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Communication Study

How patients would like to improve medical consultations: Insights from a multicentre European study

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ABSTRACT

Objective: In a previous qualitative study (GULiVer-I), a series of lay-people derived recommendations ('tips') was listed for doctor and patient on 'How to make medical consultation more effective from the patient's perspective'. This work (GULiVer-II) aims to find evidence whether these tips can be generally applied, by using a quantitative approach, which is grounded in the previous qualitative study.
Methods: The study design is based on a sequential mixed method approach. 798 patients, representing United Kingdom, Italy, Belgium and the Netherlands, were invited to assess on four point Likert scales the importance of the GULiVer-I tips listed in the 'Patient Consultation Values questionnaire'.
Results: All tips for the doctor and the patient were considered as (very) important by the majority of the participants. Doctors' and patients' contributions to communicate honestly, treatment and time management were considered as equally important (65, 71 and 58% respectively); whereas the contribution of doctors to the course and content of the consultation was seen as more important than that of patients.
Conclusions: The relevance of GULiVer-I tips is confirmed, but tips for doctors were assessed as more important than those for patients.
Practice implications: Doctors and patients should pay attention to these "tips" in order to have an effective medical consultation.

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1. Introduction

While there is a growing number of studies on the role of doctor–patient communication in the quality of care [1–3], most of these are based on the doctor's perspective [4–6]. Doctors usually have clear goals in the medical consultation [7]. However, patients usually have their own goals which may or may not coincide with the doctors' goals [8–11]. Moreover, patient goals may be diverse and are not always easy to predict beforehand [12]. A recent special issue of Patient Education and Counseling on the 'Quality of Communication from a Patient Perspective' shows what patients want [13–15]. However, doctors are only partially aware of what patients expect from the medical consultation [16–18], and patient goals are still seldom integrated into medical curricula or clinical guidelines [19].

Only recently have patient expectations, preferences and suggestions regarding doctor–patient communication been systematically analyzed [20–22]. Yet, there is an emerging body of literature which shows the positive effects of engaging patients in playing a more active role in the consultation, ranging from a better adherence to treatment, to lower drop out from treatment and higher satisfaction [23,24]. Strengthening the patients' voice in *research* on medical consultations can therefore be an important goal in itself [25].

It is not surprising, given an understanding on how diverse patient goals may be, that the exploration of the patients' perspective presents some methodological challenges and potential pitfalls. Qualitative methods present the great advantage of enabling researchers to capture the richness and complexity of the object of observation; but at the same time they run the risk of

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selection biases in the recruitment of study participants and the introduction of subjective undertones in the interpretation of the non-standardized data. This often results in limitations on how generally the findings can be applied [26]. Quantitative methods may, on the other hand, guarantee a more structured and replicable study design and data collection. But many quantitative studies risk representing the researchers' frame of reference rather than the perspectives of real patients. This might lead to a selection bias in the construction of the research instruments [27].

The combination of these two systems of analysis in a mixed method, or multi-method, approach seems to represent an effective solution, which exploits the advantages of both and, at the same time, mitigates their limitations [28]. More specifically, integrating qualitative with quantitative methods increases the "credibility" of the research findings, as suggested by Bryman [29]. Bryman referred to the complementary task, both at the level of research questions, which are the same items but being explored differently, and the explanation of results, when one study is used to help explain findings generated by the other.

A sequential mixed method approach [30] has been adopted in the present study. The word "sequential" stresses the temporal relationship between the qualitative and quantitative strands both regarding the timing of data collection (the qualitative phase being followed by the quantitative ones) and their respective analyses (the hypothesis of the latter are based on the results of the previous one).

The aim is to test whether a series of 'tips on how to make the medical consultation more effective from a patient perspective', can be generally applied. These 'tips', addressed to doctors and patients, were collected in a previous, qualitative study (GULiVer-I) [31]. In this follow-up study (GULiVer-II), these 'tips' were translated into a questionnaire which was sent to larger samples of people in the same four countries in which the first study took place.

This paper aims to strengthen the evidence of what constitutes an effective medical consultation from the patients' perspective (clinical aim; see Table 1 for a list of specific aims) and, consequently, to confirm the results from a previous qualitative study in further and larger samples, in a different setting, using standardized questionnaires (methodological aim).

2. Methods

2.1. Study design

The overall study design includes two studies which have been carried out in sequence:

(1) A qualitative focus-group study (GULiVer-I) in which participants watched four videotaped medical consultations involving different doctors treating the same medical condition. The participants were asked, subsequently, to comment on what they had seen and to formulate tips for doctors as well as patients to help make the medical consultation more effective from a patient perspective. The details of this study as well as the main results have been published elsewhere [31,32]. The Dutch Federation of Patients and Consumer Organizations (NPCF) used the tips in the development of a 'communication chart' and translated the tips into illustrated cartoons (see Fig. 1). These tips were used to generate questions for the standardized questionnaire to be used in the second study.

(2) A quantitative survey study (GULiVer-II), where patients were given a standardized questionnaire, the 'Patient Consultation Values questionnaire' (PCVq) (see also Appendix A), to measure patients' views on 'how doctors, as well as patients, might make the medical consultation more effective from a patient perspective'.

For practical reasons, the questionnaire for the GULiVER-II study was developed within the framework of another, larger European study, which also took responsibility for the data collection. This was the multicentre study of the Quality and Costs of Primary Care in Europe ('QUALICOPC'), funded by the European Union (EU) and running in 34 countries. This study was coordinated by the Netherlands Institute for Health Services Research (NIVEL), which was also responsible for both GULiVER-studies. The details of the development of the study protocol and questionnaire, including information on translation procedures, and tests of validity, reliability and readability, have been published elsewhere [33,34]. While

Table 1
Main steps of sequential mixed-method study.

GULiVer-I results	GULiVer-II hypotheses	Mixed methods aims
Feasibility to involve laypeople in a quality assessment task: positive and critical opinions were articulated in the same balanced way and the participants took their work seriously	To what extent the lay people's opinions are congruent with patients'opinions right after a medical visit?	**To compare the results of the two studies, in order to confirm or disconfirm the generalizability of the Guliver-I findings** **Gathering information on unexpected results**
List of tips for doctors and patients	**Ranking** the tips in order of preference	
Similarity over the four countries was stiking in many tips. More critical opinions were expressed by NL and UK, IT evidenced the power distance between doct-pt; Belgium was more focused on doct behaviours than on pt ones. The tip related to triage system (a receptionist/nurse as gatekeeper the access to the doctor) took different time.	Is there **homegeneity** among the four countries about the importance attributed to each tip?	
Similarity in tips for docts and pts. Many tips for doctors are mirrored in comparable 'tips' for patients, showing a more balanced doctor–patient relationship and the maturing of patient empowerment	In the patient opinion, is the **responsibility for a successful encounter** equally balanced for doct behaviours?	
Dilemmas on some pt needs (Pt involvement in decision making, the use of new communication technologies; the triage systems in General Practice), which are translated into tips with difficulties	**Exploring some controversial topics**, in order to check if they are related to specific pt groups (gender, age, education)?	

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