

KATARZYNA DROP*, BARTŁOMIEJ DROP**, MICHAŁ SKOLIMOWSKI**

PATIENT-DOCTOR COMMUNICATION IN HEALTHCARE FACILITIES – PART II

INTRODUCTION

Communication between doctor and patient is an extremely important part of the whole treatment process. Thanks to the particular words, gestures, facial expressions and onomatopoeias, the sick is able to convey a doctor what kind of problems he suffers from, and as a response for his particular health condition, a doctor can adjust and implement an appropriate recovery process. This work is a continuation of the publication entitled "Patient-doctor communication in healthcare facilities – part I", which was a theoretical part including considerations on the influence of communication between two parties of the treatment process on health condition and satisfaction of the final recipients of the services – the patients. The present paper is going to analyse the results of the survey on the above mentioned research topic, carried out among 100 patients of Lublin healthcare facilities.

In this work, a detailed analysis of patient-doctor relations from the perspective of people taking part in consultations with doctors will be described. The patients were subjects to the survey, in which they were asked to subjectively assess a level and state of their relations with doctors, as well as to explain what they expect from the physicians. The research was made in Lublin healthcare facilities. The analysed results may and should serve both patients and doctors in further process of improving these relations.

* MGR KATARZYNA DROP – Katedra Języka Mediów i Komunikacji Społecznej KUL, e-mail: drop.katarzyna@gmail.com.

** DR BARTŁOMIEJ DROP, MICHAŁ SKOLIMOWSKI – Zakład Informatyki i Statystyki Medycznej, Uniwersytet Medyczny w Lublinie.

AIM

The aim of the study was an attempt to explain and describe the existing relations between patients and doctors in healthcare facilities. Hence, in the work (in part I) some basic terms concerning communication and the exact process of patient-doctor communication were discussed. Basing on the above mentioned elements and on the conducted study, the analysis was made. The further aim of the research was an attempt to answer the following questions:

1. What are the relations between patient and doctor in Lublin healthcare facilities?
2. In what way is a doctor perceived by patients? (As a service provider or as a partner?).
3. How are patients perceived by doctors?
4. Are patients satisfied with the services provided by doctors?

The aim of the survey was gathering the views and opinions of patients on their relations with medical staff. The survey was anonymous and was a part of the research related to the already mentioned issues and its results were analysed collectively. The obtained materials are supposed to be useful in improving and developing communication in healthcare sector.

CHARACTERISTICS OF THE STUDY GROUP

The survey was conducted in the sample of 100 persons – 40 women and 60 men. The study group included patients of the Lublin healthcare facilities taking part in either routine or specialistic consultations in the public or private health centres. The surveys were voluntary and anonymous; their completion took part in medical facilities and was treated as patients' consent to take part in research. As many as 100 correctly completed surveys were qualified for the quantitative assessment and for the statistical analysis.

METHODS, TECHNIQUES AND RESEARCH TOOLS

- I. The research was made with the use of the survey.

The questionnaire used in the research was divided into two parts:

- a) Part 1 – characteristics of the study group. Questions in this part applied to sex, age, education and place of residence of the interviewees.

b) Part 2 – included closed-ended multiple choice questions (except for question 24, in which two answers could be chosen). In this part the respondents were supposed to refer to their relations with doctors, to ways of communication, to good understanding with them. It also included features which should characterise doctors and their attitude towards patients.

STATISTICAL ANALYSIS

The outcomes of the surveys were subject to statistical analysis. A percentage distribution was created for quantitative and for qualitative traits.

THE SURVEY RESULTS

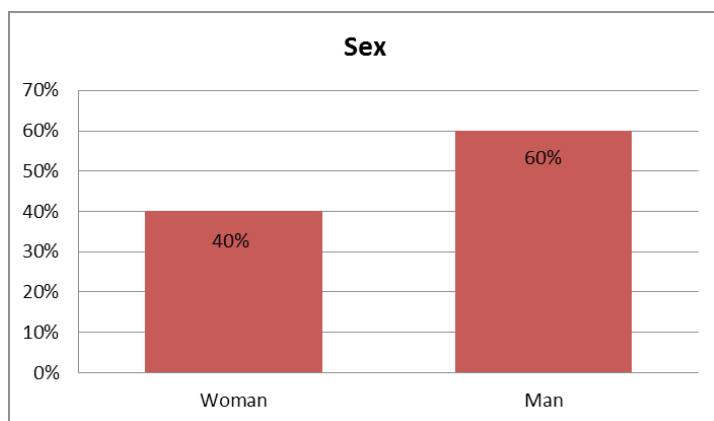


Diagram 1: The sex of respondents.

In the diagram 1 distribution of the respondents according to sex is presented. For the questions in the survey, 60% of men and 40% of women answered.

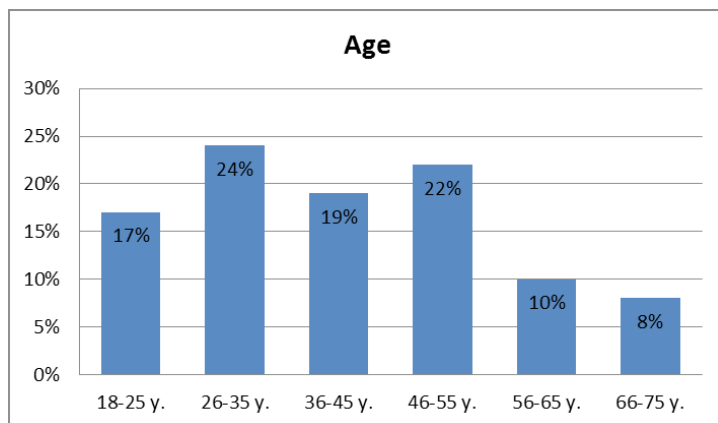


Diagram 2: Age of the respondents.

