

Original Article

Patient-Physician Communicative Patterns, Physicians' Job Satisfaction, and Patients' Satisfaction: The Case of a Hospital in Isfahan

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Abstract

Background and purpose: Now-a-days, patient satisfaction is increasingly receiving the attention of health-service providers, which is a necessary step to enhance the quality of health services. The present study aimed at exploring patient-physician communicative patterns, physicians' job satisfaction, and patients' satisfaction at Isfahan, Iran.

Materials and Methods: This study was a descriptive analytical and cross-sectional survey in the summer of 2010. Simple random sampling was used to select participants. Data were collected through using three self-designed questionnaires on physicians' job satisfaction, patient-physician relationship patterns (based on Hollander and Szase' ideas), and patients' satisfaction. Validity of the questionnaire was checked by a panel of experts. Furthermore, internal consistency reliability of the questionnaires was confirmed by Cronbach's alpha ($\alpha = 0.80$). Different dimensions of the job satisfaction questionnaire were salary, supervision, setting, promotion, fringe benefits, and working conditions. Data were analyzed by using SPSS for Windows 13.0 software.

Results: The mean score of patient-physician relationship was 63. Therefore, the most frequent patient-physician communication pattern was guidance-cooperation. The mean score of physician' job satisfaction was 50.2. The mean score of patients' satisfaction was 86.5. Physicians' job satisfaction was found to be related to patient-physician communication pattern ($P < 0.05$).

Conclusion: Although patient-physician communication patterns are important, different variable such as patients' and physicians' satisfaction influence the patterns. Furthermore, improvement communication process between health care providers can be useful in the increasing patient satisfaction and patient quality of care.

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Key words: Patient-Physician Communicative Patterns, Job Satisfaction, Patients' Satisfaction

1. Introduction

Job satisfaction level is an indicator of individuals' positive or negative attitudes toward their professions, which are influenced by multiple factors (1). It has been found that job satisfaction relates to beliefs and emotions that individuals have about their work and their job (2). Schermerhorn define job satisfaction as the degree to which individuals feel positive or negative about their jobs (3). Physicians are no exception and their job satisfaction can promote health care quality, efficiency, and patients' satisfaction. In fact, job satisfaction is a common problem in modern western health care. While a lot of studies analyzed the determinants of job (dis)satisfaction, less is known about doctors' job satisfaction (4). Furthermore, effective doctor-patient communication is a central clinical function in building a therapeutic doctor-patient relationship, which is the heart and art of medicine, and a central component in the delivery of health care (5,6), and physicians' communicative skills predict treatment outcomes and patients' satisfaction (7). In other words, medical practice is more than technical knowledge and is conceived of as an artistic work in which a physician manifests his/her behaviors (8). All experts agree that establishing a good communication with patients is a basic clinical skill and thus, support communicative skill training at all levels of medical professions. Available evidence suggests that medicine students has a blurred picture of the skills and in some cases, they are unsure of their abilities (9). Communicative skills play a facilitative role in true diagnoses and help patients to follow prescriptions. It has been shown that good communicative skills result in patients' satisfaction and health care service promotion (10).

In addition, research indicates that training communicative skills influence patients' satisfaction. It should be noted that there is a positive relationship between patients' satisfaction of the service provided by physicians

and communicative skills. As medicine students approach the end of their course, they adopt paternal behaviors and in doing so, reduce patients' satisfaction levels (10).

Some researchers hold that the quality of patient-physician relationship matters as it leaves positive effects on patient care outcomes, motivates patients to follow prescriptions, reduces time spent of talking to patients about their diseases and leads to positive assessment of physicians' performance (11). In fact, the patient-physician relationship is the most effective factor inducing patients' satisfaction of health care systems (12). Moreover, it has been reported that patient-physician relationship can even affect patients' choice of physicians (13). Establishing an optimal relationship has been associated with four key factors, namely patients' feelings, control, trust, and guidance. On the other hand, a good relationship is affected by patients' physical and mental conditions and their personality types (14).

1.1. Communicative patterns

Patient-physician communication type is depended to cooperation condition between patients and physicians and their believes. Patient-physician relationship is of three types: activity-passivity pattern, guidance-cooperation pattern, and mutual participation pattern. The patterns were proposed by Hollander and Szase (1956). In the activity-passivity pattern, physicians and patients are considered to be like fathers and children, respectively (15). In cases like severe damages and anesthetic states, the pattern turns into an "active-inactive" one, in which the physician and patient are active and inactive, respectively (16).

