Patient’s Expectations during Doctor Patient Communication and Doctors Perception about Patient’s Expectations in a Tertiary Care Unit in Sri Lanka

Abstract
Understanding patient’s expectations and doctors perception about patient’s expectations during doctor patient communication is valuable in strengthening practices of patient centred communication in any society. A questionnaire with 26 items to evaluate communication expectations of patients was developed by literature survey, expert opinion and several small group discussions. The questionnaire was rephrased to develop a questionnaire to evaluate doctors perception about patient’s communication expectations. Some of the questions were coupled with an open-ended question to express free comments. Questionnaires were validated and pretested after ethical approval. Seven hundred clinic patient’s and 250 doctors were recruited. Close-ended questions were analysed by simple calculation of proportions. A single investigator did thematic analysis of the content of the response to open-ended questions using manual coding and results would be presented in a separate paper. Ninety-one doctors (36%) and 655 patients (93%) have responded. Majority of the patient’s expect social niceties like greeting, social smile, offering a seat, avoiding jargon, adequate time, paraphrasing and empathy. Majority of doctors seem to perceive these expectations of patients. Doctor centred attitudes like giving instructions rather than explanations, asking specific questions rather than open ended questions, doctors avoiding expression of their feelings and avoiding asking patients opinion were accepted by the majority of patients and doctors seems to perceive this attitude of patients. However majority of patients expect patient centred attitudes like expression of empathy and allowing patients to express opinion and doctors perceive these expectations of patients. Over 80% respondents supported decision-making by doctors (item 6), however similar percentage has demanded patient’s involvement in decision-making (item 17). Only 50% of doctors have realized this need. When a significant proportion of patients (29%) feel that doctors do not entertain patient’s point of view only half of the doctors perceive this opinion of patients.

Keywords: Doctor patient communication, Patient centeredness, Patients expectations, Doctors perceptions

Introduction
Effective communication is an essential component of delivery of healthcare. Training could enhance efficacy, effectiveness and supportiveness of communication [1]. Efficacy, the ability to gather information within the limited time available is a useful attribute for doctors practicing with over loaded patients. Effectiveness is the accuracy and comprehensiveness
of information. Supportiveness will look after the psycho-
socioeconomic considerations of the patient [1].

Patient-centeredness, an attitude possess by doctors as well as
patients indicates readiness to share information and planning
care collaboratively in doctor patient encounters. Whereas
doctor-centeredness indicates doctors taking the lead in handling
information and planning care [2]. Patient-centeredness results
in patient satisfaction and efficacy in data gathering in doctor
patient encounters. It is beneficial for both patients and doctors
to have similar attitudes [3].

Competency in communication is essential and trainable for
any doctor along with other competencies like knowledge,
clinical skills, and interpretation skills [4]. The requirement for
teaching and training communication skills in undergraduate and
postgraduate training is well established in developed countries
and it is gaining popularity in the rest of the world [5,6]. Teaching
and training communication skills needs priority as any doctor
will perform more than 200,000 consultations in their life time
[1]. Advantages of good communication like patient satisfaction,
treatment adherence, therapeutic efficacy, cost effectiveness in
care, doctors satisfaction and loss chances of vicarious trauma
has been documented [7]. Disadvantages of poor communication
such as patient dissatisfaction, poor treatment adherence, conflicts and lesser therapeutic efficacy are also documented
[7,8].

Teaching communication skills involves imparting knowledge,
skills and attitude [4] to achieve a desired change of the behaviour
of learners. This inescapable challenge cannot be achieved by
traditional methods of teaching. Well-planned cognitive input,
demonstrations and role modelling should be facilitated with
experiential learning. Barriers for desired change in behaviour
includes non-acceptance of the model by senior colleagues
and poor role modelling by teachers. Doctors perception about
patient expectation is also an important consideration that will
have major influence on acceptance of concepts by learners. This
study will explore patient expectations and doctors perceptions
about patient expectations during doctor patient encounters.

**Material and Methods**

A pretested and validated questionnaire was administered to 700
consecutive patients attending the out-patients clinics and all
the doctors in a tertiary care hospital. The questionnaire had 26
close-ended questions with likert scale indicating totally agree,
agree to some extent, disagree and totally disagree. Perceptions
of the respondents in relations to some question were further
explored by open-ended question.