In the diagram 2 the distribution of the age of respondents is presented. They were divided into 6 age brackets. The age structure was as follows: 17% of all the interviewees were people between 18 and 25 years old, 24% were those aged between 26 and 35 years old, 19% were patients aged 36-45 years old and 22% were those aged 46-55 years old. The oldest groups taking part in the research were age brackets 56-65 y. and 66-75 y., respectively 10% and 8%. The most numerous group consisted of the middle aged respondents.

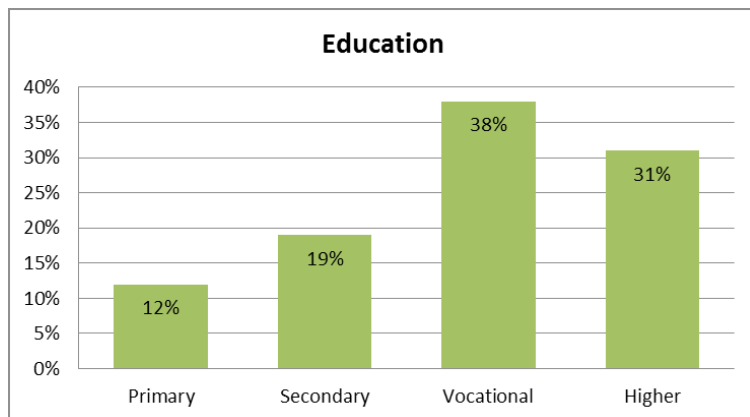


Diagram 3: Level of education of the respondents.

In diagram 3 the distribution of the respondents' level of education is presented. The biggest part of them had secondary education – 38% and higher education – 31%. Considerably less number of respondents declared to have primary (12%) and vocational (19%) education.

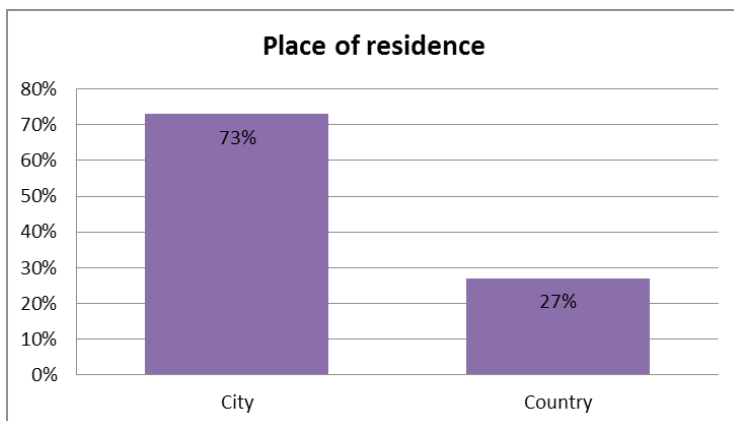


Diagram 4: Place of residence of the respondents.

In diagram 4 the respondents' places of residence are presented. The group of people living in the city was almost three times bigger than the group of people living in the country, respectively 73% and 27%.

Next, the patients were asked about their preferences concerning a choice of the medical facility they want to be treated, then consecutively, about their relations with doctors and about possible ways of improving them.

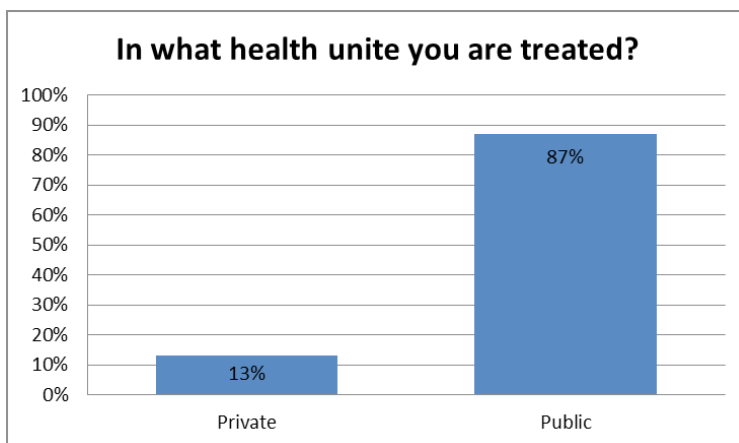


Diagram 5: Type of the health unit.

Diagram 5 presents the types of the medical units in which the patients are treated. Only a small group of patients declared taking part in the private medical consultations. It consisted of 13% of all respondents. Thus, a vast majority of patients takes part in consultations within the public health sector – 87%.

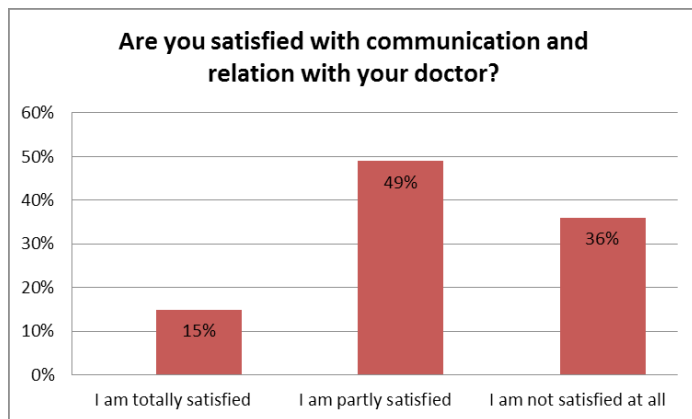


Diagram 6: Level of satisfaction with relations.

For question concerning the level of satisfaction with the communication and relations with a doctor, almost half of the respondents (49%) is only partly satisfied with such relations. As many as 36% is not satisfied at all and only 15% of respondents declared total satisfaction with cooperation with their doctors.

In order to better understand reasons standing behind satisfaction or dissatisfaction with relations between patients and doctors, some further questions were asked.

