The Generation Logic and Guiding Strategies of Medical-Related Online Public Opinion from the Perspective of Social Combustion Theory: An Analysis Based on fsQCA

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Abstract: *As one of the most sensitive and easily triggered types of public opinion concerning people's livelihoods, medical-related online public opinion still has an unclear high-intensity generation mechanism. Existing studies find it difficult to reveal the complex causal paths of multiple concurrent factors, which restricts the precision of public opinion risk governance. This study adopts the Social Combustion Theory as its analytical framework, selects 28 typical medical-related online public opinion cases that occurred in 2025, and employs the fuzzy-set qualitative comparative analysis method to explore the necessary conditions and multiple paths for the high-intensity generation of such public opinion from three dimensions: combustible materials, combustion accelerants, and ignition temperature. The research finds that media intervention intensity is the only necessary condition for the high-intensity generation of medical-related online public opinion. Furthermore, there are four core generation paths: the contradiction accumulation-dominated path, the all-factor superposition path, the institutional criticism-dominated path, and the special subject path. These findings provide a theoretical basis for differentiated guidance of medical-related public opinion.*

Keywords: *medical-related online public opinion; Social Combustion Theory; fuzzy-set qualitative comparative analysis method*

1. Introduction

In recent years, medical-related online public opinion events have frequently entered the public view. From the case of doctor Shao Xiaobei in Zhoukou suffering from online cyberbullying to the case of a patient injuring a doctor at the First Affiliated Hospital of Nanchang University, such public opinion generally exhibits the characteristics of rapid generation, high emotional intensity, and wide influence. Such public opinion not only damages hospital reputations but also affects the doctor-patient relationship and social stability. Therefore, studying the generation logic of such public opinion holds great significance for improving governance capabilities.

Medical-related online public opinion mainly refers to the sum of all emotions, intentions, attitudes, and opinions generated by the public due to the stimulation of medical incidents and disseminated through the internet[1]. As a special type of online public opinion, the study of such public opinion needs to be based on the fundamental theories of public opinion science, and an accurate grasp of the concept, characteristics, and evolutionary laws of public opinion constitutes the prerequisite for conducting in-depth analysis[2].

Existing studies have accumulated many findings regarding the evolutionary patterns, influencing factors, and coping strategies of medical-related online public opinion. In terms of evolutionary patterns, Zhang Min et al. revealed the opinion differentiation process of online public opinion concerning major doctor-patient dispute incidents[3]; Du Hongtao et al. summarized the evolutionary patterns of online public opinion on emergencies[4]; Lan Yuexin and Zeng Runxi systematically analyzed the dissemination patterns and early warning stages of online public opinion on emergencies[5]; and Ye Qiongyuan et al. analyzed the risk evolution mechanism of medical-related public opinion[6]. Regarding influencing factors and coping strategies, Lu Jiayue et al. constructed a theoretical framework for public hospital online public opinion risk response from the perspective of organizational resilience[7]; Wang Juan and Liu Huiyan identified the important value of the 4R crisis

management theory in the governance of medical-related public opinion[8]. However, existing studies still have room for further development: at the theoretical level, a systematic integration framework is lacking; at the methodological level, most studies focus on single-case analysis or single-variable analysis, which makes it difficult to reveal the complex causal mechanisms of multiple concurrent factors; at the practical level, the applicability of foreign research conclusions to the domestic context remains to be verified. To address these shortcomings, this study introduces the Social Combustion Theory as an analytical framework and uses the fsQCA method to conduct a configurational analysis of 28 typical cases. This study aims to answer the necessary conditions for the high-intensity generation of medical-related online public opinion, the heterogeneous generation paths, and the differentiated guiding strategies.

2. Literature Review and Theoretical Framework

2.1 Research Status

Foreign medical-related public opinion mainly concentrates on such areas as information dissemination of public health events, medical crisis communication, social media health communication, and misinformation governance. Most studies adopt a combination of quantitative analysis and empirical research, and they have formed mature theoretical and practical experience in crisis communication and misinformation governance.

Domestic research on medical-related online public opinion started relatively late, and early achievements mainly focused on the characteristics and control of public opinion. Chen Lifu conducted an early systematic analysis of the dissemination characteristics of medical-related online public opinion[9]; Lu Feijie discussed the monitoring and management strategies of medical-related public opinion from the perspective of public opinion control[10]. With the deepening of research, scholars began to pay attention to the evolutionary patterns and influencing factors of such public opinion. Li Xiaolian et al., through an fsQCA analysis of 48 cases, constructed a theoretical framework for the generation mechanism of public opinion heat[11]; Lü Chao et al. analyzed the feasibility of responding to medical-related online public opinion in the context of public health emergencies[12]. In terms of applied research, Ge Shenxia et al., taking typical cases such as the "Yu Xinhui" incident and the "Wei Zexi" incident as entry points, explored coping strategies in different scenarios[13].