The guidance-cooperation pattern has been conceptualized as father-youngster. It occurs when severe infection during a timespan causes the physician to cure the patient. Based on the model, the patient can follow his/her physician's prescriptions to some extent and also, follow his/her own way in a limited way (17). According to the mutual participation pattern, there is a bilateral relationship between

the physician and the patient. The relationship type is akin to adult-to-adult communications. Managing chronic diseases such as hypertension and diabetes are examples of this relationship type. The physician and patient do not meet each other except in necessary cases and the physician's role is limited to training the patient in doing his necessary practices (16). The question raising is why the patient-physician relationship is of significance here, for which six answers have been given: patient's satisfaction, patient care positive outcomes, patient's adherence to the physician's prescription, a reduced time to talk to the patient about his disease, reduced cases of suing the physician, and finally, positive assessment of the physician's performance (18).

The history of the medical profession has been ruled with physicians and patients' needs have not been a major concern. However, recently patients and their needs have received more attention (19). One of the most important outcomes of such a movement is a more focus on establishing the patient-physician relationship and patients' satisfaction of the treatment process. Satisfaction has been defined as the patients' perception of the quality and quantity of the health services provided. The perception is the result of getting involved in the treatment process and mutual interactions with treatment teams, especially physicians (20). Health care service providers compete against each other to satisfy their patients more and more since it has been shown that dissatisfied patients follow prescriptions and get involved in the treatment process less, and consequently, show fewer recovery symptoms. Moreover, they probably change their physicians or therapeutic systems (17). Therefore, health center personnel need to have patients' satisfaction if they are to have a successful performance (21).

In Karami's study most frequent patient-physician relationship patterns were guidance-cooperation pattern (86.5%), activity-passivity

pattern (11.1%), and mutual participation pattern (2.4%), respectively. Karami found no significant relationship between education and social status. For higher and lower age groups respectively guidance-cooperation pattern and activity-passivity pattern were statistically significant ($P = 0.0470$) (22). In another study, Shakerinia showed that <10-min exams prevent establishing an appropriate relationship and reduce patients' satisfaction (23). Soltani Arabshahi indicated that the first experience with patient for students and instructors established in hospital wards and in next time in classes and the emergency clinic was mentioned.

According to the findings of the study, instructors and assistant teachers could impose great impacts on their students in learning communicative skills (11). The results of a research project conducted in Ilam province, Iran, showed that laymen workers expressed highest dissatisfaction of the health services they received. Of the participants, 60% of women and 57% of the men were dissatisfied with the provided health services. However, there was no significant relationship between job, gender, living place, and satisfaction (24). Afkham Ebrahimi reported a significant difference between different clinics in terms of "emotional support" and "examination and treatment". In addition, patients' satisfaction was significantly related to following drug prescriptions and being fixed physician. Knowing about patients' expectations and the factors influencing their satisfaction result in a better patient-physician relationship and qualified health care services, which is the ultimate goal of health care systems (25). According to the study by Monjamed et al., nurses' satisfaction of factors such as working conditions and management policies were mediocre (1). The present study aimed at investigating the patient-physician relationship patterns and the relationship between physicians' job satisfaction and patients' satisfaction in a hospital in Isfahan, Iran.

1.2. Conceptual Model

Figure 1 shows that nine domains of physicians’ job satisfaction are affected to patient-physician communicative patterns and patients’ satisfaction.

2. Materials and Methods

The study was a descriptive-analytical and cross-sectional survey in the summer of 2010. Population of the study was all hospitalized patients and physicians of a hospital in Isfahan, Iran. Simple random sampling was used to select participants. Data was collected through using three self-designed questionnaires on physicians’ job satisfaction, patient-physician relationship patterns (based on Hollander and Szase’ ideas) was adapted from Karami’s study (22), and patients’ satisfaction. Validity of the questionnaire was checked by a panel of experts. Also, internal consistency reliability of the questionnaires was confirmed by Cronbach’s alpha ($r = 0.80$: job satisfaction questionnaires, $r = 0.75$: patients’ satisfaction questionnaires, $r = 0.77$: patient-physician relationship patterns).

Patient-physician relationship patten questionnaire: the questionnaire consists of 10 general items and 19 ones measuring attitudes of the respondents. Respondents were required to tick across a 5-point Likert scale format. Obtained scores were divided into three categories according to three patient-physician relationship patters, namely activity-passivity, guidance-cooperation, and mutual participation. The lower and higher scores were respectively associated with the activity-passivity pattern and mutual participation pattern. The three scores range of 19-44, 45-70, and 71-95 were related to activity-inactivity, guidance-cooperation, and mutual participation patterns, respectively.

The patient’ satisfaction questionnaire consisted of two sections: the first one included 10 items on patients’ demographic information, gender, age, education, living place, insurance status, the ward in which they have been hospitalized, and hospitalization delays. The second one comprised 10 items of patient’s satisfaction of the physician visiting them.

