

Evaluation of the Patients' Expectations and Satisfaction with Physicians in Iranian Public Clinics: A Study Conducted in Kerman

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Abstract

Background: More satisfied patients in medical care accelerate the progress of treatments and achieve the foremost goal of treatment, which is to improve patients. The aim of this study was to assess the patients' expectations and satisfaction with physicians working in public clinics in Kerman.

Methods: This is a cross-sectional study conducted in four clinics under the auspices of Kerman University of Medical Sciences. 385 patients were enrolled in the study using simple random sampling. Britten questionnaire was used to collect the data. The collected data were analyzed through SPSS22 using appropriate tests. The validity of the questionnaire was confirmed using the content method. Cronbach's alpha was calculated for reliability, which was 0.8 for the Reasons of visiting the Doctor Questionnaire and 0.9 for the questionnaire after the examination.

Results: The highest expectations of patients (73%) in the reasons for seeing a doctor were related to the diagnosis of the disease, and the lowest expectations were related to the tests and the desire to prescribe (28.6%). Overall satisfaction with the physician was 55.3% among the patients. There was no significant difference between the patients' expectations of the physician with any of the demographic characteristics. Patients' expectations before and after seeing a doctor were not significantly different.

Conclusion: Understanding the relationship between the treatment team and the patient means that the decisions made for patients are not dependent on the treating physician and patients' expectations.

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Introduction

Nowadays, the use of health services has dramatically increased to the extent that it has become one of the essential needs. These services are provided to people by a wide and diverse range of health professionals. Meanwhile, physicians, as the main body of the health and treatment system, are responsible for providing a large part of the health services to patients.¹

Patients visit doctors for certain reasons. In other

words, they have certain expectations of their doctors. Patients' expectations make them feel less dependent on doctors and their instructions than before, and they are more inclined to consider their visits to doctors as consultations and to get involved in making medical decisions, and also wish to take their mental conflicts into account.² These mental conflicts can include the problem the patient presented with at the session, especially the cause of the disease, its severity and prognosis, the necessary measures in the patient's

opinion such as tests, prescription of medications, referral to a specialist, or even providing justification for sick leave from work.^{3, 4} What goes on in the patient's mind is often different from what doctors think and is usually ignored, ultimately leading to reduced patient satisfaction.

Something that can contribute to patient satisfaction and can be directly carried out by the physician is talking about the patient's expectations and concerns.⁵ Patients prefer doctors who listen to them and encourage them to discuss their problems over other doctors. Naturally, patients who feel that doctors care about them experience more satisfaction.

Increased patient satisfaction encourages the patients to comply with their treatment instructions correctly and in a timely manner, accelerates treatment progress, and leads to achievement of the main goal of treatment, which is to improve the patients' conditions.⁵ Dissatisfied patients are less likely to comply with physicians' orders, less likely to follow through with their course of treatment, and thus show signs of recovery later than expected.^{6, 7} A study showed that most patients believed that the way doctors communicated with them was very effective in improving their conditions and their compliance with their instructions.⁸

A study showed that the skill and expertise of the physician, careful attention to the patient's condition, taking a complete history, thorough examination of the patient, and the way the physician answers the patients' questions about the disease and treatment are the most important factors in improving GP services and thus increasing patient satisfaction.⁹ The results of a study in China showed that low satisfaction with the physician-patient relationship was due to the influence of various factors such as the content of the physician-patient communication, physicians' communication style, duration of the visit, etc.¹⁰

Given that awareness of patients' expectations at presentation plays an important role in prescribing the right medications and improving patient satisfaction, the present study was conducted to evaluate the patients' expectations of and satisfaction with physicians. It is hoped that this study can properly determine the patients' expectations from referring to physicians, so that basic steps can be taken to improve the relationship between the two groups and ultimately lead to satisfaction and health promotion.

Methods

This is a descriptive-analytical cross-sectional study. The statistical population included 131881 patients in four clinics affiliated with Kerman University of Medical Sciences. The list of patients referring to these clinics was obtained from the Vice Chancellor for Treatment of Kerman University of Medical Sciences. Simple random

sampling was used to select the participants. Using the sample size formula, 385 patients were enrolled in the study. Inclusion criteria were a minimum education of having completed junior high school, the age range of 20 to 60 years old, and willingness to participate in the study. Patients on medications that impair and reduce concentration were excluded from the study.

