ORIGINAL RESEARCH PAPER

Health Science

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COMMUNICATION BARRIERS : PATIENT AND PHYSICIANS

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ABSTRACT

CONTEXT: Ineffective communication among health care professionals is one of the leading causes of medical errors and patient harm.There are many barriers to good communication in the doctor-patient relationship, including patients' anxiety and fear, doctors' burden of work, fear of litigation, fear of physical or verbal abuse, and unrealistic patient expectations. This study is an attempt to identify gaps in patient physician communication find barriers to communication and give recommendation to enhance good practices.

AIMS: The aim of the study is to analyse the current levels of effective patient communication. The study will assess the level of information shared with the patient.

Settings and Design: The study is a descriptive study which uses a self-administered questionnaire to assess the level of patient-physician communication.

METHODS AND MATERIAL: The NABH Standard were used as a guideline for preparing the self-administered questionnaire. All admitted vulnerable patients constitute the study population. Simple Random sampling technique was used to derive the sample from the population.

STATISTICAL ANALYSIS USED: Correlation and ANOVA were used to establish associations between the independent and dependent variables.

RESULTS: 48% patients felt only partial information was give to them and 20% alleged that they were not given any information about the explanation of their disease, its prognosis and the treatment option that were available. Only 32% of the patients agreed that they were supplied with thorough information.

CONCLUSIONS: The majority of the patients were not well informed about their disease, its prognosis, treatment plan and continuity of care.The main barrier to patient physician communication was time.

INTRODUCTION

Effective Doctor-Patient communication is the basic requirement in building a good doctor-patient relationship. It is ethically imperative, necessary for informed consent and effective patient engagement, a means to avoid errors, improve quality and achieve better and safer health outcomes.

Good doctor-patient communication has the potential to help regulate patients' emotions, facilitate comprehension of medical information, and allow for better identification of patients' needs, perceptions, and expectations.

It is observed in hospitals that when patient physician appointments are of longer durations, doctors and patients ask significantly more questions and make more statements explaining the problem and its management including treatment plan, possible complications, medication, prevention techniques etc.

Current research indicates that ineffective communication among health care professionals is one of the leading causes of medical errors and patient harm (Woolf SH, Kuzel AJ, Dovey SM, et al. 2004; Lingard LS, Espin S, Whyte G, et al. 2004 and Leonard M, Graham S, Bonacum D., 2004). Joint Commission reveals that communication failures were implicated in over 70 percent of sentinel events (Joint Commission on Accreditation of Healthcare Organizations, 2005). There are many barriers to good communication in the doctor-patient relationship, including patients' anxiety and fear, doctors' burden of work, fear of litigation, fear of physical or verbal abuse, and unrealistic patient expectations.

NABH Standards provide framework for ensuring patient safety and quality of patient care. The international patient safety Goals also emphasises the importance of effective communication in patient care. This study aims to analyse the current levels of patient communication in a Tertiary Care hospital in Delhi-NCR with a self-administered questionnaire to assess the level of information shared with the patient.

The reference for designing the questionnaire of this study is taken from Patient rights and Education (PRE).

RESEARCH DESIGN:

The current study was conducted at a super-specialty hospital. A descriptive research design was used. A sample of 70 patients, representing all admitted patients. A structured questionnaire was developed, tested for clarity and feasibility, and then used to collect data. The questionnaire was guided by NABH Standards (Patient Rights and Education Chapter). Designed tools were examined for content validity by a panel of five experts.

METHODOLOGY:

The study was done as a preparation phase with construction and preparation of data collection tools and lasted four months. Data was collected over a period of four months starting from October 2014 to Jan 2015. Filling the questionnaire was done by the researcher and needed about 15 minutes per patient.

RESULTS AND DISCUSSION:

Descriptive Statistics for Patient Communication	
N = Number of Questions	14.00
Maximum Possible Score	42.00
Mean	29.80
Standard Error	0.89
Skewness	-0.14
Range	23.00
Minimum	18.00
Maximum	41.00
Count = Number of Respondents	70.00

PATIENT COMMUNICATION

The pie diagram shows that 62% of the patients said that they

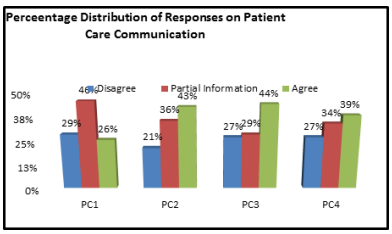
had partial information to complete lack of information that would have made them aware of their diseases, its prognosis and the treatments options those were available to cure it, while only 32% of the patients agreed that they were supplied with thorough information during their interaction with the physicians.. As many as 48% of the respondents were of opinion that they were given partial information, while 20% of the respondents alleged that they were not given any information about the explanation of their disease, its prognosis and the treatment option those were available.

Majority of the patients accepted that they were given only partial information for all the questions related to "Patient Awareness regarding Medical Conditions" (i.e. AW1 "Have you been explained about your Medical Condition?", AW2, "Have you been explained about the prognosis of your Medical Condition?" and AW3 "Have you been told about the treatment options available?"). For the question, "Have you been explained about your Medical Condition?", 56% of the patients said that the physician did not explain their disease fully to them, while as many as 50% said they were not being explained clearly about the prognosis of their disease. A staggering 74% of the patients said that they were not given complete information about the treatment options that were available. For each case, 23%, 27% and 20% of the patients agreed that they received complete information. Hence, 77%, 73% and 80% patients had partial to no information about their disease, prognosis of their disease and the treatment options available.

