

## **Investigating Patient-Doctor Communication And Perceived Health Service Quality**

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### **Abstract**

Despite medical technologies developed for diagnosis and treatment, medical care still depends on effective communication between the patient and the doctor that the doctor and the patient exchange information amongst. Effective patient–doctor communication is recognized as essential by health care providers and the patients for high quality medical care. Patient-doctor communication has been shown to be linked to improved patient outcomes. This paper researches the differences between the perceptions of patients and doctors about their communication and health care services. The research may determine the communication needs both from patients and the doctors. Examining differences between the perceptions of patients and doctors about their communication could lead to improve quality of health care services. As the focus of today’s health system is the patient, patient-doctor communication should be researched for improved health care outcomes. Communication in the delivery of health care services occurs between health care service providers and the patients, but this study is limited to patient-doctor communication.

**Keywords:** health care sector, communication, health service quality, patient, doctor

### **1.INTRODUCTION**

Patient-doctor communication is an important subject for researchers because it is expected that effective patient-doctor communication leads to desired patient outcomes and fewer complaints from patients (Weiner et al., 2005). It is obvious that effective communication is essential in health care services as communication provides the primary means for the diagnosis and treatment of the disease, the treatment of the illness, and the prevention of many health problems (Wasserman and Inui, 1983). The whole health care system revolves around the communication between the patient and the doctor, without it, any health system will not work. Communication is the start kick of all the health services. Moreover, patient-doctor communication ties both parties by building a relationship. Patient’s problems can be identified more easily with clear and precise interaction between the doctor and the patient.

Patient-doctor communication is a two-way communication problem; doctor’s working under time pressure and insufficient communication skills on the one hand, patients with low

awareness and education levels and status gap between the doctor and the patient on the other hand may cause miscommunication practices. It may be the goal of any doctor to serve the highest number of patient, however patients may demand favorable interpersonal relationship with the doctor. That is another aspect of patient-doctor communication which makes it an important element in health care. For the doctor, effective communication is necessary for diagnoses and treatment; for the patient, effective communication provides understanding of his/her health status which may reduce uncertainty, anxiety, and resulting in improvement in health status (Weiner et al., 2005).

It is a common patient complaint that they do not understand the doctors. Doctors work under time pressure meanwhile they have to meet expectations of patients such as explaining the diagnosis and educating the patient about therapeutic procedures. The importance of patient-doctor communication is recognized by the doctors themselves; as it is shown to be linked to improved patient outcomes, ranging from blood pressure control, medication adherence and patients' mental health scores, to diabetes management and lower rates of malpractice suits (Davis, 2010). Good communication may be the best medicine, however patients still report dissatisfaction with the patient-doctor communication quality.

## **2.PATIENT-DOCTOR COMMUNICATION**

In many studies, doctors and patients are studied as if living in separate worlds (Kenny et al., 2010). Previous studies researching patient-doctor communication mostly approached the communication process from the doctors' point of view, and have sought to discover patients' views of doctor communication behaviors. Often, such examination has focused on four major doctor behaviors (Leckie et al., 2006).

Technical behavior (for example, information giving),

Affective behaviors which may be related to personal attributes of particular doctors (for example, non-verbal behavior and friendly verbal utterances),

High controlling doctor behavior (for example, biomedical talk only),

Low controlling doctor behavior (for example, where patients are encouraged to ask questions).

Most of the studies only consider service givers' (doctors, nurses, staff etc.) point of view (Franz, 2000). However, many patients prefer encounters that their participation is involved (Leckie et al., 2006). Researchers stated that doctor-patient relationships can be problematic, with negative consequences for patients including higher levels of anxiety, distrust of medical providers, dissatisfaction with healthcare and lower quality of life, meanwhile, effective doctor-patient interaction has been shown to be related to patient satisfaction with medical care, favorable attitudes towards doctors, recall and understanding of information, compliance with recommendations, adherence to treatment, improved emotional state, and overall health status (Allen et al. 2001).