The Britten questionnaire, which was designed in 2003 in the United Kingdom to determine the appropriateness of general practitioners' prescriptions, was used to collect the data. To complete the questionnaires, the researcher went to the waiting rooms of the clinics and, after asking the patients whether they had the time and willingness to complete the questionnaires or not, explained the objectives of the research and asked them to fill out the questionnaire on the reason for visiting the doctor before entering the doctor's office. After the visit, the patient was again asked to answer a number of questions about the examination and consultation in the post-examination questionnaire. The questionnaire included items on patients' demographic characteristics including age, gender, education, occupation, and type of insurance at the very beginning.

The first questionnaire collected information on patients' views before examination by a physician. After the research was explained to the patients in general terms, the questionnaire was given to the patients in the waiting room of the clinic before entering the doctor's office, and the completed version was received. Patients were also asked to write their phone number at the top of the questionnaire. With 12 questions, this questionnaire was designed to address the problems and reasons for which the patients were to see the doctor, as well as their expectations of receiving a specific prescription or medication. A three-point Likert scale was used to score the questionnaire items, with three options: yes (2 points), no comment (1 point) and no (no score). After the patient's visit to the doctor, the second questionnaire, which was similar to the first one and was about each patient's concerns, expectations regarding the prescription, the prescribed medications (if any), and patient satisfaction with the visit in general, was provided to patients to evaluate their visit. The questionnaire included 15 questions about the patient's expectations of the physician after the visit, which were scored on a three-point Likert scale.¹¹

Since this questionnaire was used for the first time in Iran, it was necessary to translate it using the standard forward-backward method to determine the content validity. First, the questionnaires were translated into Persian by two experts. Then again, that translation was translated into English by two other experts, and the degree of conformity was examined and the necessary changes were made. Next, the questionnaire was sent to 10 experienced

professors from the Faculty of Medicine, Faculty of Nursing, and the Faculty of Management and Medical Information, and their comments and corrections were applied. To determine the reliability of the questionnaires used, we conducted a pilot study on 30 patients, and the results were analyzed using the test-retest method. Then, one month later, the questionnaires were redistributed and completed. Cronbach's alpha was 0.8 for the pre-examination questionnaire with items on reasons for referring to a physician and 0.9 for the post-examination questionnaire.

The descriptive statistics of percentage, mean, and standard deviation were calculated. Analytical statistical tests of analysis of variance (ANOVA) and the paired t-test were used to analyze the data. Data were analyzed using SPSS statistical software version 22. The significance level was set at 0.05.

Ethical Considerations

In order to comply with ethical considerations, an introduction letter was received from the University Vice Chancellor for Research (Code 99000412) and given to the patients who participated in this study. Informed consent was obtained from them. Patients were assured that they could attend the study completely voluntarily and that their names would not be mentioned, and their information would be confidential. The principle of neutrality was observed as much as possible. Patients and physicians were given enough opportunity to answer the questions. This article is a part of the dissertation entitled "Assessing the expectations of patients and physicians from the process of referring to physicians and prescribing drugs in clinics under the auspices of Kerman University of Medical Sciences" in the master's degree, which was approved with the ethics code of 99000412.

Results

The demographic data collected by the questionnaires indicated that 54% (208 individuals) of the participants were male, 31.4% (121 individuals) were in the age group of 20-30 years, 27.5% (106 individuals) had a high school diploma, 45% (173 individuals) were under the coverage of health insurance, and 41.3% (159 individuals) were self-employed.

As presented in Table 1, 73% (281 individuals) of the patients stated the reason for seeing a doctor as the diagnosis of their problem or disease. Only 28.6% (110 individuals) of the patients thought that they needed a test and that their doctor should order a test for them. 61% (235 individuals) of them referred to make sure that they did not suffer from any diseases. 66.5% (256 individuals) of the patients expected the doctor to identify the etiology of their problem or disease, and 48.8% (188 individuals) had no opinion about whether they would like to receive a prescription or not. 63% (242 individuals) expected to receive psychological support from their doctor, and 63% (243 individuals) of them expected the doctor to consider their opinion about the disease. Physicians prescribed the drugs that 38.4% (148 individuals) of the patients had on mind. 53.2% (205 individuals) of the patients received advice about their medications from the treating physician. Additionally, 63.1% (243 individuals) of the patients expected the doctor to provide them with adequate explanations about the treatment. 51.4% (198 individuals) of the patients expected to be involved in the treatment decisions. In reasons for referring to a physician, the most frequent patient expectations were related to the diagnosis of the disease and the least frequent ones were related to the ordering of laboratory tests and the willingness to receive prescriptions (Table 1).

