



# Expressions of equity Imbalances in the patient-clinician interaction

**Shobha Mocherla**

L V Prasad Eye Institute, Hyderabad, India  
and

Usha Raman, Brien A Holden



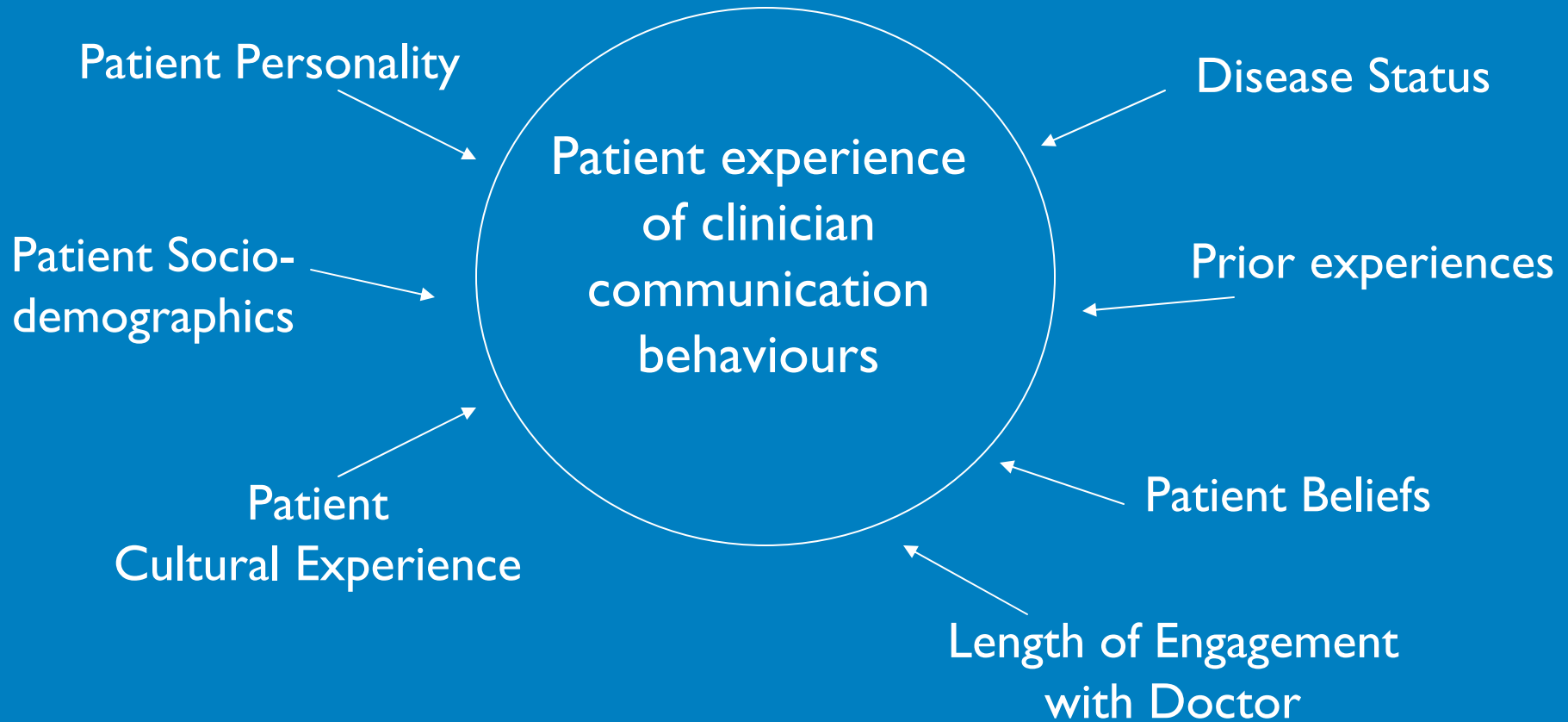
# What determines the success of the clinician-patient interaction?



