

People's Attitudes Towards the Quality of Physician-Patient Interactions in Primary Health Care Units in Fars Province

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Abstract

Background: Changes in expectations and requirements of the end users of medical education “community members” and evolution in health services necessitate some changes in the medical education curriculum. To achieve this reform in curricula, obtaining insight into the health care needs of community members and their comments about their physicians is highly required in community-oriented education. This survey was conducted to determine the attitudes of health care receivers toward the general physicians’ professional behavior in Fars province, Iran.

Methods: This is a descriptive study and the subjects were the receivers of health care services. We selected 97 individuals in each city of Fars province using randomized-cluster sampling. The sample size increased to 150 in each city and overall 2500 individuals participated in the study. For data collection, an anonymous questionnaire was developed which was tested for the validity of the contents using the experts’ views and reliability was checked using test-retest. The data were analyzed using SPSS 14 statistical software.

Results: The results of this study revealed the participants’ attitudes toward education, treatment and consultative services by physicians in Fars province. Overall, the response rate was about 95%. The patients rated the physicians’ professional behavior, as one of the key determinants of their experiences with healthcare services. Moreover, 73.2% of the participants were fully satisfied with the quality of care they received from their physicians and 24.9% were satisfied to some extent.

Conclusion: According to the results of the study, the physician’s educational and consultative roles in medical education curricula must be reviewed and emphasized.

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Introduction

The purpose of medical education is training general physicians (GPs) to deliver a more effective and efficient care for the community.¹ Primary care physicians are usually the first health professionals contacted by the

patients. They are expected to be a professional, being respectful and polite towards their patients, co-worker and other health care team. Building a good communication and strengthening of a collaborative relationship between doctor and patient can have beneficial effects on health outcomes for the patient.²⁻⁴

It can foster the trust of the public and have a positive impact on the delivery of quality health care. Communication is a vast subject area in which professional attitudes could be expressed. Being polite, benevolent, trustworthy and honest; acting confidently, and respecting patients as individuals may all reflect an underlying positive attitudes towards the profession and to patients and service users.

Based on the quality management principles, it has been suggested that the patients should be consulted about their attitudes, concerns, satisfaction from the health care service they receive, and the effective aspects of the doctor-patient relationship as the central component in the delivery of high-quality health care.⁵⁻⁷

In Iran, GPs are broadly distributed and provide medical and preventive care and health education for the community. Accordingly, there was a need for surveying the community as the main users of health and medical services to find out the attitudes of the receivers of these services about their expectations and requirements. In Iran, few studies have been performed in this field. Thus, the current study aimed to evaluate the quality of health care provided by physicians from the patients' perspectives in Fars province of Iran.

Methods

This is a descriptive cross-sectional study using an anonymous questionnaire on the patients' satisfaction about health care and treatment services.

This study was conducted during a program lasting approximately 3 years between 2010-2012.

The participants' consent was implied by the number of the questionnaires returned with the information sheet, so there was no need for signing the informed consent forms.

The questionnaire had two parts on household information and personal demographic information related to health service. The validity and reliability of the questionnaire was initially piloted in a group of 100 individuals matched with the study population. Based on the results of the pilot study, the final questionnaire was prepared. The validity of the contents of the questionnaire was assessed using the experts' views and its reliability was determined through test-retest (Cronbach's $\alpha=0.83$). Since there is no exact information regarding people's attitudes about such services, it is assumed that 50% will have positive attitudes and 50% negative. We selected 97 individuals in each city of Fars province using randomized-cluster sampling. Due to the impossibility of simple random sampling, cluster sampling was used and each cluster contained 7 families; therefore, 10 urban and 10 rural

clusters were selected.

The number of samples increased to 150 persons in each city. Totally 2500 individuals were invited to complete the questionnaires in the whole province. Inclusion criteria were households composed of *two* or more people aged 16 years with intellectual maturity and over.

Then, for data collection, by coordination with responsible health providers and justifying their personnel, the questionnaires were distributed all over the province. The questions elicited information about accessibility of care and patient's attitudes regarding the characteristics of physicians, availability of services and convenience of care. We seriously cared about the participants' security and privacy concerns. We also tried to collect data in the most convenient manner so that the participants do not get disturbed.

All items were scored on a Likert scale (1=yes, 2=somewhat, and 3=no) and mean scores over 2 reflected a negative point for the items. The questionnaire included questions on personal information (sex, age, income, education, self-reported health status). Finally, the data were analyzed using descriptive statistics and inferential methods by SPSS statistical package version 14.0.

