

Communication in the doctor-patient relationship



**ASSIGN
BUSTER**

1. Article No. 1

Claramita, M., Nugraheni, M. D. F., van Dalen, J., & van der Vleuten, C. (2013). Doctor-patient communication in Southeast Asia: a different culture? *Advances in Health Sciences Education, 18* (1), 15-31. doi: 10.1007/s10459-012-9352-5

This study builds on Claramita's previous work (Claramita et al. 2011) conducted in Indonesia which concluded that "the paternalistic or one-way communication style, with a dominant role for the doctor" (p. 16) seemed to be popular in Southeast Asian settings. In this paper, Claramita and her colleagues want to address the questions of (1) patients' attitude to the use of the paternalistic consultation style, (2) the effects of patients' educational background on their attitude to the paternalistic consultation style, and (3) the key cultural factors related to this common paternalistic communication style. Qualitative procedure was used to conduct this research. The methodology used involved in-depth interviews with 20 doctors (including 10 residents and 10 specialists) and 20 adult patients (including 10 patients with low educational background and 10 patients with high educational background) in Internal Medicine Department of a teaching hospital and its two satellite hospitals in Indonesia. The interviews were audio-recorded, then transcribed within 48 hours. Their findings revealed that there was much dissatisfaction among patients with their doctors' one-way communication style and that "patients, irrespective of educational level, desired a more open communication with their doctor" (p. 27). However, doctors appeared to use this communication style unintentionally. In addition, it is also indicated that two main categories of Southeast Asian cultural features

including “ social distance” and “ closeness of relationships” (p. 19), and the “ specific clinical context” (such as high patient load, doctors’ inadequate communication skills, and badly-planned clinic schedule) were believed to strongly impact to doctor-patient communication style. The researchers hope that the findings can be good sources for developing “ a communication skills model that suited the Southeast Asian context.” (p. 27)

No. of words: 302

2. Article No. 2

Francis, V., Korsch, B. M., & Morris, M. J. (1969). Gaps in doctor-patient communication. Patients’ response to medical advice. *New England Journal of Medicine*, 280 (10), 535-540.

This study investigates the influence of doctor-patient verbal communication on patients’ satisfaction and compliance. This large-scale study has been conducted to fill an existing gap in the literature since a number of investigations have focused on barriers in doctor-patient communication, and less emphasis has been put on its outcome of in terms of patients’ satisfaction and compliance. The author’s basis hypothesis was that the outcome of the medical interview was built on the verbal interaction between doctors and patients. 800 outpatients (mothers of children) at Children’s Hospital of Los Angeles were chosen to take part in the study. They were divided into 3 different groups. Both qualitative and quantitative procedures were used in this research. The methodology consisted of tape recording of medical consultations, chart reviewing, and making follow-up interviews (post-visit interviews) with patients. Its results show that 24% of

patients felt dissatisfied with their doctor's consultation style. The level of patients' compliance was 38. 2% of moderate compliance and 11. 4% of non-compliance, respectively (p. 537). It was also concluded that patients' educational level and social status had no significant influence on patients' satisfaction and compliance. However, the doctors' "show of concern, friendliness, and personality attributes" (p. 540), the clear explanation of diagnosis, mothers' perceptions on the seriousness of the illness, as well as the "complexity of the medical regimen" (p. 538) were considered as main factors correlating with patients' satisfaction and compliance. Furthermore, other factors such as "patients' personality", "disorganized family situation" and "number of siblings and parents' education" (p. 540) might also influence significantly on patients' compliant behaviour.

No. of words: 286

3. Article No. 3

Rowland-Morin, P. A., & Carroll, J. G. (1990). Verbal communication skills and patient satisfaction. A study of doctor-patient interviews. *Evaluation & the health professions*, 13 (2), 168-185. doi: 10. 1177/016327879001300202

The main motivation for this study appears to be bring into question the "specific language variables" in doctors' interviewing styles that affect to patient satisfaction. Based on the hypothesis that doctors' verbal communication behaviour including "high level of involvement, expressiveness, and low level of communication dominant" (p. 173) would correlate positively with patients' satisfaction, this research is conducted (1) to identify doctors' interviewing style regarding "specific language