- “Last mile” in patient care journey
- Medical expertise
- Medical infrastructure
- The content and quality of the interaction in the outpatient clinic
  - Social, relational communication
    - ⌘ Instrumental talk during task flow
    - ⌘ Affective care

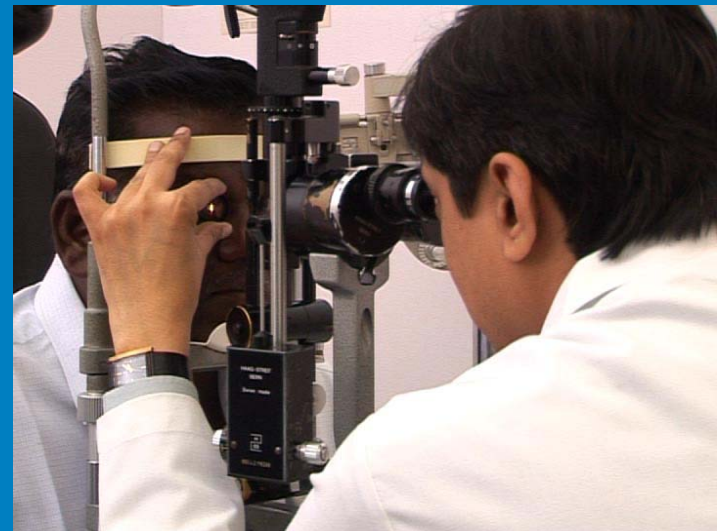


# Moderators, influencers of interaction





# Study context diversity, status differentials





- Qualitative phase
  - Observations of 52 interactions
  - 28 in-depth interviews (20 male, 8 female)
  - Patients over 18 years of age
  - Conducted during May-July 2007
  - Transcripts were analyzed using  
Constant Comparative Method



# Qualitative interviews: Results

- **Looking through the parity prism**

“Dr A gives special treatment to those who are wealthy and their relatives, the rest of us are general category general people.”

*(Male Patient , Paying)*



# Qualitative interviews: Results



- **Expressions of equity in communication**

“We are not asking to stay on and speak but to speak in the time that he is there with us!”

*(Male Patient, Rural, Paying Patient, Educated, Age 54 years)*



# Qualitative interviews: Results



- **Cultural belief: Deification of doctor**

“Doctors are the embodiment of God, ... psychologically that rapport must be established with the patient; then only patient will get mental satisfaction. If just physically they do something and treat them, it will not satisfy the patient.”

