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Patients with schizophrenia assessing psychiatrists' communication skills

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ABSTRACT

Communication plays a central role in mental health care. Yet, studies fail to address the adequacy of psychiatrists' communication according to patients' needs. We examined how patients with schizophrenia assess their psychiatrists' communication skills, inspecting the importance that these aspects have for patients. Thirty patients with schizophrenia filled the Communication Assessment Tool after the appointment with their psychiatrists. An external observer also rated the videotaped appointments using the same instrument. Patients' mean rating of their psychiatrists' communication was 4.28 (mean proportion of excellent, "5" scores, was 57.4%). "Treated me with respect" received the highest mean, whereas "Encouraged me to ask questions" received the lowest. The assessment by the external observer was concordant, though lower (mean = 3.39) than patients'. Psychiatrists' communication skills correlated positively with the importance that patients gave to the respective communication aspects (overall mean importance = 2.77). Main discrepancies were related with "Understood my concerns" and "Involved me in decisions". Patients who were non-married, with higher education level and in medical treatment for less time gave significantly higher scores to psychiatrists' communication. Patients with schizophrenia consider clinical communication important and their psychiatrists' communication adequate. Room for improvement exists, namely regarding more elicitation of patients' health concerns and involvement in the encounter.

1. Introduction

The doctor-patient relationship is as old as medicine itself (Hellín, 2002) and has undergone changes throughout the ages (Kaba and Sooriakumaran, 2007). It is considered the matrix of the entire medical practice, extending today to integrative care in interdisciplinary teams. One way in which doctors develop a positive rapport with their patients is through appropriate communication. However, evidence suggests that doctors do not communicate with their patients as they should (Maguire and Pitceathly, 2002).

Even though a good relationship between doctor and patient is important in all health care settings, it is crucial in mental health care, especially for those who have a severe mental disease (Schneider et al., 2004). Conditions which do not have the promise of cure, but focus on hope, self-determination and self-efficacy, such as schizophrenia, can be particularly challenging for both the patient and the doctor, and frequently entail long-lasting medical relationships. Patients regard the quality of the therapeutic relationship as the most important element of good psychiatric care (McCabe, 2004; McCabe et al., 2007). Communication plays a central role in Psychiatry (Priebe et al., 2011), and it is mainly through communication that both patient and doctor obtain the information about the disease and regarding therapeutic interventions (Schneider et al., 2004; Priebe et al., 2011). Psychiatrists' communication plays a key role in patients' communication, and the type of communication will influence the course of the encounter (Hack et al., 2016).

Although there are several guides on how to communicate with patients, they do not fully cover the specific aspects and challenges of communicating with psychiatric patients (Priebe et al., 2011). These include factors pertaining to the patient, the doctor and the setting. For example, communication with patients with schizophrenia can be impaired if some type of language breakdown exists (McCabe et al., 2013). Legal aspects, especially compulsory treatment, also constitute a challenge in doctor-patient relationship and communication.

Schizophrenia is a chronic, severe mental disorder that is estimated to affect about 1% of the world's population (Insel, 2010). It can be conceptualized as a disorder of communication (Niznikiewicz et al., 2013). Since its initial descriptions, changes that are strictly linked to communication were invoked. Eugen Bleuler introduced elementary schizophrenic symptoms as the four A's association: abnormal

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associations, autism, ambivalence and abnormal affect (Niznikiewicz et al., 2013). All implicate different social function and social communication dysfunction (Niznikiewicz et al., 2013).

Both patients with schizophrenia and their families report significant unmet information needs, desire greater involvement in decision-making, wish to receive better information about diagnosis and prognosis as well as response to their distress (Loughland et al., 2015; Outram et al., 2015). Moreover, there are studies that indicate the need to improve psychiatric communication (Priebe et al., 2011).

Given the evidence in favour of a clear need for communication skills improvements in Psychiatry and the paradigm shift, in which patients with schizophrenia want to be informed about their disease (Seeman, 2010), efforts have been made to improve doctor-patient communication in this field. Instruments such as the Two-Way Communication Checklist (2-COM) (van Os et al., 2002) and the Approaches to Schizophrenia Communication Scale (ASC) (Dott et al., 2001) have been developed with the aim of improving doctor-patient communication. Additionally, there are Communication Skills Training (CST) programs specifically developed for Psychiatry, such as Communication Skills in Psychiatry (ComPsych) (Loughland et al., 2015) which focuses on conveying diagnostic and prognostic information about schizophrenia, and training to enhance psychiatrists' communication with patients with psychosis (TEMPO) (McCabe et al., 2016) focusing on improving shared understanding and the therapeutic relationship.