Results

The results of this study revealed the people's attitudes toward educational, treatment and consultative services by physicians in Fars province (Table1). Patients responded to the questions and rated the physicians, as one of the key determinants of their experience with healthcare services. Overall, the response rate was about 95%. The age distribution of the respondents indicated that their mean age was 33 years old (range:14-91 years); 50.3% were women. Results also showed that 40.8% of the respondents had education level from elementary school education to no formal education, 33.8% high school education, 21.3% had associate and bachelor's degrees, and 4.1% were the holders of master or PhD degrees.

The present study showed that 73.2% of the respondents were fully satisfied with the quality of care they received from their physicians and 24.9% were satisfied to some extent .

Patients' view toward responsibility and accountability of physicians are reported in Table 2

73.5% of the respondents considered the doctors as typical of the individuals with healthy income and 21.7% agreed with this opinion to some extent; 80.7% of them liked their child to be a doctor.

In response to the question whether health care information was recorded for patients and whether

Table 1: The participants' opinion about respectful interactions with patients and consultative services offered by physicians in primary health care units in Fars province

Questions asked about Patients' view	Yes (agree)	Somewhat (agree To the extent)	No (do not agree)	Total responses
Were you able to communicate well with your doctor or health care provider?	1781 (78.8%)	367 (16.2%)	111 (5%)	2259
Does your doctor take enough time with you?	1314 (58.1%)	791 (35%)	155 (6.9%)	2260
Did the doctor understand you and empathize with your situation?	1750 (68.3%)	384 (17.4%)	96 (4.3%)	2235
Do you easily have attaining referrals to a specialist as a consultant if necessary	1205 (55.3%)	136 (6.1%)	841 (38.6)	2180
Does your GP encounter Friendly , truthful and be compassionate and sincere to you?	1975 (87.4%)	263 (11.6%)	23 (1%)	2261
Are physicians willing to answer your questions clearly?	1763 (78.8%)	441 (19.7%)	34 (1.5%)	2238

Table 2: The participants' views toward responsibility and accountability of physicians in primary health care units in Fars province

Questions asked about the patients' views	Yes (agree)	Somewhat (agree To the extent)	No (do not agree)	Total responses
Have you ever noticed that referral(letter of introduction) or offering anon true or false or distorted manner certification by a general physician	1962 (87.6%)	99 (4.4%)	179 (8%)	2240
Does your doctor consistently fulfills assign duties or readily assume responsibility for decisions	1280 (58.3%)	759 (34.5%)	158 (7.2%)	2197
Have you ever been mistaken for the diagnosis or treatment of your medical doctor?	237 (10.6%)	116 (5.2%)	1880 (84.2%)	2233
If yes, does your doctor readily assume responsibility for discloser His /her errors and	58 (20.8%)	60 (21.5%)	161 (57.7%)	279
Have GPs ever tried to push you or others, their beliefs and values?	338 (15.1%)	241 (10.8%)	1654 (74.1%)	2233
Do you trust to general practitioners services?	1700 (75.7%)	454 (20.2%)	92 (4.1%)	2246
Was it easy to make an appointment to your doctor at a convenient time? If necessary.	1495 (67.1%)	311 (13.9%)	423 (19%)	2229
Do you feel that physicians will treat all patients equally?	1477 (65.6%)	544 (24.1%)	231 (10.3%)	2252

follow up of the patients' medical care was performed by physicians, 94.9% and 52.1% respectively responded negatively. The mean score of the items related to recording health care information in patients' case was 2.91 ± 0.4 and that for follow up of medical care for patients was 2.23 ± 0.9 .

Patients' attitudes toward health care education by physicians and the educational content were examined (See Table 3).

This study also evaluated the relationship between the patients' self-reported mental health problems and their perspective about the general physician's

services delivered to them. Out of 2314 patients who were asked about their mental health problems, 419(18%) reported some problems and 1895 (81.3%) reported normal mentality. Later, the results of the independent-samples t-test ($P=0.001$) showed that they had more positive perspectives about their experience of doctors.

There were no statistically significant difference among the patient s' attitudes about their doctors as compared to their educational status and job ($P=0.25$ and $P=0.6$, respectively) although the educational status of patients showed its influence slightly; with the increase in the educational level of the patients, the level

Table 3: Patients' attitudes toward health care education by physicians

Does the Gp give you sufficient and accurate information about your particular health problem, its causes, and prognosis?	1293 (57.3%)	824 (36/5%)	138 (6.1%)	2255
Does the Gp make recommendations on prevention of health problems and disability? (Brushing, health and safety principles, no smoking) (prevention level)	1205 (53/5%)	678 (30.1%)	371 (16/4%)	2254
Does the Gp give appropriate recommendations in the field of disability that have arisen due to illness or injury? (Tertiary prevention)	1024 (45.8%)	800 (35.8%)	400 (18.4%)	2234

of satisfaction decreased and more educated participants tended to be less satisfied with medical care.

