



Eye contact in patient-centered communication[☆]

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ABSTRACT

Objective: To understand the relationship between eye contact and patient-centered communication (PC) in physician–elder patient interactions.

Methods: Two instruments—Patient-centered Behavior Coding Instrument (PBCI) and Eurocommunication Global Ratings Scale—were used to measure PC in 22 National Institute of Aging videotapes. Eye contact was measured using a refined eye contact scale in NDEPT. Qualitative observational techniques were used to understand how eye contact can implicate communication.

Results: ‘High’ eye contact tapes were found to be ‘high’ in PC using both instruments. However, the majority of ‘low’ tapes were also found to be ‘high’ in PC. Physicians’ behavior distinctly differed in two ways: (1) high tapes were characterized by more ‘sustained’ eye contact episodes; low tapes consisted of a greater number of ‘brief’ episodes; (2) brief episode tapes showed a greater focus on ‘charts’, i.e. ‘listening’ was bereft of ‘looking’; sustained episodes showed a focus on ‘patients’, i.e. ‘listening’ was accompanied by ‘looking’ indicating patient-centered communication.

Conclusions: A comprehensive understanding of elder patient–physician interaction needs to include both—‘listening’ and ‘looking’—components of patient-centered communication.

Practice implications: Eye contact serves as a salient factor in the expression of PC, making it imperative to incorporate as a nonverbal dimension in PC instruments.

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1. Introduction

Physician–patient communication comprises both verbal and nonverbal dimensions [1]. Thus, any comprehensive understanding of physician–patient interaction needs to include an analysis of verbal as well as nonverbal aspects of communication [2]. While several instruments exist for studying verbal dimensions, the nonverbal dimensions have received limited attention [3]. This is especially true for physician–elderly patient interactions. To address this gap, prior research by the authors proposed an instrument to capture the Nonverbal Dimensions in Doctor–Elderly Patient Transactions (NDEPT) [4]. In this earlier study, we found eye contact to be the most frequently invoked nonverbal dimension in physician–elder patient interaction. Building on this earlier work, the present study seeks to understand the relation-

ship between eye contact and physician–patient interaction in a sample of elder patients (>65 years of age).

Eye contact is defined as the extent to which the physician looks into the patient’s face, regardless of what the patient does [5]. Eye contact is salient for understanding physicians’ communicative behaviors with older patients for several reasons. Older patients’ common functional impairments (e.g. hearing deficits) may limit their ability for effective verbal communication, leading to a greater reliance on nonverbal cues. Further, when verbal and nonverbal aspects are in contradiction, the nonverbal more than the verbal guides individuals’ behavior [6]. Most importantly, cognitively and/or verbally impaired older patients perceive the affective climate of their environment to be more important than they did prior to their illness [7]. And, eye contact can be critical for enhancing the affective component of interaction [8,9].

Over the last several decades, patient-centeredness has become a key indicator of the quality of patient care delivered by physicians [10,11]. However, patient-centeredness is recognized as multidimensional, and as of yet there is no universal agreement on the scope of the term or the means to measure it [12,13]. At the core of the varied elements used to describe patient-centeredness is the conception of the patient as an “experiencing individual rather than the object of some disease entity” [12, see also 14,15].

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Patient–physician communication is a key to highlighting the individual's experience [16,17]. Therefore, the present paper focuses on elucidating physicians' communicative behaviors during interaction, i.e. facilitating and/or inhibiting behaviors that enable patients to express their perspectives on illness, treatments, and health in general [18,19]. Understanding patient-centered communication (PC) is particularly salient for elderly patients with their unique needs and expectations since physicians' communicative behaviors need to be responsive to their choice of topics and style of communication (instrumental versus affective) to be patient-centered [16].

The main goal of the present paper is to ask the question: does eye contact have any relationship within the narrow construct of PC given above? In this research, eye contact is measured using NDEPT [4] and PC is measured using the Patient-centered Behavior Coding Instrument (PBCI) developed specifically to code facilitating and inhibiting behaviors in the interaction [20]. Since PBCI had used the Eurocommunication Scale [21,22] to assess its validity, we chose to include this instrument as well.

2. Methods

2.1. Sample and methodology

PC and eye contact were measured by viewing videotapes of routine clinical visits. The present study is a secondary analysis of 50 National Institute of Aging (NIA) archived videotapes of physician–elder patient interactions [4]. The NDEPT guidance was used to evaluate and further screen the sample population. Briefly, eye contact was coded based on percent of time physician makes eye contact with patient during the encounter. We found that the measured eye contact followed a standard bell curve, with medium eye contact (35–65% of the time) in the maximum number of tapes ($N = 28$); low eye contact (0–34% of time) in 9 tapes; and high eye contact (66–100% of time) in 13 tapes. For the present analysis only 'high' ($N = 13$) and 'low' ($N = 9$) tapes—for a total of 22—were selected to easily distinguish between PC differences.

