



The patient perspective of clinical training—An empirical study about patient motives to participate

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ABSTRACT

This study introduces a comprehensive model to explain patients' prosocial behavioral intentions to participate in clinical training. Using the helping decision model, the authors analyze the combined impact of factors that affect participation intentions. The model includes intrapersonal and interpersonal appraisals triggered by an awareness of the societal need for clinical training as a practical part of medical education.

The results of our empirical study ($N = 317$) show that personal costs and anxiety as negative appraisals and a warm glow as a positive appraisal affect participation intentions and fully mediate the effect of the patient's awareness of the societal need. The study results indicate that communication strategies should address patient beliefs about negative personal consequences of participation rather than highlighting the societal need for practical medical education related to clinical training. Based on the results, medical associations could develop guidelines and provide training for physicians on how to motivate patients to participate in clinical training, resulting in more patient-centered standardized consent discussions.

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1. Introduction

Clinical training is essential for medical students, forming an integral component of medical education [1,2]. Necessary contact with patients during clinical training includes observation, supervised practice and real case-based teaching [1]. Hence, the clinical training of physicians is essential to ensure skilled medical care. Studies about the US healthcare system [3,4] as well as the German system forecast a growing shortfall in the supply of physicians and nurses [5,6].

Clinical training requires patient involvement, but patients have no obligation to participate [7]. Therefore, participating in clinical training meets the criteria for prosocial behavior since the decision benefits one or more persons other than oneself [8].

Depending on country-specific legal regulations, informed consent is not always required to involve patients in medical training [7]. In the German healthcare system, which forms the social context of this study, the presence and participation of students during care does not require legal consent from the patient. However, the current praxis shows that physicians often have informal discussions with patients about their participation in clinical training during care. Moreover, hospitals provide information about the extent of clinical training in the treatment agreement [9].

From a health policy perspective, integrating patient-centered clinical training into medical care requires a greater consideration of patient needs and sensitivities

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involved. Based on this knowledge, medical associations could develop guidelines for physicians on how to conduct a discussion about clinical training to ensure that such discussions take into account patient needs and concerns.

Studies show that patients expect to be informed in advance or the experience with clinical training has a negative effect on their satisfaction [10]. Consequently, it is essential to understand patients' inclination to participate in clinical training through examining the influencing determinants and factors. Tang and Skye [11] show that patients are more likely to decline clinical training when preceptors are less comfortable discussing medical student involvement. They highlight the need for preceptors to develop better communication skills to enhance practical medical education. An experimental study by Westberg et al. [10,12] finds that written information about the societal importance of clinical training does not affect participation intentions. They call for further research that investigates the role of informed consent when recruiting patients for clinical training [10]. A greater understanding of the patient decision process could facilitate informed consent discussions before a patient agrees to involvement in clinical training [13].

To date, studies on patient motivations for participating in clinical training mainly use qualitative approaches and find that most patients would allow the presence or participation of a student doctor (for an overview, see Tang and Skye [11]). These studies suggest that altruistic motives apply to patient considerations to participate in clinical training [2,14,15]. But a significant number of students as well as preceptors still find that patients refuse to participate [11] because they associate clinical training with limited patient–physician continuity and increased discomfort during diagnosis and treatment [14,16–19]. Pinnock et al. [2] report that fear of emotional distress or

pain can lead patients to refuse and clinical training may evoke feelings of anxiety among patients. The decision to participate is thus a complex act that involves different cognitive and affective appraisals.

The combined impact of perceived personal consequences and altruistic beliefs as cognitive appraisals of involvement in clinical training has not been studied yet. However, the cognitive and affective components of the intention to participate are supposedly the determining factors in understanding why some patients are more likely to consent. We need a deeper understanding of how the mechanisms are related to each other.

This paper fills the research gaps by addressing the following questions:

- Does awareness of the societal need for clinical training motivate participation?
- Do cognitive and affective appraisals, both intrapersonal and interpersonal, mediate the effect of an initial awareness of the societal need for participation?

Against this background, we develop a comprehensive decision model of participation in clinical training. Based on the results, we suggest ways that preceptors can approach patients when seeking their participation.

In the following sections, we first give a short overview of the helping decision process model as an underlying theoretical framework and then apply this model to explain participation motives of patients. Fig. 1 gives an overview of this study's conceptual framework. After we present the results of an empirical study, which validates our model, we discuss the findings. In the concluding section, we provide a summary and discussion of the study's limitations as well as its managerial implications and avenues for further research.

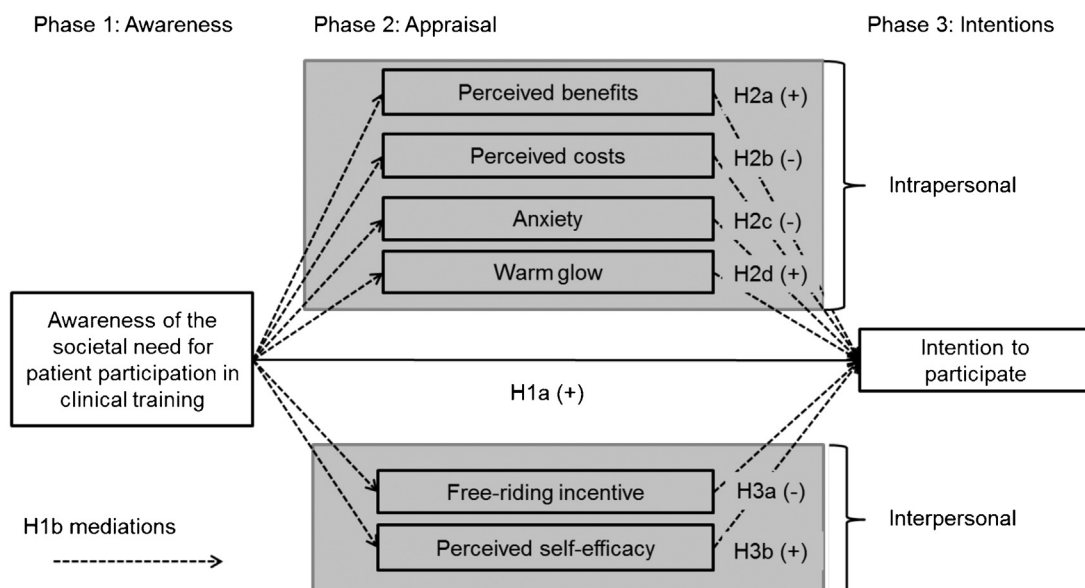


Fig. 1. The proposed comprehensive decision model to explain patient intentions to participate in clinical training.

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