

PERCEPTION OF COMMUNICATION BETWEEN DOCTORS AND PATIENTS - ON-LINE RESEARCH AMONG DOCTORS IN CROATIA

Marijana Braš^{1,2}, Jozo Dubravac³, Veljko Đorđević² & Neda Pjevač⁴

¹Department for Psychological Medicine, Clinical Hospital Centre Zagreb, Zagreb, Croatia

²Center for Palliative Medicine, Medical Ethics and Communication Skills,
University of Zagreb School of Medicine, Zagreb, Croatia

³Croatian Health Insurance Fund, Human Resources Department, Zagreb, Croatia

⁴Department of Educational Technology & Educational Multimedia Center,
School of Public Health „Andrija Štampar“, Zagreb, Croatia

received: 4.10.2018;

revised: 9.11.2018;

accepted: 12.12.2018

SUMMARY

Background: Different studies clearly show that doctor-patient relationship and communication are extremely important. They have a big influence on the outcome of medical treatment, but also on the cooperability, quality of life, safety of patients, teamwork, cultural sensitivity and fewer complaints to the doctor's work. In this paper, we present results of our original research about attitudes of doctors and their perception related to the importance of communication between doctors and patients and person-centered approach.

Subjects and methods: This cross-sectional study used a 28 items on-line survey to collect data from doctors in the period from 29 September 2015 till 23 November 2015 by using the Google forms. Total of 939 doctors from the entire Croatia responded.

Results: Main results of the study suggest that doctors are aware of the importance of communication between doctors and patients and that education about communication skills was not appropriate during their study. Doctors have undoubtedly expressed their desire for further development and learning about a better communication between doctors and patients and they have showed in this research that they love their job.

Conclusion: The research unambiguously speaks in favor of the need of the significant strengthening of this segment within the program of the School of Medicine and support the current changes in the medical curriculum at the School of medicine University of Zagreb.

Key words: doctor-patient relationship – communication – education - person-centered medicine

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INTRODUCTION

The doctor-patient relationship has changed throughout history, as the role of doctor has been evolved from a paternalistic model to a model of collaborative partnership. Doctor-patient relationship is dependent on both the era and social culture and the potentials and technological limitations of medicine in a period (Braš et al. 2016). Characteristic of the relationship in the model of collaborative partnership should be the educated patient, confidence and level of guidance and leadership, with an educational and advocacy role on behalf of the doctor (Đorđević et al. 2012a). Today it is more than ever important to balance the humanistic approach and medical sciences because every consultation is a unique process, in which a physician should see not only the problem presented by the patient, but also the patient's experience of illness, knowledge, and the nature of the illness which are all intertwined in medical decisions and outcomes (Đorđević et al. 2012b). Person-centered medicine has emerged as a response to the organ-specific, technical, fragmented medical treatment and care, and its main component is the cornerstone for successful treatment and care (Snaedal 2012). The International College of Person-

Centered Medicine (ICPCM) promotes medicine of the person, for the person, by the person, and with the person. The ICPCM emerged from the ongoing annual Geneva Conferences as a strong international network of dozens of leading world-wide medical organizations and institutions (Mezzich et al. 2010, Mezzich 2011a, Mezzich 2011b, Mezzich et al. 2011).

Communication has been defined as the transmission of information, thoughts and feelings so that these are satisfactorily received and/or understood (Gerteis et al. 1993). Effective physician-patient communication is a central clinical function in building a therapeutic relationship. Therefore, in recent decades great attention has been paid to the quality of communication in medicine. Communication is the most widely used clinical skill in medical practice, which includes all participants of the health system. Communication and relationships have an impact on patients' experience of care, improve patients' adherence to treatment regimens, clinical outcomes, quality of care, and patients' safety, contribute to teamwork and cultural sensitivity, and reduce medical malpractice risk (Neeman et al. 2012, Meryn 1998). Communication between patients and physicians must be based on common understanding in a caring and dynamic relationship that also involves the patient's family.