As indicated elsewhere, each videotaped clinical visit can be segmented into opening, middle and closing phases [4]. The middle portion comprises the history-taking and post-physical exam discussion. During history-taking, both physician and patient are actively engaged in asking and answering questions. The history taking segment also involves more of 'patient-initiated' and less of 'doctor-initiated' utterances [23] with the physician listening and (likely) displaying attention to the patient's story. Thus, this segment, more than any other, affords the latitude for eye contact and patient-centered communication evaluation. Consequently, in the present study, we used the history-taking portion for elucidating the relationship between eye contact and PC.

2.2. Eye contact instrument (nonverbal dimension)

The 22 tapes identified above were used by one coder (RGB) for measuring eye contact. A focused review of a sample of 'high' (3) and 'low' (2) eye contact tapes highlighted the nuances of the types of eye contact made by physicians. For example, some tapes showed fleeting amounts of eye contact made more frequently, while others showed instances in which physicians made eye contact over a longer duration but with less frequency. These examples underscored the fact that the total length of eye contact as originally proposed in the NDEPT instrument may not capture the gestalt of gaze for fully understanding the implications for PC. Therefore, the eye contact measurement was further refined to incorporate two elements: (1) type of eye contact episodes; (2) frequency of these episodes. Two specific types of eye contact were

identified based on the duration of eye contact: (1) 'Brief' (≤ 10 s) or (2) 'Sustained' (> 10 s).

2.3. Patient-centered communication (verbal dimension)—instruments

As indicated earlier we chose two observation-based instruments to measure PC: (i) PBCI and (ii) Eurocommunication Scale. Initially two tapes were coded with these two instruments by both coders (RGB and MAC); results were identical. Thus, having established reliability between the two coders for both instruments, the 20 remaining tapes were independently coded by the two coders, with each coder using one of two instruments.

2.3.1. Patient-centered Behavior Coding Instrument (PBCI)

PBCI is an interaction behavior coding instrument designed to assess patient-centeredness in medical encounters [18] by tallying physician facilitating and inhibiting behaviors. The inclusion of nonverbal behaviors in the PBCI is limited to gestures, nods or facial expressions and eye contact is not explicitly identified. Thus the focus of PBCI is more on verbal dimensions rather than nonverbal aspects [for details, see 18]. We used PBCI mainly to code, "verbal encouragement to continue talking" (echoing included) to understand the ways in which patient-centered communication manifests in the encounter. This sub-item is operationalized as: physician verbally encouraging the patient to continue their story, expressed as: (a) Explicit encouragement: "go on, yes"; (b) Neutral Expressions: "uh-huh, Mmm"; (c) Interjections: brief conclusions, "so you want. . . ." [20].

The 22 tapes were analyzed using a scoring range from 1 = not at all; 2 = some small degree; 3 = medium degree; 4 = high; and, 5 = to a very high degree, and NA = not applicable. We chose to collapse this 5-point scoring to a 3-point scale to be consistent with the eye contact scoring of "low," "medium," or "high," by collapsing the 1 and 2 into 1 = "low" PC category; 3 = 2 or "medium" PC category; and 4 and 5 into a 3 or "high" PC category.

2.3.2. Eurocommunication Scale

This scale enables measuring global ratings of patient-centered communication on a 3-point scale as "not very often," "moderately" to "very often." The nonverbal dimensions included are: looking, nodding, active attitude, and lean backwards. This instrument allowed for operationalizing global ratings of PC by noting when physicians:

- (1) encourage patients to express in their own words their complaints, problems, anxiety and concerns,
- (2) encourage patients to decide about their treatment plan, preferences and concerns,
- (3) are in general receptive/responsive towards patient, i.e. listen/answer in the right context.

Again, the history taking segments of 22 tapes were analyzed using the above scale.

2.4. Analysis of eye contact and PC

To pursue our goal of gaining qualitative insight into how eye contact gets interwoven with communication, we adapted and followed research methods of conversational organization [24–26] to document how patients monitor doctors' movements and direction of gaze to coordinate their own turns of talk to the physician's level of engagement. Thus, we conducted systematic observations of the organization of observable interaction (including nonverbal and verbal communication) during the history-taking phase of 22 tapes.

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