PHYSICIAN-PATIENT COMMUNICATION: THE RELATIONSHIP BETWEEN ENGAGEMENT, CONFIRMATION AND SATISFACTION

H. Paul LeBlanc III, The University of Texas at San Antonio
pleblanc@utsa.edu

ABSTRACT

This study analyzed physicians' self-reported measures of engagement, confirmation and relational satisfaction in their communication with their patients (N = 218). Results indicated that communication engagement and confirmation significantly influence reported satisfaction (R^2 = .20, F(1,216) = 55.24, p < .01; R^2 = .14, F(1,216) = 35.87, p < .01, respectively). Additional results are reported. Implications for these results and directions for future study are discussed.

I. INTRODUCTION

The past three decades has seen an increased interest in the interpersonal communication skills of physicians in reference to their patients. In fact, Epstein and Hundert (2002) included the application of appropriate communication skills as an important component of physician competency. Moore, Adler, and Robertson (2000) found that physician communication behaviors increased patients' positive perceptions of physician-patient relations and decreased malpractice claim intentions. These relational outcomes may be a function of specific communication behaviors.

To investigate this relationship, the present study will examine physicians' perceptions regarding specific core communication competencies in physician-patient interaction. In particular, this study examines the influence that physicians' interaction engagement and confirmation have on their reports of satisfaction in their relationship with their patients.

II. REVIEW OF LITERATURE

Recent studies have demonstrated that physicians are aware of the importance of communication skills. For example, according to Brody, Miller, Lerman, Smith, and Caputo (1989), an important communication skill for physicians is to elicit patient response. Additional communication skills may include the ability to determine the patients' desire to participate in medical decisions (Benbassat, Pilpel, & Tidhar 1998), verbal communication competency (Selwyn, 2002), and by opening the discussion, understanding the patients' perspective, and reaching agreements on problems and plans (Brunett, et al., 2001).

When considering these communication skills, the experience of physicians and the ideology of their medical training may influence physician perception of both the purpose and the actuality of their encounters with patients. Aaronson, Detmar, Muller, Schornagel and Wever (2001) found that physicians spent 64% of their time with patients discussing medical issues while they only spent 23% of

Note: This project was completed with the assistance of a grant from The University of Texas at San Antonio. The author wishes to thank Dinah Elias for her assistance in collecting data for this study.

their time discussing health-related quality of life issues. Patients' daily activities and issues of pain were discussed more than fatigue and in turn, fatigue was discussed more than the patients' emotional well-being (Aaronson, et al., 2001). Even with the relatively small percentage of time spent discussing non-medical issues, their communication with patients may not serve to build or maintain relationships, rather to serve as a vehicle for ascertaining non-medical influences on the presenting problem. Tendencies to remain focused on a treatment purpose may have different outcomes particularly in reference to different medical specialities. For example, Aasland, Forde, Hotvedt, and Kristiansen (2001) found that family physicians had more negative experiences with patients than other medical specialities.

The physician's relational experience with patients could influence patients' satisfaction with the encounter, and subsequently health outcomes. Lutgendorf, Anderson, Ullrich, and Jonsen (2002) found that better doctor-patient relationships were associated with patient seeking social support, and greater patient social well-being, whereas poorer doctor-patient relationships were associated with an increase in disengaged coping and poorer quality of life. As well, Di Blasi, Harkness, and Ernst (2001) concluded that certain aspects of the doctor-patient relationship, such as emotional support may have modest but significant effects on patient health outcomes.

Indeed, patient satisfaction might be related to perceptions of emotional support and physician engagement. In a recent study, Watson and Gallois (2002) argued that the key element in determining satisfaction in an interaction is the ability of the physician to treat his/her patient as an individual. In fact, Anderson and Zimmerman (1993) found that patient satisfaction was related to physician's tendency to view the physician-patient relationship as a partnership.

Patient-centeredness may be perceived by the patient to be a function of the physician's communicative behaviors. According to Girgis and Sanson-Fisher (2000), and Ong, Visser, Lammes, and de Haes (2000), patients' satisfaction was most clearly predicted by the affective quality of the consultation with their physician. Bertakis, Roter and Putnam (1991) found that physicians' communication of a supportive attitude was associated with patient satisfaction.

Supportive relational messages are communicated through interactionally involved and confirming behaviors. For example, Du Pre (2001) found that when physicians practiced self-disclosure, expression of empathy, discussing patients' fears, allowing patients to help make decisions, asking open-ended questions, and active listening in their interactions, patients felt more at ease and more satisfied with the time spent at the medical visit. In a recent study, LeBlanc (2003) found that a significant and strong positive correlation exists between patients' perceptions of their physician's interaction involvement and satisfaction in the relationship with their physician.