Despite CST programs and the several psychometrically tested instruments which measure doctor-patient communication (Zill et al., 2014), studies assessing doctor communication skills from the point of view of their patients are almost always directed at assessing trainees' communication skills (Wood et al., 2004; Myerholtz et al., 2010; Abadel and Hattab, 2014; Myerholtz, 2014; Stausmire et al., 2015). The studies about patients' perceptions on their doctors' communication have been performed in many health settings, such as Family Medicine, Internal Medicine, or Surgery (Stewart et al., 2000; Ferranti et al., 2010; Stausmire et al., 2015), but rarely in mental health. Although this past research is informative of doctors' communication from their patients' standpoints, it deals with medical conditions and does not address mental health, or the perspectives of patients with schizophrenia. Research exploring patients' perspectives about communication with medical professionals in the area of mental health includes the process of decision-making in patients with depression (Almeida and Figueiredo-Braga, 2016), and receiving the diagnosis of bipolar disorder (Meireles et al., 2015). Only one study has explored the experiences of patients with schizophrenia regarding medical communication (Schneider et al., 2004). This qualitative, participatory study involving members of a support group for people with schizophrenia highlights that good communication with medical professionals is essential for these patients and helps them to accept and live with the illness. From these patients' standpoints, "good communication" generally exists when the diagnosis is clear, the medications are explained, support is made available, and they are treated with dignity and respect. While providing some elements of good medical communication from the standpoint of patients with schizophrenia, this study did not seek to explore how psychiatrists actually communicate with their patients.

The purpose of this study is to inspect how psychiatrists communicate with patients with schizophrenia in the course of their appointments. It bridges the gap existing in research by: (1) examining psychiatrists' communication skills as assessed by their patients with schizophrenia, (2) comparing patients' evaluations with the assessment of an external observer with expertise on communication, (3) analysing the importance that aspects of communication have for patients, and how these aspects compare with what psychiatrists communicate, and (4) identifying the effects of socio-demographic and clinical characteristics on patients' assessments. This approach can help us to understand how, in the context of their appointments, psychiatrists' communication adapts to their patients' needs and preferences, from the patient's perspective that is lacking in the literature. Additionally comparing assessments provides information on how the perceptions of patients with schizophrenia about their psychiatrists' communication match the perceptions of an external observer with expertise on communication. This type of comparisons between patients and external observers about the same interaction are generally absent in research with patients in health care settings and in mental health in particular. Yet, the perceptions of patients with schizophrenia might differ from the established expertise in the field, with consequences for the quality of care.

2. Methods

2.1. Participants

2.1.1. Psychiatrists

All 64 psychiatrists (16 trainees and 48 specialists) from the Department of Psychiatry of Coimbra University and Hospital Centre doing outpatient clinic during the study period were invited for the study. Eleven agreed to participate, giving their verbal consent. Three (27.27%) were trainees and eight (72.73%) were specialists. Their mean number of years of professional experience was 15.66 ± 11.91. Most were women (72.72%) and seven (63.64%) had training in communication skills.

2.1.2. Patients

All the participating psychiatrists' patients were potential participants in the study. Patients were included if they: (1) had a diagnosis of schizophrenia according to the Diagnostic and Statistical Manual of Mental Disorders 5 (APA, 2013); (2) were over the age of 18 years old; (3) were in a stable phase of the disease; (4) were in regular outpatient contact with their psychiatrist; (5) were able to provide informed consent. Patients were excluded if they: (1) were currently receiving inpatient care or had been discharged from inpatient care within the previous two weeks; (2) were likely to be admitted in inpatient care within the next two weeks (patients with acute illness who needed to have their therapy substantially adjusted and were scheduled for an appointment within two weeks); (3) were in outpatient compulsory treatment; (4) had cognitive deficits not secondary to schizophrenia; (5) were not fluent in Portuguese.

Of the 45 patients initially eligible for the study, 30 were included. The main reasons for the loss of 15 patients were refusals, failing to keep appointments and conflicting schedules between the patients' and the external observer's appointments. In our sample of 30 patients diagnosed with schizophrenia, male-to-female ratio was 26:4. The age ranged between 21 and 72 years (mean 46.7 ± 13.3). Most patients (63.3%) were single, just over a half (53.3%) living in their parents' house. Additionally, a large number (23.3%) lived alone. Patients had a mean of 12.67 ± 4.84 years of schooling. Most patients had no steady occupation, with 30% being unemployed and 36.7% being already retired (Table 1).

Our sample is heterogeneous regarding the time patients started to receive medical care. Some were followed for 52.50 years and others only for 2.25 years. There are also differences in relation to follow-up time with the current psychiatrist (Table 2).

Prior to the appointments, patients were informed about the purpose of the study and invited to participate. They were also asked permission for the encounter to be videotaped and informed that participation was voluntary and strictly confidential, all data receiving a code, including the videotapes, which will subsequently be destroyed.

The Ethics Committee of Coimbra University and Hospital Centre approved the study. All patients signed a written informed consent based on Helsinki's Declaration.

2.2. Data collection

Immediately after leaving the psychiatrist's office, patients were