71.9% (277 individuals) of the patients believed that

Table 1: The frequency distribution of reasons for referring to physicians in the studied clinics

Question	Options	Number (Percentage)	Question	Options	Number (Perception)
Diagnosis of the problem by the physician	Yes	281 (73)	The physician should pay attention to the patient's views about his/her problem	Yes	243 (63.1)
	No	39 (10.1)		No	50 (13)
	No idea	65 (16.9)		No idea	92 (23.9)
Request to order a test	Yes	110 (28.9)	The physician should prescribe what the patient has on mind.	Yes	136 (35.3)
	No	87 (22.6)		No	101 (26.2)
	No idea	188 (48.8)		No idea	148 (38.4)
Advice on taking medication	Yes	205 (53.2)	ensuring of no disease	Yes	235 (61)
	No	61 (15.8)		No	39 (10.1)
	No Idea	119 (30.9)		No Idea	111(28.8)
Adequate explanation of the doctor about the disease	Yes	169 (43.9)	Identifying the cause of the problem	Yes	256 (66.5)
	No	63 (16.4)		No	39 (10.1)
	No Idea	153 (39.7)		No Idea	90 (23.4)
Doctor's explanation about the treatment	Yes	243 (63.1)	Informing the doctor about unwillingness for being prescribed	Yes	109 (28.6)
	No	30 (7.8)		No	90 (22.6)
	No Idea	112 (29.1)		No Idea	188 (48.8)
Participating in treatment decisions	Yes	198 (51.4)	Giving psychological support from the doctor	Yes	242 (62.9)
	No	55 (14.3)		No	31 (8.1)
	No Idea	132 (34.3)		No Idea	112 (29.1)

Table 2: Frequency distribution of the patients' satisfaction with the physician after referring to the physician in the studied clinics

Question Number	Question	Options	Numbers (percent)	Question number	Question	Options	Numbers (percent)
1	Raising all the issues	Yes	277 (71.9)	9	Paying attention to the patients' comments	Yes	201 (52.2)
		No	39 (10.1)			No	68 (17.7)
		No Idea	69 (17.9)			No Idea	116 (30.1)
2	Diagnosing the issue	Yes	161 (41.8)	10	Satisfaction with the visit	Yes	178 (46.2)
		No	61 (15.8)			No	66 (17.1)
		No Idea	163 (42.3)			No Idea	141 (36.6)
3	Making Sure about having no errors in diagnosis	Yes	186 (48.3)	11	Trust to the doctor's instructions and seeing him/her at the appointed time	Yes	230 (59.7)
		No	60 (15.6)			No	41 (10.6)
		No Idea	159 (36.1)			No Idea	114 (29.6)
4	Explanation of treatment	Yes	205 (53.3)	12	Believing in the doctor's ability and expertise	Yes	201 (52.2)
		No	64 (16.6)			No	70 (18.2)
		No Idea	116 (30.1)			No Idea	114 (29.6)
5	Choosing a treatment	Yes	201 (52.2)	13	Intimate and friendly behavior of the doctor	Yes	225 (58.4)
		No	58 (15.1)			No	43 (11.2)
		No Idea	126 (32.7)			No Idea	117 (30.4)
6	Sympathy by the Physician	Yes	166 (43.1)	14	Overall satisfaction of the doctor	Yes	213 (55.3)
		No	60 (15.6)			No	53 (13.8)
		No Idea	159 (41.3)			No Idea	119 (30.9)
7	Listening to the treatment comments by the physician	Yes	163 (42.3)	15	Timely attendance at the office	Yes	148 (38.4)
		No	66 (17.1)			No	74 (19.2)
		No Idea	156 (40.5)			No Idea	163 (42.3)
8	Participating in treatment decisions	Yes	227 (59.3)				
		No	52 (13.5)				
		No Idea	105 (27.3)				

they had discussed all their problems with the doctor, and 42.3% (163 individuals) had no theoretical problem with diagnosis. 48.3% (186 individuals) were sure that the doctor had not made a mistake in diagnosing the disease. Also, 53.3% (205 individuals) of the patients stated that they had received treatment descriptions from the doctor at the time of the visit. 52.2% (201 individuals) of them believed that they were given a treatment. 43.1% (166 individuals) of the physicians sympathized with patients and comforted them, and 42.3% (163 individuals) stated that doctors listened to their treatment opinions. 59.3% (227 individuals) also mentioned that they participated in treatment decisions, and 52.2% (201 individuals) believed that the doctor had paid attention to their opinions. Only 46.2% (178 individuals) of the patients were satisfied with the visit and 54% (207 individuals) were either

dissatisfied or had no opinion about it. 59.7% (230 individuals) trusted the doctor's instructions and referral at the appointed time and stated that they would return at the next appointed time. 52.2% (201 individuals) of the patients believed in the ability and skill of the physician in terms of treatment. 58.4% (225 individuals) of patients mentioned the intimate and friendly behavior of the doctor. Overall satisfaction of the physician was 55.3% (213 individuals) among the patients examined. 42.3% (163 individuals) had no opinion about the timely presence of the doctor in the office (Table 2).

