



## Original Article

# The Attitudes of Patients about How to Communicate Doctor with Patients in Selected Hospitals of Qom University of Medical Sciences

Fatemeh Rafiee<sup>1\*</sup>, Alireza Abbasi Chaleshtari<sup>2</sup>, Leila Kazemnejad<sup>1</sup>, Hesam Mahlouji Nia<sup>3</sup>

<sup>1</sup>Department of Nursing and Midwifery, Qom University of Medical science, Qom, Iran

<sup>2</sup>Postgraduate student in health care management, Mazandaran University of medical sciences, Sari, Iran

<sup>3</sup>Postgraduate student in health care management, Qazvin University of medical sciences, Qazvin, Iran

### ARTICLE INFO

#### Article history

Received: 2020-07-21

Received in revised: 2020-12-31

Accepted: 2021-xx0116

Manuscript ID: [JMCS-2011-1139](#)

DOI: [10.26655/JMCHMSCI.2021.2.2](#)

### KEYWORDS

Patient satisfaction

Physician communication

Qom

### ABSTRACT

Today, the relationship between doctor and pivotal patient role in providing managed services in efficient primary health and medical services was proved. Therefore, this article will pay patients' attitudes about how to communicate with patients in selected hospitals at Qom University of Medical Sciences. This study was descriptive-analytic using a standard questionnaire PDRQ-9 were completed. In this research study, 185 patients in three hospitals, for example, Ayatollah Golpayegani, Vali-Asr and Imam Reza in Qom, were studied. The results demonstrated high patient satisfaction with the quality of their relationships with physicians, obstetrics and gynecology. It is also show that with 78 % satisfaction ( $P = 0/003$ ) as well as internal medicine physicians with 82 % satisfaction ( $P = 0/042$ ). Patients with a college education is a significant dissatisfaction in relationship with their doctor ( $P = 0/001$ ). In contrast, both female and male patients generally had moderate satisfaction with their physician communication a significant interaction between gender and the mean score physician-patient ( $P = 0/203$ ). The results of this study, patient satisfaction with the medical team of the communication medium is not satisfactory and may be due to ignorance or negligence of medical staff in with the patient. The heart of theoretical and practical clinical skills training programs offered in medical science should be more to it.

### GRAPHICAL ABSTRACT

Percent	Abundance	Variable	
55.7	103	Man	Gender
44.3	82	Female	
11.4	21	Obstetrics and Gynecology	Specialty of treating physicians
25.9	48	General Surgeon	
14.1	26	Children	
29.2	54	Internal	
19.4	36	Orthopedist	

  

Average ± Standard deviation	variation range	Variable
14.94- (+) 44.1	81.25-6.35	Total Satisfaction Score
39.31- (+) 11.55	75-4.17	Satisfaction with the doctor's approach
43.19 - (+) 20.27	93.75-0	Satisfaction with how to interview and get a resume
31.25 - (+) 22.76	100-0	Satisfaction with the way the doctor examines
55.48- (+) 24.11	100-0	Satisfaction with how the patient communicates and educates
39.31- (+) 27.23	100-0	Satisfaction with the follow-up by the doctor
49.20 - (+) 16.58	100-5	Satisfaction with answering the doctor's questions and giving information

\* Corresponding author: Fatemeh Rafiee

✉ E-mail: [Teach.rafiiee.50@gmail.com](mailto:Teach.rafiiee.50@gmail.com), [L.kazemnejad@gmail.com](mailto:L.kazemnejad@gmail.com)

© 2020 by SPC (Sami Publishing Company)

## Introduction

Nowadays, the physician-patient relationship is mentioned as a key indicator in providing the best medical services. A positive relationship can lead to more effective treatment, greater patient satisfaction, and patient diagnosis. In a way, it can be said that it is an important sign of the quality of health care services [1-3]. Some studies revealed that effective communication by the physician not only helps the patient to feel better, but also helps to restore his or her overall health. On the other hand, effective communication between physician and patient will often lead to physicians' job satisfaction and will also be directly related to the reduction of legal complaints against physicians [4-6].

The formation of the physician-patient relationship depends on the patient's willingness to use medical services, and the physician consciously accepts him or her as a patient. This reciprocal, consent-based relationship is often described as a contractual relationship. Establishing this relationship means that a number of legal duties are required, and therefore understanding the beginning and end of this relationship is very important [7-9]. The importance of proper communication between physician and patient is an undeniable issue; because in most cases, the correct diagnosis of the patient's problem and the choice of effective treatment is directly dependent on the quality of this relationship [10-12].