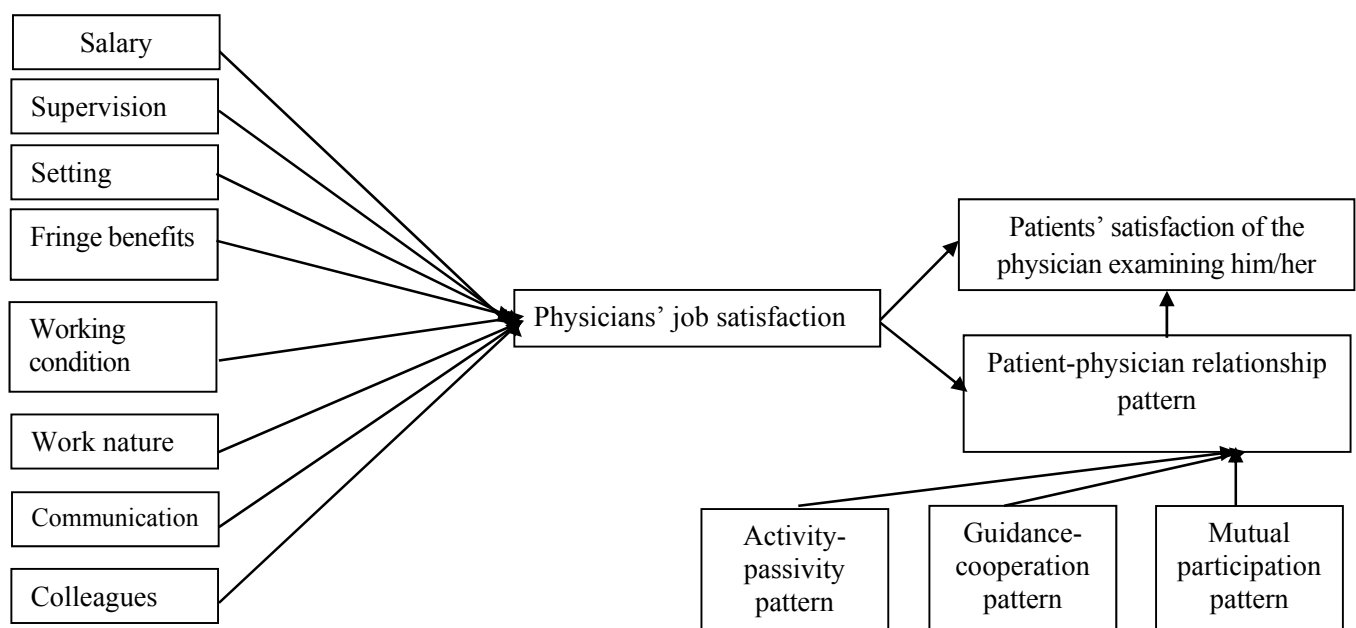


Figure 1. The relationship between physicians’ job satisfaction, patient-physician relationship patterns, and patients’ satisfaction

Data were analyzed by SPSS for Windows (version 16.0; SPSS Inc., Chicago, IL, USA). For descriptive analysis average and standard deviation was used; also for correlation analysis coefficient Pearson has been used. For comparison, the average grades in different groups, analysis of variance, and t-test were use. $P < 0.05$ was considered as significant.

3. Results

Of the participants, 51.4% were males and 48.6% were females. Regarding education, 45.9% held pre-diploma, 35.1% diploma, 10.8% post-diploma, and 8.1% BA degrees. In terms of residency, 87.4% were city-dwellers and 21.6% were villagers. Of the sample, 16.2%, 21.6%, 18.9%, 31.6%, and 21.6% were from emergency unit, men’s ward, women’s ward, nephrology ward, and orology ward, respectively. As presented in table 1, the lowest and highest satisfaction levels among physicians were respectively related to salaries (M = 29.5) and supervision (M = 77).

Table 1. Variables’ means and standard deviations

Variables	Mean	Standard deviation
Communicative pattern	63.5	6.5
Patients’ satisfaction	86.5	0.5
Physician job satisfaction	50.2	10.0
Salary	29.5	4.5
Supervision	77	11
Setting	60	15
Promotion	66	9
Fringe benefits	55	20
Working condition	53	15
Colleagues	75	10
Communications	54	10
Bonus	62	15

According to table 1, minimum average of the job satisfaction of physicians was salary average (mean score 29.5) and most average was in the field of supervision (with a mean score of 77).

The patient-physician communication model was the guidance-cooperation type.

