

Original Research Article

Dynamics of Doctor-Patient Relationship: a Cross-Sectional Study on Communication and Patient Satisfaction

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ABSTRACT

Background: Doctors and patients, even if they come from the same social and cultural background, view ill health in very different ways. The challenge is how to ensure some communication between them in day-to-day patient care; the ultimate objective of any doctor-patient communication being an improvement in the patient's health and medical care.

Aim: To study the doctor-patient communication and patient satisfaction.

Objectives: 1. To assess doctor-patient communication. 2. To determine patient's overall satisfaction.

Materials and Methods: A cross sectional study was done in an In-patient department (IPD) of tertiary care teaching hospital by interviewing patients. Statistical analysis was done by using SPSS 17 software.

Results: Out of all participants, 28.7% said that the concerned doctor did not explain the cause of their complaints and 33% responded that the diagnosis was not explained to them by doctor completely.

Conclusion: The findings of this investigation indicate gaps in doctor-patient communication which needs to be bridged as ineffective communication affects treatment outcome.

Keywords: Communication, Doctor, Patients, Satisfaction.

INTRODUCTION

Doctors and patients, even if they come from the same social and cultural background, view ill health in very different ways. [1] The challenge is how to ensure some communication between them in day-to-day patient care. Rapid advances in medical technology pose further challenges. There has been a shift in recent years in how doctors collect information about underlying disease processes. [2] The traditional method was by listening to the patients' symptoms and then searching for objective physical signs. Increasingly, however, modern medicine has come to rely on a battery of tests to come to a

diagnosis. The underlying pathological processes are now firmly identified by blood tests, X rays, scans, and other investigations carried out in specialized laboratories or clinics.

The ultimate objective of any doctor-patient communication is to improve the patient's health and medical care; sometime doctors tend to overestimate their abilities in communication. Good communication means it should be patient-centered; satisfied patients are more likely to comply with treatment, keep follow up appointment and the utilize health services effectively. Approaches to measuring

patient satisfaction can be direct or indirect. In the indirect method, periodic field surveys sample the general population and patients from alternative health care delivery systems. The indirect method is cumbersome, but provides information for total quality management. [3] The direct approach is to ask the patients to evaluate their satisfaction with encounters in a particular health care facility or with specific providers in the form of interviews.

Health care recipients in developed countries as compared to in developing countries are aware of quality of health care delivery and their rights. Hence it is important to assess the doctor-patient communication and patient satisfaction to assess the health care delivery system.

MATERIALS & METHODS

It was a descriptive type of cross sectional study carried out from February 2014-March 2014 in a tertiary care teaching hospital of western Maharashtra. The sample consisted of indoor patients (IPD) of this hospital. A total sample size of 193 patients was calculated using the formula $n = Z^2_{(1-\alpha/2)} P(1-P) / d^2$ [4] where P was taken as 0.86 from previous studies. [5] The sampling method used was Systematic Random Sampling. Sampling interval (SI=N/n) was calculated to 13 where N=2500 which is the average no. of monthly IPD patients and n=193 total calculated sample size. Daily record of IPD admissions was obtained from the medical record department and every 13th patient from the list was included in the study after taking consent. Emergency care unit patients, patients undergoing labour, debilitated patients, non-cooperative patients were excluded. Patients were interviewed according to a pre designed anonymous questionnaire. A pilot study was conducted on 20 patients for validation, practicality and applicability of the questionnaire. Questionnaires were checked for completeness and data was

entered in Microsoft excel. Descriptive statistics were used for analysis. Institutional Ethical Committee (IEC) approval was obtained before starting study.

RESULT

A total of 195 patients participated in the study out of which 102 (52.3%) were male and 93 (47.6%) were female. The majority of the patients, i.e. 81% were from rural area. [Table 1] The patients were from various wards of the hospital, 55 (28.2%) were from Surgery ward, 31 (15.9%) Gynecology ward, 33 (16.9%) Paediatrics ward, 25 (12.8%) were from Medicine ward and others from Orthopaedics, Ophthalmology, Oncology and ENT ward. It was the first visit for 51 (26.2%) patients to this hospital.

Table 1: Classification of study participants (n 195)

1. Gender		Total
Male	102(52.3%)	195(100%)
Female	93(47.6%)	
2. Residence		Total
Rural	158(81%)	195(100%)
Urban	37(19%)	

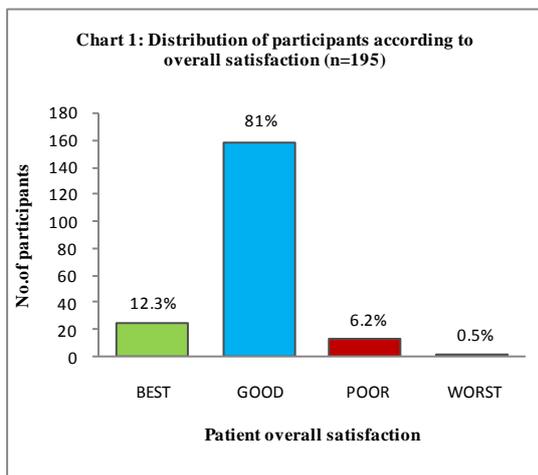
About 90% patients said that the doctor asked detailed history of their problem and took enough time for examination with their privacy ensured. However, 28.7% responded that the doctors did not explain the causes of their complaints and 25.1% felt that their queries were not answered satisfactorily.