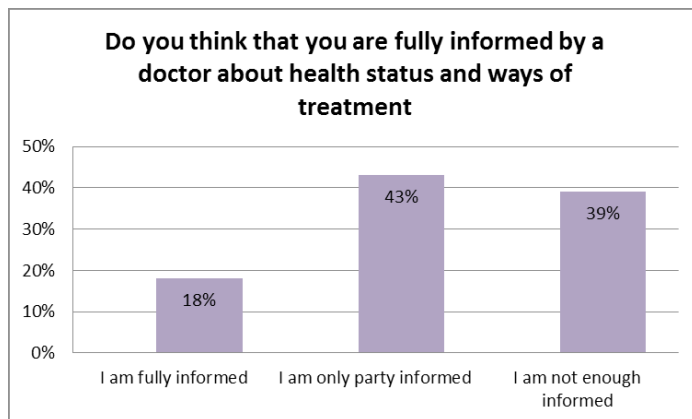


Diagram 7: Amount of information received from a doctor in patient's view.

Diagram 8 shows how much informed by a doctor the patients feel. One of the reasons why patients are not satisfied is insufficient amount of information concerning health status and ways of treatment received from a doctor. Only 18% of the interviewees think that they are fully informed on the subject. As many as

43% consider that they are only partly informed, while 39% of respondents would like to receive more information, as, according to them, it is not enough.

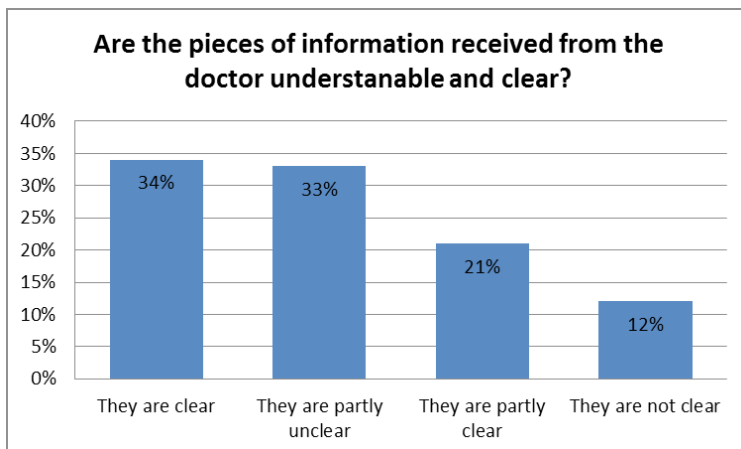


Diagram 8: Understanding and clearness of the received information.

For the question whether pieces of information received from a doctor are understandable and clear, the patients answered that they generally understand those messages. For 34% of all respondents such statements are fully clear and for 33% - they are mostly clear. Among the latter group, unclearness concerns only parts of the received information, those not having significant influence on the treatment process. As many as 21% of respondents admitted that pieces of information received from the doctors are clear for them only in a small part, what may result from the overuse of medical jargon. The remaining 12% of patients do not understand doctors at all. In the latter two groups unclearness of the doctors' messages may have significant influence on the treatment process.

Apart from messages, which directly affect the treatment process, an important element building appropriate relations between patients and doctors is doctors' behaviour during the visits. This issue was raised in the further part of the survey.

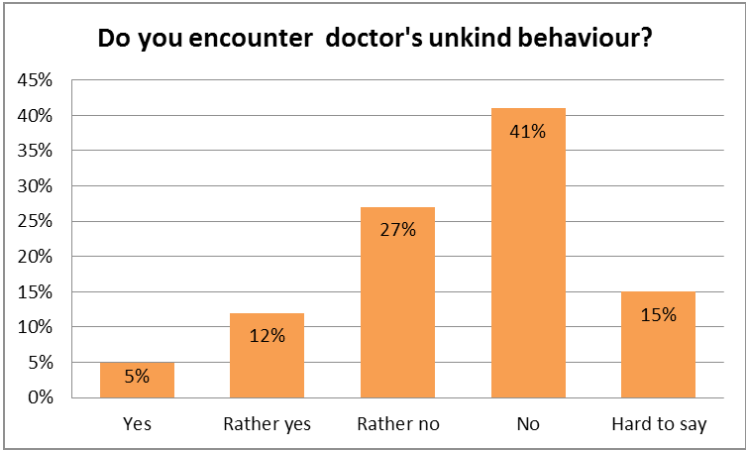


Diagram 9: Occurrence of doctors’ unkind behaviour according to patients.

Doctors’ behaviour during consultations was positively assessed by patients. For question concerning doctor’s unkind behaviour 41% of interviewees answered they have never encountered such situation. Over quarter of respondents (27%) could not recollect such incidence. Only 5% confirmed encountering unkind behaviour, 12% allowed its possibility, while 15% of patients had not any opinion.

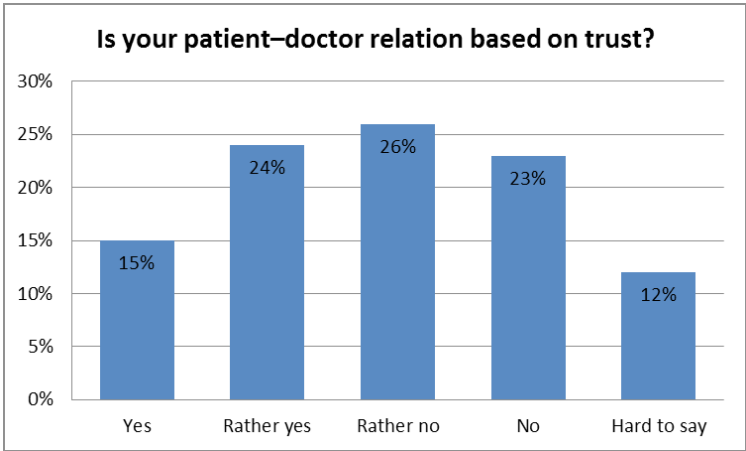


Diagram 10: Trust in patient–doctor relation.

Trust is a foundation for building mutual relations, also those between patient and doctor. That is why the respondents were asked if their cooperation with doctors is based on trust. As many as 15% of them answered that their relations with doctors are based on trust, 24% claimed that their relations are most likely based on it. The number of 23% of respondents declared lack of trust, while 26% rather

did not notice the sign of trust between patient and doctor. As many as 12% said it is hard to answer this question.