*(Male attendant)*



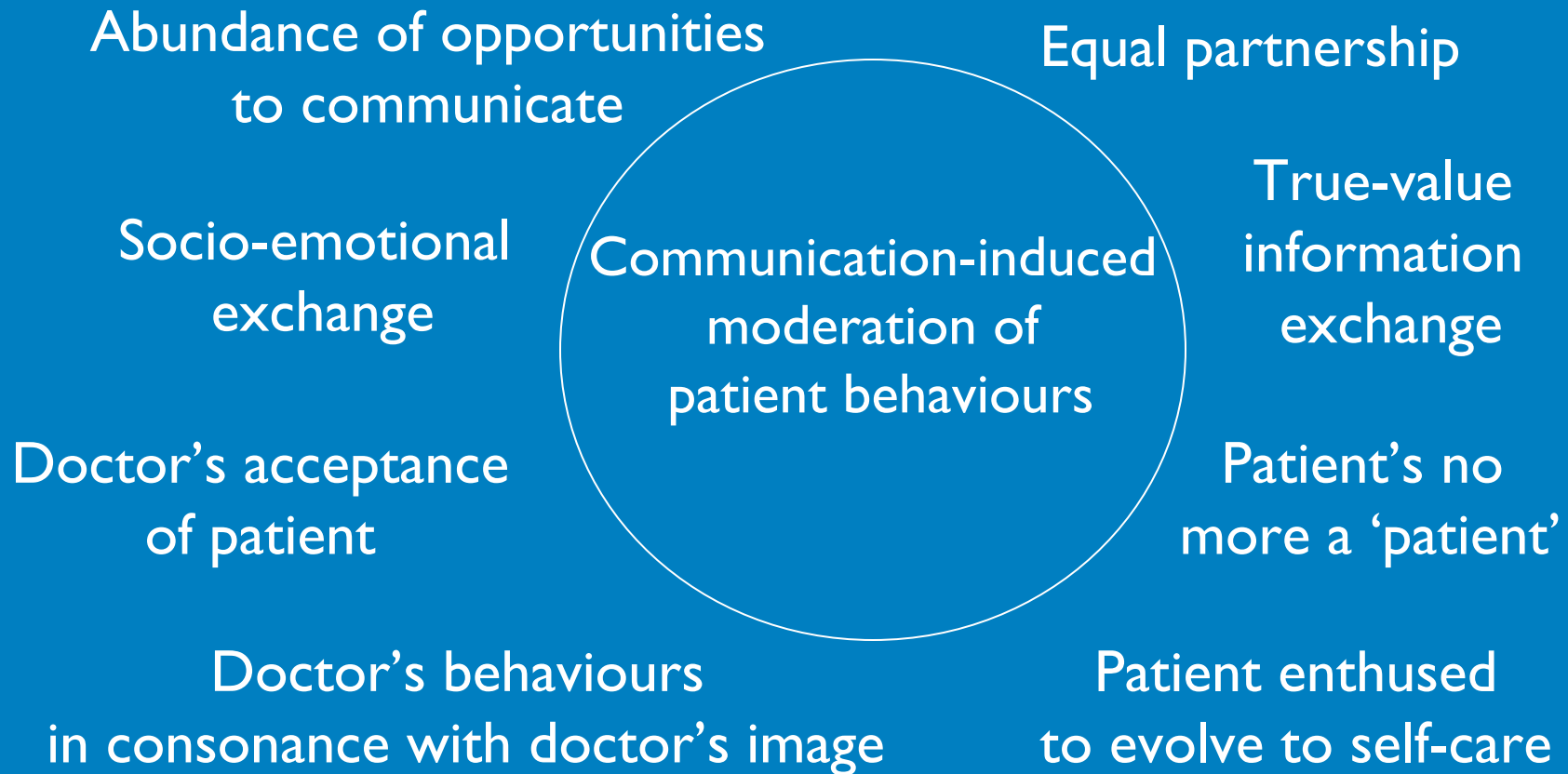


# How doctors can help patients

- Create empathy
  - Directly engage the patient
  - Gain patient involvement in self-care
  - Patient involvement will lead to patient satisfaction
- Educate patient
- Empower patient with knowledge of self-care



# Optimal use of interaction space





# Allowing patient participation

- Non-directive consulting style
- Improving patient knowledge
- Repeating instructions to new patients, established patients
- Emphasizing to continue life-long therapeutic care for chronic disease
- Simplifying medication regimen



## Quantitative phase

- Instrument design, 132 items, pilot (N=189)
- 5 items in catalogue of clinician communication behaviours
- 12 items on experience rating
- 9 items on Patient Experience Rating, Final survey N=550
- Do different groups of patients experience and rate clinician communication differently?