Although existing research has achieved certain accomplishments, it still has many deficiencies. Domestic studies mostly focus on the discussion of specific public opinion events and the proposal of single coping strategies. They lack a systematic theoretical framework, demonstrate insufficient integration and application of different theories, and have not yet formed a unified standard for concept definition. Although foreign studies are relatively systematic, the applicability of their conclusions to the domestic context remains to be verified. In addition, existing research has insufficient targeted studies on misinformation governance and public emotion guidance, which makes it difficult to meet the governance needs of complex public opinion scenarios.

2.2 Social Combustion Theory and Its Operationalization

The Social Combustion Theory was proposed by Niu Wenyuan in 2001. Its core is that social disorder is affected by the interaction of three elements: social combustible materials, social combustion accelerants, and social ignition temperature[14]. Various contradictions in real society serve as the source of the accumulation of combustible materials. Social combustion accelerants include social emotions, public opinion atmosphere, and media dissemination. Social ignition temperature refers to the emergence of various stimulating events.

Zhang Jiahui, Chen Qiang, and other scholars introduced the Social Combustion Theory into the study of online group incidents. They believe that the occurrence of such incidents is the result of the joint action of social combustible materials, online combustion accelerants, and social ignition temperature[15], but their research did not focus on medical-related public opinion. Based on this theory and taking into account the particularity of medical-related online public opinion, this study constructs an analytical framework that includes seven conditional variables to analyze the generation logic of medical-related online public opinion. The dimension of combustible materials includes the degree of doctor-patient contradiction accumulation (C1) and the sensitivity of the medical system (C2), which respectively characterize micro-level doctor-patient relationships and macro-level institutional contradictions. The dimension of combustion accelerants includes the intensity of online emotional

arousal (C3), information uncertainty (C4), and the intensity of media intervention (C5), which correspond to the three core accelerating elements of emotion, information, and media. The dimension of ignition temperature includes the severity of the event (C7) and the particularity of the involved subject (C6), forming a dual ignition structure of event and person. These seven variables are highly compatible with the 28 cases and meet the variable quantity requirements of fsQCA, thus avoiding both a sparse truth table and the omission of key factors.

2.3 Research Method: Fuzzy-Set Qualitative Comparative Analysis Method

Qualitative Comparative Analysis (QCA) was proposed by Ragin in 1987, and it aims to solve the complex causal problems of multiple concurrent factors in social science research[16]. Unlike traditional regression analysis, QCA holds that an outcome is often not determined by a single condition but rather is the result of the joint action of multiple combinations of conditions. The fuzzy-set qualitative comparative analysis (fsQCA) allows conditional variables to take continuous values between 0 and 1, and it is more suitable for dealing with the issue of "differences in degree" in the real world[17]. This study adopts the fsQCA method for the following main reasons: the generation of medical-related online public opinion is influenced by multiple factors, configurational analysis can reveal heterogeneous paths, most conditional variables are ordinal or continuous variables, fuzzy sets can better handle differences in degree, and fsQCA allows for asymmetric analysis.

3. Research Design

3.1 Case Selection

This study selects 28 medical-related online public opinion cases that occurred in 2025. The sources include the Public Opinion Channel of People's Daily Online, the Zhiwei Shijian platform, and mainstream media reports. The cases cover various types, including medical accident fatalities, doctor-patient disputes, public health events, academic misconduct, medical insurance policies, and service experiences. The selection criteria are as follows: the events have attracted considerable attention nationwide; the relevant information is relatively complete; and the distribution of different types of cases is balanced.

3.2 Variable Measurement and Calibration

This study adopts a four-value fuzzy-set calibration system, and it assigns each conditional variable and outcome variable a value of 0, 0.33, 0.67, or 1. The outcome variable (O) is the high-intensity generation of medical-related online public opinion, and its measurement criteria mainly include three aspects: communication heat, media impact, and social impact. The specific assignment criteria for each conditional variable and outcome variable are shown in Table 1.

