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Shortages of doctor-patient communication. Teaching patients to communicate effectively

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Abstract

Specific behaviours during the patient-physician interaction are associated with a higher degree of satisfaction and improved patient health-outcomes. Our aim was to present arguments also for a structured patient education program by proving a correlation between patient satisfaction and quality of interaction. We analysed 84 doctor-patient interactions: relevant behavioural elements, gestures and speech acts, considered by us essential in a therapeutical relationship, confirming, that encounters generally lack gestures, which might help patients feel comfortable during the consultation, however – also confirmed - patients are more satisfied when these needs are somehow satisfied. We believe, there are teachable techniques, which may help patients to get the most from their providers.

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Keywords: interaction, , behaviour, gestures, patient support, teachable skills

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1. Introduction

Social, political, scientific and economical changes of the late decades in our country influenced medical practice as well as medical education. All these changed substantially the relationship between doctors and patients. The paradigm-shift affected both: patients and providers and also the mutual relationship, as step by step were obfuscated those dominant behaviours in physicians` role, which defined the traditional doctor-patient relation.

However technological progress, medical innovations have generated a more efficient medical practice, when trying to overcome disease, though: it caused physicians performing in a routine manner (Osorio, 2011; Fong, Longnecker 2010). As a result, patient-dissatisfaction and many complains are due to the breakdown in the doctor-patient relationship (Verlinde & De Laender 2012).

Several studies have shown also, that medical universities contributed essentially to dehumanization of medicine, process which distanced them more and more from their idealist role in the society (Ansprach, 1988; Meunier, Merckaert. et al., 2013).

Meantime, many results proved that doctors with good interpersonal abilities will detect earlier patients` problems, prevent decompensation and further expensive interventions. Generally, they represent a psychological support for their patients (Parker & Clayton et al., 2007).

Specific behaviours are associated with a reduced frequency of denunciations and malpraxis, and some communication models proved to correlate with a higher degree of satisfaction, from both sides: patients and physicians (Gasparik & Abram, 2012).

We tried to evaluate with qualitative and quantitative methods the behavioural features of a doctor-patient encounter in Romanian ambulatory clinics, and bring arguments and recommendations for the emergent need of patient-education, in order to improve doctor-patient relationship.

2. Objectives

- Evaluation and identification of relevant behavioural elements, defining therapeutic relationship during a doctor-patient interaction.
- To present reasons for a structured patient education program.

3. Methods

We used a transversal analysis, including 84 doctor-patient interactions in 14 public practices in Târgu Mureş, Sighişoara, Reghin, Oradea, Beiuş, Băile Felix, Miercurea Ciuc, internal medicine, cardiology, rheumatology, physiotherapy, ophthalmology, neurology. There were both: patients on their first visit, and control-visits. Average age of the patients (62% female) was 58, age of doctors 46 (55% male). Majority of the patients 71% were urban, 23% with university degrees.

We analyzed the interaction, the behaviour and the way physicians make patients feel comfortable or offer them by their gestures an emotional support. The followed parameters were some speech-acts, gestures, intended to underpin a therapeutic relation or decrease the patients' discomfort.

The following elements were noticed: if doctors presented themselves or let patients do it, if physicians stand up from their chairs when patients entered, patients` possibility to take out their coat or take a sit during discussions, encouraging patients to express questions, fears and structured conclusions of important messages at the end of the meeting.

It was also observed, if the doctor had an eye contact with the patient, if explanations and information were clear and sufficient, doctors` listening skills and willingness to addapt to patients` level of understanding.

Adapting language (simple expressions) to patients` understanding had the highest rate, while presenting themselves, encouraging questions, clear conclusions at the end: were seldom observed. We divided results in two groups: first, where patients did not have the opportunity to take a sit or take their coat out or get no eye-contact at all. Table no 1 illustrates this ranking.