**Developing the questionnaire**

Items suitable for self-reporting questionnaire to evaluate
patient expectations in doctor-patient communication were
developed by literature survey and expert opinion. Developing
more items as suggested by patients in focus group discussions
helped to further modify the questionnaire. Out of 32 items
developed only 26 items were selected after pretesting with
a group of 10 patients. The 26-item questionnaire with likert
scale of totally agree, agree, disagree and totally disagree was
developed and was discussed with another group of patients
to evaluate its intelligibility and validity. Items were rephrased
to evaluate doctors perceptions about patient’s communication
expectations. Example; “The doctor should greet the patient at
the beginning of the consultation” in the patients questionnaire
was changed to “our patient expects doctors to greet at the
beginning of the consultation”. Doctors questionnaire also had
similar likert scale. At the end of each item space was provided
to express free opinion and such data collected was analysed in
a separate study.

**Sample and administration of the questionnaire**

All the doctors working in two teaching hospitals were invited to
participate in this study and two research assistants distributed
the questionnaire and requested to return them after one week.
All patients waiting in the Out-patient Department of one of the
Teaching hospital were given the patients questionnaire after
explaining their right to refuse to complete the questionnaire. All
the results were analysed using simple proportions.

**Results**

Ninety-one doctors (36%) and 655 patients (93%) have
responded to the questionnaire. Patient’s expectations and
doctors perceptions are presented parallel in the same **Table 1**.
Responses expressed only as totally agree and somewhat
agree were amalgamated and presented as percentages. Missing
responses were not presented in this **Table 1**.

**Discussion**

Items in the questionnaire reflect social niceties (items 1.1-1.5
and 2) doctor-centred attitudes (items 3, 4.1, 4.2, 6, 7, 8.2, 8.3, 9,
10, 12, 13.2 and 16) and patient-centred attitudes (5, 8.1, 11, 13,
13. 3, 14, 15, 17).

Involving patients in deciding the management was supported
only by 83% while “not exploring patient’s ideas” and “not
involving patients in management” (items 4.1, 4.2, 8.3, 10) was
supported by almost one third of patients indicating significant
doctors centred attitude in the society. Doctors also perceive
this expectation of the society. The majority of patients have
supported decision-making by doctors (item 6). Nevertheless
similar majority has supported patient’s involvement in decision-
making (item 17). Only 50% of doctors have realized this need.
When a significant proportion of patients (29%) feel that doctors
do not entertain patient’s point of view only half of the doctors
perceive this opinion of patients.

Majority of patients indicated their expectations for social
niceties such as greeting, social smile, using simple language
and offering a seat. Doctors also perceive this expectation of our
patients. Doctors introducing themselves were need by only 60%
of patients and doctors also seem to perceive this expectation.
Doctors engaging in small talk was a need for only 38% of patients
but 78% doctors seems to believe that our patient expect that.

Majority of patients supported doctor-centred attitudes such as
asking instructions rather than explanations, unilateral decision
making and closed ended questions and doctors perceive this
Doctors sharing their experiences with patients and involving relatives in planning care was a need of patients. Over 80% of patients indicated that they need time to talk, and doctors seem to understand this need.

The majority of patients need doctors empathy, understanding and paraphrasing, and doctors seem to have recognized this need. Only half of the patients supported doctors expression of emotions and feelings, but the majority of doctors thought that patients need doctors empathy, understanding and paraphrasing, and doctors seem to understand this need.

The needs of our patients regarding doctor patient communication indicate predominantly doctors-centred attitudes. Predominance of doctor centred attitudes of the general public in this country has been demonstrated [9]. Doctors seem to perceive these attitudes of their patients correctly.

However in our society with over 95% literacy rate [10] we should expect more and more patient-centred attitudes like sharing information with doctors and developing partnership with doctors. The willingness has been expressed but surpassed by the expression of allowing doctors to decide. Such empowered patients are likely to get more benefits from health care rather than doctors-centred less empowered patients. Doctors as well as patients seem to lay more emphasis on patient satisfaction. However patient empowerment is a more important and valuable achievement in doctor-patient encounters [11,12].

Limitations- lengthy questionnaire and repeated questions would have caused confusions in some items. Therefore only general analysis was done rather than an exploratory evaluation of data.

Conclusion

Doctors need to understand that the majority of patients like to contribute their opinion and get involve in decision making even though they wanted doctors to make decisions. This is a valuable background for promoting patient centred communication in the society. Patients wish for doctors to decide should not be misinterpreted as patient’s dislike to express opinion or being involve in decision-making. Patients expect doctor empathy,
understanding and paraphrasing. However in contrast to the perception of the majority of doctors, majority of our patients do not expect doctors to express their feelings. Emphasis on social niceties should be supported and patient empowerment should be promoted. Information gathered in this study would be valuable in training doctors and students on doctor patient communication.
References