Table 2 shows, there is no correlation between patients’ satisfaction and physicians’ job satisfaction ($r = 0.281$, $P = 0.400$). However, there is a correlation between patients’ satisfaction and communication ($r = 0.304$, $P = 0.001$).

Table 2. The relationship between physicians’ job satisfaction, patient-physician relationship pattern, and patients’ satisfaction

Dimensions	Patients’ satisfaction		Patient-physician relationship patterns	
	r	P	r	P
Patient-physician relationship patterns	0.148	0.004	1	0.001
Physicians’ job satisfaction	0.281	0.400	0.242	0.100
Salary	0.570	0.030	0.232	0.100
Supervision	0.143	0.053	0.145	0.004
Setting	0.302	0.400	0.301	0.003
Promotion	0.302	0.500	0.214	0.120
Fringe benefits	0.281	0.102	0.232	0.001
Working condition	0.321	0.320	0.411	0.001
Working nature	0.241	0.310	0.289	0.001
Communications	0.304	0.001	0.393	0.030
Bonus	0.304	0.030	0.342	0.030

Table 3. Relationship between physicians’ job satisfaction and demographic variables

Dimensions	Gender		Age		Employment status		Salary		Job experience	
	t	P	F	P	F	P	F	P	F	P
Physicians’ job satisfaction	35.2000	0.0200	0.6640	0.0300	0.4540	0.0001	0.5600	0.0001	0.3450	0.4000

Table 4. Correlation between patients' satisfaction, patient-physician relationship patterns, and demographic variables

Dimensions	Gender		Age		Referral place		Relevant ward		Living place (city or village)	
	t	P	F	P	F	P	F	P	t	P
	Patients' satisfaction	77.3000	0.0060	7.1000	0.3610	0.5200	0.0040	0.5250	0.5930	0.5250
Patient-physician relationship patterns	65.2000	0.0200	0.5640	0.0001	0.3640	0.3000	0.6070	0.7350	0.6250	0.0040

As it is shown in table 3, there is a statistical relationship between physicians' job satisfaction, gender ($P = 0.0200$), employment status ($P = 0.0001$), and salary ($P = 0.0001$).

As understood from table 4, there is a correlation between patients' satisfaction and gender ($P = 0.0060$), referral place ($P = 0.0040$), and patients' living place ($P = 0.0003$). Also, there is a relationship between patient-physician relationship pattern and gender ($P = 0.0200$), age ($P = 0.0001$), and patients' living place ($P = 0.0040$).

4. Discussion

Now-a-days, patients are at the centers of the treatment process and therefore, patients' satisfaction is to a great extent an indication of a qualified health care service. There are cases where hospitals are well-equipped, but patients are dissatisfied, showing that satisfaction is a complex issue.

As the findings of the study indicated, the patient-physician communication model observed was the guidance-cooperation type. As mentioned earlier, based on the model the patient can follow both the physician's prescription and his/her own ideas (17). Job satisfaction is a common problem in modern western health care. While a lot of studies analyzed the determinants of job (dis)satisfaction (4). Many physicians experience dissatisfaction with their work, especially in countries where major health care reforms have introduced a lot of paperwork and altered old procedures and favored habits (4). In current research, mean score of physician job satisfaction is 50.2, and

obtained nine domains: salary, supervision, environment, promotion, fringe benefits, working condition, colleagues, communications, and bonus. The research studies related to job satisfaction state the major factors influencing job satisfaction as financial conditions, the level of autonomy, job variety, colleague relations, and participative work conditions, autonomy in decision-making (23-29).

Physician job satisfaction was neither one-aspect nor motionless, it can modify as a situation of practice evolve (30). How to communicate and interact with patients, effective on patient satisfaction, treatment outcomes, medical costs, clinical competence, even complaints. Increasing emphasis in medical communications and medical education can be found in statements by international organizations (31-33). On the other hand, more appropriate the patient-physician relationship is the higher patients' satisfaction level is.

Based on research result, it can be said that the higher physicians' level of job satisfaction is the better the patient-physician communication pattern works. Communication is necessary to the provision of protected and good-quality patient care (34). Also satisfied patients are advantageous for doctors in terms of greater job satisfaction, less stress, and burnout (32,35). Patients want doctors who can skillfully treat as well as communicate with them effectively (36). So much patient dissatisfaction and most complaints about doctors (37,38) are due to breakdown in the doctor-patient relationship⁶ not clinical competency (38). Marsteller

(2010) was founded that guided care was improved patient-physician communication (39). Another one by Hsu (2014) focused on communication training to improved communication among health care providers (40). Finally, improvement communication process between health care providers can be useful in the increasing patient satisfaction and patient quality of care.

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