

Checking the relationship between physicians' communication skills and outpatients' satisfaction in the clinics of Isfahan Al-Zahra(S) Hospital in 2011

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ABSTRACT

Introduction: The quality of communication skills of health care providers has a significant impact on patient treatment consequences. **Aims:** The present research has been conducted to check the relationship of communication skills on the rate of patients' satisfaction in the clinics of one of the hospitals in Isfahan. **Settings and Design:** The checking list was completed by the researcher in the clinics by using the comments of patients or their relatives. Sampling was performed by using the regular random sampling method. **Materials and Methods:** This research was a descriptive-analytical study. The used tool was a standard checking list for evaluating the patients' satisfaction and also the researcher-made checking list for the measurement of effective communication skills. **Statistical Analysis:** The researcher-made checking list for the measurement of effective communication skills was confirmed by the experts with the face validity, structure, content, and reliability ($\alpha = 87\%$). After visiting the patient by the physician, the mentioned list was filled by using the patients' comments, and the collected data was analyzed by SPSS software version 16 with calculating the Pearson correlation coefficient and $\alpha 2$. **Results:** The study showed that there was a significant relationship between the application of communication skills in the five areas of verbal, body language, effective communicating, establishment, patient privacy and patient participation, except for eye communication of the physician with patients' satisfaction ($P < 0.05$). **Conclusion:** Using the communication skills by physicians is associated with patients' satisfaction, and it is the cause of increasing the acceptance of the physician by the patient. Therefore, it is suggested that the opportunity to improve the communication skills should be provided in addition to clinical skills in continuing education programs for the medical community.

Key words: Communication skills, physician, satisfaction, service recipients

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INTRODUCTION

Communication skill is described as the most important required feature for people working in the health care sector.^[1,2] This issue was considered in the 1950s.^[3] Medical interviews is the first step in diagnosis,^[4] and it is the basis of the interview. Therefore, it is very important to use communication skills. Research findings have shown that 60% to 70% of medical diagnostics and a similar percentage of treatment decisions have been performed based on the obtained information from medical interviews. In most cases, the diagnosis was incorrect due to the inability to

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communicate and lack of jurisdiction.^[5] The studies have shown that 54% of the patients' problems and 45% of their concerns have not been cleared in referring to a physician. Physicians usually start talking to the patient fast enough to stop him/her talking, and the patients do not have a chance to fully express their concerns. Because, the physicians think that the first problem is the most difficult case for a patient. In a conducted study in Ottawa, Canada, it was showed that the physicians on average 18 seconds after the start of the patient talking, stopped his/her talking and they are prevented from expressing them.^[6] One of the important aspects for patient communication is the patients' active participation in medical interviews and consequently, greater patients' satisfaction.^[7] Researchers have found that 76% of the patients at the end of medical interviews were faced with problems and questions, which have not been expressed to the physician. The main reason for this issue has been the lack of opportunity to ask questions.^[8] In the absence of sufficient time for appropriate and effective communication with the patient, they are faced with psychological consequences (satisfaction); behavioral (treatment period completion) and physical (improving the health indexes).^[2] Non-verbal communications of the physicians (visual communication, body condition, head shaking, proper distance with patient, and association with facial and sound) will also increase the patients' satisfaction.^[9] In general, 70% of the patients' complaints from their physicians have been due to the followings: Lack of attention to the patient, considering the patients' comments as worthless, providing incomplete information to the patient, lack of understanding of the patients, lack of empathy with patients, and not understanding them.^[10-12] The reflection of increasing emphasis on communication skills in medicine and medical education can be seen in the statements of the international communities, guidelines for medical colleges, professional standards, and medical education.^[13-15] For example, the American Association of Medical Colleges (AAMC) in its 1988 report placed the communication skills as an aim for the medical colleges and the curriculum and learning objective. In the current medical education of our country, the skills and abilities of the patient-physician relationship at the bedside ends by asking a series of predetermined questions and the history of the patients^[16]. Therefore, in medical education, it should not be assumed that the physicians have empathic ability to communicate with patients or learning it during clinical training.^[8] It seems that by reaching to the final years of medical students' studies, these skills will be weaker. This topic has been shown in the study of Helfer. The purpose of this study was to determine the relationship between communication skills by physicians and the increased patients' satisfaction in order to identify the most effective communication factors between physicians and patient's and increasing the patients' satisfaction.