Variable	0	0.33	0.67	1
C1	Irrelevant	Isolated Disputes	Hospital with Historical Disputes	Long-term Systemic Accumulation
C2	Pure Individual Case	Slightly System-related	Involving Hospital Management / Supervision	Involving Medical Insurance / Healthcare Reform / Top-level Systems
C3	No Emotional Response	Emotional Response without Tragedy	Death without Vulnerable Groups	Vulnerable Groups + Death / Severe Injury
C4	Facts Clearly Established	Core Facts Clear with Ambiguous Details	Core Facts Ambiguous	Complete Information Vacuum
C5	No Media Coverage	Local Media Coverage	National Media Coverage + Hot Search	CCTV / Leading Media + Continuous In-depth Coverage
C6	No Harm Caused	Harm without Fatality	Fatality / Permanent Impairment	Fatality + Highest Severity Level
C7	Ordinary Subjects	Moderately Prominent Subjects	Nationally Renowned / Vulnerable Subjects	Top-tier Hospitals + Prominent Figures / Most Vulnerable Groups
O	Not Formed	Local Concern	National Attention + Hot Search	Nationwide Heated Discussion + Sustained Follow-up

Table 1. Assignment Criteria for Conditional Variables and Outcome Variables

4. Empirical Analysis: Necessary Conditions and Generation Paths

4.1 Necessity Analysis of Single Variables

The necessity analysis is used to test whether a single condition constitutes a necessary condition for the occurrence of the outcome. The judgment criterion is as follows: if the consistency is greater than 0.9, then the condition constitutes a necessary condition[17]. This study conducts necessity analysis on the high-intensity outcome (O) and the non-high-intensity outcome (~O) respectively, and the results are shown in Table 2.

Conditions	**（O）Consistency**	**（~Os）Consistency**
C1	0.775	0.582
~C1	0.609	0.803
C2	0.615	0.615
~C2	0.677	0.678
C3	0.872	0.486
~C3	0.357	0.743
C4	0.807	0.55
~C4	0.389	0.646
C5	1	0.647
~C5	0.324	0.678
C6	0.812	0.413
~C6	0.348	0.747
C7	0.762	0.436
~C7	0.517	0.843

Table 2. Necessity Analysis Results of Single Variables (Comparison between High-Intensity and Non-High-Intensity Outcomes)

The analysis results show that the consistency of media intervention intensity (C5) is 1.000. This result indicates that media intervention constitutes the only necessary condition for the high-intensity generation of medical-related online public opinion. That is, all high-intensity public opinion cases are accompanied by strong media intervention, and without strong media intervention, high-intensity public opinion cannot be formed. This finding confirms the central role of combustion accelerants. The media is not merely a carrier of public opinion dissemination but also the "switch" and "amplifier" of public opinion generation. The consistency of online emotional arousal intensity (C3) is 0.872, the consistency of information uncertainty (C4) is 0.807, and the consistency of event severity (C6) is 0.812. These three conditions are all close to the necessary condition standard of 0.9, indicating that the vast majority of high-intensity public opinion cases are characterized by strong emotional arousal,

information uncertainty, and high severity. The analysis of non-high-intensity outcomes shows that the consistency of low doctor-patient contradiction accumulation (~C1) is 0.803, and the consistency of low subject particularity (~C7) is 0.843, indicating that non-high-intensity cases generally have the characteristics of low contradiction accumulation and low subject particularity.

4.2 Sufficiency Analysis of Condition Configurations

On the basis of the necessity analysis, this study further explores the sufficiency of condition configurations for high-intensity generation through truth table analysis[17]. Using the fsQCA 3.0 software, this study sets the frequency threshold to 1, the configuration sufficiency consistency threshold to 0.8, and the PRI consistency threshold to 0.7. This study obtains three types of solutions: complex solutions, parsimonious solutions, and intermediate solutions. The overall coverage is 0.6563, and the overall consistency is 0.9861. The specific composition of each path is shown in Table 3.

	Solution			
Configuration	S1	S2	S3	S4
C1	☐	☐		☐
C2	⊗	☐	☐	⊗
C3	☐	☐	☐	☐
C4	☐	☐	☐	⊗
C5	☐	☐	☐	☐
C6	☐		☐	⊗
C7		☐	☐	☐
raw coverage	0.558316	0.463312	0.472591	0.164168
unique coverage	0.128622	0.000142753	0.0321913	0.0321913
consistency	0.983652	1	1	1
solution consistency			0.9861	
solution coverage			0.6563	

Note：⊗=absence of a core condition；☐=presence of a core condition；Ä=absence of a peripheral condition；☐=presence of a peripheral condition；Blank = the condition can be either present or absent

Table 3. Generation Paths of Medical-Related Online Public Opinion.