Physicians' perceptions of the importance of interaction involvement or engagement in communication may differ from that of their patients. As well, physicians perception of the role of support or the communication of confirmation may also differ from that of their patients. To determine the nature of the relationship, if any, exists between engagement, confirmation and satisfaction in

the physician-patient relationship from the physicians' perspective, the following hypotheses are proposed:

H_1 Physicians' willingness to engage in interaction influences reported satisfaction in their relationship with their patients.

H_2 Physicians' feelings of confirmation in their relationships with their patients influences reported satisfaction in their relationship with their patients.

III. METHOD

The sample for this study was randomly selected from the publicly available list of licensed physicians practicing within a metropolitan county of a large southwestern city. A total of 1,744 surveys were mailed of which 218 responded after eliminating responses which had missing data.

The sample consisted of 67 females (30.7%) and 146 males (67.0%, 2.3% not responding). Other characteristics of the sample included: a) Latino/Latina (15.1%), African-American (0.1%), Asian-American (5.5%), Caucasian/European-American (76.6%), and other race/ethnicity (1.8%, 0.1% not responding); and b) primary care (39.9%), surgery (16.1%), oncology (4.1%), psychiatry (9.2%), and other medical specialty (30.7%). The mean length of practice was 18.16 (s = 11.53), with the minimum reported length as less than one year, and the maximum length reported as 55 years. The mean age of study participants was 49.89 (s = 11.64), with the minimum reported age of 29 and the maximum age of 84. Participation was voluntary and anonymous.

The Physician to Patient Communication survey was developed based on a previous study which investigated patient perceptions of openness and engagement in their communication with physicians (see LeBlanc, 2003). The constructs of engagement and confirmation were measured using 7-item Likert-type scales with a higher number representing a more positive response. A factor analysis using principle components extraction and varimax rotation confirmed the existence of an engagement factor (Eigenvalue = 2.16, 15.4% of the variance, a = .74), and a confirmation factor (Eigenvalue = 2.09, 14.9% of the variance, a = .74). Factor analysis also revealed which items reflected physician reports of communication satisfaction (Eigenvalue = 1.72, 12.2% of the variance, a = .72), and their attitude toward patients (Eigenvalue = 2.93, 20.9% of the variance, a = .80).

IV. RESULTS

In general, support for both hypotheses was found. A moderate influence on reported satisfaction was found for both interaction engagement and confirmation as reported by physicians. Additionally, moderate to strong positive relationships were found between physician's attitudes toward patients and engagement, confirmation and satisfaction.

For all study participants, the degree of association between interaction engagement and reported satisfaction was measured using the Pearson product-moment correlation procedure. Strength of the relationship was in the moderate range, $r = .45$, $p < .01$. To test the hypothesis that engagement influences

satisfaction, a linear regression analysis was performed and revealed that interaction engagement predicts satisfaction (R^2 = .20, F(1,216) = 55.24, p < .01).

For all study participants, the strength of association between confirmation and health communication satisfaction was also in the moderate range, r = .38, p <.01. Additionally as predicted, confirmation influenced reported satisfaction among physicians (R^2 = .14, F(1,216) = 35.87, p < .01).

Post-tests were conducted to determine the strength of the relationship between the physician's attitude toward the patient and communication constructs of interaction engagement (r = .52, p < .01) and confirmation (r = .42, p < .01). Attitude toward patient also influenced physician's reported satisfaction (R^2 = .19, F(1,216) = 50.61, p < .01).

Slight but significant differences were found between physicians on the engagement factor due to medical specialty, F(4.213) = 2.87, p = .02, η^2 = .05. This finding was attributable to differences in engagement between primary care physicians (M = 5.96, s = .55) and oncologists (M = 6.52, s = .60) t(94) = -2.88, p < .01, ω^2 = .07, and between other non-primary care specialties (M = 6.09, s = .54) and oncologists, t(74) = -2.36, p < .05, ω^2 = .06, with a higher mean representing a more positive response. Likewise, results revealed small but significant differences between primary care physicians (M = 5.28, s = 1.29) and surgeons (M = 5.83, s = 1.03), t(120) = -2.24, p < .05, ω^2 = .03.

V. DISCUSSION

These results suggest that physicians perceive an importance in communicating engagement and confirmation with their patients. Specifically, the findings suggest that physicians' satisfaction with their patient relationships are influenced by these communication behaviors. It is interesting to note that having a positive attitude toward patients influenced reported satisfaction, and that more positive responses were associated with non-primary care physicians.

This study had several limitations. The response rate for the study was 12.5%, although this is typical for a physician study of this sort. However, the low response rate influence the final sample size and the likelihood of response bias. As well, the study did not involve pairing patient responses with the physicians. It would have been helpful to know if physicians' attitudes toward these core communication competencies were related to patients' reports of satisfaction.

Although this study investigated the perceptions of physicians toward patients, future studies might compare the strength of the relationship between engagement and satisfaction between physicians and patients. Future studies also might compare the attitudes of physicians regarding communication with their patients versus the attitudes of nurses to determine the influence of medical profession ideology and training.

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