THE INFLUENCE OF PHYSICIANS' ENGAGEMENT AND OPENNESS ON PATIENTS' REPORTS OF HEALTH COMMUNICATION SATISFACTION

H. Paul LeBlanc III, The University of Texas at San Antonio

ABSTRACT

This study analyzed patients' perceptions of their physicians' willingness to engage in interaction and be open, and patients' satisfaction in communication about health with their physicians (N=322). Results indicated that a moderate to strong and significant positive correlation exists between patients' perceptions of their physician's interaction involvement and their satisfaction with their relationship with their physician (r = .579). Results also indicate a moderate and significant negative correlation exists between patients' perceptions of their physician's closedness to the relationship and relational satisfaction with their physician (r = -.507).

I. INTRODUCTION

Reassessment of the nature of physician-patient relationships has emerged in recent years, particularly in how such relationships may influence health outcomes and/or malpractice claims. According to Lutgendorf, Anderson, Ullrich and Jonsen (2002), better physician-patient relationships are associated with better quality of life for patients. DiBlasi, Harkness and Ernst (2001) suggest that positive physician-patient relationships can lead to more pleasant encounters and more positive mental outlook for patients.

The purpose of this study is to examine patients' perceptions regarding specific core communication competencies in physician-patient interaction. In particular, this study examines the relationship between physicians' interactional engagement and closedness to interaction and patients' reports of satisfaction in their relationship with their primary care physician.

II. REVIEW OF LITERATURE

A significant amount of current research in health communication suggests that physicians may lack the core interpersonal communication competencies necessary to deal with many of the exigencies of physician-patient relationships (see Edwards, Elwyn, Covey, Matthews, & Pill, 2001; Hines, Babrow, Badzek, & Moss, 2001; Lipkus, et al., 1999; Tate, Foulkes, Neighbour, Campion, & Field, 1999). Indeed, physicians themselves have reported lacking crucial communication competencies in their relationships with patients (Vanderford, Stein, Sheeler, & Skochelak, 2001).

Whereas the communication competencies of physicians might influence health outcomes in patients, it is the patient's perception of his or her relationship with the physician that determines degree of satisfaction with the relationship. According to duPré (2000) better health outcomes are associated with patients' satisfaction with their relationship with the physician.

Brunett and colleagues (2001) have noted that members of the medical community understand the need to improve doctor/patient communication. Indeed, Tasman (2000) expressed the need for doctors to emphasize the importance of the doctor/patient relationship. According to Vanderford and colleagues (2001),

clinicians reported that conflicts between themselves and their patients were based on differing beliefs regarding the doctor-patient relationship. In a study, Peloquin (1993) found that health-care providers tend toward remaining personally disengaged from their patients in order to remain professionally objective. Yet, Kearley, Freeman and Heath (2001) found that patients highly value personal relationships with their physicians.

Communication scholars have long recognized the value of interactional engagement in demonstrating a personal connection in interpersonal and professional relationships. Hines and Colleagues (2001) suggest that new communication strategies, other than informing the patients about treatment options, are needed to help patients cope with life threatening illnesses. Bauer (2001) found that awareness, support, commitment, pride, education, mentoring, comparison, and community were themes patients deemed necessary for themselves and their families in critical life-threatening situations. In a related study involving consumers of medical services, Hermansen and Wiederholt (2001) found that patients believed that their pharmacists' critical interpersonal skills, and not their therapy, may lead to increased interpersonal exchange and patient collaboration in care.

Currently, discussion among health-care providers has centered around both the nature of the doctor-patient relationship and the potential health-outcome benefits from improvement in that relationship. Approaches such as patient-centered mutual participation consultation (see Tsai, 2001), and narrative theory (see Shapiro & Ross, 2002), have come to the fore. To investigate the nature of the doctor-patient relationship, the following hypotheses are proposed.

H_1 Physician's willingness to engage in interaction is positively related to patients' reports of satisfaction in their relationship with their physician.

H_2 Physician's unwillingness to be open with the patient is negatively related to patients' reports of satisfaction in their relationship with their physician.

III. METHOD

The sample for this study was randomly selected from residential households in a large southwestern city. A total of 2,844 households were called of which 399 responded to the survey. After eliminating responses which had missing data, a total sample size of 322 was achieved. The sample consisted of 185 females (57.5%) and 135 males (41.9%, 0.6% not responding). Other characteristics of the sample included: a) Latino/Latina (32.6%), African-American (14.0%), Asian-American (6.2%), Caucasian/European-American (43.8%), and other race/ethnicity (3.4%); and b) some high school (4.3%), high school graduate (23.9%), some college (42.9%), college graduate (24.5%), and other educational attainment level (4.3%). The mean length of relationship between patient and physician was 6.99 (s = 7.03), with the minimum reported length as less than one year, and the maximum length reported as 40 years. The mean age of study participants was 41.25 (s = 16.66), with the minimum reported age of 18 and the maximum age of 94. Participation was voluntary and anonymous.