Communication is a skill, which can be taught. Training in communication skills in medicine is essential for a long-term theoretical, practical, individual, and team work. Communication skills training is internationally accepted as an essential component of medical education. However, the educational background and characteristics of communication skills teaching are a less studied field. Anglo-Saxon countries are pioneers in integrating this subject into undergraduate and postgraduate medical education. Less is known about other countries, especially Spanish-speaking and Central and Eastern European countries (Ferreira et al. 2014 a, Ferreira et al. 2014 b, Moore et al. 2012). Since communication skills can be learned and mastered by practice, experiential learning is important, and individualized and interactive format of teaching should be applied adhering to the principles of evidence-based and person-centered medicine (Ferreira et al. 2015). The aim of this research was to analyze the attitudes of doctors related to the importance of communication between doctors and patients, the perception of doctors about their education of communication skills as well as their attention to person centered approach.

SUBJECTS AND METHODS

The research was performed among 939 doctors from the entire Croatia. All subject gave informed consent and their anonymity was preserved. The authors created a questionnaire containing 28 questions. The research was performed in the period from September 29, 2015 till November 23, 2015, by using Google Forms. Croatian Medical Chamber sent an e-mail on September 29, 2015 to all members of Croatian Medical Chamber with the link to the questionnaire. In this e-mail the Croatian Medical Chamber supported the idea of this research, emphasizing the importance or appropriate communication between doctors and patients. Total of 939 doctors participated in the study. Among them, 678 were women (72.2%) and 261 were man (27.8%). Doctors were from all Croatian counties and majority of them (306) were from City of Zagreb (32.59%). Distribution of doctors by counties is presented in the Table 1. 653 doctors (69.54%) communicate with less than 500 patients, 145 doctors (15.44%) communicate with 500-999 patients, 96 doctors (10.22%) communicate with 1000-1499 patients, 28 doctors (2.98%) communicate with 1500-1999 patients and 17 doctors (1.81%) communicate with more than 2000 patients. Descriptive statistical analysis of the responses was performed.

RESULTS

We divided the results in different sections, according to different aspects of communication that we want to analyze. 433 doctors (46.1%) fully agree that the program of the School of Medicine pays very little attention to the practical aspects of communication with

Table 1. Distribution of doctors participated in the research by counties

County	Frequency	Percent
City of Zagreb	306	32.59
Dubrovačko-neretvanska	11	1.17
Zadarska	20	2.13
Splitsko-dalmatinska	70	7.45
Šibensko-kninska	13	1.38
Koprivničko-križevačka	11	1.17
Krapinsko-zagorska	22	2.34
Međimurska	19	2.02
Bjelovarsko-bilogorska	24	2.56
Zagrebačka	61	6.50
Osječko-baranjska	48	5.11
Požeško-slavonska	2	0.21
Varaždinska	34	3.62
Vukovarsko-srijemska	19	2.02
Brodsko-posavska	23	2.45
Virovitičko-podravska	12	1.28
Ličko-senjska	3	0.32
Istarska	37	3.94
Sisačko-moslavačka	33	3.51
Karlovačka	26	2.77
Primorsko-goranska	145	15.44
Total	939	100.00

patients (Likert scale 5). Additionally, 291 (31.0%) doctors agree (Likert scale 4), 160 (17.0%) neither agree nor disagree (Likert scale 3), 43 (4.6%) doctors don't agree (Likert scale 2) while 12 (1.3%) doctors don't agree at all (Likert scale 1) that the program of the School of Medicine pays very little attention to the practical aspects of communication with patients. Regarding person-centered approach, 387 (41.2%) doctors agree that during their education too much attention was given to the biomedical model of illness and its treatment, and humanistic aspects of illness were neglected (Likert scale 4). Additionally, 265 (28.2%) doctors fully agree (Likert scale 5), 210 (22.4%) doctors neither agree nor disagree (Likert scale 3), 52 (5.5%) doctors don't agree (Likert scale 2) while 25 (2.7%) doctors don't agree at all (Likert scale 1) that too much attention was given to the biomedical model of illness and its treatment, and human aspects of illness were neglected. 480 (51.1%) doctors fully agree that the program of the School of Medicine should also include experiential learning the communication skills (Likert scale 5), 315 (33.5%) doctors agree (Likert scale 4), 100 (10.6%) doctors neither agree nor disagree (Likert scale 3), 27 (2.9%) doctors don't agree (Likert scale 2) and 17 (1.8%) don't agree at all (Likert scale 1). 360 (38.3%) 9 doctors fully agree (Likert scale 5) that they want to participate in educations related to communication skills, 306 (32.6%) doctors agree (Likert scale 4), 162 (17.3%) doctors neither agree nor disagree (Likert scale 3), 56 (6.0%) don't agree (Likert scale 2) and 55 (5.9%)

