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Physician–elderly patient–companion communication and roles of companions in Japanese geriatric encounters

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Abstract

Although the triadic encounter of physician, patient, and an accompanying family member is a common phenomenon in geriatrics, previous research on the communication in medical encounters has primarily focused on dyadic interactions between physician and patient. This study aimed to explore the triadic communication and communication roles of patient companions in Japanese geriatric encounters.

Among elderly patients aged 65 or over who were under continuous care of nine attending physicians at a university affiliated geriatric clinic in Tokyo, 63 accompanied patients and 82 unaccompanied patients were included for this study. The consultation was audiotape recorded and analyzed using the Roter Interaction Analysis System (RIAS) with additional categories developed to code aspects of companion communication.

In dyadic encounters, the average proportions of physician's talk and patient's talk were 54% and 46%, respectively, while in triadic encounters the average talk proportions of physician, patient, and companion were 49%, 29%, and 22%. Companions made a significant contribution to the communication during the visit by providing information and asking the physician questions, as well as facilitating patient's talk. The companion's communication may influence not only the patient's but also the physician's communication. The patient's expectation of the companion's role during the visit and the companion's intention regarding their role were generally related to one another, and had positive associations with the companion's actual behavior during the visit. Nevertheless, companions often anticipated playing a more direct communication role during the visit, including the provision of information and asking of questions, than patients expected of them. Further investigation is needed to explore the communication dynamics in triads and dyads, and its relation to patient outcomes.

Keywords: Companion; Elderly; Family; Japan; Physician–patient communication

Introduction

The elderly population is growing rapidly in many developed countries, including Japan. Due to a general

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decline in their health with age, this segment of the population tends to be a heavy user of health care services. It has been noted that additional difficulties are likely to be experienced in medical encounters with elderly patients because of their sensory deficits, cognitive impairment, functional limitations, and the frequent presence of an accompanying person in the medical visit (Adelman, Greene, & Ory, 2000; Roter, 2000). In particular, the presence of a third person may make the communication dynamics more complex and time-consuming. The triad is a common phenomenon in geriatric practice. Previous studies have reported that 20–57% of the elderly patients were accompanied by a third person in their visits (Adelman, Greene, & Charon, 1987; Beisecker, 1989; Brown, Brett, Stewart, & Marshall, 1998; Main, Holcomb, Dickinson, & Crabtree, 2001; Prohaska & Glasser, 1996). However, with the exception of some pediatric studies in which the communication between the physician and both the patient (child) and his or her parent is assessed, communication analysis has primarily focused on dyadic exchanges. Visits that included a patient companion were generally dropped from the study sample or the companion's contribution to the communication was ignored. As a result, there have been only limited empirical studies on physician–-patient–companion interactions.

The third persons accompanying patients are family members in most cases, and the majority of them are women (Baker, Yoels, Clair, & Allman, 1997; Greene, Adelman, Friedmann, & Charon, 1994). Thus, they are considered as a caregiver or a potential caregiver for the patient. From this point, Beisecker (1989) has indicated that the triadic medical encounter is an intersection of the informal (family) care system and the formal (professional) care system. Given the rapid increase in the elderly population and in chronic illnesses that requires long-term care, the coordination of professional care at medical institutions and self-care at home becomes increasingly important. It is necessary to explore the characteristics of the physician–patient–-companion triad in medical encounters, in order to promote the benefits of the companion's presence in building patient–physician relationships and enhancing quality of care for elderly patients.

Recent trends in Japanese medicine have drawn increasing attention to the physician's ability to communicate with patients. However, most of the theories and models related to the communication in the patient–physician relationship have been imported from western countries without seriously considering the social and cultural relevance to Japan. Numerous cross-cultural studies have indicated general differences in interpersonal relationships and communication between western countries and Japan (Barnlund, 1989). For example, the way that collectivism and the Confucian tradition underlying Japanese culture has shaped the physician–patient–family relationship in Japan differs from the influence of individualism and traditions of Christianity in many western countries (Fetters, 1998; Hoshino, 1995). It is therefore important to explore the characteristics of physician–patient–companion communication in Japan.

Triadic medical encounters and the companion's role

From a sociological perspective, Simmel has suggested that the addition of the third person to a two-person group completely changes the dynamics of interaction (Wolf, 1950). First, intimacy tends to be lost in triads regardless of the strength of the triadic relationship. Second, it makes it easier for one member to refrain from participating in discourse because the other two members can continue the conversation. Third, there is a potential of coalition forming among participants in triads unlike dyads where there can be no majority. Coalition is defined as an effort by two members of the triad to achieve a mutually desired goal despite the active or passive resistance of the third member (Coe & Prendergast, 1985). Caplow (1956) suggested that the formation of coalitions depended predictably on the initial distribution of power, presenting different patterns of coalitions in the triad whose members were not identical in power.

Such coalition forming has been observed in physician–patient–companion triads as well. Baker et al. (1997) illustrated the coalition forming between the physician and the third person by examining the distribution of laughter amongst physician, patient, and third persons in medical encounters. Their analyses revealed that there were 85 out of 368 instances (23%) where patients seemed to be excluded from the topic of laughter, and especially when the third person instigated laughter: 62% (24/39) of these instances excluded patients.

Further, Adelman et al. (1987) hypothesized the third person's roles from the patient's perspective. Three major roles were suggested, namely the advocate, the passive participant, and the antagonist. The advocate companion serves as a patient promoter who supports the patient's agenda, a patient extender who acts as the voice of the patient, and a mediator who bridges the gap between physician and patient. The companion as a passive participant is present but is minimally involved in the encounter. The antagonist companion is a saboteur who works against the patient, and an opportunist who tries to take advantage of the patient and/or the physician.

There has been very limited empirical study examining the influence of the accompanying person on the communication process during the consultation. Beisecker (1989) reported that the presence of companions made no significant difference to the length of interaction, suggesting that companions, by speaking, might