Research Article

Gaps in doctor patient communication: a community based study

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ABSTRACT

Background: Doctor-patient communication is an important predictor of the outcome of treatment but this aspect is not adequately addressed in medical education currently. Many studies have shown that doctors fail to communicate satisfactorily during consultation. This study aims to identify the gaps in doctor patient communication as felt by patients, by studying what percentage of patients are satisfied with the behavior and information provided by consulting doctors.
Methods: The study method used was community based cross sectional, by collecting information by interviewing 105 patients who had consulted a doctor in the previous 15 days. The study used a semi structured pretested questionnaire on whether the patients are satisfied with the outcome of consultation, behavior of consulting doctors, the information provided during consultation and the additional information that the patients wanted from their doctors.
Results: The results show that 39% of patients are not satisfied with the outcome of consultation and behavior of doctors and also that sufficient information are not provided to patients in many cases. Patients had suggestions like need for more time for communication, to be friendlier, to use simple language, clearing fears and worries, not to be money oriented, and to provide more privacy.
Conclusions: Gaps exist in doctor patient communication and needs to be addressed in medical education.

Keywords: Doctor-patient communication, Medical Education, Interpersonal relationship, Competence

INTRODUCTION

Communication between doctor and patient is important in achieving a desired outcome for treatment. Medical graduates in India are not trained sufficiently in communication skills resulting in gaps in doctor patient communication. It is generally felt that Medical Education in India needs to be modified to build the capabilities and attitude of medical graduates to meet the health requirements of the common people in the country. Competency based Medical Education and curriculum planning is needed to fulfil this purpose. For the planning of curriculum, existing gaps in the capabilities of the

present medical graduates are required to be identified. Vision 2015, Medical Council of India clearly identifies role of medical graduates as a communicator for patients, their families, community and their colleagues. According to Medical Council 'the medical graduates should be able to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes'. They should be able to establish professional relationships that are 'positive, understanding, humane, ethical, empathetic, and trustworthy' and in a manner respecting 'patient's preferences, values, beliefs, and

ensuring confidentiality and privacy' and encouraging participation and shared decision-making with the patients and their families.[1]

Justification

The study addressed the research question 'Are there gaps in Doctor Patient Communication and what are they as felt by the patients? and attempts to identify the gaps in doctor patient communication as felt by the patients, and also the patient's level of satisfaction and what is the additional information they want from consulting doctors. The outcome of this study can be used to plan curriculum in the field of doctor patient communication. The results will serve as an indicator of the long term outcome of existing curriculum on communication in medical education in India. Also this study will provide data to compare the outcome of modified curriculum at a later stage. Competence based or task oriented curriculum focuses on the tasks that medical graduates should be able to do successfully as a competent professional.[2] Studies show that consulting doctors fail to provide adequate information about their condition and treatment in many cases. Also the emotional problems of the patients are not sufficiently addressed by doctors.[3] A Norwegian study among family practice patients, reports that nearly 50% of the patients only are satisfied about their interaction with consulting doctors.[4]

Strengthening of doctor patient relationship is of utmost importance and can be achieved through better ability of the medical graduates to communicate with their patients and family. Meeting of Experts on Doctor-Patient Relationship WHO-SEARO, New Delhi 15-16 February 2011 has identified trust, communication and personalized care as the three pillars of the dialogue between the doctor and the patient.[5] This meeting has stressed the need for developing verbal as well as written communication skills for doctors.

Researchers have identified interpersonal relationship between patients and their treating doctors as an important predictor of the outcome of treatment.[6] Also that better doctor patient communication results in better patient satisfaction.[7] An Indian review article incorporating 17 studies has found out better health outcomes, higher adherence to treatment, higher patient satisfaction and doctor satisfaction, and decreased incidence of malpractice as the impacts of better doctor patient communication.[8]

A research article from Newfoundland reports that even a short course in communication skills brought about changes in doctor's using these skills and resulting in altered structure of communication in primary health care settings.[9]

Doctor patient Communication has two components – instrumental and affective. Researchers in communication has included giving information, asking questions, giving directions, identifying future treatment options, discussing side effects of tests or treatment, discussing test results with patient, explaining reasons for treatment etc. in instrumental component. The affective part include encouraging patient to talk, being relaxed, being friendly, open and honest, showing concern, giving reassurance, showing approval, showing empathy, addressing patient by first name, providing verbal support and touching the patient.[10] Our study attempted to study both the components.

The aim of the study was to reveal the gaps in doctor patient communication as felt by the patients.

The objectives of the study were:

1. To find out the proportion of patients who are satisfied with the information provided by consulting doctors.
2. To know the proportion of patients who are satisfied with behavior of their consulting doctors.
3. To study the additional information the patients expect from doctors.

METHODS

The study was conducted in the field practice area of MES Medical College, Perinthalmanna, Kerala, India. The study population was patients who consulted doctors in the last 15 days. Data collection was done by 3 interns who were given training in data collection by interview using the format which was pre-tested with 10 patients. Information was collected from persons who reported to have consulted doctors for any illness of their own or their children in the previous 15 days. Informed consent was taken from persons interviewed. Data was collected from a total of 105 persons who reported having consulted a doctor in the last 15 days. The semi structured format for data collection was developed by the researcher which contained information on the place of consultation, the problem for which consultation was done, whether first or subsequent consultation and the approximate waiting time for consultation. After that the general satisfaction level and their feeling after consultation was enquired.