MATERIALS AND METHODS

As a descriptive-analytical and cross-sectional study, the present study has examined the application of communication skills and the patients' satisfaction in the Isfahan Al-Zahra(S)

Hospital. In order to collect data, in coordination with the hospital administrator, at first, the target group was identified. The samples were collected randomly and regularly daily from the computer of the reception department of outpatients' clinic. After finishing the medical interview and visit, the checking list was given to them for filling. The collected data was entered into the SPSS software version 16 and was analyzed with the help of statisticians. The study population included 55 physicians from the clinics of surgery, children, neurosurgery, plasticsurgery, urology, obstetrics and gynecology, emergency medicine, pain clinic, skin, nerves, nephrology orthopedics, psychiatry, gastroenterology, lung, glands, heart, rheumatology, hematology, allergy of Al-Zahra(S) hospital in the winter of 2011. There were 275 referred patients to the clinics. The physicians were selected through stratified sampling method, and all of the patients were selected initially by stratified sampling and then by random sampling method based on the number of physician acceptance with the sample interval. For sampling, at first, the list of working physicians in clinics of the hospital was observed in the month of January 2011. Then, five patients were considered for each physician.^[17,18] This study was conducted through interviews and by completing the checking list after finishing the medical interviews and physical examinations. Checking list of physicians' communication skills and checking list of patients' satisfaction were completed by the interviewers. Data collection tool included a researcher-made checking list to assess the physicians' communication skills containing 18 questions in six areas including: Verbal communication skills, body language, effective listening skills, visual communication, patients' participation, and privacy. The checking list of standard patient satisfaction contained 17 questions about the patients' satisfaction from the communication skills (with Likert's scale rating). Descriptive statistics were used to describe the situation and calculating the correlation coefficient of $\alpha 2$ and Pearson for statistical relationships, *t*-test and one-way ANOVA to assess the satisfaction in the studied groups.

RESULTS

Among the total of 275 returned questionnaires from the respondents, in terms of gender, there were 99 females and 132 males. The mean age of the respondents was 31.57 ± 11.28 years. The most frequent age was 23 years. There were no significant differences in the mean of satisfaction among men and women [Table 1]. The mean of patients' referrals among the respondents was 5.52, which was performed for at least once and up to the maximum of 50 times. In terms of education level, most of the respondents (47.16%) had an academic degree. The mean of satisfaction was greater in this group, but there were no significant differences in the satisfaction rate among different groups [Table 2]. Most of the respondents were covered by social insurance. The individuals covered by the Emdad committee had the highest rate of satisfaction [Table 3]. The results indicated that among the studied variables, the independent variable of verbal communication skills had

the highest mean and the body language had the lowest mean. The highest standard deviation (SD) among the independent variables was related to visual communication. The lowest standard deviation was related to patient's privacy. The results have shown that the dependent variable of satisfaction had the highest mean and the lowest standard deviation [Table 4]. In relation to the research objectives, the correlation test was used in order to determine the relationship between each of the communication skills and patients' satisfaction. The results are shown in Table 5. Thus, by the increased use of verbal communication skills, effective use of body language, communicating effectively, and patients' participation during medical interviews will increase patients' satisfaction. In general, the mean of communication skills among the physicians was 54.86. The highest rate of using communication skills was estimated to be 94 and the lowest was 32.

DISCUSSION

According to the results [Table 5], there was a significant relationship between the verbal communication skills and patients' satisfaction ($P < 0.01$). Rowland morin and colleagues have examined this relationship. They have reported a significant positive relationship between these two variables. In explanations of the obtained results, it can be said that lack of interfering the patients' talking, emotional support to patients, interactions between individual and the physicians during physicians' visiting, and obtaining the

Table 1: Comparison of the patients' satisfaction of physicians' communication skills in terms of gender in 2011

	Gender	Number	Mean	SD	P value
Satisfaction	Female	99	43.8990	10.94932	0.206 F=1.611
	Male	132	44.3182	10.09445	

SD = Standard deviation

Table 2: Comparison of the mean, standard deviation, and significant relationship of patients' satisfaction in terms of educational levels in four groups in 2011

Significant Education	Number	Mean	S.D	P value
Illiterate	7	43.0000	11.51810	0.385 <i>f=1.019</i>
Literacy to read and write	12	41.4167	10.10363	
Diploma	102	43.2843	11.42637	
Academic degree	108	45.4259	10.01047	
Total	229	44.1878	10.71540	