# Quantitative phase: Hypotheses

- Patient's socio-demographic variables will influence the doctor-patient interaction
  - Expectations
  - Rating of communicative behavior
  - Outcomes
    - ⌘ Understanding
    - ⌘ Satisfaction



# Communicative behaviours rating

Patient Characteristic	Category	Paying Patients n=282 (%)	Nonpaying Patients n=253 (%)	Total N=524
Communication Index N=524 (11 missing values)	Low	77 (27.4) n=281	115 (47.3) n=243	192 (36.6)
	High	204 (72.6)	128 (52.7)	332 (63.4)

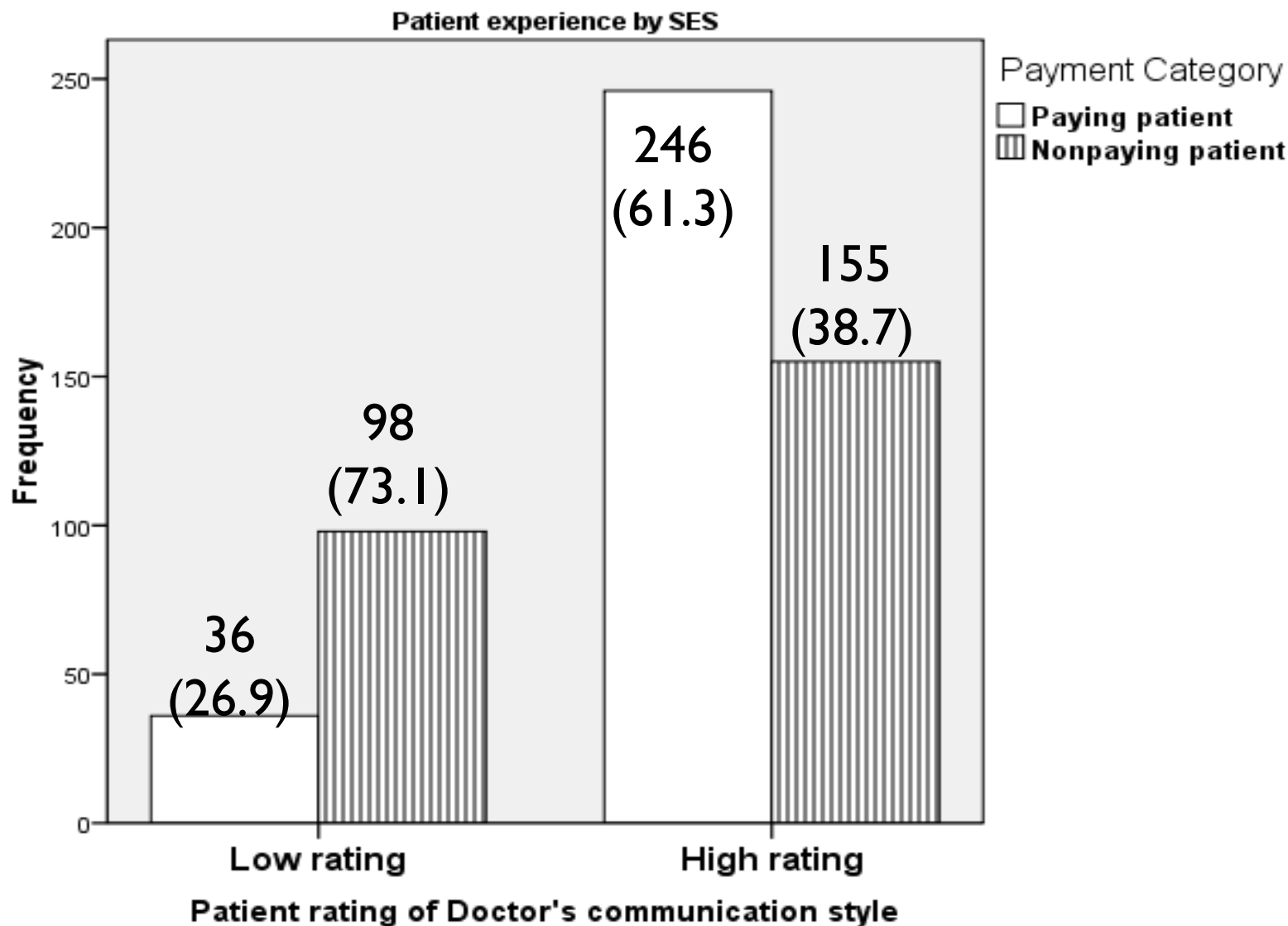


# Results: Patient rating frequencies

Patient Experience N=535	Category	Paying Patients n=282	Nonpaying Patients n=253	Total N=535
Patient Rating of Experience of Clinician Communicative Style	Low rating	36 (12.8)	98 (38.7)	134 (25.0)
	High rating	246 (87.2)	155 (67.3)	401 (75.0)



