance" is key to explaining *Yi Nao*. During *Yi Nao* incidents, public hospital management and local governments try to avoid any disruptive incidents that could harm social stability. Therefore, they may choose to provide compensation as a pragmatic solution to appease *Yi Nao* actors, which further incentivises people to resort to *Yi Nao* when discontent arises.

Medical Professionalism

A contextualisation of *Yi Nao* would be incomplete without some consideration of the underlying power structures of the medical profession. The power of health professions in China has not developed in the same way as in Anglo-American societies (Riska, 2009). There is no independent professional medical association in China that might develop, promote, and reinforce the norms and standards of the medical profession (Blumenthal & Hsiao, 2015 p. 1283; Chan, 2018, p. 18). Instead, doctors are hired as state employees and their duties to the government are prioritised and emphasised. Politically, the medical profession in China has not developed into an articulate interest group. In addition, the development of deliberative styles of administration at the governance-level of the Chinese political system (He & Warren, 2011; Lee & Zhang, 2013) has granted conditional autonomy for patients to promote their rights, to challenge physicians' judgments, and to be more or less tolerated when they occasionally use violence in their demonstrations against medical personnel. As such, Chinese doctors are in a relatively weak power position. This context is important to understanding the relatively passive and voiceless behaviour of most doctors in response to *Yi Nao* (Chan, 2018; Nie et al., 2018, p. 34; Blumenthal & Hsiao, 2015).

Moral Capital, Moral Economy and Habitus

More recently, several sociological studies (Zhang & Cai, 2018; Tu, 2014, 2016, 2019) have explored the manner in which multiple societal actors interact within these medical conflicts. By incorporating a moral economy approach with her analysis of resistance and contentious politics in China, Tu (2016) argues that *Yi Nao* represents a form of emotional and moral

expression that is performed and manipulated to transform moral capital into political power. Hospitals can be understood as micro-level moral economies, within which values such as obligation, trust and public welfare circulate as a kind of "moral capital". The term "moral capital" is an extension of Bourdieu's (1977) concepts of capital (economic, social, and cultural), and describes a kind of moral or ethical value that can be accumulated, redeemed, depreciated, and bankrupted. Moral capital is embodied in individuals, communities, organisations and the state, and can be mobilised by different actors to pursue their political goals or to reciprocate social obligations (Silverstein, Conroy, & Gans, 2012; Kane, 2001). The moral economy can be broadly defined as a "moral architecture" of "sociocultural norms and values that underpins, but is not necessarily tethered to, economic activities of production and exchange" (Jaye, Young, Egan, & Williamson, 2018, p. 524).

The value of the moral economy approach lies in its ability to examine how a social pattern of moral entitlement is violated and certain public expectations are aroused in the transition from a system of provision framed by paternalist institutions to an emerging political economy regulated by market forces that generate structural inequality (Palomera & Vetta, 2016, p. 417). By including both broader structural factors and individuals' moral dispositions in our analysis, we hope to advance a clearer understanding of the grounded, day-to-day logics which inform the macro-economic and political processes relevant to Chinese hospitals. It is these dispositions that we understand as "habitus", which describes a system of durable and transferable dispositions integrating all past experience (Bourdieu, 1977). In the context of Chinese medical disputes, the habitus is constituted through actors' embedded knowledge of the hospital system, its probable response to protest, and their ability to exploit this knowledge.

This research highlights two underexplored aspects of the moral economy approach to *Yi Nao*. First, it explores how the hospital represents a kind of microcosm of the moral economy, which is often described as a site of moral dramas (Good, 1994, p. 85; Jaye et al., 2018, p. 524). It examines *Yi Nao* cases to scrutinise the particular ways in which the moral economy and political economy are mutually constituted and embedded. Second, it explores the notion of *Yi Nao* as "game-like", as described in existing moral economy analyses (for example, Tu, 2016). This suggests a Bourdieusian understanding that *Yi Nao* is situated in a structured social space; a "battlefield" in which agents employ various strategies to accumulate capital and compete for positions and prizes within the field. This study relates the analysis of moral capital to Bourdieu's concept of habitus in order to provide a deeper understanding of *Yi Nao*.