Discussion

Today's health care settings are changing rapidly. Improvement in patient-physician communications in terms of mutual respect and trust is the art of medicine and can be as powerful as medications.^{8,9}

Therefore, physicians need not only high medical skills but also strong communication skills required to be effective in a role that is different from that of the past.¹⁰

The present study was a part of the quality measurement of the health care and patients' satisfaction survey on the provincial level. Thus, our results revealed the experiences and the level of satisfaction of different people with general physicians and the results can be used for improving the quality in healthcare services.

Patients were generally satisfied about their experiences of healthcare services (overall 73.2 percent). People were fully satisfied with the quality of care provided by the general physician. However, 2.9 percent of patients rated the overall care as undesirable. In a similar survey of the health system, people responded that the general physicians work optimally well in Iran's health care system.⁴

This study showed that the patients were mainly positive about their experiences of communication with doctors. More than half of the patients responded positively to all of the questions about doctors' behaviour, compassion and accountability. The obtained responses to the about humanity of the doctors, the majority of the patients thought that physicians have a friendly manner, are compassionate, and possess high levels of kindness and humanity. Most of the patients have rated kindness of physician in a high level. It has been shown extensively in literature that effective physician-patient therapeutic relationship, and being compassionate toward the patients contribute to fostering patient adherence.⁹ A study conducted by Lally and Barber suggests that compassion has a protective effect for the patients' rights and welfare.¹¹ Furthermore, patients also view compassion and human kindness as important qualities for physicians.^{12,13}

According to the study results, physicians obtained their highest ratings on ethical conduct and cooperation with other health professionals. They obtained their lowest ratings on recording health care information by note taking and follow up of medical care for patients. Although a variety of compelling ethical rationale have been offered as to disclosure of medical errors to patients, a disclosure gap exists in

the current clinical practices. The research findings have shown error disclosure rates of approximately 30 percent.¹⁴ This study showed a low rate of physicians' responsibility for error disclosure. The mean score of the items as to the disclosure of errors by physicians showed the need for some measures to be taken in this regard. The majority of respondents do not fully disclose the errors in either situation. Several surveys have revealed that disclosing errors is not a common practice. The important predictors associated with the intent to disclose the errors were responsibility, seriousness of the event and value of patient-centered communication. Training programs must be considered to improve the disclosure practice.^{15,16}

In the field of patients' education, the present study demonstrated that more than 50% of the patients leave their doctors' offices while knowing what to do to take care of themselves. Only 45.8% of them believed that the general physicians gave appropriate recommendations in the field of tertiary prevention, multiple care alternatives, and coping with deteriorations in their disability caused by illness or injury.

Several studies indicated that general physicians carry out a wide variety of tasks in their profession, such as counseling and patient education. Medical education should be changed to strengthen and train the general physicians to play these roles.¹⁷⁻²⁰

Another critically important element of medical practice involves a multi-disciplinary, team-based approach with coordinating all elements of healthcare delivered to the patients. In our study, 38.6% of the respondents reported some difficulties in referrals to other health professionals and getting to a specialist as a consultant if necessary.

Access to physician practice is viewed as a desirable key component of the primary care from the perspectives of patients, health care providers and payers in Canada and elsewhere.²¹ The questionnaire asked the patients about their experience of having access and making an appointment with their general physicians, the responses to which were slightly positive. In our study, some elements of doctor-patient relationship were rated similar to those in several studies carried out on the experiences of patients about the primary health-care practices in Norway and Poland; these elements include informing the patient about how to proceed in the health promotional activities, devoting time and opportunities for asking questions during a visit and empathizing with patient's situation and emotional themes.^{22,23}

Other aspects of the assessment were rated lower by Polish patients and also ours; these aspects include difficulties in obtaining referrals for additional testing or referrals to specialists. This is probably due to

the fact that these patients prefer to be treated by specialists.²⁴

Conclusion

Also, the majority of patients' attitudes were very positive about their involvement in their care and treatment. The physician's educational and consultative roles in medical education curricula must be reviewed and improved. Extensive health care education for the community and essential modifications in attitude and behaviour in relation to health seem to be necessary.

This experience was a small step to understand how physicians work, as a member of health care system, in order to monitor educational effectiveness leading to make changes in medical educational programs to foster the development of primary care physicians consistent with the societal needs.

Conflict of Interest: None declared.