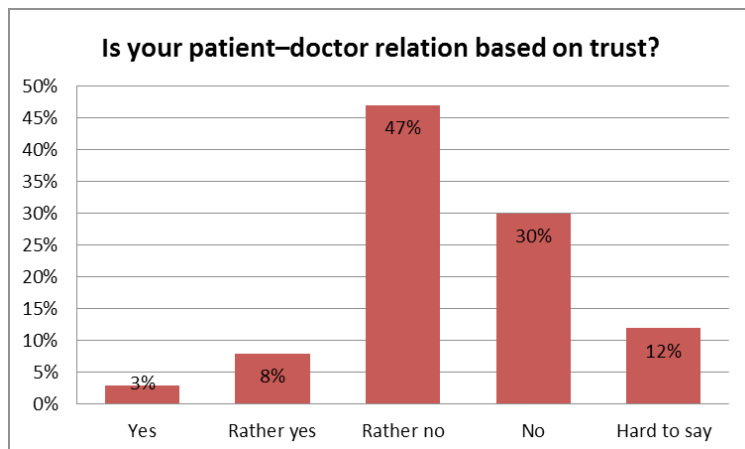


Diagram 11: Influence of the social status on the doctors' behaviour according to patients' feelings.

Another aspect taken into consideration was doctors' behaviour in connection with their social status and possible risk of ignoring patients. As the research has shown, the doctors try not to abuse their dominant position. Only 3% of respondents certainly confirmed occurrence of this phenomenon and 8% suspected they could be treated this way. However, the number of patients who have not encountered such behaviour was much bigger – 30% absolutely eliminated its occurrence, while as many as 43% could not recollect such treatment and answered “Rather no”. For 12% of respondents, an answer for this question was hard.

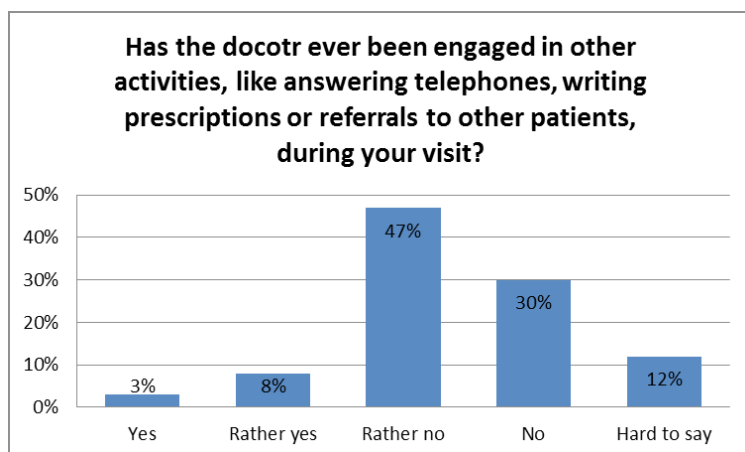


Diagram 12: Inappropriate doctors' behaviour according to patients.

The next question applied to a doctor being engaged in other activities during consultations. As many as 34% of interviewees could not recollect a doctor answering phone or writing prescriptions/referrals to other patients during their visits. The number of 23% absolutely denied that something like that has ever happened, while 7% of patients answered that they have certainly encountered such doctor’s behaviour, and 28% claimed they have rather experienced such incidents during consultations. The answer “Hard to say” was marked by 8% of all.

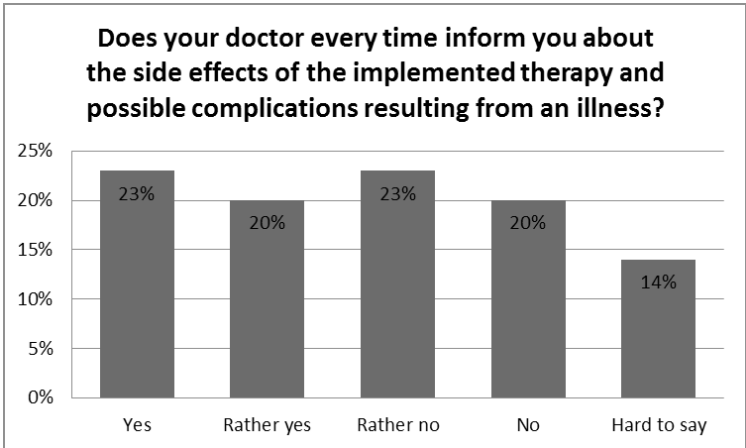


Diagram 13: Information concerning possible complications and side effects.

The kinds of information important for patients are those concerning side effects of the therapy and possible complications resulting from an illness. Answers for this question distributed almost equally. As many as 23% of respondents totally confirmed that they get such information from doctors, while 20% said they absolutely do not get such communications. The next 20% group were interviewees who claimed they rather get those information, while 23% answered they probably do not get them. The last group - 14% were patients who could not answer this question.

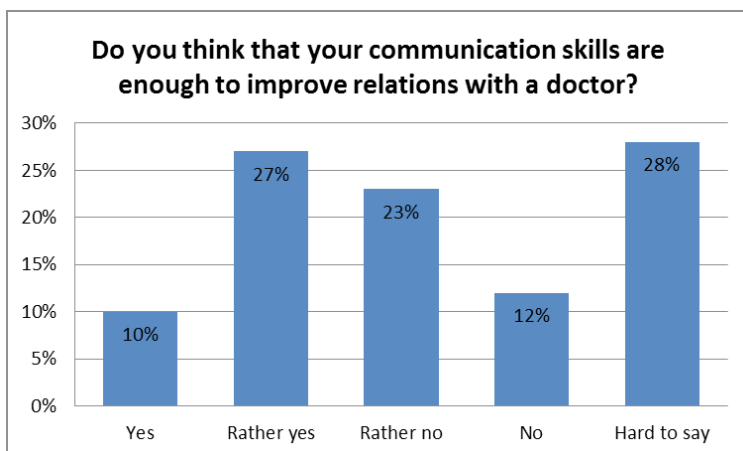


Diagram 14: Assessment of patients' communication skills.