Methodology

We collected news reports of *Yi Nao* incidents published in recent years (from the end of 2013 to the end of 2018). Two criteria guided case selection. First, information completeness: each case should contain basic information on the starting point, or trigger event, of *Yi Nao* and how *Yi Nao* was performed. Second, each case should be reported in at least one government-affiliated newspaper. A total of 45 cases were collected and their identification information is summarised in Table 1.

[Table 1 about here]

The main methodological challenge we faced when studying *Yi Nao* was that such incidents are seen as "sensitive", and consequently are not reported widely or in great detail. Exceptions do exist, but the number of cases for which detailed information is available is highly limited. To cope with this data constraint, we developed a hybrid approach. On the one hand, a

relatively large and nationally representative sample was collected, with the reviewed cases covering 19 provinces/municipalities in China. The sample also covered most types of hospitals, ranging from nationally renowned institutions to local grassroots level facilities (see Table 1). On the other hand, particular attention was given to those cases with more detailed information. For these cases, we collected information from different newspapers to triangulate data.

A likely selection bias resulting from our sampling approach is that the reviewed cases tend to be large in scale and impact, because such reports are more likely to be featured in the media. Another is that the outcomes of cases featured in the media are more likely to be influenced by public opinion. For example, in case 33, the hospital compromised and paid 300,000 yuan as compensation to people initiating *Yi Nao*, but, after the case received huge public attention, the compensation was returned to the hospital and several of the *Yi Nao* actors were arrested. However, such overrepresentation is unlikely to pose a serious problem for our study because our prime focus is not to generate a statistical account of *Yi Nao,* which would require far more comprehensive data collection. Our purpose is less ambitious: we aim to highlight key features of *Yi Nao* and improve the understanding of this phenomenon through in-depth analysis of a number of cases for which information is available.

Findings

Who Are Yi Nao Actors?

Yi Nao actors usually include patients' relatives, and sometimes professional *Yi Nao* gangs. We were surprised to find that *Yi Nao* actors were not necessarily lacking in financial resources and/or social connections. Indeed, in some cases (e.g., 5, 25 and 32), those involved in *Yi Nao*

were government officials. In the Chinese context, these people are expected to be well connected and thus to be benefitting from the existing system. That these people also resort to *Yi Nao* indicates that the phenomenon is not limited to disadvantaged groups.

In many cases of *Yi Nao*, participants numbered several dozen (4, 9, 14, 17, 19, 24, 25, 26, 35, 38, 39 and 41) or over a hundred (2, 11, 15, 23, 31, and 33). Even so, it was only clear in three cases (19, 31 and 35) that professional *Yi Nao* gangs were involved. In some cases, the identity of the actors remained unclear (5, 11, 17 and 29). For example, in case 29 a hospital worker said in an interview, “More than 30 people came this morning. If they are really the patient’s relatives, how can there be so many?” It is often difficult to confirm the relationship of *Yi Nao* actors to the patient; in some cases, they may come from the same village as the patient (e.g., 9, 23 and 33), but may not know them in person (case 2). Nonetheless, professional *Yi Nao* gangs can easily pretend to have family connections with the patient. It was therefore unclear how often *Yi Nao* gangs were involved in the cases we studied.

News reports tend not to discuss the reasons why people resort to *Yi Nao*, although in some cases, it was reported that the *Yi Nao* actors suspected that the patient was misdiagnosed or not treated properly (cases 5, 20, 22, 26, 37 and 39). In two cases the *Yi Nao* actors claimed that the doctors altered the patient’s clinical records to cover up their mistakes (cases 2 and 4). Compensation for the loss demanded by *Yi Nao* actors was material or monetary in 11 of the cases, “reasonable explanations” (*shuofa*) from the hospital in three cases, and both material and reasonable explanations in four cases.

What Do Yi Nao Actors Do?

