

Original Research Article

A Cross Sectional Study on the Gap in Doctor – Patient Communication in a Tertiary Care Hospital

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Abstract

Introduction: Effective doctor – patient communication is a central clinical function and the resultant rapport is the heart and art of medicine and a central component in the delivery of health care. This communication is essential in achieving the desired outcomes of treatment. A doctor's communication and interpretational skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions and establish caring relationship with the patients. **Methodology:** The study population was the people who consulted their doctors in the hospital for any illness of their own or their children. Informed consent was taken from the patients interviewed. Data was collected from a total of 448 patients who came for a consultation to the hospital. **Results:** The results of our study agrees with other studies that many patients are not satisfied with the consultation and that doctors fail many a time in adequately educating the patients and providing them better compliance. Nearly 25 percent of the patients complain that they are not satisfied with their consultation and couldn't build compliance with their doctors. **Conclusion:** The study concludes that many crevices in doctor – patient communication are left un-filled, making most of the patients not satisfied after their consultation with doctors.

Keywords: Doctor – Patient Communication, Gap, Interpretational skills, Counselling, Consultation, Compliance.

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Introduction

Effective doctor –patient communication is a central clinical function and the resultant rapport is the heart and art of medicine and a central component in the delivery of health care. This communication is essential in achieving the desired outcomes of treatment. A doctor's communication and interpretational skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions and establish caring relationship with the patients.[1,2,3] These are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care.[4,5] These are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care.[4,5]

Key Determinants of good compliance with medical treatments in patients:

- Physician's attitude towards his patients
- His ability to elicit and respect the patient's concerns

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- The provision of appropriate information
- The demonstration of empathy
- The development of patient trust

Key Determinants of good compliance with medical treatments in patients.[6]

Training doctors to improve their communication skills could potentially be cost effective as it increases abidance, which in turn improves the overall health of the patients.[7] It is the need of time to conduct more research in this area and to actively include teaching the art of communication skills in undergraduate and post graduate training programmes for the benefit of both the doctor and the patient. Patients' satisfaction with their hospital care is important to payers, hospital administrators, physicians, and patients. It is important because it captures the patients' experience of health care outside of direct effects on health and acknowledges the role of the patient as partner in health care, and as such reflects the patient-centeredness of care. Effective, patient-centred communication between doctors and patients is essential for delivering high-quality patient care. Competent communication by doctors improves health outcomes, enhances patient satisfaction, and contributes to doctors' job satisfaction. In the context of a multicultural society, however, effective communication could be hindered by cultural differences between the doctor and the patient. The importance of the use of certain communication skills depends on the relevance of that skill in the specific context. In general, however, professional communication requires adaptation to the specific characteristics of the patient and the situation.

This study is aimed at:

- Identifying the gaps in doctor – patient communication

- Knowing the proportion of patients who are satisfied with the behavior and response of their consulting doctors in a tertiary health care hospital.
- Enquiring the suggestions made by the patients for a better compliance with the doctors.

Methodology

It is a Hospital Based Cross Sectional Study conducted in a tertiary care hospital. Data was collected from a total of 448 patients who came for a consultation to the hospital. The study population was the people who consulted their doctors in the hospital for any illness of their own or their children. Informed consent was taken from the patients interviewed.

Study was done for a period of 2 months(March 2019 to April 2019)

We surveyed patients in person while they came to the hospital. Trained research assistants administered the surveys. The hospital survey consisted of approximately 9 questions and took 15 minutes to complete. These questions asked patients to capture Interstices in Doctor – Patient Communication

1. Did the doctor listen to all your worries?
2. Did he allot more time to listen to your problems?
3. Did he discuss your investigations report?
4. Did he explain your diagnosis and treatment?
5. Is your economic status being taken into consideration?
6. Are you being told about when and how long to take medicines?

7. Are your opinions being given importance?
8. Are further appointments being available easily?
9. Is your Doctor's response up to your expectations?