The process of communication is a significant element in building appropriate human relations, especially in the medical facilities. That is why the next question was related to patients' communication skills and to their possible influence on the improvement of the relations with doctors.

When it comes to respondents, 10% of them totally confirmed they have communication skills developed enough to significantly influence relations improvement. As many as 27% claimed that it is highly probable that they possess such skills. The number of 23% of interviewees said they rather do not have well-developed communication skills and 12% answered they certainly do not have these skills. The most numerous group (28%) were patients who were not able to define the level of their communication skills and, therefore, could not estimate whether such skills would have significant influence on the improvement of relations with doctors.

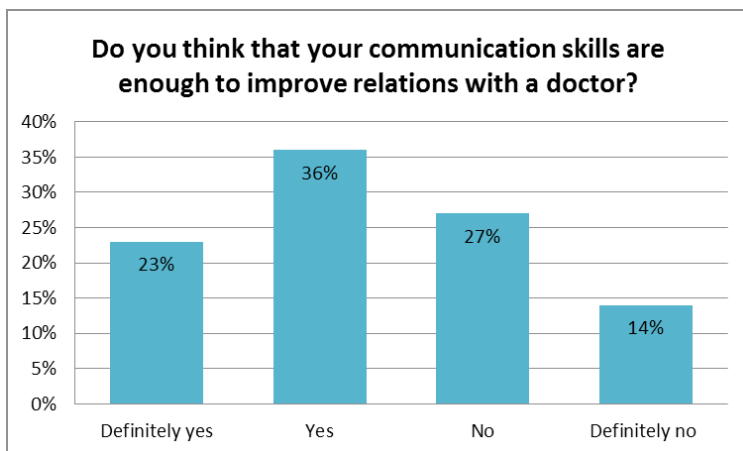


Diagram 15: Assessment of possibility of relations improvement.

The subsequent question concerning improving relations and communication with patients, was the one about possibility of their improvement from the doctors' point of view. The respondents perceived this problem variously, although over half of them (59%) had opinion that it is possible: 23% answered that it is definitely possible and 36% that it is possible. Only 14% of patients taking part in the survey could not see any improvement options, while 27% of all were moderately sceptical on this issue. To improve communication skills, and therefore to improve relations accompanying cooperation between patient and doctor, special courses may contribute. In this regard, the respondents were asked about necessity of such trainings organisation.

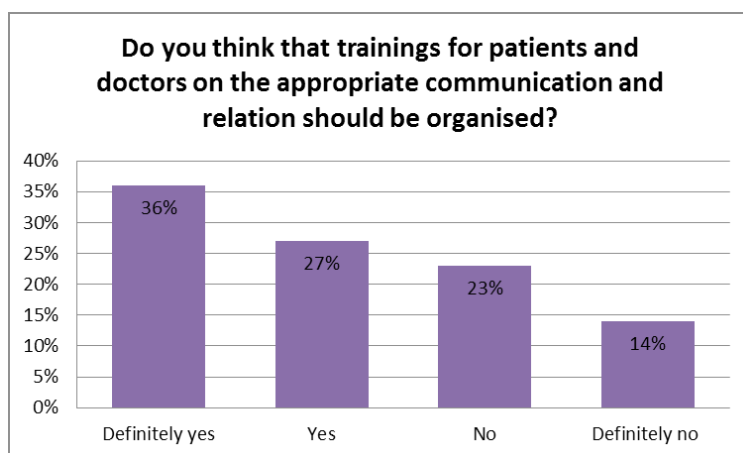


Diagram 16: Patients' opinion concerning organisation of communication trainings.

Most of respondents is convinced that such trainings should be organised. As many as 36% of patients taking part in the survey support initiatives like this and 27% approve them. Less part of the interviewed (37%) think that organization of such courses does not make sense – 14% definitely do not support them and 23% answered “No” for the question.

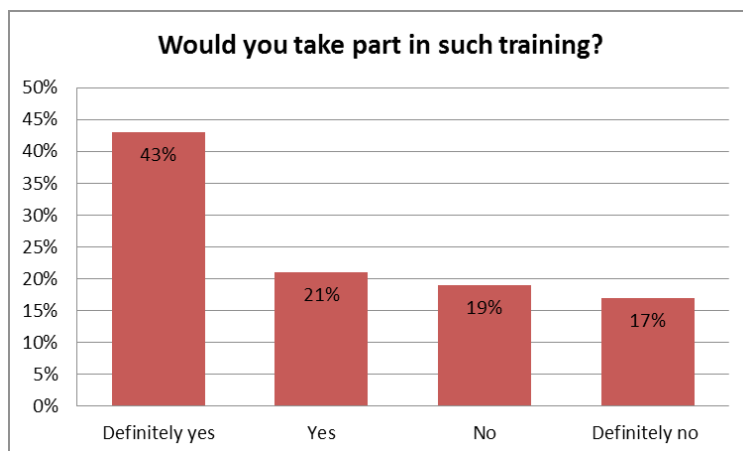


Diagram 17: Assessment of willingness to take part in trainings.

If such trainings were organised, a vast majority (64%) of respondents would take part in them. As many as 43% would eagerly participate and 21% would be likely to do it. However, 36% of the interviewees would not make use of this option and 17% absolutely would not take part in such training. Patients from the remaining group (19%) do not see the need to actively participate in such course.

The next element having relevant impact on the process of creating human relations is an active listening skill. Hence, another issue concerned possession of this skill by doctors.

