

Assessing the Satisfaction Rate among Patients in terms of Effective Communication Skills of General Physicians Across the Walk-in Medical Clinics of Karachi Pakistan

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INTRODUCTION

Family Practice is the medical specialty concerned with the total health care of the individual and the family, integrates the biological, clinical and behavioral sciences. Its scope is not limited by age, sex, organ and system or disease entity.¹ Research has shown that effective patient-physician communication can improve a patient's health as quantifiably as many drugs, perhaps providing a "partial explanation for the powerful placebo effect seen in clinical trials".²

Western world has started putting much emphasis on the interpersonal skills and communication skill is one of the primaries among them. Out of the other principals that are essential to a patient-physician relation identified by both patients and physicians, communication is rated as the first essential principal.³⁻⁴ We will be, hereby, using the term General Practitioners (GPs), taking in consideration the family physicians as well as all other non-specialist doctors.

The main objective of this study is to highlight the frequency of effective communication (verbal and non-verbal) held between the GPs and the patients presenting at their private practices correlated with the satisfaction rate.

SUBJECT AND METHODS

A survey was conducted during the month of November and December, 2008. Karachi is a huge city and a large number of GPs practice privately. To reduce the possibility of bias, we chose on average three family physician's clinic from various locations of the city of Karachi. Hence, twenty different clinics located across the city were chosen for the study purpose.

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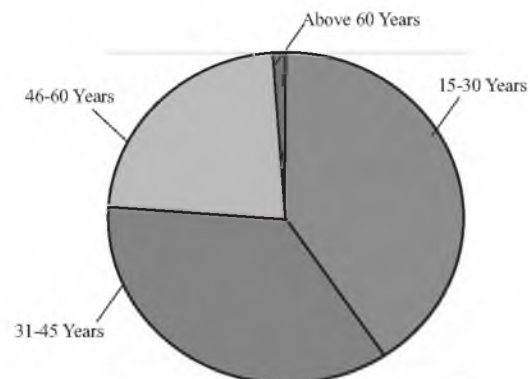
Inclusion criteria: The clinics were chosen of registered medical practitioners holding primarily the degree of Bachelor of Medicine and Bachelor of Surgery. The subjects for interview were chosen on volunteer basis. Exclusion criteria: any specialists' were excluded from the study.

The sample size was calculated by the software Epi Info. Random selections on voluntary basis of subjects were done. After the verbal consent was obtained, along with the assurance of confidentiality, a pre-designed questionnaire was administered to the patients returning from the consultation. Total 84 patients volunteered to be interviewed from 20 different walk-in clinics. From each clinic, patients (average five patients per clinic) were selected on voluntary basis. Again to avoid any prejudice, each clinic (i.e., each physician) was given the equal time for interview the patients. The data analysis done using SPSS Version 16.0 (USA).

RESULTS

From the 20 walk-in clinics of family physicians across Karachi, total 84 patients agreed to participate in this survey. Age groups of patients participated in survey is given below (Graph-1). Out of these 84 patients returning from consultation, 29 were male (34.5%) and 55 were female (65.5%). Among these groups, 14.3 % was visiting for the first time, while the majority 63.1% was regular visitor. A small group 21.4 % was re-visiting.

Graph 1: Age Group of Patients and their Frequencies Participated in Surveys



The interview was commenced by asking general question about the physicians' attitude. Large number was overall satisfied with their family doctors' attitude, with 97.6% (n=82) expressing their satisfaction over their doctor treating them with respect, concern and empathy; as well as 98.2% affirming that their physician showed positive attitude by the end of their meeting. Only a small number 4.8% (n=4) stated that their doctor did not greet them upon their entrance in the clinic. Hence, not a significant number showed the dissatisfaction towards physicians' general attitude (Table 1).

Table 1: Different questions asked during survey and their significance

Questions	F.value	Significance
Greetings by doctor	2.378	0.127
Doctor looking	13.117	0.001 **
Interruptions during consultation	0.00	1.00
Eye-contact	2.562	0.113
Active listening	8.634	0.004 **
Permission taking	0.008	0.927
Asking question	4.758	0.032 *
Taking appropriate history	9.168	0.003 **
Treating with respect	0.074	0.786
Patient's understanding	9.713	0.003 **
Articulation	0.404	0.527
Positive attitude	39.53	< 0.0001 **
Awareness of condition	16.202	< 0.0001 **
Recommendation	234.28	< 0.0001 **
P<0.05*		< 0.01**

It was observed that 77 patients (91.7%) respond in affirmative that their doctors made eye contact with them while conversing, while similarly 85.7% (n=72) said that their doctors were attentively looking at them while they (patients) talk about their problem. About 81 patients (96.4%) also showed their contentment that their doctor was actively listening to them and did not interrupt while they speak (66.7%). However, certain shortcomings were pointed out which should be taken in consideration by family physicians practicing in private settings.

When it comes to cross-questioning while taking the history, we observe that a significant number revealed that their doctor did not ask many questions (35.7%). While 52.2% also said that their doctor did not spend much time or showed much enthusiasm while cross-questioning during the examination. It is also significant to mention that 61.9% told us that their physician did not take any permission or explain the procedure prior to the physical examination or any palpation (Table-1).

Because of general contentment of majority of patients over the communication skills of their doctors, 74 patients (88%) concluded that they very well understood their diagnosis and treatment plan made by their physician. 81% also showed their satisfaction about their physician using clear articulation and lay-man terminologies.

CONCLUSION

In this study, our focus is to document the perception of patients in regards to the communication skills of their family physicians or the general physicians visited. Since in this study, we interviewed patients on voluntary basis, there could be slight chances of bias in patients' answers. Majority of patients who expressed great deal of satisfaction on their GP's communication skills were those who were seeing their doctor over several years –thus the bond between the patient and physician may creates some bias in our study. Five to six patients interviewed from each walk in clinic of general physician may not be ideal method to evaluate the physicians level of effective communication on the whole, yet it does give us a broad view of how patients perceive the communication skills of their physicians and what flaws could be seen in general.

Our study concludes that despite general contentment of public over their doctors' communication skills, there are several shortcomings that can be seen on physicians' behalf. The vulnerable position of patients makes them generally non-critical and hence a very crucial part of patient-physician encounter is overlooked. Though emphasis should be made, but these skills are not wholly formed upon graduation from medical school or completion of residency.⁵ It takes time and on-going practice. Physicians and doctors in training should be exposed to practical workshops at all levels and emphasis should be made repeatedly, so that a better health care system can thrive in Pakistan. This area needs further studies in order to be efficiently implicated.

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