Sanchez (2001) researched communication between doctors and patients and stated that communication education should be given to the doctors to improve their communication skills. Communication skills are an essential component of medical competence. Moreover, good doctor–patient communication can lead to lower utilization of health care resources (Veldhuijzen et al., 2007). Clever et al. (2008) studied the relationship between doctors' communication behaviors and patients' overall satisfaction with hospital care and found a significant positive relationship between overall satisfaction and overall communication quality. Other authors studied health literacy in doctor-patient communication (Koch-Weser et al., 2010), communication processes in the primary care (Weiner et al., 2005) and culture's role on patient-doctor communication (Kim et al., 2000).

Effective doctor patient communication is shown to be highly correlated with patient satisfaction. The key elements of patient satisfaction include doctors to be friendly, concerned, and to spend time for questions and explanations. Patients tend to be more satisfied with their medical care when they communicate with doctors (Bertakis et al., 1991).

### **3.METHODOLOGY AND RESEARCH**

#### **3.1. Research Instrument**

Research data collection tool is developed using previous studies on patient-doctor communication (Leckie et al., 2006; Street et al. 2007; Campbell, 2007; Kenny et al. 2010; Davis, 2010), however because of cultural differences items are adopted. The items are asked both to the patients and to the doctors in such a way that they reflect both parties viewpoint on the same subject. The final questionnaire consists of 21 Likert Type items and 12 questions for demographics. The research took place in Antalya, in October 2011. A total of 89 questionnaires are collected; 48 doctors and 41 patients are involved in the study.

#### **Analysis and the Results**

This study aims to determine the differences between the perceptions of the patients and the doctors about their communication and the quality of health care services. Thus, independent samples t-test is considered to be the most appropriate statistical analysis method. Items measuring the perceptions about patient-doctor communication are taken as test variables and the doctor-patient status is taken as the grouping variable. Results of the independent samples t-test are given in Table 1. Statically significant results are marked with one or two stars according to their significance levels.

Patients are found to perceive more communication problems, complaining that doctors regard patients as customers and feel need to consult another doctor. However, doctors claim on the contrary.

Meanwhile, doctors claim that they spend enough time for the patients, support required health care information, and claim themselves as sensitive to patients' culture, religious beliefs and traditional beliefs, patients viewpoint are quite the opposite.

The common points both the doctors and the patients agree are the existence of communication problem between the doctors and the patients, feeling uncomfortable using a third person in doctor-patient communication, existence/absence of informative brochures, health care systems disability to cover patients' culture, religious beliefs and traditional beliefs, trust towards overall health care system, trust towards doctors, and doctors do not make discrimination among the patients.

**Table 1: Independent Samples t-test Results**

Questionnaire Items	Mean	S.d.	t	P
D1. I am having communication problem with the patient	2.11	1.165	-2.183	.032*
P1. I am having communication problem with the doctor	2.73	1.517		
D2. It is disturbing to communicate with the patient via third person	3.13	1.196	.340	.735
P2. It is disturbing to communicate with the doctor via third person	3.03	1.530		
D3. I allocate enough time for diagnosis even if the patient communicates via third person	3.65	1.062	2.156	.034*
P3. Doctor allocates enough time for diagnosis even if I communicate via third person	3.07	1.439		
D4. I allocate enough time to explain the diagnosis and tests even if the patient has problems in understanding	3.77	.994	4.055	.000**
P4. Doctor allocates enough time to explain the diagnosis and tests even if I have problems in understanding	2.78	1.250		
D5. I am having problems in explaining about the patient's health status	2.69	1.345	1.113	.269
P5. Doctor is having problems in explaining about my health status	2.36	1.367		
D6. I allocate enough time to explain treatment, medicines, and potential risks	3.58	1.182	3.280	.001**
P6. Doctor allocates enough time to explain about my treatment, medicines, and potential risks	2.70	1.344		
D7. The patient has an easy access to written and visual materials about their health in the hospital	3.40	1.245	2.256	.027*
P7. I have an easy access to written and visual materials about their health in the hospital	2.80	1.244		
D8. The patient can easily understand various brochures on health	3.11	1.233	.484	.630