Research has shown that the inability of medical staff, especially doctors and nurses, to establish a proper relationship with patients not only incurs high costs, but also causes patient dissatisfaction with the treatment process, failure to follow the doctor's treatment instructions, the decision to change doctors and in general Treatment and health care organizations have a negative attitude [13]. To communicate properly with the patient, it should be noted that the patient is not just a set of pain signs and symptoms; rather, a person has his own worries and concerns that he has referred to a doctor with confidence and reassurance in order to achieve his recovery [14-

16]. In fact, paying attention to the human dimension of patients will have a significant impact on the quality of communication. Providing medical care will not be possible without the intimate and far-sighted communication that is one of the main responsibilities of health professionals. Effective communication is the basis of mutual understanding, and in contrast to poor communication, it is an obstacle to doing the right thing, which in itself reduces work efficiency and increases misunderstandings [17-19].

The quality of the physician-patient communication is an important indicator for the patient to judge the physician or caregiver. The growing emphasis on communication skills in medicine and medical education can be seen in international statements, medical school guidelines, and physicians' professional and educational standards [20-22]. It was reported that establishing a good relationship between physician and patient is a key element in patient and even physician satisfaction. Also it is very effective in attracting patient cooperation to follow treatment instructions and patient participation in the treatment process and to welcome treatment plans.

In our country (Iran), limited studies on the quality of physician-patient communication are available. Considering the importance of physician-patient communication in this study, we decided to examine the attitudes of hospitalized patients about how physician-patient communication in selected hospitals of Qom University of Medical Sciences in 1995 [23-27].

## Material and methods

This descriptive-analytical study was conducted in 1995 to assess the attitudes of hospitalized patients about the relationship between the physician and patient in hospitals under the auspices of Qom University of Medical Sciences. To conduct this study and collect its data, a questionnaire called 9-PDRQ was employed. This

questionnaire was standard and with the full title of Patient Doctor Relationship Questionnaire-9, which was translated into Persian by two experienced English language teachers after translation and was used in this research. Then, in order to determine its reliability and validity, the questionnaires were completed by patients in two stages and by observing the time interval. Its reliability was measured by Crombach's alpha method and its value was 0.855. Also, considering that the questionnaire was in English, with the help of several professors of management and medical ethics, its questions were adapted to the environmental conditions, and thus the validity of the questionnaire was obtained

The questionnaire questions examine various aspects of the physician-patient relationship. The beginning of this questionnaire collects demographic information of patients, including age, sex, level of education, marital status. There is also another section related to information about the patient's physicians, including: age, sex, physician specialty. In the third part of the questionnaire, there are questions that include 15 descriptive questions and numbers 1 to 5 are considered to answer them.

In order to calculate the sample size for this study, Cochran's formula was used and according to the number of beds in selected hospitals

(Ayatollah Golpayegani, Imam Reza (AS) and Valiasr (AS)) of Qom University of Medical Sciences, the total number of samples was 185 It was estimated that this number was not the same for all hospitals and varied according to the ratio of the number of beds in each hospital. Also, the sampling method in this study was random and the number of samples depended on the number of beds in each hospital. It should be noted that after data collection, data were analyzed using SPSS 16 statistical analysis software.

### Result and Dissection

Table 1 reveals the demographic characteristics of the participants in the study. Fortunately, everyone was willing to cooperate and complete the questionnaires. Hence in the study, 55.7% were male and the rest were female (44.3%). 71% of the questionnaires were completed by the patient and 29% by the physician. 85.9% of patients were married and the rest were single (14.1%). In terms of employment status, 41.1% were self-employed, 39.4% were employed and 19.5% were unemployed or unemployed. In terms of education, 15.7% were illiterate, 14.6% had an undergraduate degree, 44.3% had a diploma and the rest had a university degree (undergraduate and above 25.4%).

**Table 1:** Demographic characteristics of the participants in the study

Percent	Abundance	Variable	
55.7	13	Man	Gender
44.3	82	Female	
15.7	29	illiterate	Education level
14.6	27	High school	
44.3	82	Diploma	
25.4	47	Bachelor and higher	marital status
85.9	159	Married	
14.1	26	Single	Occupational status
41.1	76	Free	
39.4	73	Employee	
19.5	36	Unemployed	The economic situation
20	37	Good	
46.5	86	medium	
33.5	62	Weak	

Table 2 lists the characteristics of physicians treating patients in the study. These characteristics include the gender and type of specialization of the treating physicians. In this study, 55.7% of physicians were male and the rest were female (44.3%) according to the principle of conformity and selection of same-sex physicians for patients. In terms of specialty, 11.4% were obstetricians, 25.9% were general surgeons, 14.1% were pediatricians, 29.2% were

internal medicine specialists and 19.4% were orthopedists.