The results of analysis of variance test are shown in Table 3. According to the results of paired t-test, it was found that the patients' expectations before and after visiting the doctor were not statistically significant (P=0.538).

Table 3: Relationship between the patients' expectations of physicians and their demographic variables in the studied clinics

Demographic characteristics		Standard deviation±mean	P value	Demographic characteristics		Standard deviation±mean	P value
Gender	Male	68.55±9.61	0.574	Occupation	Self-employed	68.32±10.30	0.510
	Female	69.11±9.84			Labor	68.46±8.78	
Education	Middle School's Degree	69.32±9.23	0.447		Employee	67.74±9.35	
	High School Diploma	67.57±10.97			Retired	69.32±9.84	
	Associate Degree	69.59±9.32			(University) Student	70.69±10.24	
	Bachelor's degree and higher	69.08±9.07			Unemployed	70.83±9.36	
Age group	20-30	69.04±9.24	0.694	Type of insurance	Salamat Health Insurance	68.21±10.31	0.155
	31-40	67.82±11.32			Social Security	69.23±8.98	
	41-50	69.35±9.10			Armed Forces	65.10±9.49	
	51-60	69.21±9.19			Others	71.88±9.23	
				No Insurance	69.21±9.19		

Discussion

In the present study, the reasons for going to a doctor were examined. The majority of patients stated the reason for seeing a doctor was diagnosing their problem or disease. They also expected the doctor to give them enough information about the treatment, and the lowest expectations were for doing tests and a tendency to prescription of medicine. A study concluded that 93.7% of patients stated that the reason for their visit was diagnosis. 49.3% of the clients stated that the reason for the visit was the need for prescription or surgery and other medical methods.¹² One study showed that the main priority of patients to see a doctor was to obtain information about the disease and health concerns and fear of having a serious illness.¹³ The results of the present study were similar to the mentioned studies.

Based on the results of the present study, most of patients expected that the physician would pay attention to their opinion about the disease and receive psychological support from the treating physician. The results of a study showed that emotional support was one of the physician's tasks to address the patient's concerns because this patient's concern can have a negative impact on the patient's health status and limit the effectiveness of treatment.¹⁴ Patients want respect and friendly behavior from doctors and expect to receive the necessary information about their treatment process. Therefore, physicians must pay attention to how they provide services and treat the patient in order to attract them. The success of physicians in attracting patients requires attention to the mental and emotional needs of patients.¹⁵ Studies were in line with the results of the present study.

The majority of patients in the present study did not expect much for prescribing drugs and expected the physician to diagnose the cause of their problem and disease. The results of a study showed that patients wanted the doctors to explain the problem of treatment and diagnosis that was intended for them.¹¹ The other study showed that 32% of patients expected to receive information about their disease.¹⁶ Some studies were in line with the results of the present study.

More than half of the patients expected to participate in their treatment decisions. In a study, it was found that patient's participation and two-way communication between the physician and patient are very effective in empowering the patient and improving the disease management and thus improving the level of health of the patient.¹⁷ In general, in recent decades, the general attitude towards giving the necessary knowledge and meeting educational needs has changed and members of the healthcare team are expected to provide complete information about the disease, its complications, treatment and self-care to the patient and his/her family, so that patients are aware of all aspects of their disease and can play a

more active and independent role in their decisions, which is possible through effective interaction and communication.¹⁸ Studies were in line with the results of the present study.

Nearly half of the patients had no idea about the desire for receiving a prescription. In a study, 44% of the patients who did not expect prescription were prescribed by a physician.¹⁹ Better communication between physician and patient seems to lead to patient's understanding of drug treatment, joint decision making, and adherence to patient treatment.²⁰ The results of the present study were similar to those of the mentioned studies. Given the high role of patients' expectations of physicians in receiving prescriptions and its effect on compliance or non-compliance, paying attention to the patients' expectations may probably play a significant role in drug management and drug wastage. Knowing the reasons for patients to see a doctor is very important in many ways. Perhaps, the most important reason for patients to come is to get information about their disease and eventually diagnose their disease. Paying attention to the patients' expectations from physicians plays a major role in the recovery process, so proper management by the physician in setting the examination time, number of patients examined in one hour, and adequate explanations about the disease and prescribed drugs cause satisfaction and consequently faster acceptance of physician's views by the patient.