References

- Lindgren S, Gordon D. The doctor we are educating for a future global role in health care. *Med Teach* 2011; 33(7): 551-4.
- Maudsley RF, Wilson DR, Neufeld VR, Hennen BK, DeVillaeer MR, Wakefield J, et al. Educating future physicians for Ontario: phase II. *Acad Med* 2000; 75(2): 113-26.
- Al-Moamary MS, Mamede S, Schmidt HG. (2010). Innovations in Medical Internship: Benchmarking and Application within the King Saud bin Abdulaziz University for Health Sciences. *Educ Health* 2010; 23(1): 367.
- Tavakol M, Roger M, Torabi S. "Medical education in Iran: an exploration of some curriculum issues." *Medical education online* 11 2006. doi: 10.3402/meo.v11i.4585
- Marcinowicz L, Konstantynowicz J, Chlabicz S. The patient's view of the acceptability of the primary care in Poland. *Int J Qual Health Care* 2008; 20: 277-83.
- Brinkman WB, Geraghty SR, Lanphear BP, Khoury JC, Gonzalez del Rey JA, Dewitt TG, et al. Effect of multisource feedback on resident communication skills and professionalism: a randomized controlled trial. *Arch Pediatr Adolesc*. 2007; 161(1): 44-9.
- Henrdon J, Pollick K. Continuing concerns, new challenges, and next steps in physician-patient communication. *J Bone Joint Surg Am* 2002; 84-A(2): 309-15.
- Larsen DE, Rootman I. Physician role performance and patient satisfaction. *Soc Sci Med* 1976; 10: 29-32.
- Ha JF, Longnecker N. Doctor-Patient Communication: A Review. *Ochsner J* 2010; 10(1): 38-43.
- Di Matteo MR. The physician-patient relationship: effects on the quality of health care. *Clin Obstet Gyn* 1994; 37: 149-61.
- Lally JJ, Barber B. The compassionate physician: Frequency and social determinants of physician-investigator concern for human subjects. *Social Forces* 1974; 53(2): 289-96.
- Strasser F, Palmer JL, Willey J, Shen L, Shin K, Sivesind D, et al. Impact of physician sitting versus standing during inpatient oncology consultations: Patients' preference and perception of compassion and duration. A randomized controlled trial. *Journal of Pain and Symptom Management* 2005; 29(5): 489-97.
- Canale ST. Falling in love again. *J Bone Joint Surg Am* 2000; 82: 739-42.
- Mazor KM, Simon SR, Gurwitz JH. Communicating with patients about medical errors: a review of the literature. *Arch Intern Med* 2004; 164: 1690-7.
- Mazor K, Roblin DW, Greene SM, Fouayzi H, Gallagher TH. Primary care physicians' willingness to disclose oncology errors involving multiple providers to patients. *BMJ Qual Saf* 2015. doi: 10.1136/bmjqs-2015-004353. [Epub ahead of print]
- Leone D, Lamiani G, Vegni E, Larson S, Roter DL. Error disclosure and family members' reactions: Does the type of error really matter? *Patient Educ Couns* 2015; 4(98): 446-52.
- Rademakers JJ, de Rooy N, Ten Cate OT. Senior medical students' appraisal of Can Meds competencies. *Med Educ* 2007; 41(10): 990-4.
- Ringsted C, Hansen TL, Davis D, Scherpbier A. Are some of the challenging aspects of the Can MEDS roles valid outside Canada? *Med Educ* 2006; 40(8): 807-15.
- Haggerty J, Burge F, Levesque JF, Gass D, Pineault R, Beaulieu MD, et al. Operational definitions of attributes of primary health care: consensus among Canadian experts. *Ann Fam Med* 2007; 5(4): 336-44.
- Howard M, Goertzen J, Hutchison B, Kaczorowski J, Morris K. Patient satisfaction with care for urgent health problems: a survey of family practice patients. *Ann Fam Med* 2007; 5: 419-24.
- Ramsay J, Campbell JL, Schroter S, Green J, Roland M. The general practice assessment survey (GPAS): test of data quality and measurement properties. *Fam Pract* 2000; 17(5): 372-9.
- Marcinowicz L, Rybaczuk M, Grebowski R, Chlabicz S. A short questionnaire for measuring the quality of patient visits to family practices. *Int J Qual Health Care* 2010; 22(4): 294-301.
- Steine S, Finset A, Laerum E. A new, brief questionnaire (PEQ) developed in primary health care for measuring patients' experience of interaction, emotion and consultation outcome. *Fam Pract* 2001; 18: 410-8.
- Teresa RB, Pawlikowska MBBS, Jeremy J, Walker MSC, Pawel R, Nowak MD, et al. Patient involvement in assessing consultation quality: a quantitative study of the patient enablement instrument in Poland. *Health Expect* 2009; 13: 13-23.