In this study, three Valiasr hospitals, Ayatollah Golpayegani hospital and Imam Reza hospital, were selected as selected hospitals in Qom province and 60 samples in Valiasr hospital, 70 samples in Ayatollah Golpayegani hospital and 55 Samples were studied in Imam Reza (AS) Hospital.

**Table 2:** Details of physicians treating patients

Percent	Abundance	Variable	
55.7	103	Man	Gender
44.3	82	Female	
11.4	21	Obstetrics and Gynecology	Specialty of treating physicians
25.9	48	General Surgeon	
14.1	26	Children	
29.2	54	Internal	
19.4	36	Orthopedist	

Other findings of this study show the high level of patients' satisfaction with the quality of their relationship with obstetricians with 78% satisfaction ( $P = 0.003$ ) and also internal physicians with 82% satisfaction ( $P = 0.042$ ). Patients with university education had significant dissatisfaction with their relationship with their doctor ( $P = 0.001$ ), in contrast, both female and male patients generally had moderate satisfaction with their relationship with their doctor, which

was a significant relationship between patients' sex and mean There were no physician-patient relationship scores ( $P = 0.203$ ).

One-way analysis of variance showed that the job was significantly associated with satisfaction score ( $p = 0.001$  and  $F = 7.589$ ). Scheffe post hoc test showed a significant difference between the satisfaction of employees with the other two groups, the unemployed and the self-employed.

**Table 3:** Satisfaction score of patients referred to the emergency department of Imam Khomeini Hospital in Mahallat

Average $\pm$ Standard deviation	variation range	Variable
14.94- (+) 44.1	81.25-6.35	Total Satisfaction Score
39.31- (+) 11.55	75-4.17	Satisfaction with the doctor's approach
43.19 - (+) 20.27	93.75-0	Satisfaction with how to interview and get a resume
31.25 - (+) 22.76	100-0	Satisfaction with the way the doctor examines
55.48- (+) 24.11	100-0	Satisfaction with how the patient communicates and educates
39.31- (+) 27.23	100-0	Satisfaction with the follow-up by the doctor
49.20 - (+) 16.58)	100-5	Satisfaction with answering the doctor's questions and giving information

It was found that, the patients' satisfaction with the way the medical staff communicates was almost good (64.7%), which can increase patient satisfaction by observing issues such as informing the medical staff about the issue of establishing proper communication with the patient. However, other studies in this field that have had similar results, including Thomson et al. In their study state that 63.3% of patients reported moderate communication between physicians and 18.28% of them reported poor. Also Navabi states in his research results that a small number of physicians established verbal and non-verbal communication with their patients and the time spent is very short. With proper management, obstacles such as lack of staff, lack of time and a large number of patients can be seen to increase patient satisfaction [28-31]. In a study, Fernandez et al. Showed that physicians spend less time with patients and only 1% of physicians spend time with patients, while Schenker writes that nurses need sufficient time and support to communicate with patients.

Therefore, it can be said that by increasing the time of the patient's visit, a more positive relationship can be established. Also, the results of the Panjwini study show that most of the patients reported verbal communication from the average medical staff, which is due to the current conditions of the hospital about the lack of medical staff, their lack of time and the large number of patients. In this regard, the results of theological research show that the most important factors in the treatment staff that caused problems in communicating with the patient are: lack of nurse to patient, lack of time and opportunity, lack of patient awareness of the nurse's position, non-communication Principles are the top officials of the treatment team. In addition, according to the findings, introducing the medical staff to the patient has been weak, while the first step of the medical staff is to introduce themselves to the patient, because introducing is the best reason to show special attention to the patient. Therefore, according to the provisions of the charter of patients' rights,

which requires personnel to introduce themselves to the patient, it is expected that medical staff will transform their communities and expand their services in line with the changes in the social, cultural and economic levels. On the other hand, informing the patient by the treatment staff about care and treatment and answering their questions correctly and patiently was moderate. In this case, the results of this study showed that between the patient's level of education and their satisfaction with how the doctor relates to themselves There was a significant relationship ( $P < 0.004$ ).