SD = Standard deviation

patients' trust can have a significant impact in increasing the patients' satisfaction.^[19] According to the findings [Table 5], there was a significant relationship between the patients' participation and patients' satisfaction ($P < 0.11$). One of the observed items of this component was the amount of information given by the patient to the physician. Thus, another factor was the patients' understanding from the information given by the physician. Whatever the information given by the physician is greater, the patients' satisfaction will be greater.^[20] In the study conducted by Maguire, it was shown that 63% to 90% of the physicians did not take any effort to understand the expectations and patients' views, encouraging them by asking further questions, checking the amount of patients' understanding, classification of the information, and discussing with the patients for treatment planning.^[21] According to the findings [Table 5], there was a significant relationship between the components of an effective dialogue with the physician during a patients' visit and patients' satisfaction ($P < 0.039$). Studies have shown that actively listening of the physician to the patient could have an impact on patients' satisfaction and led to clear questions to be asked in the form of sympathy and encouraged the patient to express their concerns and expectations.^[19] The study of Fortine has shown that listening with concentration to patient's talking

Table 3: Mean and standard deviation of the patients' satisfaction scores in seven groups of insurance in 2011

Descriptive Statistics Satisfaction	SD	Mean	Number
Khadamat Darmani	62	46.5000	11.34084
Rural insurance	18	48.0000	14.40588
Social insurance	123	41.9675	9.39649
Armed forces	10	50.3000	12.69339
Emdad committee	3	53.0000	9.84886
Others	6	42.6667	7.33939
Not insured	8	48.1250	3.44083
Total	230	44.4000	10.67078

SD = Standard deviation

Table 4: Mean, SD, and types of studied variables

Variables	Type	Mean	SD
Satisfaction	Dependent	44.24	1.07
Effective listening	Independent	9.38	2.47
Visual communication	Independent	6	1 0.3
Verbal communication	Independent	10.63	3.059
Body language	Independent	85. 4	2.24
Privacy	Independent	5.38	1.78
Patient participation	Independent	9.64	2.94

SD = Standard deviation

Table 5: The relationship between patients' satisfaction from the physicians with different dimensions scores of compliance with physicians' communication skills

Satisfaction	Verbal communication	Effective listening	Visual communication	Privacy	Patient participation	Body language
Correlation coefficient	0.172	0.539	010/0	0.801	0.172	0.253
P value	0.010	0.039	537/0	031/0	0.011	0.000

and responding to patient's emotions with sympathy had strengthened the relationship between physician and patient, increased the trust between them, and improved health outcomes.^[22] According to the findings [Table 5], there was a significant relationship between the physician's body language during patients' visit and patients' satisfaction ($P < 0.39$). This was one of the measured parameters in verbal communication skills. According to Griffith, the appeared statements in non-verbal communication, less than appeared statements in verbal communication, were able and capable of covering and censorship. Therefore, they are more reliable sources of information.^[23] According to the results [Table 5], there was a significant relationship between the patients' participation and patients' satisfaction ($P < 0.011$). As it was mentioned, among other factors affecting patients' satisfaction was the active participation of the patients in medical visiting. This issue showed similar results in the study carried out by Sandhu *et al.*^[24] Stewart and Arborelius expressed in their research that using a patient-centered approach in medical interviews by a physician would increase the patients' satisfaction. It is due to this fact that in patient-centered approach, the patients are encouraged for active participation and interaction in the medical interview.^[20] Patient-centered approaches will lead to determine the patient's psychological issues by the physicians. This problem can be impacted upon the choice of treatment for the patient and the patients' adherence to the treatment and education.^[22] According to the results [Table 5], there was no significant relationship between the component of visual communication by the physician and patients' satisfaction ($P < 0.537$). Several studies have examined the relationship of visual communication with patients' satisfaction, including Charles and colleagues, who have studied this relationship, and there was a significant positive relationship between these two variables.^[23] Other studies, including the study of Larsen and Smith, have shown that the increase in visual communication has led to a decline in patients' satisfaction.^[25] However, the results of the present study were not consistent with the aforementioned studies. According to the obtained results [Table 5], there was a significant relationship between maintaining the privacy by a physician and patients' satisfaction ($P < 0.931$). Several studies have examined the relationship between physical connection and patients' satisfaction. Larsen and Smith who have examined this relationship have observed that lots of touching by a physician for a check-up could lead to decrease the patients' satisfaction.^[25] In another study conducted by Nayeri and Aghajani, it was shown that there was a significant association between respecting for patients' privacy from different aspects and patients' satisfaction in the emergency department.^[26] In the mean of patients' satisfaction in different educational groups, there was no significant relationship. The results of Derman and Serbest were consistent with the results of the present study. However, the point is that his study showed that the patients with higher levels of education had more interaction with their physicians. They asked more questions in relation with their diseases.^[27] The method of patient-physician relationship, nowadays, serves as the core clinical skills at the heart of health care services.