Seven questions were asked on the behavior of consulting doctors (affective component of communication) and responses were recorded on a graded scale. Another 13 questions were on the information about the diagnosis, investigation and treatment plan (instrumental component of communication) for which an affirmative or negative response was taken. The last three questions were open-ended for which the response given by the patient was recorded.

Inclusion criteria

All patients who have consulted a doctor in the past 15 days were included. Parents were interviewed in case of pediatric cases.

Exclusion criteria

Patients who were not willing to participate or Patients who are not able to give information or those who consulted > 15 days ago.

The study period was 4 months from April to August 2015.

Ethical issues

The identity of the patient or the doctor is not asked or revealed at any stage of the study, Still Ethical Clearance was obtained from Institutional Ethics Committee in MES Medical College as per IEC/ MES/ 21/ 2015 dt. 29 July 2015. Informed consent was obtained from the informants.

Data analysis

Data entry was done in Microsoft excel computer format and later analysed using Epi-info software. During analysis the behavior of doctor was graded into a 0 to14 score from totally negative to totally positive behavior based on the 7 questions. Similarly the amount of information provided by doctors to the interviewed patients was graded into 0 to 13 based on the 13 questions on various information expected to be provided during consultation. For testing reliability, Cronbach's alpha was calculated for the response to both the above groups of questions. The first set of seven questions gave a Cronbach's alpha of 0.92 showing high reliability and the second set of 13 questions a Cronbach's alpha of 0.75 showing above acceptable level of reliability.

RESULTS

Among the 105 persons interviewed 34 had their consultation in government hospitals, 42 in private hospitals and 29 had their consultation in the doctors own clinic. Analysis of the reason for consultation revealed that 71 had their consultation for symptomatic conditions like pains and fevers, 24 had various non-communicable diseases like diabetes and hypertension and 4 for traumatic conditions, another 4 for specific infectious diseases and 2 for surgical conditions. Of these 71 were first consultations and 34 for subsequent consultations. The number and percentage of persons who expressed overall satisfaction with the consultation are depicted in Table 1. The result showed significant difference in level of satisfaction between the 3 places with more satisfaction in doctors own clinic and least in government hospitals (Figure 1). Kruskal Wallis test was applied to test whether the difference in satisfaction between the

places of consultation was significant taking the level of satisfaction on an ordinal measure. There was also significant difference between the duration of waiting in these three places of consultation.

Table 1: Proportion of patients satisfied with the consultation.

	Number	Percent
Satisfied	64	61.0
Not fully satisfied	41	39.0
Total	105	100.0

Table 2 depicts the response of patients interviewed to the seven questions on behavior of consulting doctors that is the affective component of communication.

Table 2: Behaviour of consulting doctors towards the patients (N= 105).

Behaviour		Frequency	%
Care and concern by doctor	No concern	4	3.8
	some concern	38	36.2
	caring and concerned	63	60.0
Friendliness shown by doctor	not friendly	12	11.4
	somewhat friendly	38	36.2
	friendly	55	52.4
Overall satisfaction	Not satisfied	3	2.9
	somewhat satisfied	36	34.3
	satisfied	66	62.9
Welcoming patients	not welcomed	6	5.7
	not sure	32	30.5
	welcomed	67	63.8
Whether time was enough	not enough	11	10.5
	somewhat enough	30	28.6
	enough	64	61.0
Listening to patient	not listened	3	2.9
	partly listened	39	37.1
	listened	63	60.0
Did patient understand everything	Did not understand	6	5.7
	Somewhat understood	37	35.2
	understood	62	59.0

Spearman's Co-relation was done to see whether there exists significant co-relation between the calculated score of the above behavioural aspect on 0-to 14 ranking and the overall satisfaction reported by the participants. The results showed significant co-relation (r=0.79) at 0.01 p value showing internal consistency between the 7 questions and the reported overall satisfaction.

Table 3 explains the instrumental aspects of communication that is whether information was provided to the patient on various aspects during consultation.

Table 3: Information provided by consulting doctors (N = 105).

		Frequency	%
Did doctor recheck patients understanding	Yes	25	23.8
	No	80	76.2
Did doctor clear doubts	Yes	69	65.7
	No	36	34.3
Did doctor discuss treatment plan	Yes	59	56.2
	No	46	43.8
Did doctor inform review visit date	Yes	81	77.1
	No	24	22.9
Did doctor review treatment plan	Yes	31	29.5
	No	74	70.5
Did doctor informed duration of treatment	Yes	90	85.7
	No	15	14.3
Did doctor address worries and anxieties	Yes	61	58.1
	No	44	41.9
Did doctor explain about treatment	Yes	55	52.4
	No	50	47.6
Did Doctor tell you the diagnosis	Yes	66	62.9
	No	39	37.1
Did he discuss investigations	Yes	35	33.3
	No	70	66.7
Did doctor tell how to take medicines	Yes	78	74.3
	No	27	25.7
Did doctor tell side effects of medicines	Yes	21	20.0
	No	84	80.0
Did doctor tell how long medicines are to be taken	Yes	94	89.5
	No	11	10.5

Table 4: Areas where patients wanted more information from doctors.