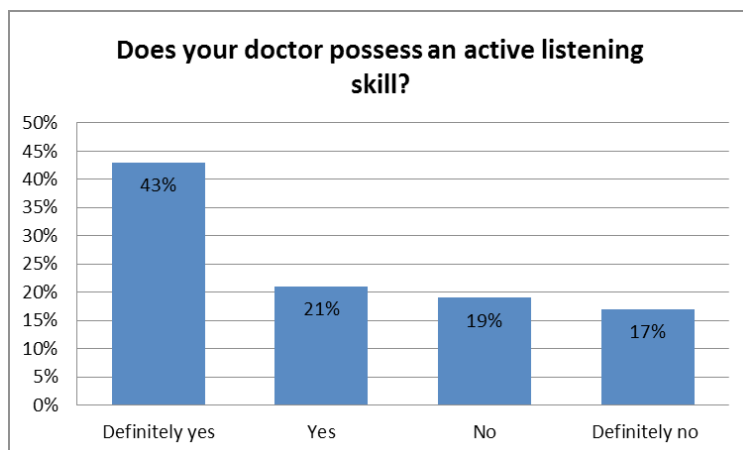


Diagram 18: Verification of an active listening skill among doctors.

According to the interviewees a majority of doctors possess an active listening skill. As many as 33% definitely notice this ability in them, and 39% claim it is perceivable in their qualifications. Only every third questioned (28%) does not

see any features of the active listening skill in their doctors, 10% of respondents definitely cannot notice this skill and 18% of patients are not convinced about their doctors possessing this ability.

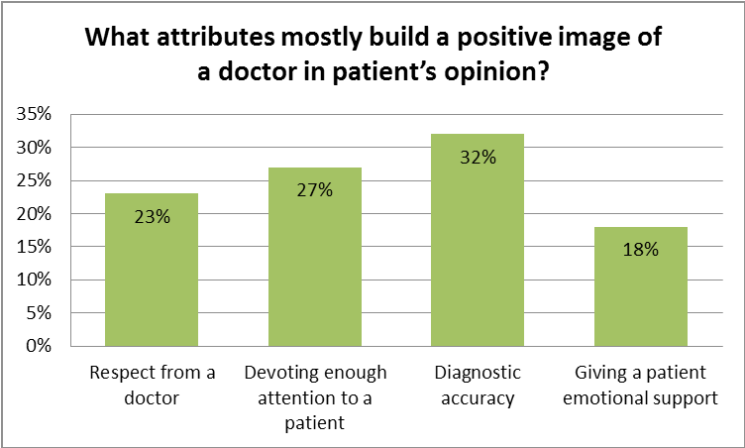


Diagram 19: Attributes building a positive doctor's image.

An image of a doctor is also an important aspect from the patients' point of view. Therefore, the respondents were asked what attributes have the most crucial influence on building this image. The highest evaluated feature (32%) was doctor's diagnostic accuracy. According to patients it is the most important when it comes to positive perception of a doctor. In the second place (27%) there was devoting enough attention to a patient. Next vital attribute, pointed out by 23% of all, was respect from a doctor. While for 18% of the questioned the most significant feature turned out to be giving a patient emotional support.

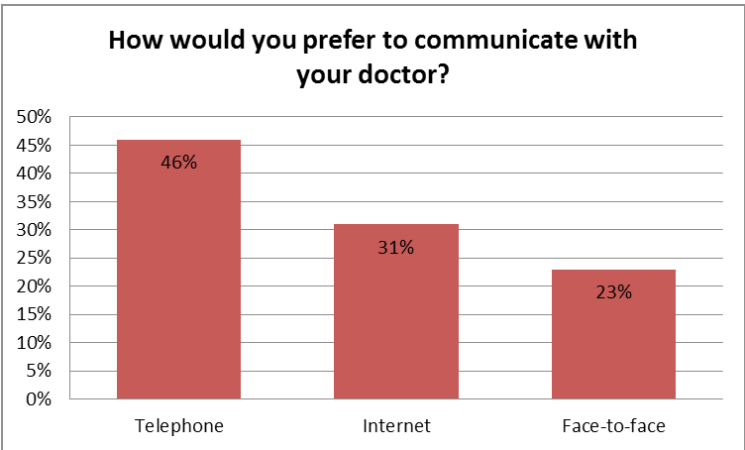


Diagram 20: The most preferred ways of communication with a doctor.

The next issue discussed in the survey were ways of communication with doctors. The respondents were supposed to choose the most convenient for them channel of communication between them and doctors. The most popular answer (46%) was telephone contact. Next group of patients – 31% said they prefer online contact, while 23% chose face-to-face contact as the most preferred one.

The subsequent questions raised in the survey were whether, in the case of lack of understanding a doctor, patients ask questions and try to memorize medical recommendations.

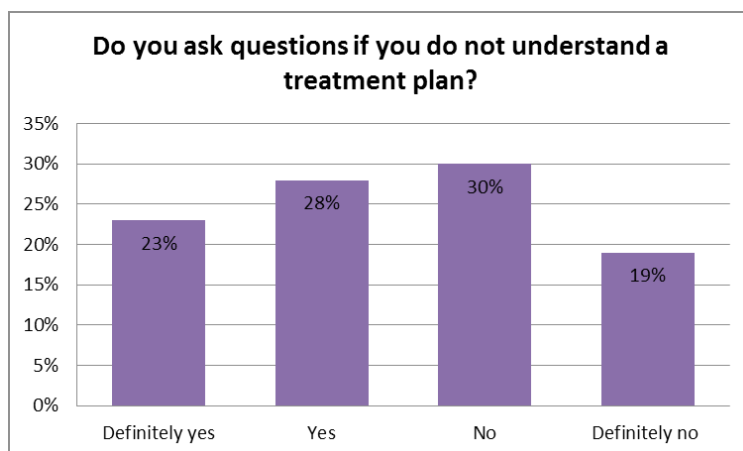


Diagram 21: Assessment of patients' attitude on the basis of their desire to understand a doctor.

