

## Patients with worry: presentation of concerns and expectations for response

Michael R. Floyd\*, Forrest Lang, Ronald S. McCord, Melinda Keener

*Department of Family Medicine, James H. Quillen College of Medicine, East Tennessee State University,  
Box 70,621, Johnson City, TN 37614-0621, USA*

Received 7 November 2003; received in revised form 19 May 2004; accepted 3 June 2004

---

### Abstract

Patients with the same underlying concern express this with different styles that predict preference for physician responses. One hundred primary care patients imagined having chest pain and selected from a videotape, the most likely response which they would tell their physician: (1) symptoms only—no disclosure of underlying concern; (2) symptoms and a “Clue” to an underlying concern; or (3) symptom with an explicit concern. Depending on their preferred expression, they were presented videotaped doctors responses to that disclosure and ranked their response preferences. Patients stating they would present with symptoms only (17%) preferred a biomedical question response; patients selecting a symptom and a clue (43%) were equally comfortable with a biomedical question, facilitation or, an exploration of the clue. Of patients presenting with an explicit concern (40%), most wanted the physician to acknowledge and explore the origins of that concern. © 2004 Elsevier Ireland Ltd. All rights reserved.

**Keywords:** Worry; Physician–patient relations; Teaching communication; Communication; Patient satisfaction; Emotions

---

### 1. Introduction

Patients frequently have concerns or worries about their symptoms that they do not express explicitly [1,2]. Yet, few studies have looked at how patients express, or how they would like their physicians to respond to their concerns. Patients who are worried may express that concern (1) explicitly; (2) imply their concern in the form of “clues” for physicians to explore, or (3) choose not to communicate that concern at all, and present only factual biomedical data. It is not known what percentage of patients express themselves in each of these ways, nor how they would like for their physician to respond to these various forms of disclosure. Answers to these questions may help clinicians respond more appropriately to the individual needs and preferences of the patient, thereby increasing patient satisfaction and reducing risk of medical errors and litigation [3–5]. The present study examines different modes of

patient expression of concern about chest pain and a possible heart problem, and patient preferences on how best to address these worries using a stimulated response method [2,6–8].

### 2. Methods

#### 2.1. Stimulus interview development

In selecting a topic for the stimulus interview, the following criteria were used: a frequently-occurring symptom; one with which most patients share personal or family experience, and one that has the potential to be deadly serious yet frequently is not serious. Chest pain was selected. One of our authors (FL) as part of previous research had reviewed a set of resident-patient interviews involving chest pain in which a full range of disclosure of the patients’ perspectives had occurred (from full and explicit disclosure to disclosure via clue to no disclosure) [2]. These case examples lead to the development of standardized patient scenarios and stimulus

---

\* Corresponding author. Tel.: +14234396481; fax: +14234397118.

E-mail address: floyd@mail.etsu.edu (M.R. Floyd).

interview used in teaching and faculty development providing us with extensive experience with students, residents and faculty's typical responses to varying methods of disclosure [9]. A script was generated and reviewed with the East Tennessee State University Interview Study Group who revised the scripts for clarity and credibility. Standardized patients portrayed the patient and one of the authors (RMc), the doctor. We revised and updated the stimulus interview until authors believed the stimulus was clear and credible.

## 2.2. Participants and setting

After Institutional Review Board approval, a convenience sample of research participants was recruited from a family medicine residency practice in Northeast Tennessee. A medical student research assistant approached patients arriving for appointments and explained the purpose and voluntary nature of the study. About half of those approached chose to participate. Those who declined typically stated they were afraid they would miss or add time to their appointment. Willing participants were asked whether they would like to take part in the study before or after their physician visit. Approximately 90% of participants initiated the study prior to the visit with the physician.

Consenting participants were first asked to imagine they were a patient with recent chest pain, worried because a family member had died of a heart attack, and quite concerned they could have heart disease and may die from these chest pains. Participants were then asked: (1) to what

degree they could imagine themselves in this situation and (2) to what degree their own health was similar to the imagined patient using a questionnaire with following choices: "Not at All," "A Little," "Somewhat," or "Very Much."

Participants then viewed a same gender video of a simulated patient who described chest pain. In three presentations, given in random sequence, the simulated patient described the chest pain with three different statements of concern. These disclosure statements were: (1) symptoms only with no disclosure of the underlying concern (i.e., "Well I have been having chest pain right here (points to mid-low sternum) that only comes on after dinner"); (2) Symptoms and a "Clue" to an underlying concern ("Well, I have been having chest pain right here (points to mid-low sternum) that only comes on after dinner. It has me concerned."); and, (3) Symptom with an Explicit Concern expressed ("Well I have been having chest pain. ... Could this be coming from my heart?"). Participants were then asked to identify the statement that was most and least like that which they would tell their doctor, the reason for this choice, and to write down what they would say to their own their doctor under these circumstances.

Depending on the trigger tape statement they identified as being most like that which they would tell their doctor, participants were then presented several videotaped clips of likely and plausible doctor's response to that particular disclosure (the six possible response types are listed in Table 1). They were then asked to select their most preferred response and give reasons for their preferences for the videotaped physician; they selected from the remaining

Table 1  
(N = 100) Most preferred physician response by patient disclosure condition

	Symptom only <sup>a</sup> (N = 17)		Symptom with clue <sup>b</sup> (N = 43)		Symptom with explicit concern <sup>c</sup> (N = 40)	
	N	%	N	%	N	%
Closed ended question						
How long have you been having this pain?	11	64.7	15	34.9	7	17.5
Non-directed facilitation						
Please tell me more about that?	3	17.6	13	30.2	8	20
Direct exploration						
What do you think may be causing your pain?	2	11.8	0	0	N/A	N/A
Organ-specific exploration						
Are you concerned that this chest pain might be coming from your heart?	1	5.9	1	2.3	N/A	N/A
Clue exploration						
You mentioned that you're concerned about this chest pain. In what way?	N/A	N/A	14	32.6	N/A	N/A
Acknowledgement						
You are concerned that this chest pain might be coming from your heart?	N/A	N/A	N/A	N/A	0	0
Acknowledgement with clue exploration						
You are concerned that this chest pain might be coming from your heart?	N/A	N/A	N/A	N/A	25	62.5
It would help me if I understood where your concern was coming from.						

<sup>a</sup> Patient statement: "Well, I have been having chest pain right here (points to mid-low sternum) that only comes on after dinner" [Friedman Test Chi-square = 14.4, df = 3,  $P \leq 0.002$ ].

<sup>b</sup> Patient statement: "Well, I have been having chest pain right here (points to mid-low sternum) that only comes on after dinner. It has me concerned." [Friedman Test Chi-square = 46.1, df = 4,  $P \leq 0.001$ ].

<sup>c</sup> Patient statement: "Well, I have been having chest pain right here (points to mid-low sternum) that only comes on after dinner. Could this be coming from my heart?" [Friedman Test Chi-square = 22.7, df = 3,  $P \leq 0.001$ ].

Download English Version:

<https://daneshyari.com/en/article/9301743>

Download Persian Version:

<https://daneshyari.com/article/9301743>

[Daneshyari.com](https://daneshyari.com)