Inclusion Criteria

All patients visiting the doctors for a consultation and willing to participate were recruited into the study.

Exclusion Criteria

Illiterate patients, critically ill and non-apprehensive patients and those not willing to participate were excluded.

Data Analysis

Data entry was done in Microsoft Excel 2010 software and later analyzed using SPSS (Statistical Package for Social Sciences). During analysis the behavior of the doctor was graded into a 0 to 9 score based on the responses given by the patients. This score has been taken as an index of overall satisfaction of the patient with the doctor.

Results

A total of 448 patients who came for a consultation to the hospital. The study population was the people who consulted their doctors in the hospital for any illness of their own or their children. Departments included in the study were General medicine, General surgery, Orthopedics, Obstetrics and Gynecology, Paediatrics, ENT, Ophthalmology, Nephrology, Pulmonology, Urology and Dermatology. Out of 448 patients participated in the study 344 patients were satisfied with the consultation and 104 patients were not satisfied with the consultation.

Table 1: Perception of Patients

Satisfied	344	76.8%
Not Fully Satisfied	104	23.2%
Total	448	100%

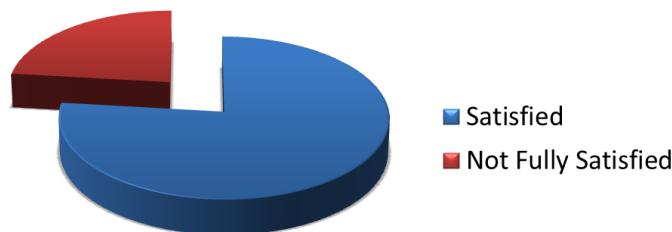


Fig 1:Responses

Out of 448 patients 91% patients told that doctor listen to all your worries 9% patients told that doctor don't listen to all your worries, 93.75% patients told doctor allot more time to listen to your problems 6.25% patients told doctor did not allot time to listen to your problems, 69.65% patients told doctor discuss your investigations report 30.35% patients told doctor does not discuss your investigations report, 82.14% patients told that doctor explained diagnosis and treatment 17.86% patients told that doctor does not explained diagnosis and treatment, 75% patients told that their economic status being taken into consideration 25% patients

told that their economic status not taken into consideration, 92% patients are you being told about when and how long to take medicines 8% patients are not told about when and how long to take medicines, 77.67% patients told their opinions being given importance 22.33% patients told their opinions were not given importance, 88.4% patients told that further appointments being available easily 11.6% patients told that further appointments were not given easily, 81.25% patients told Doctor's response was up to your expectations 18.75% patients told Doctor's response was not up to your expectation,

Table 2: Doctor Response to Patients Querries

Did the doctor listen to all your worries?	Yes	408	91%
	No	40	9%
Did he allot more time to listen to your problems?	Yes	420	93.75%
	No	28	6.25%
Did he discuss your investigations report?	Yes	312	69.65%
	No	136	30.35%
Did he explain your diagnosis and treatment?	Yes	368	82.14%
	No	80	17.86%
Is your economic status being taken into consideration?	Yes	336	75%
	No	112	25%

Are you being told about when and how long to take medicines?	Yes	412	92%
	No	36	8%
Are your opinions being given importance?	Yes	348	77.67%
	No	100	22.33%
Are further appointments being available easily?	Yes	396	88.4%
	No	52	11.6%
Is your Doctor's response up to your expectations?	Yes	364	81.25%
	No	84	18.75%

Out of 448 patients 30.35% of patients needs discussion on the investigation report, 17.86% of patients needs better explanation on disease, 25% of patients needs feasibility on treatment cost and

medication, 22.33% of patients needs treatment choice, 4.46% of patients needs better information on over all improvement status

Table 3: Feed Back of Patients

Discussion of Investigation Report	136	30.35%
Better Explanation of Disease	80	17.86%
Economic Concern	112	25%
More Freedom to Patients in taking Choice	100	22.33%
Overall Improvement	20	4.46%
Total	448	100%