The most common tactics of *Yi Nao* actors include placing coffins in public areas of the hospital, burning ritual money, playing folk funeral songs, holding pictures of the deceased and setting off firecrackers and this was evident in 25 cases. All these actions are associated with funerals, and are therefore highly performative, turning hospitals into spaces of mourning. Other common elements include raising banners (13 cases) and blocking hospital entrances (13 cases). The former element helps to attract public attention to the incident while the latter disturbs the normal operation of the hospital.

Sixteen cases were reported as violent, involving assaults on hospital staff. In 12 cases violent actions included kicking down doors, smashing computers and destroying medical records. Hospitals are sometimes even staged as symbolic "battlegrounds" (LaFraniere, 2010). For example, in case 41 several dozen *Yi Nao* actors began by raising banners, burning ritual money and shouting slogans. They then smashed chairs, tables and computers while screaming at and cursing hospital staff. The incident was only brought to an end when local law enforcement sent more than a hundred special police officers to the hospital. In another case (31), a veteran mobilised 300 people wearing military uniform to attack the hospital.

Public humiliation is also frequently employed. For example, in case 4, a doctor was forced to undertake a procession through the hospital while *Yi Nao* actors surrounded him, shouting, "This is the doctor who caused the death of the deceased!" In case 12, a doctor and a nurse were forced to hold the corpse of a deceased baby in front of the hospital entrance while relatives of the baby stood next to them and accused them of incompetence. In eight other cases, doctors were asked to kneel before the corpse of the deceased and beg for forgiveness.

Response of Health Professionals

In most cases we reviewed, health professionals remained relatively passive and voiceless. When they do respond to *Yi Nao*, health professionals tend to resort to collective action. In three cases, they left the hospital during work hours and protested in front of a government building, wearing their medical uniforms and carrying banners bearing the words, “Return respect to us!” and “Respect doctors and respect life!” In case 34, health professionals carrying banners surrounded the *Yi Nao* actors, and shouted the slogan, “Crack down on *Yi Nao*!” In case 35, doctors, nurses, and other hospital staff members were mobilised to rescue their president and the general office’s director from *Yi Nao* actors. These staff members also started a petition on the internet, urging the government to punish *Yi Nao* actors and protect the interests of health professionals. In the previously mentioned case of a veteran mobilising 300 people wearing military uniform (case 31), in response, a message calling for collective solidarity was circulated in the hospital, saying, “Colleagues, the situation is grim; our hospital is facing a serious *Yi Nao* crisis. It is imperative for us to unite and work together to protect the medical order and integrity of our hospital, and to protect our own safety!”

Individual doctors feature in very few news reports. In one case we reviewed (case 32), the doctor claimed he was insulted and attacked by a patient’s family. He was disappointed by the decision of the local police to issue a small fine notice and was further upset by the local government’s decision to support the police. In response, he sued the local police and government. The doctor became active in pursuing his “rightful resistance” (O’Brien & Li, 2006). Facing violence and injustice, he framed his claims around state laws and official values, stating that he still firmly believed that state law would ultimately bring him justice, and that he would continue to fulfil his professional duty as a doctor, despite the violence and injustice he had suffered; he engaged with the media in order to further attract public attention to his

case. However, after a protracted legal process and several appeals to higher-level courts, the doctor eventually lost the case.

In an unusual case (case 44), the doctor worked in a prestigious hospital and was also a social media influencer: He is known as “burns Superman A’bao” (*shaoshang chaoren A’bao*) and has over one million followers on Weibo (a Chinese social media platform). He frequently posts articles about *Yi Nao* incidents. When faced with a *Yi Nao* incident himself, the doctor retaliated physically after being kicked by his patient, and the fight was only brought to an end by the involvement of other hospital staff. When asked by the police why he resorted to physical revenge, the doctor said that the police would “paper over” disputes, in disregard of legal principles. He was given an administrative detention of 10 days.