Jahanian *et al.* [32-35] stated that high level of education was directly related to patients' satisfaction with physicians and most patients with postgraduate education had higher expectations from their physicians, which confirm the results of the present study [32-35]. Also, based on the findings, the relationship between patients' gender and their satisfaction with the physician-patient relationship was not significant. Findings of Nasiraei et al.'s study showed that there was a significant difference between the mean score of gender and their satisfaction with communication, which is contrary to the results of the present study, if the satisfaction was higher in women than men, which could be due to more female nurses. Which has led to greater satisfaction in women. Another determining and influential factor in this study was the type of hospitals that were divided into two groups: charity and social security. The analysis of the obtained data showed that the patients in the charitable hospitals were significantly more satisfied with the type of physician relationship with them (86.7%), so that none of the patients studied in the charitable hospitals had the option "I strongly disagree". "Were not selected to answer the questions. Also, very few patients used the "disagree" option to respond (only 24.6%). The situation in the Social Security Hospital was different from that in the Charity Hospital. The general dissatisfaction of the respondents to the questions was evidence of this claim (57.2%). None of the patients used the

"I strongly agree" option to answer the questions. In addition, the percentage of satisfactory answers to questions in charitable hospitals was significantly different from social security hospitals ( $P = 0.007$ ). The fact that all these figures go hand in hand shows the difference in the relationship between physician and patient in charitable and social security hospitals, but here the general view of people and patients about charitable and social security hospitals should be taken into account. In a study conducted by Jalili in this case, it is shown that one of the reasons that patients choose Social Security Hospital is the lack of payment for services in these hospitals and indicators such as social factors, services.. [36-39].

Increasing the experience and skills of physicians according to the years they have spent to reach this specialty and also the type of hospital will have a significant impact on the quality of the physician-patient relationship. Considering these factors, it is possible to understand the high level of patient satisfaction from charitable hospitals and the communication between physicians working in these hospitals.

### Conclusion

Given the importance of communication and its effective role in initiating and continuing the treatment process, it is necessary that medical staff, especially physicians and nurses who are at the forefront of communication with the patient. Also at lower levels of education and different social situations of patients take more time and use appropriate communication skills to increase their satisfaction. In achieving this goal, training and emphasis on strengthening these skills play an effective role in improving the quality of health services.

As mentioned, the most important factor in attracting patients to social security hospitals has been the issue of non-payment of hospital fees and in the charity department, the doctor's advice. Another point that was evident in the findings of this study was that there was a significant difference between the specialty of

physicians and how they relate to patients. In charity hospitals, inpatient and orthopedic physicians dealt with patients

### Conflict of Interest

We have no conflicts of interest to disclose.

### References

- [1]. Adams E., Boulton M., Watson E., *Patient Educ. Couns.*, 2009, **77**:179
- [2]. Alderfer M.A., Navsaria N., Kazak A.E., *J. Fam. Psychol.*, 2009, **23**:717
- [3]. Alizadeh S., Nazari Z., *J. Chem. Rev.*, 2020, **2**:228
- [4]. Brown R.T., Fuemmeler B., Anderson D., Jamieson S., Simonian S., Hall R.K., Brescia F., *J. Pediatr. Psychol.*, 2007, **32**:297
- [5]. Dolisgan K.K., Razisni, Y., *J. Crit. Rev.*, 2020, **7**:9899
- [6]. Dorval M., Guay S., Mondor M., Mâsse B., Falardeau M., Robidoux A., Deschênes L., Maunsell E., *J. Clin. Oncol.*, 2005, **23**:3588
- [7]. Eveleigh R.M., Muskens E., van Ravesteijn H., van Dijk I., van Rijswijk E., Lucassen P., *J. Clin. Epidemiol.*, 2012, **65**:10
- [8]. Farin E., Gramm L., Schmidt E., *J. Behav. Med.*, 2013, **36**:246
- [9]. Forrest G., Plumb C., Ziebland S., Stein A., *Psycho-Oncology.*, 2009, **18**:96
- [10]. Gazendam-Donofrio S.M., Hoekstra H.J., Van der Graaf W.T., Pras E., Visser A., Huizinga G.A., Hoekstra-Weebers J.E., *Support. Care Cancer*, 2008, **16**:133
- [11]. Given B.A., Given C.W., Kozachik S., *CA Cancer J. Clin.*, 2001, **51**:213
- [12]. Hagedoorn M., Sanderman R., Bolks H.N., Tuinstra J., Coyne J.C., *Psychol. Bull.*, 2008, **134**:1
- [13]. Iconomou G., Vagenakis A.G., Kalofonos H.P., *Support. Care Cancer*, 2001, **9**:591
- [14]. Inoue S., Saeki T., Mantani T., Okamura H., Yama-waki S., *Support. Care Cancer*, 2003, **11**:178
- [15]. Joolae S., Hajibabae F., Jafar Jalal E., Bahrani N., *Hayat*, 2011, **17**:35

