

## Original Research Reports

# Expectations and Level of Satisfaction of Patients and Their Physicians: Concordance and Discrepancies

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**Background:** Identifying discrepancies between patients' expectations for support provided by their physicians, and physicians' appraisal of the support they provide to their patients, is a key factor in constructing effective doctor-patient communication. **Objective:** The current study proposes and explores a paradigm for assessing possible gaps and overlaps between perceptions of patients with cancer and physicians about the "actual" and the "ideal" (desired) emotional and cognitive support oncologists provide to patients.

**Methods:** Participants included 1027 patients with cancer and 47 senior oncologists. Patients' and physicians' levels of expectations and satisfaction with the emotional and cognitive support offered by physicians were assessed using a quantitative measure of discrepancy between the actual and the ideal situation. The measure was developed for this study and tested on

a random sample of 200 patients and 17 oncologists.

**Results:** The results indicated consistency between physicians' and patients' perceptions of the needs and support that the patients received. Nevertheless, oncologists did not feel highly trusted by their patients, oncologists desired less involvement of patients in the treatment plan than the patients expected. Oncologists thought that they actually provided the desired levels of explanation to patients' families, whereas patients thought their families got less explanations than expected. **Conclusion:** Actual and ideal levels of communication should be described from the points of view of both physicians and patients to better understand the complex picture of patient satisfaction. Oncologists should consider patients' expectations for support vs their own expectations to effectively address patients' needs.

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### BACKGROUND

The growing prevalence of cancer worldwide, as well as the complexity and diversity of diagnoses and treatment options, is intertwined with long-term dependency on medical professionals and an increase in patient need for effective and tailored care.<sup>1–6</sup>

Patient evaluation of health care services and measurement of patient satisfaction are highly important in improving doctor-patient partnership, and ultimately, improving the overall quality of care.<sup>1–3,7–9</sup> Moreover, communication and support are vital components of patient satisfaction with care.<sup>4</sup>

In their review of communication training for Health Care Providers in cancer care, Uitterhoeve et al.

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## Doctor–Patient Expectations and Satisfaction

suggested that lack of recognition and response to the patient's feelings—particularly his needs, fears, and expectations—was a key factor in hindering effective physician-patient communication.<sup>10</sup> To achieve effective communication, physicians need to be aware of their patient's level of satisfaction with the support that they provide.<sup>10–13</sup>

The current study describes the possible overlap between physician perception of support and patient satisfaction with that support. We propose a paradigm for identifying possible discrepancies.<sup>7,14</sup> Patient satisfaction was measured by examining the differences between patient evaluations of actual support vs ideal support provided by the physician. Physician appraisal of actual vs ideal support to the patient was likewise measured. The possible overlap between the 2 measures is defined as the “zone of effective communication.”<sup>15</sup> We suggest that it is within this zone that effective communication and mutual understanding can be developed and achieved. Clearly, the contours of this zone are influenced by the sociodemographic background as well as the cultural and psychologic variables of both the groups: patients and physicians.

Measuring satisfaction as a conceptual discrepancy is rooted in the theoretical and research literature on communication, which asserts that satisfaction is relative to an individual's needs and is largely defined by the perceived discrepancy between actual experience and patient's ideal expectations.<sup>7,8,15,16</sup> The same concept can be applied to physicians. Physician satisfaction with support provided to the patient can be defined by the perceived discrepancy between the actual and the ideal experience of support provided.

The goal of the current study is to explore and understand the possible discrepancies and concordance between physician's self-appraisal and patient's satisfaction with the physician communication and support to the patient.

### PARTICIPANTS AND METHODS

Data for the current study were derived from an ongoing multicentered research project concerning physicians' and patients' expectations, satisfaction, and distress.<sup>16</sup> In the current study, we analyzed and compared only measures of physician self-appraisal and patient satisfaction. The study included a representative sample of patients undergoing routine

consultation obtained from the ambulatory outpatient clinics of 4 major oncology institutes within the Israeli health care system. The study received approval from the Ministry of Health and the Medical Ethics Review Committees of all the 4 institutions. Each participant was required to sign a written informed consent before he or she enrolled in the study.<sup>16</sup> In total, 1079 patients were approached—1027 (95.2%) patients participated, whereas 52 (4.8%) declined to take part. No significant differences were found in the sociodemographic and medical background variables between the groups.

Oncologists were recruited from the same 4 clinics. Inclusion criteria were formulated to comprise oncologists with 7–10 years of experience, who have lived in Israel for at least 15 years. Based on the common practice at each clinic, these criteria ensured that the participating oncologists had treated the selected cohort of patients in a long-term professional relationship.

In total, 47 of 49 eligible senior oncologists responded to our interview. It is feasible that the high and unusual accrual rate is because of the detailed explanation given to physicians regarding the opportunity to improve physician-patient satisfaction, as well as the anonymity of the data collection procedure (concurring with the request of the Ethics Committees). Anonymity of the oncologists was a required factor enabling us to conduct the study, especially in Israel where the number of senior oncologists is small, and thus they are easily identifiable. Owing to the anonymity requirement, comparisons could not be based on specific interactions between dyads of patients and physicians. Physicians were asked to relate to their current patients “in general.”

### Instruments

#### *Sociodemographic and Medical Variables*

Sociodemographic and medical data regarding patients included wide-ranging information.<sup>16</sup> To ensure the anonymity of the oncologists, however, no identifying sociodemographic data beyond age and gender were collected.

#### *Satisfaction and Appraisal Measures*

Satisfaction and appraisal measures were developed for the current study (see section [Instrument Development](#)).

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