Response of Hospital Management, Local Police and Government

Hospital management, local police and government were largely absent in the news reports we reviewed. Hospitals usually negotiate directly with *Yi Nao* actors and there is very limited information on the content of such negotiation. In two cases, reports indicated that the hospital compromised or capitulated by returning or waiving medical fees. In five other cases compensation to the patient’s family was offered.

Usually, when a *Yi Nao* case arises, the hospital will report it to local police. However, there is often a lack of active police engagement and, in 8 of our reviewed cases, it was only when actions became serious that the police intervened. It is even more rare that local governments have direct involvement in the negotiation between *Yi Nao* actors and hospitals (cases 28, 30 and 40). In one previously mentioned case where health professionals resorted to collective

protest (case 35), they were accused of disturbing the order of government and the local health bureau was asked to educate them. In a few other cases, there were online messages suggesting that the government had threatened the protesting doctors with prison (case 7), or insulted the doctor involved (case 30). Such inaction from local police and government upset the doctors in case 32, where the doctor sued the local police and government for issuing a small fine to the *Yi Nao* actors, and in case 44, where the doctor responded to *Yi Nao* with violence in the belief that the police would not help.

Discussion

Publicity and Performativity

From our findings, we can identify two interrelated rules by which the *ad hoc* local strategies of the actors involved in *Yi Nao* are adopted: the "publicity rule", and the "rule of risk-avoidance". The "publicity rule" includes both publicity-seeking and publicity-avoidance. The strategy of publicity-seeking occurs when *Yi Nao* actors, and sometimes health professionals, attempt to transform their perceived moral capital into political capital by performing acts of order-disruption in public spaces in order to gain public attention. Publicity is sought to enable the aggrieved *Yi Nao* actors to transform their moral resources into political capital. Health professionals sometimes also follow a similar logic by raising banners or protesting in front of their local government buildings.

At the same time, the government and hospital management adopt a principle of publicity-avoidance, aiming to prevent or stop the protesters' public performances through informal solutions, such as intimidation, or offering money or goods (Lee & Zhang, 2013; Yu & Huang, 2016). Publicity-avoidance serves as the norm to guide and mandate the strategies of the

government and the hospital management who strive to ensure the absence of any sign of public disorder. Our findings indicate that local governments generally avoided becoming publicly involved in the disputes and criticised health professionals who protested or petitioned for their rights. The strategy of publicity-avoidance aims to quickly close down the *Yi Nao* event, ensuring that the disruptive events have a minimal impact on social order.

Following the publicity rule, the typical tactics of *Yi Nao,* such as placing coffins and wreaths show that *Yi Nao* cases are performative and theatrical. In case 31, where a veteran mobilised 300 people wearing military uniform to come to the hospital, it was later discovered that the military uniforms had been procured from an online store. The protestors, dressed as veterans, had been hired to "perform" a violent mass demonstration at the hospital, and had planned to move to another hospital to launch a similar protest once the job was done. Their reason for posing as veterans was to increase their political and social impact, leading to greater economic compensation. Performativity is therefore a central strategic consideration of *Yi Nao*, as it amplifies the desired effect on audiences. In this sense, *Yi Nao* is more about leading a psychological, rather than a physical, attack, meaning that *Yi Nao* actors use violence in a deliberately theatrical, ritualistic, and mostly symbolic way, or with a strong "sense of performance", in order to turn moral capital into political ("stability") capital in exchange for economic compensation. To achieve even more immediate conversion of capital, some *Yi Nao* incidents are staged in front of government buildings (e.g., case 30).

Essentially, *Yi Nao* actors utilise performative tactics to legitimate and enforce their vision of "rightfulness". The moral capital that the *Yi Nao* actors display in order to justify their violence and claims is converted through their efforts to influence state power via theatrical forms of discontent. While the *Yi Nao* protest cannot be mapped directly onto legally prescribed rights,

it is heavily skewed by politics and power relations among *Yi Nao* actors, authorities, and local hospital administration. Thus, *Yi Nao* cannot be fully described by the notion of "rightful resistance" (O'Brien & Li, 2006), despite it being the moral ground on which *Yi Nao* actors expose local-level misconduct or obstructionism. *Yi Nao* actions are more aptly viewed as locally specific interventions that exploit the contradictory ways in which medical disputes and protests are framed by the state and the society.