Path S1 has a condition combination of high contradiction accumulation, low institutional sensitivity, high emotional arousal, high information uncertainty, strong media intervention, high severity, and high subject particularity. This path has a raw coverage of 0.558 and a consistency of 0.984. These types of events share the following common characteristics: the event itself has high severity and high emotional arousal, the information contains uncertainty, the media intervenes strongly, but the institutional sensitivity is low. Path S2 has a condition combination of high contradiction accumulation, high institutional sensitivity, high emotional arousal, high information uncertainty, strong media intervention, and high subject particularity, but it does not require high event severity. This path has a raw coverage of 0.463 and a consistency of 1.000. The prominent characteristics of this type of event are as follows: the involved subject has high particularity, the event itself triggers strong emotions, the information contains uncertainty, the media intervenes strongly, but high event severity is not necessary. Path S3 has a condition combination of high institutional sensitivity, high emotional arousal, high information uncertainty, strong media intervention, high severity, and high subject particularity, but it does not require high contradiction accumulation. This path has a raw coverage of 0.473 and a consistency of 1.000. Compared with Path S2, this path requires high severity but does not require high contradiction accumulation. Path S4 has a condition combination of high contradiction accumulation, low institutional sensitivity, high emotional arousal, low information uncertainty, strong media intervention, low severity, and high subject particularity. This path has a raw coverage of 0.164 and a consistency of 1.000. This type of event is characterized by personal scandals. Such events do not involve patient deaths but involve the personal conduct problems of well-known hospitals and well-known doctors. High subject particularity triggers strong emotions, and strong media intervention drives the event to escalate, yet such events can still reach a medium-high heat state.

4.3 Theoretical Interpretation of the Four Core Paths

Based on the analysis results of the complex solutions, the four paths can be summarized into four core types.

The first type is the contradiction accumulation-dominated path (S1). The core of this path is high contradiction accumulation and high event severity. Long-accumulated contradictions are detonated under the catalysis of strong emotions and strong media. The Anqing case is a typical representative. In this case, the hospital had a history of disputes. After a patient had a tooth extracted incorrectly, the patient jumped to death. The family members and the hospital held different accounts, and media reports generated high heat. The prominent characteristic of this path is that the combustible materials are sufficient, and the combustion accelerants and ignition temperature act together.

The second type is the all-factor superposition path (S2). The core characteristic of this path is that, except for event severity, all other key conditions are in a high-value state. Multiple conditions are highly coupled, thus forming the strongest public opinion storm. Taking the Zhoukou case as an example, Dr. Shao Xiaobei had practiced medicine for 30 years and was known as the "Goddess of Fertility". After experiencing seven months of online cyberbullying and multiple failed attempts to report the case to the police, she committed suicide. Her special identity, the strong emotions conveyed by her suicide note video, combined with continuous media coverage, resulted in the high accumulation of multiple conditions, jointly driving the high-intensity generation of public opinion. This path does not require high event severity, indicating that when other conditions are highly superimposed, severity can be substituted by other factors.

The third type is the institutional criticism-dominated path (S3). The key logic of this path is that high institutional sensitivity and high subject particularity constitute the dominant driving forces for public opinion generation. Even if the degree of doctor-patient contradiction accumulation is not high, such events can still form a high-intensity situation by relying on high emotional arousal and strong media intervention. Taking the Gansu lead poisoning case as an example, although this event did not involve long-term accumulation of doctor-patient contradictions, it involved children and environmental pollution issues. Therefore, the case had a distinct institutional criticism color, which triggered strong public emotions and continuous media attention, and ultimately presented a high-intensity public opinion state.

The fourth type is the special subject type (S4). The operational logic of this path is that high subject particularity and strong media intervention constitute the dominant factors for public opinion generation. Even if the event severity is not high and the information is relatively transparent, merely relying on the personal conduct problems of well-known hospitals and well-known doctors can still form high-intensity public opinion. The incident involving Xiao and Dong Ying at the China-Japan Friendship Hospital serves as a typical example. The extramarital affair scandal of a well-known doctor at a top-tier hospital triggered strong moral condemnation, and after being reported by the media, it continued to ferment, thus forming a high-intensity situation.