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P8. I can easily understand various brochures on health	2.98	1.332		
D9. Health system is designed in convenience to the patient's beliefs, culture, religion, and traditions	2.98	1.207	2.002	.048*
P9. Health system is designed in convenience to my beliefs, culture, religion, and traditions	2.49	1.075		
D10. Health system does not consider the patient's beliefs	2.52	1.260	-1.004	.318
P10. Health system does not consider my beliefs	2.82	1.485		
D11. I show respect that different patients may have different cultures when providing health care services	2.83	1.310	3.588	.001**
P11. Doctors show respect that different patients may have different cultures when providing health care services	2.54	.996		
D12. I meet my patients' expectations related to their culture and traditions	3.54	1.129	6.084	.000**
P12. Doctors meet my expectations related to my culture and traditions	2.21	.864		
D13. I take my patients' religious beliefs into consideration	3.56	1.165	3.565	.001**
P13. Doctors meet my religious beliefs into consideration	2.65	1.231		
D14. I am worried that my patients may not consider the scientific diagnosis and treatment	2.79	1.148	.985	.328
P14. I don't consider the doctors' diagnosis and treatment advices at all	2.53	1.350		
D15. I regard the patients as customers	2.06	1.295	-5.960	.000**
P15. Doctors regard the patients as customers	3.61	1.001		
D16. I don't make any discrimination among my patients	3.45	1.501	.468	.641
P16. Doctors don't make any discrimination among the patients	3.30	1.392		
D17. Overall health care services in my town are satisfactory	3.35	1.101	.495	.622
P17. Overall health care services in my town are satisfactory	3.23	1.349		
D18. In general, doctors in this town are qualified	3.21	.944	-.249	.804
P18. In general, doctors in my town are qualified	3.27	1.323		

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D19. There is no need for the patients who consulted a doctor in this town, to consult another doctor elsewhere	3.04	1.202	-2.358	.021*
P19. There is no need for me to consult another doctor elsewhere after I consulted a doctor in my town	3.63	1.157		
D20. Overall health care services in Turkey is satisfactory	3.58	1.028	-.112	.911
P20. Overall health care services in Turkey is satisfactory	3.61	1.202		
D21. Doctors in Turkey are qualified in general	3.80	1.079	.814	.418
P21. Doctors in Turkey are qualified in general	3.59	1.360		

\* Statistically significant at  $P < 0.05$ , \*\* statistically significant at  $P < 0.01$

#### 4.CONCLUSION

Communication between the doctor and the patient which they exchange information is the start of the health care services. Effective patient–doctor communication is recognized as essential by healthcare providers and patients for high quality medical care. Patient-doctor communication has been shown to be linked to improved patient outcomes (Davis, 2010). Exploratory in nature, this paper researches patient-doctor communication and aims to determine the differences between the perceptions of patients and doctors about their communication and the quality of health care services, hoping that reduced communication gap may lead to improve the overall quality of health care services.

This research exhibits that there are differences between the perceptions of patients and doctors about their communication and the quality of health care services. The problematic areas are highlighted in the study. Patients perceive more communication problem, complaining that doctors regard patients as customers and feel that they need to consult another doctor. Meanwhile, doctors claim that they spend enough time for the patients, support required health care information, and claim themselves as sensitive to patients' culture, religious beliefs and traditional beliefs.

In practice, the results of this research exhibit the need for improved communication skills for doctors. Thus, communication skills should be considered as an important element in medicine education. Although communication may be the medicine itself, doctor-patient communication in education of medicine seems to be insufficient. Communication lectures should be included in health education programs in order to improve the communication skills of the health care service providers. Also, communication skills can be used as an essential component in competition when providing health care services. As the communication skills cannot be easily copied, doctors with communication skills can provide sustainable competitive advantage in health care organizations.