Rule of Risk Avoidance

Related to the publicity rule, there is also the rule of risk avoidance and this is evident in the ways that that the gangs, patients, governments and hospitals involved in *Yi Nao* cases seek to build temporary alliances to protect themselves from the potential risks associated with protest.

For governments, the "rule of risk avoidance" means that they need to rely on local agents such as hospitals or mediation committees to minimise the risks associated with publicly engaging in conflict mediation while under extreme pressure to achieve "stability-maintenance". When a *Yi Nao* incident occurs, hospital presidents are often pressured by the government to establish immediate and direct contact with the *Yi Nao* actors, which, in the absence of sufficient police protective measures, makes them vulnerable to assault. Such alliances were evident in seven cases (see also Tu, 2016). This downward transfer of responsibility for "stability-maintenance" is motivated by the imperative to alleviate the burden on the government of addressing medical disputes (Lee & Zhang, 2013; Zhang & Cai, 2018; Hu & Zeng, 2015) and by the government's wish to extricate itself from social conflicts within local communities.

For patients and *Yi Nao* gangs, the "rule of risk avoidance" also applies. To avoid violent crackdowns on their protests, *Yi Nao* gangs maximise the potential political costs of such action by creating a sense of "solidarity", or through alignment with the public's discontent with a "flawed" healthcare system. In the *Yi Nao* riots we reviewed, the professed aim of *Yi Nao* is to seek what they see as justice; when a patient dies, the family feels justified in engaging in the conventional mourning rituals. The mobilisation of large numbers of *Yi Nao* actors to protest is used to show "solidarity" among the people to the government, and possibly to help reduce the potential risk of violent crackdown or retaliation against individual *Yi Nao* actors.

Following the discussions on the hidden rules of *Yi Nao*, it might be argued that the publicity-seeking action of *Yi Nao* actors exacerbates the intensity of disruptive violence, and that the escalation of public disruption increases the likelihood of attracting public attention to their cause. In a similar vein, while disruptive action attracts more social attention to the perceived grievances of the *Yi Nao* actors, and thus reduces the risk of being openly suppressed by the security forces, the enhancement of temporary social solidarity in the protest exacerbates the conflict.

The seeking of increased moral capital (for example, through forcing the doctors to admit their maltreatment) drives *Yi Nao* actors to continuously intensify disruption and publicity-seeking. In many cases protesters adopted "tactical escalation" (O'Brien & Li, 2006), relying on progressively more disruptive acts in order to seek the government's support in addressing their claims and to put pressure on the hospital to compromise. For example, in case 11, the protest began with placing a corpse in the emergency room, blocking the hospital entrance, and blockading doctors in their office for three hours. It escalated to the point that 40 armed gangsters attacked health professionals and forced a nurse to jump off the hospital building. In

case 31, a protester initially organised 30 gangsters to join the action. When his demands were not satisfied, he mobilised 300 people to attack the hospital. These tactics are underpinned by the protesters' beliefs that more extreme acts of *Nao* are usually associated with higher monetary return (*danao dapei xiaonao xiaopei*).

However, the relentless escalation of violence, aimed at attracting more social attention to the alleged grievances of *Yi Nao* actors, may sometimes result in the erosion of their justificatory power; the accumulation of moral capital is not always sustained. On some occasions, when tactics of escalation were over-pursued by *Yi Nao* actors, social support–their largest bargaining chip—was reduced. In case 11, the escalating actions of the *Yi Nao* actors received growing public criticism and outrage that legitimated the government's strong response to the protest, ultimately diminishing the moral capital of the *Yi Nao* actors. In case 31, when escalating tactics were employed by the *Yi Nao* gangs to transform the hospital into a "war zone", the moral capital the *Yi Nao* actors used to legitimate their violence was eventually compromised and transformed into ethical grounds for justifying the hospital's mobilisation for self-defense.