variables”; and (2) to explore to what extent the main language variables are significantly associated with patient satisfaction. 5 male doctors and 52 new adult patients (from 22 to 82 years old) were chosen to participate in this study. These patients were randomly assigned to a doctor. Both qualitative and quantitative procedures were applied to data collection and analysis process. The methodology consisted of audio-taping the initial medical interviews and giving patients a Medical Interview Satisfaction Scale (from 1 to 7 scale) developed from Wolf. et al.’s (1978) to complete. The collected data were transcribed, coded, timed, categorized, and then analysed by using Computer Language Analysis System (CLAS) computer program, correlation analysis and multiple regression analysis (MRA). Their findings were concordant with their hypothesis, that is, doctors’ use of language reciprocity including “ involvement, expressiveness, and lack of dominance” was closely related to patient satisfaction. In addition, the high correlation between patient satisfaction and “ the use of similar word lists” (p. 181), the use of “ silent time or reaction time latency” (p. 181), as well as the “ similarity in interruption patterns” (p. 182) was also found. The researchers also emphasize the need of additional research on the same issues but other settings, with more different sample in order to “ cross-validate” their findings.

Number of words: 302

4. Article No. 4

Schouten, B. C., Meeuwesen, L., Tromp, F., & Harmsen, H. A. M. (2007).

Cultural diversity in patient participation: The influence of patients’

characteristics and doctors' communicative behaviour. *Patient Education and Counseling*, 67 (1-2), 214-223. doi: <http://dx.doi.org/10.1016/j.pec.2007.03.018>

Culture and ethnicity are often considered as barriers to effective and satisfying doctor-patient communication. The authors wanted to address a gap in doctor-patient communication literature with less focusing on intercultural medical communication difficulties. In line with Street's model of communication in health care encounters (2002), the focus of this research is to explore (1) to what extent patients' ethnic backgrounds and patients' cultural-related features, and doctors' communication style affect to patients' participation; (2) to what extent patients' participation and doctors' communication behaviours make influence on each other; and (3) if patients' participatory behaviour is associated with patients' satisfaction and the mutual understanding between doctors and patients. The research got the participation of 1000 patients from different ethnic group in Rotterdam (including 44% were from an ethnic minority group and 56% were Dutch) and of 38 GPs. The methodology employed to do this research consisted of conducting 60-90 min home interviews to patients, video-recording randomly 25% of the consultations, and giving questionnaires to both patients and GPs after the consultations. Doctors and patients verbal behaviour were coded by using Roter Interaction Analysis System (RIAS) and computerized rating method, (CAMERA). In addition, quantitative methods such as Chi-tests and hierarchical multiple regression analyses were performed to analyse the data. The three main findings were (1) patients' degree of participation during the medical encounter was different among ethnic groups, that is

Dutch patients were more active during the interaction than ethnic minority patients; (2) doctors' affective verbal behaviour was positively associated with the degree of patient participation and patient satisfaction; and (3) the more active were the patients, the more support and agreement they could get from their doctors and vice versa.

Number of words: 313

5. Article No. 5

Claramita, M., Susilo, A. P., Kharismayekti, M., van Dalen, J., & van der Vleuten, C. (2013). Introducing a partnership doctor-patient communication guide for teachers in the culturally hierarchical context of Indonesia. *Education for health: Change in learning & practice (Medknow Publications & Media Pvt. Ltd.)*, 26 (3), 147-155. doi: 10. 4103/1357-6283. 125989

Claramita et al.'s first work on doctor-patient communication style in Southeast Asian context appeared in 2011 concluded that a partnership style (two-way communication) was preferable although the one-way (paternalistic communication style) seemed to be common. In line with that, a guide on partnership doctor-patient communication style with some adjustment to be suitable to Southeast Asian context was developed, and this participation study aims to find out to what extent clinical teachers are aware of the concept of " partnership doctor-patient communication style" and their ability to apply the guide in their teaching. This 18-month period participatory study was conducted in a state medical school in Java, Indonesia with the participation of 12 experienced teachers from 6 clinical departments. These teachers were asked to write a book chapter on

partnership doctor-patient communication appropriate for the Southern Asian culture based on their own “ clinical experiences, the literature”, and the provided guide. In addition, one-to-one discussions between researchers and these teachers were made during their writing process. Two types of data including the drafts of the submitted chapters and notes taking from the discussions between researchers and teachers were used to answer the research questions. Qualitative content-analysis was performed to analyse the data. The findings revealed that although all the teachers had deep understanding on partnership communication style, they failed to provide practical and specific guidance or techniques to their learners, yet, their proposed guidelines appeared to be simple and mainly related to how to deal with high patient load and limited time in a consultation. In addition, the researchers further concluded that there would be a challenge to involve higher academic hierarchy teachers in using partnership style in their communication and that it was necessary to have “ regular and proper communication skills training in medicine in postgraduate setting in Southeast Asia”.

No. of words: 347

COMMENTARY:

During the past decade, there has been a growing interest in studying doctor-patient communication.