The study has several limitations. First, as the study took place in Antalya, the sample should be broadened in the future studies in order to support generalization. Second, patient-doctor communication requires mutual relationships between the patient and the doctor; however there are other parties involved in health care services. Third, patient-doctor communication and perceived overall health care quality may be effected by other variables not examined in this study including the patient's psychological and health status, doctors' specialty, and health care facility itself.

## REFERENCES

- Allen, S. M., Petrisek A. C., & Laliberte, L. L. (2001). Problems in doctor-patient communication: the case of younger women with breast cancer. *Critical Public Health* 11(1).
- Bertakis, Roter, D. L. & Putnam, S. (1991). Interview style and patient satisfaction. *The Journal of Family Practice*, Vol 32(2), 175-181.
- Campbell, C., Lockyer, J., Laidlaw, T. & MacLeod, H. (2007). Assessment of a matched-pair instrument to examine doctor-patient communication skills in practising doctors. *Medical Education* 41: 123-129.
- Clever, S.L., Jin, L., Levinson, W. & Meltzer, D.O. (2008). Does Doctor-Patient Communication Affect Patient Satisfaction with Hospital Care? Results of an Analysis with a Novel Instrumental Variable. *HSR: Health Services Research* 43:5.
- Davis, D.L. (2009). Simple but not always easy: Improving doctor-patient communication. *Journal of Communication in Healthcare* Vol. 3, No: 3-4, 240-245.
- Davis, D.L. (2010). Simple but not always easy: Improving doctor-patient communication. *Journal of Communication in Healthcare*, Vol. 3, No: 3-4.
- Franz, P., (2000). Language Barriers in Vienna Hospitals. *Ethnicity & Health* Vol. 5, Issue 2, 113-119.
- Kenny, D.A., Veldhuijzen, W., van der Weijden, T., LeBlanc, A., Lockyer, J., Le'gare', F. & Campbell, C. (2010). Interpersonal perception in the context of doctor-patient relationships: A dyadic analysis of doctor-patient communication. *Social Science & Medicine* 70, 763-768.
- Kenny, D.A., Veldhuijzen, W., van der Weijden, T., LeBlanc, A., Lockyer J., Le'gare, F. & Campbell, C., (2010). Interpersonal perception in the context of doctor-patient relationships: A dyadic analysis of doctor-patient communication. *Social Science & Medicine*, 70, 763-768.
- Kim, M., Klingle R.S., Sharkey W.F., Park, H.S., Smith, D.H. & Cai, D. (2000). A test of a cultural model of patients' motivation for verbal communication in patient-doctor interactions. *Communication Monographs* Vol. 67, No: 3, 262-283.
- Koch-Weser, S., Rima E., Rudd, R.E. & Dejong, W. (2010). Quantifying Word Use to Study Health Literacy in Doctor-Patient Communication, *Journal of Health Communication*, 15:590-602.

Leckie, J., Bull, R. & Vrij, A. (2006). The development of a scale to discover outpatients' perceptions of the relative desirability of different elements of doctors' communication behaviours. *Patient Education and Counseling* 64, 69–77.

Leckie, J., Bull, R. & Vrij A., (2006). The development of a scale to discover outpatients' perceptions of the relative desirability of different elements of doctors' communication behaviors. *Patient Education and Counseling*, 64, 69–77.

Sanchez, M.M. (2001). Effects of assertive communication between doctors and patients in public health outpatient surgeries in the city of Seville (Spain). *Social Behavior and Personality* 29 (1), 63-70.

Street, R.L. Jr., Gordon, H. & Haidet, P. (2007). Physicians' communication and perceptions of patients: Is it how they look, how they talk, or is it just the doctor? *Social Science & Medicine* 65, 586–598.

Veldhuijzen, W., Ram, P.M., van der Weijden, T., Wassink, M.R. & Van der Vleuten, C.P.M. (2007). Much variety and little evidence: a description of guidelines for doctor-patient communication. *Medical Education* 41, 138–145.

Weiner, S.J., Barnet, B., Cheng, T.L. & Daaleman, T.P. (2005). Processes for Effective Communication in Primary Care. *Annals of Internal Medicine* Vol. 142, No: 8.