In the case of this question the opinions were virtually aligned. Almost half (49%) of respondents do not ask a doctor questions if what he/she says is not understandable for them. As many as 19% definitely do not ask any questions, while 30% decided to mark answer "No". The questions are definitely raised by 23% of patients taking part in the survey and 28% just ask questions in case of lack of understanding.

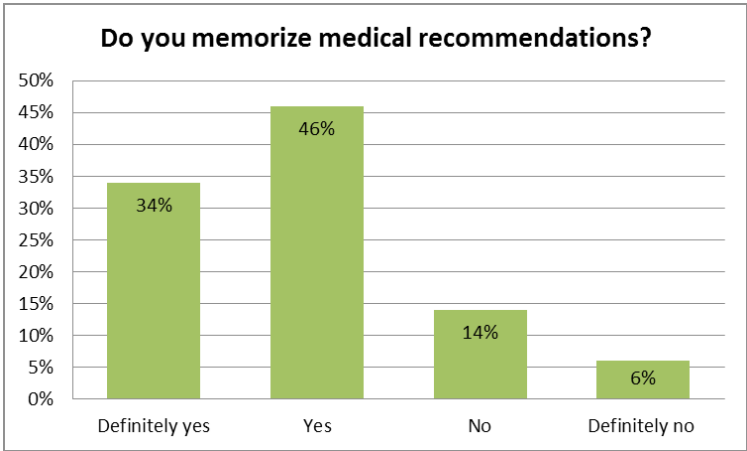


Diagram 22: Memorizing medical recommendations by patients.

Diagram 22 shows memorizing medical recommendations by patients. A vast majority of respondents (80%) memorize medical recommendations. However, there is a group of patients (20%) who cannot remember what was recommended by a doctor. There were 6% of persons who admitted that they definitely forget doctors’ orders, while 14% said they are likely to forget them. As many as 46% of all respondents answered they memorize all the doctor’s recommendations, whereas 34% said they just remember these orders.

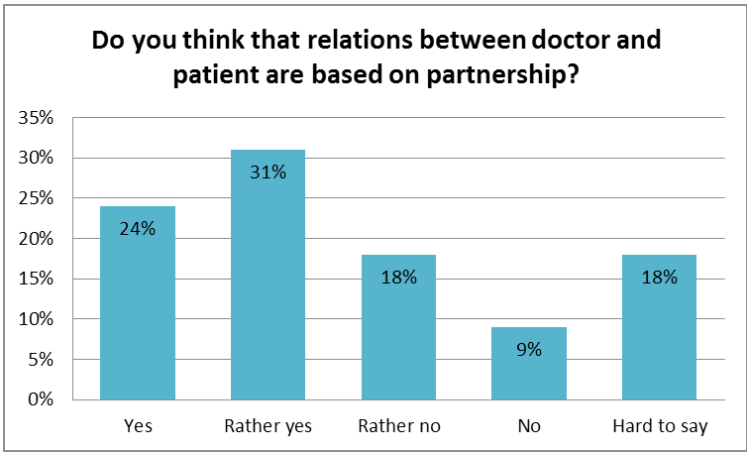


Diagram 23: Assessment of relations between patient and doctor.

By way of comparison the respondents were asked about partnership in their relations with doctors. In this case 24% of the questioned said their relations with dentists are based on partnership. As many as 31% claimed their relations are on the level of partnership. Patients who definitely denied having this kind of rela-

tions with dentists constituted 9% of all, while 18% rather cannot notice signs of partnership in their mutual relations with doctors. For 18% of interviewees it was too hard to decide.

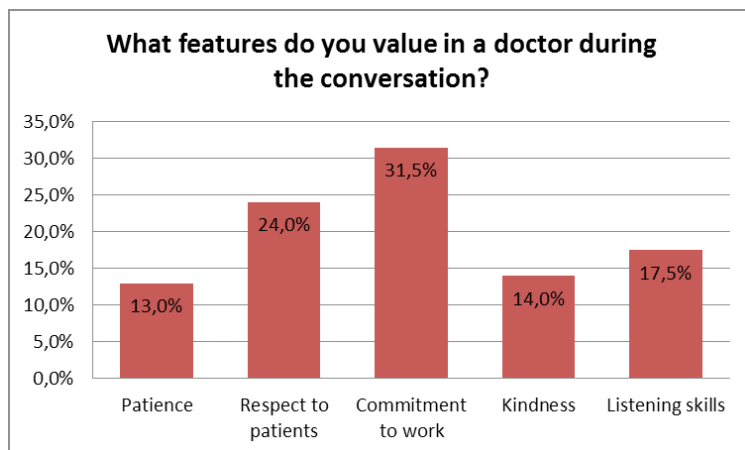


Diagram 24: The most desired features of a doctor during the conversation.

The last question in the survey was assessment of the most valued features of a doctor during the conversation. According to respondents, the most desired feature is doctor's commitment to work - 31.5%. Respect to patients is also highly valued by the questioned and was marked by 24% of them. On third rank follow the listening skills, which are valued by 17.5% of respondents. Other noticeable features, which should characterize doctors during the conversation, are kindness and patience, 14% and 13% respectively.

CONCLUSION

Communication is an integral part of everyday life. It is also responsible for building appropriate relations between a patient and a doctor. However, a clear lack of this skill in group of both patients and doctors are visible.

As numerous studies carried out in the United States show:

From 68% to 85.3% of patients do not know their attending physician's name.

From 43% to 58% of patients do not know the reason why they were in hospital .

As many as 67% of patients have new medications prescribed while being in hospital, out of which 25% are not aware they have new medications prescribed.

As many as 90% of patients getting new medications do not report side effects.

As many as 38% of patients are not aware that they have examinations on particular day.

It is surprising that most of these patients (in some studies up to 58%) claim they understand everything doctor tells them.

Similar misunderstandings are found in satisfaction surveys carried out in doctors' offices.

A doctor interrupts patient in the first 18 seconds of the speech which he/she begins when entering doctor's office.

Both doctors and patients admit that the purpose of a visit constitutes only from 50% to 70% of the whole time spent in doctor's office.