The Political Habitus of Yi Nao Actors

Although most *Yi Nao* cases do not lead to the direct involvement of the government and its departments, the strategies of the relevant stakeholders in these incidents can be defined by the political logic of "stability-maintenance". The *Yi Nao* actors regard the state—and particularly its sensitivity to preserving social stability—as integral to their strategies of public disruption, treating the higher authority of state as a source of protection and conflict resolution. This contrasts with their view of local bureaucracies and hospitals who are perceived as agents of

local obstruction. This varying disposition towards the state, local bureaucracies and hospitals assists in understanding how *Yi Nao* actors perceive the conflict and their actions. The political habitus of *Yi Nao* actors also helps explain the strategies of relevant stakeholders and the rules of *Yi Nao* actions (and reactions).

The discourse of "stability" has been internalised as a logic of government and public hospitals in mediating social disputes. This logic has been central to understanding the rule of "risk-avoidance" of Chinese government and hospital officials, who are disposed towards prioritising social stability. The discourse of "stability" is also creatively utilised in acts of local resistance involving strategies of "public disturbance" (*Nao*), i.e., the use of performative forms of public disturbance to seek material or symbolic compensation. This creates, or deepens, a belief that the public performance of instability is an effective *ad hoc* local strategy that can be used to contest the dominant power. The "publicity rule" and the tactics used, such as placing coffins in reception areas, explain how *Yi Nao* actors take advantage of the government and hospitals' focus on preserving social stability.

Conclusion

In this article, we have examined *Yi Nao* as a locally determined, radical expression of medical grievances that occurs within a socio-political context characterised by an authoritarian healthcare system. It provides mal-incentives for hospitals and at the same time few legal-bureaucratic means to redress socio-medical conflicts. Hospitals represent a "power arena" in which a struggle over resources (capital) takes place between patients, *Yi Nao* gangs, doctors, government and hospital management. We examined two interrelated rules that are particularly crucial in the making of the *ad hoc* local strategies of the actors involved in *Yi Nao*—namely, the "publicity rule", and the "rule of risk-avoidance". Furthermore, the discourse of "stability"

has been internalised as a bureaucratic logic by the government and public hospitals in mediating social disputes. This logic is creatively utilised in social resistance, as reflected in the individual or group disposition to engage in publicly-performed acts of disturbance in pursuit of material or symbolic compensation. Through developing this understanding, this article has provided a theoretical account of the relationship between stability, risk-avoidance and the violence involved in medical disputes in China. It is hoped that this article will contribute to studies on medical violence by presenting a more detailed picture of the nature and causes of *Yi Nao* from a sociological perspective.

Violence against doctors is not unique to China. However, the dynamic between the government, hospitals, and the roles of medical professionals in China differs significantly from that seen in other societies. A lack of medical professionalism complicates China's efforts to reduce the present high levels of patient–physician mistrust, while the absence of an independent professional association renders health professionals particularly vulnerable to violent medical disputes. The ambiguous logic of "stability-maintenance", which guides the practices of government and hospital management, and prompts the exploitation of those stability-oriented practices and values by *Yi Nao* actors, constitutes a dynamic field of struggle in which the boundaries between politics, morality and economy are blurred.

On a final note, we discovered in our research that responses to *Yi Nao* are changing. The police, for instance, were more responsive in some more recent cases (e.g., cases 42 and 45). However, these changes have not been enough to contain the escalation of violence against doctors. The doctor–patient relationship in China seemed to reach its nadir recently, when an emergency physician in Beijing Civil Aviation General Hospital was fatally stabbed by a patient's son on 24th December 2019, followed by a violent knife attack on a young physician and several other

people in Beijing Chaoyang hospital on 20th January, 2020. Public outrage triggered the approval of the first fundamental and comprehensive law to protect health workers and ban any organisation or individual from threatening or harming the personal safety or dignity of health workers. The evolving dynamics and the question of whether this new reform can adequately address this complex problem will certainly be an interesting area for future research.

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