# Results: Patient experience by SES







## Results: Patient experience by Education

Patient education	Patient experience of communication competence	
	Low (%)	High (%)
Non-literate n=115	56 (48.7)	59 (51.3)
10 <sup>th</sup> grade n=193	51 (26.4)	142 (73.6)
12 <sup>th</sup> grade n=73	16 (21.9)	57 (78.1)
Graduation n=101	6 (5.9)	95 (94.1)
Post graduation n=53	5 (9.4)	48 (90.6)
Total N=535	134 (25.0)	401 (75.0)



## Results: Correlates of experience

- Positive, significant correlations of constructs
  - Positive communicative behaviours .440
  - Patient experience/rating of clinician communication .693
  - Patient satisfaction with communication .416



## Results: Predictors of patient experience rating



- Substantial variance explained in patient experience
  - R squared was .498
  - Patient expectations, patient satisfaction and clinicians' positive communicative behaviours contributed to variance in patient experience



## Results: Predictors of patient satisfaction



- Substantial variance explained in patient satisfaction
  - R squared was .483
  - Patient expectations, patient experience and clinicians' positive communicative behaviours contributed to variance in patient satisfaction

## Results: SES regressed on patient experience



- Paying patients were twice as likely as nonpaying patients to report a better interaction experience
- Education above 10<sup>th</sup> grade improved the interaction experience for patients, peaking for graduates



## Results: Patient experience, knowledge

- Patient experience was also influenced by patient knowledge (Pearson's R .100 at Sig. .003)
- Doctor-provided information was related to patient beliefs
- ~ 2/3 nonpaying had low level of knowledge of glaucoma

Patient characteristic	Category	Patient knowledge Low n=305	Patient knowledge Medium n=206	Patient knowledge High n=24	Total N=535
Age	Below 50	95	69	8	172
	Above 50	210	137	16	363



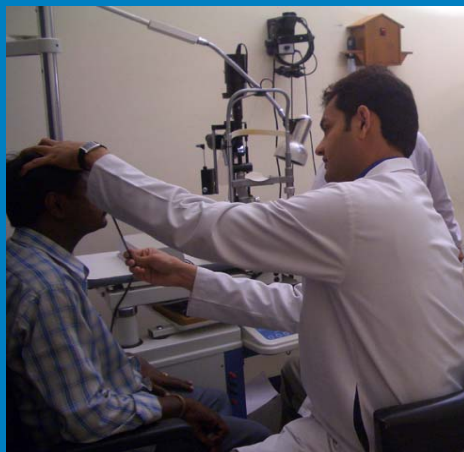
## Study recommendations

- Know clinician communication behaviours influence
  - ⌘ Patient ratings of interaction experience
  - ⌘ Health outcomes
- Look at patient medical record: SES, Education
  - ⌘ Cater to different levels of understanding
    - Expand or collapse explanations
    - Give quality explanation time
  - ⌘ Give every patient an equal chance of easily understanding
    - Use examples, visuals, handouts
    - Repeat, verify, invite questions, be friendly
- Train doctors, patients in communication skills



# Training for a better interaction experience

- Communication training must become a part of medical training
  - ⌘ Develop sensitivity to patient backgrounds
  - ⌘ More effectively moderate the interaction
- Patient education facilitation by stakeholders
  - ⌘ to demand more from interaction by question-asking





# Thank you!



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