Regarding the results of this study, most of the patients believed that they had discussed all their problems with the physician, and more than half of the patients answered that the physician had comforted them. Also, more than half of the patients believed that they were involved in treatment decisions, but less than half of them were satisfied with the visit. More than half of the patients stated that they received information about treatment from physicians and were generally satisfied with the physician; they believed in the physician's ability and expertise in how to treat. Finally, in patients' opinion, less than half of the physicians sympathized with them and comforted them.

The core of medicine is effective physician-patient communication. In addition to the physician being responsible for diagnosing the disease, providing treatment recommendations, and referring the patient, if necessary, he or she should communicate effectively with the patient and consider empathy, care, and comfort.²¹ One study found that low satisfaction with physician-patient communication in Eastern Bloc countries was influenced by multiple factors such as patients' characteristics, race, gender, age, education, communication content, physicians' communication style, and conditions such as duration of visit, type of clinic, and the specialty of the physician.¹⁰ In a study,¹² 85.1% of the respondents believed that counseling was valuable. Another study concluded that 83% believed

that the way the doctor communicated with them was very effective in improving and carrying out their instructions.⁸ The problem of communication between physician and patient is related to fundamental differences in knowledge, culture, professional training, power, and status between the physician and patient.¹⁰ One study showed that the patients' honest presentation of information to the physician and asking the physician any question about the disease led to synergy and, as a result, better improvement in the patient's recovery.²² The results of the present study were similar to the those of the mentioned studies, revealing that patients are generally satisfied with their physician and believe in the physician's ability and mastery in the field of treatment. This indicates that factors such as the skill and competence of the treating physician, receiving information about the type of disease and treatment methods, as well as the degree of respect and how the physician treats the patient affect the patient's satisfaction. What is important here is the effect of satisfaction on treatment. It is obvious that the patient, if he/she is satisfied with the way the doctor treats him/her and receives the necessary information, considers the doctor's instructions and tries to follow the doctor's prescription and recommendations, which in addition to shortening the treatment period, can also play an important role in reducing drug waste.

Based on the results of the present study, none of the demographic characteristics had an effect on the patients' expectations of the physician. The results of some studies^{9, 23} were in line with those of the present study. However, some studies^{12, 24} showed that demographic factors affect the patients' expectations and are decisive factors. The difference between the studies is probably due to the sampling, location of the project, moral and cultural characteristics of the people participating in the studies, and type of expectations. People at any level of knowledge, at any age and from any class of the society expect to receive high quality services in accordance with the needs. Therefore, considering that all people are equal in having the right to health, it can be said that regardless of age, gender, and level of education, comprehensive and complete services should be available to them.

The results of the present study showed that there was no statistically significant difference between the patients' expectations before and after visiting the doctor. While the results of some studies^{12, 22} showed that there was a significant difference between the patients' expectations before and after counseling. The results of the present study were not in the same line with the mentioned studies. In a study, it was found that access priority, which included two dimensions of access to medicine and blood and access to doctors, was the first priority of patients.²⁶ It may be possible that because patients already know that physicians see patients daily at the scheduled time and for a

short period of time, there is less patient access to physicians, drug shortages, or delivery of services with delays; thus, a significant difference was not seen in patients' expectations before and after visiting.

Conclusion

Patients' satisfaction with physicians is effective in improving their health status. The present study can be an important information base for policymakers, managers, physicians, nurses and other members of the treatment team involved with patients and their families in designing supportive and educational programs and interventions to provide high quality services. Due to the high expectations of patients from physicians, it is recommended that the necessary training should be given to medical professors in the field of clinical empathy. By better understanding the communication barriers between patients and healthcare providers and then intervening to reduce these barriers by involving patients and their families in treatment decisions, shortening the waiting time, improving the treatment team's communication with families, respecting other's personal beliefs, providing appropriate information about illness, and encouraging them to consider individual and family needs can bring patients and, indirectly, their families to a higher level of quality of life. Finally, recognizing the relationship between the treatment staff and the patient means that not only the decisions made for patients are dependent on the treating physician, but also patients' expectations are taken into account.

Conflicts of Interest: None declared.

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