don't agree at all (Likert scale 1). 274 (29.2%) doctors don't agree that their communication with the patients consists most often of simply asking for the medically relevant information connected to the illness itself (Likert scale 2), 199 (21.2%) don't agree at all (Likert scale 1), 1196 (20.9%) doctors agree (Likert scale 4) 188 (20.0%) doctors neither agree nor disagree (Likert scale 3) while 82 (8.7%) fully agree (Likert scale 5). 383 (40.8%) doctors agree and 351 (37.4%) doctors fully agree that the patient's family also makes the basic part of communication process. Majority of doctors (567; 60.4%) fully agree that appropriate communication with the patient can appease the symptoms of illness, i.e. it can be important for the outcome of medical treatment (Likert scale 5). 428 (45.6%) doctors fully agree and 395 (42.1%) agree that communication with patients has an important role in the placebo as positive and the nocebo as negative effect of communication. 457 (48.7%) doctors fully agree and 388 (41.3%) agree that the basic aim of the medical treatment should be the improvement of quality of life for the patient, where communication has an important impact. 402 (42.8%) doctors agree that patients often have unrealistic expectations from the doctors (Likert scale 4). Additionally, 267 (28.4%) fully agree (Likert scale 5), 214 (22.8%) neither agree nor disagree (Likert scale 3), 40 (4.3%) don't agree (Likert scale 2) and 16 (1.7%) don't agree at all (Likert scale 1). 297 (31.6%) doctors agree that they often feel emotionally exhausted by the patients (Likert scale 4), 276 (29.4%) doctors fully agree, 201 (21.4%) neither agree nor disagree, 124 (13.2%) don't agree and 41 (4.4%) don't agree at all. 261 (27.8%) doctors agree and 261 (27.8%) neither agree nor disagree, 228 (24.3%) doctors fully agree, 130 (13.8%) don't agree and 59 (6.3%) don't agree at all that they can discuss with their colleagues their feelings towards the patients, either positive or negative. 368 (39.2%) doctors agree that they are satisfied with their job (Likert scale 4), 293 (31.2%) are fully agree (Likert scale 5), 173 (18.4%) neither agree nor disagree (Likert scale 3), 72 (7.7%) don't agree (Likert scale 2) and 33 (3.5%) don't agree at all (Likert scale 1).

DISCUSSION

The results of the research clearly suggest that doctors are aware of the importance of communication between doctors and patients. They are especially aware of the strength of placebo and nocebo as a part of the entire medical treatment of the patient. They believe that as a part of communication it is important to include the patient's family into the medical treatment. As for the challenges the doctors meet in their everyday work with the patients, most doctors think that patients have unrealistic expectations from their doctors. It is quite disturbing that the doctors often feel emotionally exhausted by their patients. This in fact represents the

challenge for the medical profession in the compilation of programs for the strengthening of doctors, in the aim of lowering their level of stress and burnout. This is a very important recommendation. The doctors have undoubtedly expressed their great desire for further development and learning about a better communication between doctors and patients and they have showed in this research that they love their job. The aspect of support given by their colleagues leaves space for additional research, as there are many factors involved in this support (the way of running the organization; whether the support is organized or is present only at individual level; are the doctors exhausted; is there a burnout syndrome, etc.). Result suggests that doctors are aware of the importance of holistic approach to their patients but also that additional education on person-centered medicine is needed. Person-centered medical education is a key priority in the implementation of person-centered medicine and people-centered health care. We must see patients as individuals within their physical, psychological, social, and spiritual totality. Medical education is critical component of person-centered health care, which is developed from the ground up and requires a revised approach to teaching of clinical skills (among them, communication skills). It is the first step in the establishment of person-centered medicine culture among its practitioners and patients alike (Đorđević et al. 2011, Đorđević et al. 2014). The research unambiguously speaks in favor of the need of the significant strengthening of education on communication skills within the program of the School of Medicine, especially experiential learning. Ex-cathedra lectures on communication will never be successful to teach communication skills (Deveugele et al. 2005).

