
The Satisfaction in the doctor-patient relationship: the communication assessment

LEJDA ABAZI
Ph.D Candidate
Roma Tre University

INTRODUCTION

The media in Albania is reflected an increase of the number of complains about the doctors. Just this year exist 10 reports of neglectful treatment but there were execute only one sentence in 5 years. Also present are the cases of violence against the white shirts for corruption. As noted in our country there are reported cases about health workers for negligence or without professional skills, instead in other countries of the world the patients complain their doctors for the way they are treated. The article aims to answer some questions:

- What are the factors that influence the satisfaction of the doctor-patient relationship?
- Why the communication in medical practice is so important and how it is perceived by the patients?
- How the doctors evaluated them self in medical practices?
- Does exist consistency between the assessment made by patients and the self-evaluation doctors?

THE OBJECTIVES

1. Testing the quality of the doctor-patient relationship in general medicine.

2. Improving the doctor-patient relational skills.
3. Identification of training needs

THE METHODOLOGY

1. It is used *The "Medical Interview Satisfaction Scale" (MISS-21)* R and Weinman J. Meakin adapted for British General Practice. Family Practice 2002; 19: 257-263. This survey contains 21 item: 1 question of human characteristics and 1 for medical professional. At the patient is asked to indicate the truth or the falsity for any questions by Likert scale from 1-totally not agree to 7-totally agree.

Self MISS-21 has four subscales:

DR = Distress Relief subscale

CC = Comfort Communication subscale

R = Rapport subscale

CI = Compliance Intent subscale

Sample = 35 patients (20 females; 15 males), resident in the city of Vlora, average age 48 years of contact in Clinics, health centers, pharmacies.

2. Self-assessment doctors questionnaire

Fifty doctors for different structures of Health System in Vlora (Clinics, health center, counseling, Department of Public Health) have answered.

The Results of MISS-21

1. In general, the patients give positive ratings at the doctors.

2. All questions affirmatively as ("The doctor seems interested in me as an individual") have taken more points. Negative questions like ("I'm not sure how to follow the advice of the doctor") have been answered not agree, uncertain.

3. The general or family doctors are better prepared in communication and relational skills but their objective

verification should be done by the consultant expert and not by free opinion of their patients.

4. The sample in question, the communication subscale scores highly in negative questions like ("The doctor did not allow me to talk about everything of my own health problems) which means that patients are not satisfied communicating with the doctors.

5. It is assumed that the best estimates that doctors have by their patients is connected with the status of the profession they enjoy. The competent doctor is perceived if he is able to response to the symptoms, knows the solution to recovery, it alleviates pain. It is an asymmetrical, hierarchical relationship.

The results of self-assessment doctors questionnaire:

A) the inefficient factors:

- Disorder in the setting of waiting patients.
- Inconsistency of information between generic doctors and the specialists.
- Inconsistency between verbal and nonverbal communication or less clear.
- Fatigue signals by the absence of breaks during office visits.
- The tendency not to see the patient in the eye during conversation or giving accelerating advice.
- The tendency not to adequately manifest their emotions.
- The tendency to do many things simultaneously.
- The tendency to not mind emotional patients.
- The tendency not to evaluate the work context.
- The tendency to use excessive empathy or setting distance with the patient.

B) efficient factors

- Responsibility to the professional role.
- Clarity in the formulation of diagnosis.
- Creation of a good "attachment" relation.

- Attention to the anamnesis ingredients.
- Good memory.
- Tolerance of professional frustration.
- Accuracy.
- Patient availability
- Good theoretical preparation.

DISCUSSION

- Family doctors accept that their knowledge and skills be discovered and evaluate by another, foreign professional figure.
- Doctors accept to be judged by their patients.
- Doctors seem interested to update their skills in their relationship with patients.
- Doctors are interested to improve their professional performance.
- It is hard to reassure patients without performing a genuine information on the disease, its evolution and prognosis.
- An inadequate insurance on the health condition of the patient by the doctor, can undermines the credibility of his profession.
- The keys of success in the doctor-patient relationship are the carefulness and the responsibility.
- The main factors of the doctor-patient relationship are represented by good communications, real interest among the parties, and mutual confidence.

Practical Suggestions

1. The basic criteria for effective communication is listening not only the words but also the meaning of the feelings that accompany them.
2. During the hearing should be considered even the non-verbal language.

3. A good communication on the medical service, reduces the possibility of the patient to be disappointed even if the therapy doesn't function.
4. The doctor must make the patient more aware of what he/she will expect from the visit or treatment.
5. The doctor must ensure that the information provided is understood and clearly.
6. The doctor should actively involve the patient to become part of the therapeutic decisions.
7. Monitoring the patient in subsequent periods from medical visits.

Appendix 1. The MISS-21

The patient is asked to indicate their level of agreement on a 7-point Likert scale.

Very strongly disagree = 1

Strongly disagree = 2

Disagree = 3

Uncertain = 4

Agree = 5

Strongly agree = 6

Very strongly agree = 7

1 The doctor told me just what my trouble is. (DR)

2 After talking with the doctor, I know just how serious my illness is. (DR)

3 The doctor told me all I wanted to know about my illness. (DR)

4 I am not really certain about how to follow the doctor's advice. (CC)

5 After talking with the doctor, I have a good idea of how long it will be before I am well again. (DR)

6 The doctor seemed interested in me as a person. (R)

7 The doctor seemed warm and friendly to me. (R)

8 The doctor seemed to take my problems seriously. (R)

9 I felt embarrassed while talking with the doctor. (CC)

- 0 I felt free to talk to this doctor about private matters. (R)
1 The doctor gave me a chance to say what was really on my mind. (R)
2 I really felt understood by my doctor. (R)
3 The doctor did not allow me to say everything I had wanted about my problems. (CC)
4 The doctor did not really understand my main reason for coming. (CC)
5 This is a doctor I would trust with my life. (R)
6 The doctor seemed to know what (s)he was doing. (R)
7 The doctor has relieved my worries about my illness. (DR)
8 The doctor seemed to know just what to do for my problem. (DR)
9 I expect that it will be easy for me to follow the doctor's advice. (CI)
0 It may be difficult for me to do exactly what the doctor told me to do. (CI)
1 I'm not sure the doctor's treatment will be worth the trouble it will take. (CI)
DR = Distress Relief subscale; CC = Communication Comfort subscale; R = Rapport subscale; CI = Compliance Intent subscale.

REFERENCE

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