Out of 448 patients 79.4% patients satisfied with General Medicine consultation, 75% patients satisfied with General Surgery consultation, 77.6% patients satisfied with Orthopedics consultation, 69.6 patients satisfied with Obstetrics & Gynaecology, consultation 62.5% patients satisfied with Paediatrics consultation, 65.1% patients

satisfied with Ophthalmology consultation 64.2% patients satisfied with ENT consultation, 66.9% patients satisfied with Nephrology consultation, 62.5% patients satisfied with Urology consultation, 71.4% patients satisfied with Dermatology consultation, 60.7% patients satisfied with Pulmonology consultation

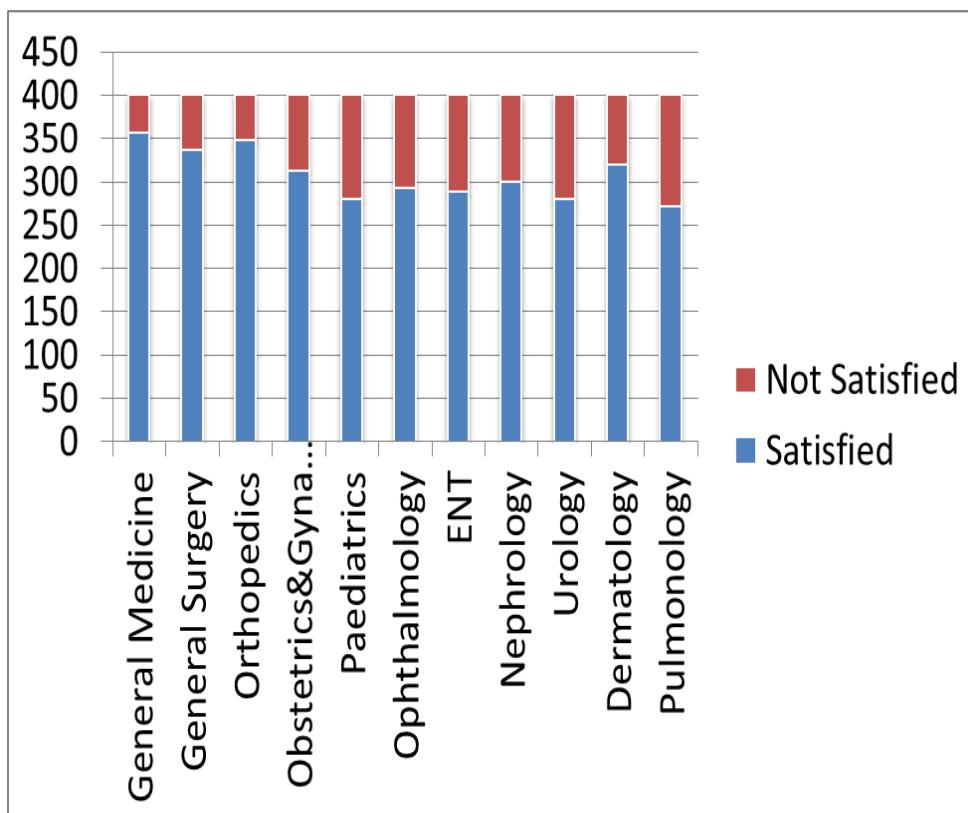


Fig 2: Over All Satisfaction of Patients

Discussion

The current medical care environment is complex, including the rise of consumerism, increasing litigations, high-pressure marketing, easy access to medical information via internet, and poor access to reliable healthcare causing overcrowding in many medical centers. The

interaction between anxious patients and busy doctors can lead to a lack of concordance and other communication gaps. Exposure to media reports of medical negligence can further erode the public trust in medicine as an institution, a trust that is declining during the last decade.