Information required	Frequency	%
many doubts remain	1	1.0
About disease	16	15.2
About Investigations	3	2.9
About drugs used	3	2.9
Total	23	21.9
No response	82	78.1
Total	105	100.0

To test association between patient's satisfaction and the level of information provided, Spearman's co-relation was done with response to the 13 questions on a 0 to 13 scale, and the level of satisfaction reported by the patients. This showed statistically significant co-relation (r =0.65) at p value 0.01 showing that providing information to patient is associated with higher level of satisfaction.

Table 4 shows the areas in which patients wanted more information during consultation. Logistic regression analysis was carried out to see whether the factors like whether first consultation or subsequent and the problem for which consulted and the three different places of consultation affected the satisfaction of patients. The only significant association was found to be the place of consultation being a private clinic (odds 14.3) or private hospital (odds 9.8) compared to government hospital. Other factors had no significant effect on patient's satisfaction. These results are depicted in table 5.

Figure 2 shows the various suggestions made by the patients interviewed as response to the open ended question on how to improve the consultation.

DISCUSSION

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 communicating with the patients and providing adequate information to their clients. Nearly 40 percent of patients inform that they are not satisfied with the consultation and behavior of their consulting doctors. This observation is similar to that of the Norwegian study showing that 50% of patients are not satisfied with their consultation.[4] Our study further observes that this dissatisfaction increases if the doctors concerned are from the public sector.

The reason for this need to be analysed through further studies. The information provided by the consulting doctors to their clients on the patient's condition, about treatment plan, investigations and possible side effects are also seen not adequate. The level of satisfaction is observed to be proportional to the behavior of the doctor and the amount of information provided by them. The review article by Williams and others in Family practice also observes that patient satisfaction increases when information is provided.[8] Other studies have observed that this satisfaction leads to better outcome of treatment.[6,8]

An Indian multicentre study among surgical residents shows that most of the residents did not receive any introduction about communication from their seniors. All the residents have had altercations with patients at some point of time and felt that lack of effective communication was the major factor for the same and could have been avoided by proper communication. The above mentioned study also reveals that curriculum regarding communication skill was inadequate and 74% residents wanted having communication skills as a formal part of medical training and 53% wanted that to be included for examination.[11]
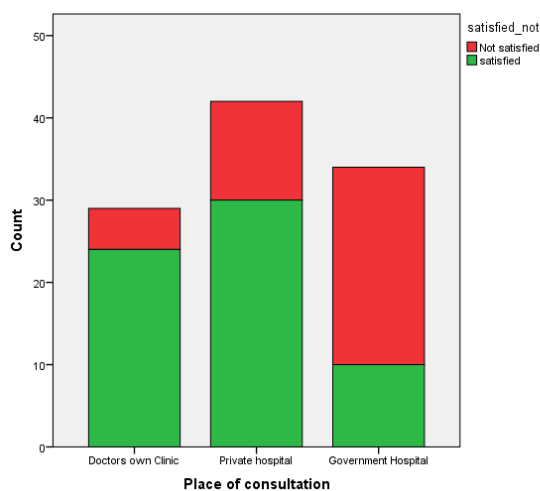
Kruskal Wallis test showed there is significant difference in satisfaction levels according to place of consultation P <0.01.

Figure 1: Patient satisfaction according to place of consultation.

Figure 2: Suggestions by patients to improve consultation.

Table 5: Result of logistic regression analysis of factors affecting satisfaction.

Predictor variables	Wald statistic	Sig.	Adjusted odds ratio	95% C.I. for odds ratio	
				Lower	Upper
Govt. Hospitals (reference)	18.387	0.000			
Doctors own clinic	15.506	0.000	11.554	3.418	39.056
Private hospital	10.511	0.001	5.391	1.947	14.929
2nd or subsequent visit	0.851	0.356	1.590	0.594	4.258
Constant	6.102	0.014	0.376		

For improving the consultation and its outcome, patients had suggestions like, the need for spending more time for communication, need for being more friendly, communicating in simple language, clearing fears and worries, not to be money oriented, and need for more privacy. 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.[10]

CONCLUSION

The study concludes that gaps exist in the doctor patient communication. Nearly half of the patients are not satisfied after their consultation with doctors. Present doctors fail to provide sufficient information to patients many a time. Proper behavior and also adequate information provided to them by consulting doctors increases the patient satisfaction and may affect treatment outcome. Doctors need to be trained in Communication and this has to be included as an important topic in Medical Education.

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 of the study

The study is done with a schedule developed by the researcher and was validated only by the pre testing with 10 patients.

The respondents were various categories of patients and doctors also from various institutions and specialty. The satisfaction level and communication may vary according to situations, which could not be addressed in the study.

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