Most of the physicians throughout their career perform nearly 200,000 medical advices and interviews. Therefore, it is essential to understand the method of establishing a good relationship with the patient and obtaining necessary qualifications to do so.^[20]

REFERENCES

- Hotle A. Professional communication skills. *Scandinavian Journal of Primary Health Care* 1990;8:131-3.
- Hargie O, Dickson D, Boohan M, Hughes K. A survey of communication skills training in U.K schools of medicine. *Medical Education* 1998;32:25-34.
- Communication for behavioural Impact (COMBI): A toolkit for behavioural and social communication in outbreak response. org [Internet]. New York: World health organization, 2012. Available from: http://www.who.int/ihr/publications/combi_toolkit_outbreaks/en
- Kordestany taktom R, Ahady H. *Obstetrics and Gynecology diseases*. Tehran: Noor; 2001.
- Katz A. Pilot project to enhance physician-patient communication. *Canadian Family Physician* 1999;45:218.
- Silverman J, Kurtz s, Draper J, van Dalen J, Platt F. *Skills for communicating with patients*, 3rd ed. Oxford: Radcliff Medical Press; 2005.
- Moazam e. *Design, implementation and evaluation of communication skills training for GPs*. Esfahan: Medical faculty; 2005.
- Kurtz SM, Silverman DJ, Draper J, van Dalen J, Platt FW. *Teaching and learning communication skills in medicine*. Oxford: Radcliffe medical press; 2005.
- Siyadat dz. *Efficacy of communication skills training on clinical skills of internal and infectious disease resident*. Esfahan: Medical faculty; 2006.
- Symons A, Swanson A, McGuigan D, Orrange S, Akl EA. A tool for self-assessment of communication skills and professionalism in residents. *BMC Med Educ* 2009;9:1.
- Bakker DA, Fitch MI, Gray R, Reed E, Bennett J. Patient-health care provider communication during chemotherapy treatment: The perspectives of women with breast cancer. *Patient education and Counseling* 2001;43:61-71.
- Khadije s. *evaluation of patient satisfaction of communication skills in healthcare systems*. Esfahan: Medical faculty; 2004.
- Maguire P, Pitceathly C. Key communication skills and how to acquire them. *BMJ* 2002;325:697.
- Aspergen K. *Teaching and Learning communication skills in medicine*. *Medical Teacher* 1999;21:563-70.
- Makoul G. *Essential element of communication in medical encounters*. In: *Med tKcA*, editor. 2001;76:390-3.
- Hojat M, Gonnella J, Mangione S, Nasca T J, Veloski JJ, Erdmann JB *et al.* Empathy in medical students as related to academic performance, clinical competence and gender. *Medical education* 2002;36:522-7.
- Rezaei R, Hosseini J, Velaei N. Physician communication skills with patients and their attitude about it. *Feiz* 2001;4:19-26.
- Zamani A, Shams B, Moazzam E. *Communication skills training for physicians as a strategy for enhancing patients' satisfaction: A model for continuing education*. *Iranian Journal of Medical Education* 2004;4:15-22.
- Rowlandmorin PA, Carroll JG. *Verbal communication-skills and patient satisfaction-a study of doctor-patient interviews*. *Evaluation and the Health Professions* 1990;13:168-85.
- Laidlaw TS, Kaufman DM, Macleod H, Sargeant J, Langille DB. *Patients' satisfaction with their family physicians' communication skills: A Nova Scotia survey*. *Academic Medicine* 2001;76:S77-S79.
- Maguire P, Fairbairn S, Fletcher C. *Consultation skills of young doctors*. Most young doctors are bad at giving information. *BMJ* 1986; 292:1576.
- Fortin AH. *Communication skills to improve patient satisfaction and quality of care*. *Ethnicity and disease* 2002;12:S3.
- Griffith CH, Wilson JF, Langer S, Haist SA. *House staff nonverbal*

- communication skills and standardized patient satisfaction. *Journal of General Internal Medicine* 2003;18:170-4.
24. Sandhu H, Dale J, Stallard N, Crouch R, Glucksman E. Emergency nurse practitioners and doctors consulting with patients in an emergency department: A comparison of communication skills and satisfaction. *Emergency Medicine Journal* 2009;26:400-4.
25. Larsen KM, Smith SC. Assessment of nonverbal communication in the patient-physician interview. *The Journal of family practice* 1981;12:481-8.
26. Nayeri ND, Aghajani M. Patients' privacy and satisfaction in the emergency department: A descriptive analytical study. *Nursing Ethics* 2010;17:167-77.
27. Shilling V, Jenkins V, Fallowfield L. Factors affecting patient and clinician satisfaction with the clinical consultation: Can communication skills training for clinicians improve satisfaction? *Psycho-Oncology* 2003;12:599-611.

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