The art of medicine depends on the ability to acknowledge and respect these differences and treat every patient as an individual. The challenge for the doctor is to provide the patient with correct and sometimes complex information, and discuss management options with him/ her or the caretaker; at the end of which appropriate and ethical decisions are undertaken, which are within the available resources. Both patients and doctors differ in their beliefs, attitudes, and hopes. The lack of trust in the physician, by almost 40% of the patients, has implications for the management of many illnesses, which require long-term treatment.

Trust has been shown to have a positive impact on patients such as patient's adherence to medication, patient satisfaction, and better indicator of follow up treatment. Patients with higher trust in their physician usually have more beneficial health behaviours, less symptoms, higher quality of life and were more satisfied with the treatment. Healthcare providers, especially doctors, must convince their patients to share personal information, submit to tests and take chemicals in the form of medication in their body. Trust plays a vital role to get all this done. The way a doctor communicates with his or her patient is as important as the information he/she is conveying to the patient.

Good doctor-patient communication has the potential to help regulate patients' emotions, facilitate comprehension of medical information, and allow for better identification of patients' needs, perceptions, and expectations. Patients reporting good communication with their doctor are more likely to be satisfied with their care, and especially to share pertinent information for accurate diagnosis of their problems, follow advice, and adhere to the prescribed treatment. Patients' agreement with the doctor about the nature of the treatment and need for follow-up is strongly associated with their recovery. The results of our study agrees with other studies that many patients are not satisfied with the consultation and that doctors fail many a time in adequately educating the patients and providing them better compliance. Nearly 25 percent of the patients complain that they are not satisfied with their consultation and couldn't build compliance with their doctors. The level of satisfaction is observed to be proportional to the behavior of the doctor and the amount of information provided by them. Other studies also has shown that physicians are likely to under-estimate patient's desire for information, even though patients almost always want lot of information from consulting doctors.

Conclusion

Doctors with better communication and interpersonal skills are able to detect problems earlier, can prevent medical crises and expensive intervention, and provide better support to their patients. This may lead to higher-quality outcomes and better satisfaction, lower costs of care, greater patient understanding of health issues, and better adherence to the treatment process. Most complaints about doctors are related to issues of communication, not clinical competency. Patients want doctors who can skillfully diagnose and treat their sicknesses as well as communicate with them effectively. A doctor's communication and interpersonal skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients. These are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care. The doctor-patient interaction is a complex process, and serious miscommunication is a potential pitfall, especially in terms of patients' understanding of their prognosis, purpose of care, expectations, and involvement in treatment. These important factors may affect the choices patients make regarding their treatment and end-of-life care, which can have a significant influence on the disease. Good communication skills practiced by doctors allowed patients to perceive themselves as a full participant during discussions relating to their health. The study concludes that many crevices in doctor – patient communication are left un-filled,

making most of the patients not satisfied after their consultation with doctors. Present-day doctors are failing in better educating the patients about their disease and providing them satisfaction which may affect treatment outcome. Improvisations in these subtle nuances might give rise to dramatic changes in health care and patient re-dressal ultimately leading to better outcomes.

“The patient will never care how much you know, until they know how much you care.”

Recommendations

Based on the observation that inadequacy exists in doctor patient relationship as a result of inadequate communication with patients, it is recommended that competency for communication has to be developed for Indian Medical Graduates through modified medical education curriculum addressing these gaps.

For already practicing doctors, short trainings can be organized to stress the importance of communication and to impart some skills in communication. After the new curriculum has been implemented and training given to doctors, the satisfaction level of patients consulting the trained doctors can be assessed by the same method and the difference observed can be used as an indicator of the impact of the new training.

Limitations

1. Illiterate patients weren't made an attempt to get included into the study, who pose large numbers.
2. The satisfaction level and communication may vary according to situations, which could not be addressed in the study.
3. Being a tertiary care hospital, the respondents were of various categories of patients.
4. The doctors addressing the patients were also varying ranging from undergraduate students to super-specialists.

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