



Quality of doctor–patient relationship in patients with high somatic symptom severity in China



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Summary

Background: High somatic symptom severity (SSS) is associated with reduced health-related function and may affect doctor–patient interactions. This study aimed to explore the quality of the doctor–patient relationship (DPR) and its association with SSS in Chinese general hospitals outpatients.

Patients and methods: This multicenter cross-sectional study assessed the quality of DPR from both the doctor's and patient's perspective in general outpatients ($n = 484$) from 10 departments of Psychosomatic Medicine (PM), Traditional Chinese Medicine (TCM), and Biomedicine (BM). SSS was assessed with the PHQ-15. The quality of the DPR was measured with the CARE, PDRQ-9, and DDPRQ-10 questionnaires. In addition, several standard instruments were used to assess psychosocial variables such as depression, anxiety, sense of coherence and quality of life.

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Results: From the doctor's perspective, patients with high SSS were rated as significantly more difficult than patients with low SSS. No differences were noted from the perspective of the patients. Patients from the TCM department rated the quality of their DPR significantly higher than those in BM and PM and were rated from doctor's perspective as less difficult than those in BM and PM. Multiple regression analysis revealed satisfaction of treatment, time of treatment and psychosocial variables, such as age, health related anxiety, depression, mental quality of life and sense of coherence as predictors for DPR.

Conclusion: PM and BM departments should learn from TCM departments to be empathic, to manage patients with high SSS and to establish long-term relationships with their patients.

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Introduction

The quality of healthcare and the success of patients' coping with their illness are determined by a helpful and trustworthy doctor–patient relationship (DPR).^{1–3} Barriers to a good DPR on the doctor's part, include lack of communication skills, the use of medical terms and not being able to listen thoroughly to the complaints of the patient. A gap between the doctor's objectives and the patient's expectations impacts the trust and the relationship between doctors and their patients.^{3,4} In particular, patient satisfaction, treatment compliance, and treatment outcome correlate with the DPR.^{5–7} Patients who were troubled by their symptoms prior to consultation were found to be significantly more reassured after the consultation when the doctor had given them the opportunity to voice their concerns in a patient-centered manner.⁸ Doctors with a warm and friendly style are more effective than doctors with a more formal style.⁹

High somatic symptom severity (SSS) is associated with impaired health status, increased health care use, unnecessary diagnostic procedures, non-indicated treatments, high patient dissatisfaction, and difficult DPR.^{10–14} Multiple somatic symptoms predict a poor response to treatment for depression and anxiety.^{15,16} Stable provider–patient relationships are a proven part of the treatment of somatic symptoms.⁷

Over the past 10 years, the quality of the doctor–patient relationship in China has continuously worsened through marketization and privatization. Most patients do no longer trust their doctors. Constant insults and violent attacks by disappointed patients against doctors and hospital staff have become daily routine.^{4,17–19}

The Chinese health care system comprises two institutionally separate divisions: Western Medicine and Traditional Chinese Medicine (TCM). TCM primarily treats patients with chronic ailments such as chronic pain disorders, e.g., after a herniated disk, arthritis, or patients with chronic recurrent infections. TCM often offers basic care, especially in rural areas, while Western Medicine (Biomedicine BM) is the preferred treatment for life-threatening conditions and for the urban middle class.

TCM has a long history in China; it is a part of Chinese culture. In TCM, feelings and emotions are associated with specific organs. For example, sad means a deficit of the heart and anger means a deficit of the liver. TCM combines the body and mind, emotions and symptoms, which provides an explanatory model for Chinese patients.

TCM is a peculiarity of the Chinese health care system and may be compared with Complementary and Alternative Medicine (CAM) in Western countries. Even in Western countries patients who feel that they are not understood by biomedicine, look for CAM. TCM focuses even more on the cultural roots of Chinese thinking. Patients feel comfortable consulting TCM doctors. They feel protected, secure, and relaxed. There is an indirect communication about emotional distress and interpersonal relationships.²⁰

Departments for Psychosomatic Medicine (PM) only exist in a few large cities, e.g. Shanghai, Beijing, Kunming, and Chengdu. In response to the new Mental Health Law, however, there have been increased efforts to expand psychosomatic and psychotherapeutic care to general hospitals.

There is no study about DPR of patients with high SSS in China, especially including the differences between Western medicine and TCM. Accordingly, the aim of our study was to provide better insight in the DPR of patients with high SSS from the perspective of doctors and patients from departments of PM, TCM and BM.

We addressed the following three research questions:

- (1) How is the quality of the doctor–patient relationship from the viewpoint of the doctors and the patients in patients with high somatic symptom severity versus patients with low somatic symptom severity?
- (2) Is the quality of the doctor–patient relationship experienced differently in Psychosomatic Medicine, Traditional Chinese Medicine and Biomedicine?
- (3) How is the doctor–patient relationship associated with satisfaction of treatment, time of treatment, socio-demographic and psychosocial variables such as age, depression, anxiety, sense of coherence, quality of life and SSS and what are the strongest predictor variables of the quality of the doctor–patient relationship?

Methods

Design

This study examining DPR is part of a larger project investigating the key psychological and behavioral characteristics of general hospital outpatients with somatic symptoms. In a cross-sectional design, consecutive patients from ten departments of three divisions, PM, TCM and BM (Neurology, Gastroenterology), were recruited from July 1, 2011, to June 30, 2012, in four regions of China: east (Shanghai,

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