Expressions of equity
Imbalances in the patient-clinician interaction

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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

Patient experience of clinician communication behaviours

- Patient Personality
- Patient Socio-demographics
- Patient Cultural Experience
- Disease Status
- Prior experiences
- Patient Beliefs
- Length of Engagement with Doctor
Study context diversity, status differentials
Methodology

• 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

- Abundance of opportunities to communicate
- Socio-emotional exchange
- Doctor’s acceptance of patient
- Doctor’s behaviours in consonance with doctor’s image
- Communication-induced moderation of patient behaviours
- Equal partnership
- True-value information exchange
- Patient’s no more a ‘patient’
- Patient enthused to evolve to self-care
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

<table>
<thead>
<tr>
<th>Patient Characteristic</th>
<th>Category</th>
<th>Paying Patients n=282 (%)</th>
<th>Nonpaying Patients n=253 (%)</th>
<th>Total N=524</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Index</td>
<td>Low</td>
<td>77 (27.4) n=281</td>
<td>115 (47.3) n=243</td>
<td>192 (36.6)</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>204 (72.6)</td>
<td>128 (52.7)</td>
<td>332 (63.4)</td>
</tr>
</tbody>
</table>
## Results: Patient rating frequencies

<table>
<thead>
<tr>
<th>Patient Experience N=535</th>
<th>Category</th>
<th>Paying Patients n=282</th>
<th>Nonpaying Patients n=253</th>
<th>Total N=535</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Rating of Experience of Clinician Communicative Style</td>
<td>Low rating</td>
<td>36 (12.8)</td>
<td>98 (38.7)</td>
<td>134 (25.0)</td>
</tr>
<tr>
<td></td>
<td>High rating</td>
<td>246 (87.2)</td>
<td>155 (67.3)</td>
<td>401 (75.0)</td>
</tr>
</tbody>
</table>
Results: Patient experience by SES

Patient experience by SES

Payment Category

- Paying patient
- Nonpaying patient

<table>
<thead>
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<th>Frequency</th>
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<tr>
<td>36</td>
<td>Paying patient</td>
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</tr>
<tr>
<td>98</td>
<td>Nonpaying patient</td>
</tr>
<tr>
<td>155</td>
<td>Nonpaying patient</td>
</tr>
</tbody>
</table>

Patient rating of Doctor's communication style

- Low rating: 36 (26.9)
- High rating: 246 (61.3), 155 (38.7)
<table>
<thead>
<tr>
<th>Patient education</th>
<th>Patient experience of communication competence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low (%)</td>
</tr>
<tr>
<td>Non-literate n=115</td>
<td>56 (48.7)</td>
</tr>
<tr>
<td>10\textsuperscript{th} grade n=193</td>
<td>51 (26.4)</td>
</tr>
<tr>
<td>12\textsuperscript{th} grade n=73</td>
<td>16 (21.9)</td>
</tr>
<tr>
<td>Graduation n=101</td>
<td>6 (5.9)</td>
</tr>
<tr>
<td>Post graduation n=53</td>
<td>5 (9.4)</td>
</tr>
<tr>
<td>Total N=535</td>
<td>134 (25.0)</td>
</tr>
</tbody>
</table>
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
  - $R^2$ 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 10th 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

<table>
<thead>
<tr>
<th>Patient characteristic</th>
<th>Category</th>
<th>Patient knowledge Low n=305</th>
<th>Patient knowledge Medium n=206</th>
<th>Patient knowledge High n=24</th>
<th>Total N=535</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Below 50</td>
<td>95</td>
<td>69</td>
<td>8</td>
<td>172</td>
</tr>
<tr>
<td></td>
<td>Above 50</td>
<td>210</td>
<td>137</td>
<td>16</td>
<td>363</td>
</tr>
</tbody>
</table>
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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