The Patient Relational Satisfaction Survey was developed based on previous studies which investigated characteristics of interaction between parents and their

adolescent children (see LeBlanc, 2000). Items were selected for the current context to measure health communication satisfaction, interaction engagement, and closedness to interaction. The constructs of engagement and satisfaction were measured using 7-item Likert-type scales with a higher number representing a more positive response. Closedness was also measured using a 7-item Likert-type scale but was negatively loaded.

A factor analysis using principle components extraction and varimax rotation was conducted to affirm which survey questions measured each of the constructs. The .50 loading rule was using to determine which items clustered by factor. The range of loading for items on the closedness factor was .58 - .75, and the accounted for 16.9% of the variance (Eigenvalue = 3.378). Reliability for the closedness factor was measured using Cronbach's alpha with a resulting measure of a = .79. The range of loading for items on the satisfaction factor was .51 - .73, accounting for 16.7% of the variance (Eigenvalue = 3.348). Reliability measure for the satisfaction factor was a = .83. These two factors were measured with six items each.

On the survey, five items measured the interaction engagement factor with loading ranging from .58 - .72 accounting for 15.1% of the variance (Eigenvalue = 3.010). Reliability for the engagement factor was a = .77. A fourth factor was found. However, this factor was comprised on only two items, accounted for only 7.4% of the variance (Eigenvalue = 1.480), had a reliability of a = .48, and therefore was not used for further testing.

IV. RESULTS

In general, support for both hypotheses was found. A moderate to strong positive relationship was found between satisfaction with health communication and engagement as reported by patients. Whereas, a moderate negative relationship was found between satisfaction with health communication and physicians closedness to interaction with patients.

For all study participants, the degree of association between the interactional engagement of physicians and patients' reported health communication satisfaction was measured using the Pearson product-moment correlation procedure. Strength of the relationship was in the moderate to strong range, $r = .579$, $p <.01$. When controlling for gender, the strength of the relationship increased slightly for females ($r = .603$, $p < .01$), but decreased for males ($r = .537$, $p < .01$).

For all study participants, the strength of association between unwillingness to be open (closedness) and health communication satisfaction was also in the moderate range, $r = -.509$, $p <.01$. When controlling for gender, the strength of the relationship increased for females ($r = -.542$, $p < .01$), but decreased for males ($r = -.461$, $p < .01$).

Post-tests were conducted to determine the strength of the relationship between age of patient or length of patient's relationship with the physician and health communication satisfaction. Length of relationship was related to communication satisfaction, $r = .217$, $p < .01$, although the correlation was weak. When controlling for gender, the strength of the relationship between length of relationship and satisfaction increased slightly for females ($r = .245$, $p < .01$), but was not significant for males ($r = .169$, $p = .051$). The age of the patient was not shown to be

significantly related to communication satisfaction. For the measure of association between age and satisfaction, controlling for gender did not alter the results.

Several other post-tests were conducted on the data to determine whether demographic characteristics of the sample influenced the results. An independent samples t-test was conducted to determine if significant differences existed by gender on the closedness, satisfaction or engagement factors. Results failed to find any significant difference attributable to gender. Therefore, other characteristics of the sample may have influenced the results.

ANOVA were conducted to compare different ethnic groups by each of the factors (closedness, satisfaction and engagement). As expected, significance was found between groups on the closedness factor, $F(4,317)=4.553$, $p=.001$, $\eta^2=.054$. This difference was attributable to significant differences between African-American patients ($M = 3.19$, $s = 1.316$) and Caucasian/European-American patients ($M = 2.55$, $s = 1.181$), $t(184)=3.045$, $p=.003$, $\omega^2=.043$. The difference was also attributable to significant differences between Asian-American patients ($M = 3.54$, $s = 1.129$) and Caucasian/European-American patients ($M = 2.55$, $s = 1.181$), $t(159)=3.513$, $p=.001$, $\omega^2=.066$. However, no significant difference was found between other ethnic groups on the closedness factor. ANOVA tests failed to find any significant difference between ethnic groups on reported satisfaction or physician’s interaction engagement.

Educational level was also taken into consideration for comparison of reported closedness, satisfaction and engagement. Results indicate that education level did not influence reported physician closedness, health communication satisfaction, or physician’s interactional engagement.

V. DISCUSSION

Tate and colleagues (1999) describe the development of a program for the Royal College of General Practitioners' Membership examination, which tests medical students performance of interpersonal skills, skills which must be demonstrated before completing and graduating from the program. A cursory investigation of Harvard Medical School’s current curriculum from 2001 details four courses that deal directly with doctor/patient interpersonal communication (see course numbers IN709M.Ja, IN709M.Jb, IN720M.0, and HO730.0). A similar examination of the current curriculum of a local medical school does not contain such an emphasis.

Results indicate a strong need from the perspective of patients for either Continuing Medical Education (CME) hours to be offered in the area of doctor/patient and doctor/patient family interpersonal communication or for further discussions with local medical programs regarding the implementation of such communication courses into the curriculum. The results of the study provide evidence for the feasibility of such programs, and for negotiation to occur with interested local (and possibly state) health and health training organizations.

Although this study only investigated the perceptions of patients, future studies might investigate the physician’s perspective regarding the need for such interpersonal skills training. Perhaps the study could be extended to other health care providers such as nurses or dentists.

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