5. Conclusion and Suggestions

5.1 Research Conclusions

Using the Social Combustion Theory as an analytical framework and applying the fsQCA method, this study conducts a configurational analysis of 28 medical-related online public opinion cases from 2025 and draws the following main conclusions.

The results show that, except for media intervention intensity (C5), the consistencies of the other conditions do not reach the necessity standard of 0.9. This finding indicates that the high-intensity generation of medical-related online public opinion is not linearly caused by a single factor but is rather the result of the joint action of multiple condition combinations. Secondly, media intervention intensity is the only necessary condition for the high-intensity generation of medical-related online public opinion. The consistency of C5 is 1.000, which shows that all high-intensity public opinion cases are accompanied by strong media intervention, and without strong media intervention, high-intensity public opinion cannot be formed. This finding confirms the central role of combustion accelerants. The media is not merely a carrier of public opinion dissemination but also the switch and amplifier of public opinion generation. Furthermore, there are four core paths for the high-intensity generation of medical-related online public opinion. Through configurational analysis, this study identifies four

condition configurations that generate high-intensity online public opinion, and it summarizes them into four types: the contradiction accumulation-dominated path (S1), the all-factor superposition path (S2), the institutional criticism-dominated path (S3), and the special subject path (S4). The different types of paths reveal the heterogeneous mechanisms of the high-intensity generation of medical-related online public opinion. Finally, different conditions play differentiated roles in public opinion generation. Combustible materials play a core role only in the contradiction accumulation-dominated path, and they are not necessary conditions in the institutional criticism-dominated path or the special subject path. Among the combustion accelerants, media intervention is a common necessary condition for all paths, while emotional arousal and information uncertainty can substitute for each other in some paths. Regarding ignition temperature, subject particularity is high in all paths and serves as a common core of the four paths, whereas severity can be replaced by other conditions in some paths.

5.2 Guiding Strategies

Based on the necessary condition analysis, media intervention intensity is the only necessary condition for the high-intensity generation of medical-related online public opinion, which means that the primary task of public opinion guidance is to strengthen the release of authoritative information and seize the commanding heights of public opinion[3]. After an event occurs, medical institutions should release authoritative information through official channels as soon as possible to prevent the information vacuum from being filled by rumors. At the same time, information uncertainty and emotional arousal are close to necessary conditions, which implies that public opinion response needs to attach importance to information transparency and emotional guidance. Key facts should be disclosed in a timely manner in the early stage of the event, and public anxiety should be alleviated through empathetic communication.

Based on the path type analysis, differentiated governance strategies can be proposed from the following four directions. For the contradiction accumulation-dominated path, a daily mechanism for resolving doctor-patient contradictions should be established to prevent individual cases from accumulating into systemic conflicts. When public opinion occurs, a sincere attitude should be demonstrated to avoid aggravating contradictions through evasion. Focusing on the all-factor superposition path, a comprehensive response strategy should be adopted. While strengthening information release, attention should be paid to emotional guidance and institutional responses to prevent further escalation of public opinion[7]. From the perspective of the institutional criticism-dominated path, institutional doubts should be proactively addressed, investigation progress and rectification measures should be made public, and the focus of public opinion should be shifted from institutional criticism to case resolution. Focusing on the special subject path, the daily management of well-known hospitals and well-known doctors should be strengthened to prevent individual behaviors from damaging institutional reputations. When public opinion occurs, responsibility should be quickly delineated to avoid implicating a wider scope. In summary, an integrated public opinion governance system of "monitoring, early warning, guidance, and restoration" should be established. Media literacy training for medical institutions should be strengthened, crisis communication capabilities should be enhanced, social co-governance should be promoted, and a rational and inclusive public opinion environment should be fostered[18].

5.3 Research Limitations and Prospects

This study has certain limitations. The number of cases is limited, which meets the requirements of fsQCA for small-sample research, but it is still necessary to further expand the case selection scope in the future. The measurement of variables mainly relies on secondary data, which may contain information bias. Subsequent research can attempt to combine questionnaire surveys and other methods to obtain richer case information. In addition, this study focuses on domestic medical-related public opinion cases in 2025 and has not yet involved cross-national comparisons. Future research can further expand in this direction.

Future research can be deepened in the following directions: first, combining big data and artificial intelligence technologies to build an intelligent public opinion early warning system; second, introducing longitudinal comparative analysis to evaluate the actual effects of guiding strategies at different stages; third, deeply exploring issues such as misinformation governance and public emotion guidance in medical-related public opinion, so as to continuously advance the improvement of the theoretical system for the governance of medical-related online public opinion.

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