- [16]. Kennedy V.L., Lloyd-Williams M., *Psychoncology*, 2009, **18**:886
- [17]. Kerse N., Buetow S., Mainous A.G., Young G., Coster G., Arroll B., *Ann. Fam. Med.*, 2014, **2**:455
- [18]. Nasiriani K., Eslami M.H., Dehghani A., Dehghani H., *Avicenna J. Nurs. Midwifery Care*, 2007, **15**:23
- [19]. Krishna M., *J. Chem. Rev.*, 2020, **2**:243
- [20]. Manne S., Badr H., *Cancer*, 2008, **112**:2541
- [21]. Mantani T., Saeki T., Inoue S., Okamura H., Daino M., Kataoka T., Yamawaki S., *Support. Care Cancer*, 2007, **15**:859
- [22]. Mohamadi G., Kavosi A., Raziani Y., Parvinian Nasab A.M., *J. Neyshabur. Univ. Med. Sci.*, 2014, **2**:10
- [23]. Morgan M.A., *Cancer nurs.*, 2011, **34**:13
- [24]. Kheirollahi A., Hatami S., Olfati A., *GMJ Med.*, 2020, **1**:37
- [25]. Gupta M., Panizai M., Tareen M., Ortega-Martinez S., Doreulee N., *GMJ Med.*, 2020, **1**:43
- [26]. Dodangheh M., Mokhtari T., Mojaverrostami S., Nemati M., Zarbakhsh S., Arabkheradmand A., Hassanzadeh G., *GMJ Med.*, 2020, **1**:49
- [27]. Ozono S., Saeki T., Inoue S., Mantani T., Okamura H., Yamawaki S., *Support. Care Cancer*, 2005, **13**:1044
- [28]. Pressler S.J., Gradus-Pizlo I., Chubinski S.D., Smith G., Wheeler S., Wu J., Sloan R., *Am. J. Respir. Crit. Care*, 2009, **18**:149
- [29]. Rainville F., Dumont S., Simard S., Savard M.H., *J. Psychosoc. Oncol.*, 2012, **30**:519
- [30]. Raziani Y., Raziani S., *Int. j. adv. stud. humanit. soc. sci.*, 2020, **9**:262
- [31]. Raziani Y., Raziani S., *J. Chem. Rev.*, 2020, **3**:83
- [32]. Samimi A., *Prog. Chem. Biochem. Res.*, 2020, **3**:130
- [33]. Samimi A., Zarinabadi S., Shahbazi Kootenaei AH., Azimi A., Mirzaei M., *Chem. Methodol.*, 2020, **4**:852
- [34]. Samimi A., Zarinabadi S., Shahbazi Kootenaei AH., Azimi A., Mirzaei M., *S. Afr. J. Chem. Eng.*, 2020, **31**:44
- [35]. Samimi A., Zarinabadi S., Shahbazi Kootenaei AH., Azimi A., Mirzaei M., *Adv. J. Chem. A*, 2020, **3**:165
- [36]. Schenker Y., Stewart A., Na B., Whooley M.A., *J. Gen. Intern. Med.*, 2009, **24**:550
- [37]. Sheppard L.A., Ely S., *Breast J.*, 2008, **14**:176
- [38]. Sieh D.S., Meijer A.M., Oort F.J., Visser-Meily J.M.A., Van der Leij D.A.V., *Clin. Child Fam. Psychol. Rev.*, 2010, **13**, 384
- [39]. Snyder K.A., Pearse W., *J. Psychosoc. Oncol.*, 2010, **28**:413
- [40]. Davoodi M., Ahmed F., Panizai M., Obeidavi Z., *GMJ Med.*, 2020, **1**:57

#### HOW TO CITE THIS ARTICLE

The Attitudes of Patients about How to Communicate Doctor with Patients in Selected Hospitals of Qom University of Medical Sciences, Fatemeh Rafiee, Alireza Abbasi Chaleshtari, Leila Kazemnejad, Hesam Mahlouji Nia, *J. Med. Chem. Sci.*, 2021, 4(2) 93-99

DOI: 10.26655/JMCHMSCI.2021.2.2

URL: [http://www.jmchemsci.com/article\\_122639.html](http://www.jmchemsci.com/article_122639.html)