About 35% patients said that informed consent was not taken before doing any kind of procedure in wards. Also, 37% patients complained that they were not explained the do's and don'ts of the medications to be taken. About 40% patients reported they were not explained the investigations done properly. A few, i.e. 33.3% said that diagnosis was not explained to them completely. [Table 2]

Patients were asked about the overall satisfaction regarding the hospital services and a majority of them (81%) reported it as good. [Chart 1]

Table 2: Responses of the study participants (n = 195)

S.no.	Response	Yes	No
1.	Detailed history of the problem asked	177(90.7%)	18(9.2%)
2.	Enough time for examination taken maintaining privacy	182(93.3%)	13(6.6%)
3.	Cause of their complaints explained	139(71.3%)	56(28.7%)
4.	Queries answered satisfactorily	146(74.9%)	49(25.1%)
5.	Informed consent taken	127(65.1%)	68(34.9%)
6.	Do's & don'ts of medications explained	122(62.6%)	73(37.4%)
7.	Investigations done & reports explained	117(60.0%)	78(40.0%)
8.	Diagnosis explained completely	130(66.7%)	65(33.3%)



DISCUSSION

Doctor-patient communication is of utmost importance, for the patient as well as for the doctor. In spite of being an important part of health care, not much research has been done in this area. We compared our study with few such studies.

This study was conducted in a hospital, which is a tertiary care center in a rural area. The population of this area depends mainly on this hospital for health care needs. About 90% patients said that the doctor asked detailed history of their problem and took enough time for examination with their privacy ensured. However, 28.7% responded that the doctors did not explain the causes of their complaints and 25.1% felt that their queries were not answered satisfactorily.

Informed consent implies an understanding by the patient the nature of his condition, the nature of the proposed treatment or procedure, alternative procedures, risks and benefits involved in both the proposed and alternative procedure, potential risks of not receiving treatment, relative chances of success and failure of both procedures and all these disclosures must be in a language the

patient (guardian in case of a minor or insane patient) can understand. Informed consent was not taken in about 35% patients, whereas in a study conducted at the St. Joseph General Hospital, Canada it was just 14%.^[6] Medications given to the patients, their side-effects and other do's and don'ts were not properly explained to about 37% patients, which was again higher than that found in the St. Joseph Hospital (18%). It is the duty of the medical practitioner to give full instructions to his patients or their attendants regarding the use of medicines and diet. He should mention the exact quantities and precise timing for taking medicines. Patients should be instructed regarding the adverse reactions and to stop the drug in case of a reaction and report to the doctor immediately. It is his duty to warn the patient of the dangers involved in the use of a prescribed drug. If the doctor fails to inform the patient of the known or foreseeable dangerous effects of a drug, he becomes liable for the harm suffered by the patient. Various investigations are done by a doctor to reach to a diagnosis, which includes an array of pathological, biochemical, microbiological and radiological tests, the purpose of which should be explained to the patients. It was properly explained to 60% patients, whereas it was 82% in the Canada study. Also the diagnosis was not explained completely to about 33% patients compared to 10% in Canada study. The patient has rights to receive full information about his investigations, diagnosis and treatment plans and day to day progress and these should be explained in the laymen's language as much as possible.

A large majority of patients, i.e. 93.3% were satisfied with the overall services provided at this hospital and 91.8% patients said they would be happy to see their doctor again and they were also confident about the doctor's ability to provide care. A study conducted in the Kano Hospital by Iliyasu Z et al ^[5] showed that 86.9% patients were satisfied with the services provided at that hospital. Similar findings were also seen with the St. Joseph Hospital, Canada where 92.5% patients were satisfied.

CONCLUSION

Though the overall satisfaction of the patients regarding the treatment was good, it had certain lacunae in terms of inappropriate explanations of informed consent, the investigations, diagnosis and treatment. This clearly shows a gap in Doctor-Patient communication which needs to be bridged as ineffective communication affects treatment outcome.

RECOMMENDATIONS

To improvise the health care delivery and patient satisfaction with regard to health care services, the future doctors must be trained at every stage of medical education. Emphasis should be given on developing communication skills with their patients, listening patiently to their complaints and conversing effectively. The importance of obtaining an informed consent should be explained to the students not only as a part of their curriculum, but also its practical applications in future practice as a part of ethics and protection against negligence. The instructions about the dosage of the

drug and its timings should be provided in writing as well as explained to the patient in detail. Explanation of investigation reports and diagnosis to the patient is important as each and every patient is curious and has a right to know about them. Patients should be made aware of their rights and of what to expect from their doctor by displaying IEC material in hospital waiting rooms. Such studies can play an important role in improvising the quality health care delivery and should be initiated by the hospitals itself.

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