Croatia shows a long tradition in the promotion of person-centered medicine and people-centered health care (Đorđević et al. 2015, Coulehan & Block 2005). Although for the past twenty years communication skills have been taught in various courses in Croatian medical schools, major curricular changes have occurred in the last seven years, especially at the University of Zagreb School of Medicine. In September of 2010, the Centre for Palliative Medicine, Medical Ethics, and Communication Skills (CEPAMET) was founded as a department of the University of Zagreb School of Medicine and ever since has served as a center for communication skills education for medical students, health care professionals, volunteers, and the general public (Đorđević et al. 2015). An elective course, Communication in Medicine was introduced in 2011 for students of the fourth, fifth, and sixth year that teaches methods of experiential learning as well as the Calgary-Cambridge model for the medical interview. Another important novelty was the introduction of mandatory longitudinal course, Fundamentals of Medical Skills, which is taught to students from the first throughout the sixth year and is divided into clinical skills and

communication skills components. This course is also taught to students in the English-language medical program. Also, communication skills teaching is a part of general physician competencies teaching, which is a mandatory part of post-graduate training for all specialists in Croatia. Special modules dedicated to communication are taught at the post-graduate specialist level, dealing with the specifics of communication in the individual specialties (e.g., communication skills in psychiatry, oncology, nephrology, neurology etc.). CEPAMET also organizes various post-graduate continuing education courses dedicated to communication skills within specific clinical fields, especially in oncology and palliative medicine. Manuals and other publications have been created for each of these courses, and CEPAMET has undertaken various research projects on this subject. The medical interview provides a framework through which physicians can explore and understand patients' concerns, fears, misconceptions, and what they bring to their illness, while taking into consideration their culture, the availability of various treatment options, and financial considerations. Medical interview is a complex process of obtaining information for the purpose of making a diagnosis and it is an extremely important factor in establishing the relationship between health professionals and patients (Coulehan & Block 2005, Lazare et al. 1995). The Zagreb model of person-centered medical interview is focused not only on the disease but on patient's quality of life in the context of health and disease. Person-centered medical interview is an important bridge between personalized and person-centered medicine (Đorđević et al. 2012 b). When we talk about different forms of communication in medicine, we must never forget the importance of communication through art. CEPAMET has also pioneered many projects related to art as one of the best forms of educating medical professionals and others involved in treatment and decision-making (Braš et al. 2013). Although the numerous positive steps undertaken on this subject are already evident regarding attitudes, knowledge, and skills, this is merely the beginning of a long journey that will require numerous research projects and continued development of educational programs. It is especially important to mention that, within its educational programs in communication skills, Croatia emphasizes the importance of person-centered medicine and the culture of health (Braš et al. 2013, Đorđević et al. 2015).

CONCLUSIONS

The core of the medical profession is the relationship between the health professional and the person seeking assistance. In the current model of collaborative partnership, communication between doctors and patients is very important. The ability to communicate effectively is a skill that can be taught

and learned at all levels of medical education, from undergraduate program until the continuing medical education. In the process of education, experiential learning is the most important part. Doctors in Croatia clearly recognize the importance of communication in clinical practice and the need for better education in this field. It is necessary to develop, evaluate and implement training programs aimed at enhancing person-centered communication and care.

Croatia has begun the serious task of incorporating communication skills education and recognizing it as an exceptionally important component of medical undergraduate education, post-graduate specialty training, and continuing education. This research strongly supports the current changes in the medical curriculum at the University of Zagreb School of Medicine.

Acknowledgements: None

Conflict of interest : None to declare.

Contribution of individual authors:

Marijana Braš participated in the design of the study, participated in the design of the questionnaire and participated in the preparation of whole manuscript (especially in introduction chapter).

Jozo Dubravac participated in the design of the questionnaire and almost all organizational activities related to research (collaboration with Croatian Medical Chamber, collection of questionnaires...) and he participated in statistical analysis.

Veljko Đorđević participated in the design of the study and in the preparation of manuscript (especially in discussion chapter).

Neda Pjevač participated in statistical analysis and in the preparation of manuscript (especially in the chapter related to results).

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Correspondence:

Prof. Marijana Braš, MD, PhD
Department for Psychological Medicine, Clinical Hospital Centre Zagreb
University of Zagreb School of Medicine
Šalata 3, 10 000 Zagreb, Croatia
E-mail: mbras@kbc-zagreb.hr