PATIENT CARE COMMUNICATION

It is alarming that that that 62% of the patients proceed with the treatment without having complete knowledge of the aspects that are related to the treatment procedure.

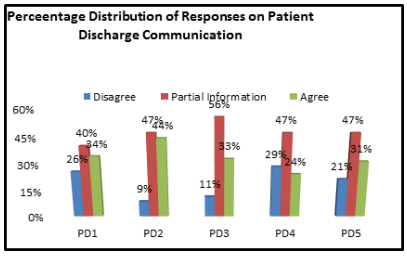
From the data analysis it is revealed 38% of the patients agreed that they were supplied with thorough information during their interaction with the physicians regarding the treatment procedure and the aspects related to it , while 36% of the patients said that they received partial information related to treatment procedure, associated risks of the treatment, the duration of the treatment and the part/pre preparation that needs to be done for the treatment while 26% of the respondents alleged that they were not given any information i.e. as high as 75% of the patients went ahead with the treatment procedure without having adequate information of the associated risks and hazards of their treatment procedure.

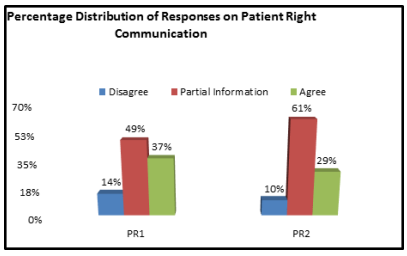


PATIENT DISCHARGE COMMUNICATION

The study shows that 33% of the patients accepted that they were given complete information about the lifestyle they should follow, the diet they should follow and the medicines they should take along with their timings i.e. 67% of the patients admitted they left the healthcare unit without complete information of which, 19% said they were not given any advice while 48% of the patients said they were given partial information about the lifestyle and diet after discharge, along with the medicines that they must have with the timings of the medicines as well.

The analysis gives a more detailed scenario of the Patient Discharge Communication. 44% of the patients agreed that they had complete information about the precautions that they should follow after discharge, 47% of the patients said that they had only partial information about it, while 9% said that they had no information at all. 66% of the patients had partial information about the medicines that should follow and about the interaction of the drugs with the patients, while 34% agreed that they had complete information. 33% and 32% of the patients had complete knowledge about the possible side effects of the medicines and the diet that they should follow i.e. 67% of the patients were not completely aware of the possible side effects of the medicines, of which 11% had no information at all while 56% of the patients accepted that they were given partial information about it.





Hypothesis 1 (H1): There is an association among Patient Awareness Communication, Patient Care Communication, Patient Discharge Communication and Patient Rights Communication

The Correlation table suggested that there were moderate to high degree of positive linear association among Patient Awareness Communication, Patient Care Communication, Patient Discharge Communication and Patient Rights Communication .

	Patient Awareness	Patient Care	Patient Discharge	Patient Rights
Patient Awareness	1.00			
Patient Care	0.78	1.00		
Patient Discharge	0.71	0.89	1.00	
Patient Rights	0.56	0.76	0.77	1.00

Hypothesis 2 (H2): Age of the Patients has an Impact on Patient Communication The ANOVA table suggests that Age of the patients impacted their communication with the physician. The table suggested that the scores of the patients with in the age groups 20-30 years and 30-40 years were higher than the patients between the age groups below 20 years and above 40 years. This could be due to the reason that patients who were between 20-30 years and 30-40 years were young and they were more aware of the everything around them and hence could understand things from a better perspective and might have asked questions to clear their doubts, while the patients who were above 40 years were relatively elder and they might not have asked questions to clear doubts.

Groups	Count	PA MEAN	PC MEAN	PD MEAN	PR MEAN	ALLOVER
BELOW 20	7	4.86	5.71	7.00	3.14	20.71
20-30	15	7.40	9.73	12.73	5.07	34.93

30-40	23	7.22	11.48	13.30	5.30	37.30
ABOVE 40	25	4.92	5.72	8.16	3.56	22.36
F Statistics and P Values	F Statistics: 38.74	F Statistics: 182.62	F Statistics: 139.07	F Statistics: 44.43	F Statistics: 388.17	
	P Value: .000	P Value: .000	P Value: .000	P Value: .000	P Value: .000	

Hypothesis 3 (H3): Gender has an Impact on Patient Communication The T-Test Table depicts the impact of Gender of the patient upon their communication with the physician. The Table indicates that though Gender has no role for the majority of patient – physician communication, however it has an impact upon Patient Awareness Communication, where the scores of the Male patients were significantly higher than the female counterparts.

Impact of Gender on Patient Communication: T Test					
	Mean Score - Male	Mean Score - Female	Difference	T Statistics	P Value
Patient Awareness Communication	6.179	4.024	2.155	6.674	0.000
Patient Care Communication	8.429	8.500	-0.071	-0.105	0.917
Patient Discharge Communication	10.679	10.738	-0.060	-0.086	0.932
Patient Rights Communication	4.571	4.310	0.262	0.991	0.325
Allover Patient Communication	29.857	29.762	0.095	0.052	0.959

BARRIERS IN COMMUNICATION

When the patients were being asked about the barriers in their interaction with the physician, most of the patients chose more than one option out of the three options they were given. 93% of the patients (65 out of 70) said that the physician did not give them enough time to interact and was in a hurry to get over with the session, while 84% of the patients (59 out of 70) said that they could not discuss their matter at length with the physician since the felt too shy to talk about it and felt that their privacy might be breached. 80% of the patients (56 out of 70) said language was the barrier in their interaction with the physician.

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