The doctors do not appreciate the patients' willingness to get information about health for 65% of time.

As many as 50% of patients leave the doctor's office without knowledge of what a doctor wanted to tell them.

In 50% of cases a patient does not ask a doctor any questions despite the fact he/she has such questions.¹

A fault for inappropriate relations between doctor and patient lies on both sides. Both examined groups are responsible for this situation. Doctors very often speak in a way that is incomprehensible for patients, using only medical jargon, while patients do not raise any questions even if they do not understand the message conveyed by a doctor. The both sides' increased awareness and development of communication skills are needed to achieve the ability of proper relations building.

Therefore, a survey was conducted. Its purpose was to establish the existing relations between patients and doctors, as well as to define the role of communication and its impact on building these relations. The analysis of the received research material makes it possible to draw the following conclusions:

1. Relations between doctor and patient are seldom based on full confidence.
2. Doctors make use of a medical jargon and are, therefore, not understood by patients. On the other hand, however, patients do not raise any additional questions even if they do not understand something.
3. Making an accurate diagnosis is a priority for a doctor; in spite of that, patients most value emphatic doctors and those who show their interest in patient.
4. A doctor is treated as a mentor by the older patients, while the younger ones perceive him more as a partner or even as a service provider.
5. There is a need for organising trainings in the field of communication skills for both doctors and patients. It is going to lead to building better relations between patient and doctor and it may positively influence the whole treatment process.
6. It happens that doctors possess certain communication skills, although they consciously do not use them as they are afraid of patient's emotions.

¹ <http://www.cfah.org/blog/2013/the-truth-about-those-high-patient-satisfaction-scores-for-doctor-patient-communication> (access from April 4th 2017.)

REFERENCES:

<http://www.cfah.org/blog/2013/the-truth-about-those-high-patient-satisfaction-scores-for-doctor-patient-communication>

KOMUNIKACJA PACJENT-LEKARZ W PLACÓWKACH OCHRONY ZDROWIA CZ. II

Streszczenie

Komunikacja, w każdej formie jest nieodłącznym elementem życia codziennego. W związku z tym odpowiada również za właściwe budowanie relacji pomiędzy uczestnikami procesu terapeutycznego i leczniczego - pacjentem i lekarzem. W dobie powszechnego i nieograniczonego dostępu do informacji, chory jest w stanie sam, za pomocą licznych mediów dotrzeć do wiadomości na temat nowych rozwiązań medycznych lub ewentualnych możliwych powikłań wynikających z jego choroby. Właśnie dlatego w dzisiejszych czasach istnieje ogromna potrzeba przekazywania pacjentowi dokładnej wiedzy na temat jego choroby i możliwych sposobów powrotu do pełni zdrowia. Pacjent chce, aby wyjaśnić mu dlaczego taka, a nie inna metoda leczenia została mu zalecona i dlaczego konkretne leki zostały zaordynowane przez lekarza. Bardzo często lekarze mówią w sposób niezrozumiały dla pacjentów, używając tylko medycznej nomenklatury, pacjenci natomiast nie zadają pytań, nawet wtedy, gdy nie rozumieją treści przekazywanej przez lekarza. Aby osiągnąć umiejętność odpowiedniego budowania relacji potrzebna jest zwiększona świadomość obu stron oraz praca nad poprawą umiejętności komunikacyjnych.

Celem pracy było zbadanie oraz scharakteryzowanie występujących relacji pomiędzy pacjentami i lekarzami oraz określenie roli komunikacji i jej wpływu na ich budowanie.

Poniższa praca jest kontynuacją publikacji pt: „Komunikacja pacjent-lekarz w placówkach ochrony zdrowia cz. I.”, która stanowiła część teoretyczną rozważań na temat wpływu komunikacji pomiędzy stronami procesu leczniczego na stan zdrowia i zadowolenie finalnego odbiorcy usług - pacjentów. W pracy zostaną omówione wyniki ankiety, przeprowadzonej wśród 100 pacjentów dotyczącej wspomnianego powyżej tematu badawczego.

Badanie przeprowadzone zostało w lubelskich placówkach ochrony zdrowia. Opracowane wyniki i wnioski mogą i powinny służyć zarówno pacjentom jak i lekarzom w dalszym procesie doskonalenia tych relacji.

Słowa kluczowe: komunikacja, komunikacja interpersonalna, relacja pacjent-lekarz, błędy w komunikacji, prawa pacjenta

PATIENT-DOCTOR COMMUNICATION IN HEALTHCARE FACILITIES – PART II

Abstract

Communication, in every form is the inseparable element of daily life. In this connection it is also responsible for the corresponding construction of the bond between the participants of therapeutic

and curative process - by a patient and a doctor. These days we have general and unlimited access to information, that is why every patient is capable itself to find, by numerous medias a lot of information about new medical possibilities and nascent complications of their illness. This is the reason why, nowadays there is a necessity of giving detailed knowledge about the illness and possible methods of treatment to all patients. A patient expects explaining why such, but not other method of treatment is recommended and why certain medications are prescribed by a doctor to him. Very often doctors talk in an incomprehensible method to their patients, using a medical nomenclature only. Patients do not ask questions, even when they do not understand the details given by a doctor. To attain ability of corresponding construction of report between both participants of treatment process there is a need of improvement of communication abilities.

The aim of this survey was to research and describe widespread reports between patients and doctors. The other aim was to determine a role of communication and her influence on their construction.

The mentioned below work is continuation of publication: "Physician-patient communication in healthcare facilities, part I", that presented theoretical honor of reflections on the theme of influence of communication between participants of the curative process on the state of health and satisfaction of final recipient of services - patients. The results of the questionnaire, conducted among 100 patients touches mentioned above an experience theme, will be discussed in-process.

Research was conducted in the Lublin representative offices of health protection. The worked out results and suggestions can and must serve to the patients as well as doctors in the further process of perfection of these reports.

Keywords: communication, interpersonal communication, doctor-patient relationship, communication mistakes, patient rights