



Patients' expectations and satisfaction with their health providers

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The growing amount of research into patients' expectations of medical consultations reflects the view of the patient as an active consumer rather than a passive recipient of care. Patients' care often diverges from their expectations in important respects. Patients tend to receive more prescription and less information. The fulfillment of certain expectations has been related to satisfaction with the consultation that in turn would improve compliance. Patient satisfaction is also correlated with the patient's reported intention to change physician. The higher the perceived fulfillment of the expectation is, the higher the satisfaction is. When fulfillment is lower than the expectation, the greater the gap and the lower the satisfaction. Today patient satisfaction is considered a key measure of quality of care and patients reporting higher satisfaction were more likely to have a higher quality of life.

Method

375 Patients (220 women and 155 men) who were attending various internal/surgery clinics (except for pediatrics clinic) at a large teaching hospital and consented to participate in the study were selected. The patients aged 18 to 79 with a mean age of 42.5 years old. The patients filled the following questionnaires: A one page demographic information questionnaire, The 28-item Patients Requests Form which measures three forms of expectations: explanation and reassurance, emotional support and investigation and treatment. Each item was rated on a 3 point scale (agree, uncertain and disagree) for "how much it applies to your visit today", A satisfaction questionnaire which Measures the patients' satisfaction with their health providers on a three point scale of seven different aspects of satisfaction (including overall satisfaction and intention to change

physician). The data transferred to SPSS for further analysis.

Results

Table 1, shows the comparison of the three expectations of the patients with ANOVA method. Significant differences were found in "emotional support" and "investigation and treatment" expectations among patients. The post Hoc analysis of the table 1 results showed that the patients of neurology and psychiatry clinics expected more emotional support from the treating physicians than the ophthalmology patients and the differences were significant. Also the patients of internal clinics expected more investigation and treatment than ophthalmology clinic patients, and the differences were significant.

Table 2, shows the correlation between patients' total satisfaction with adherence to therapeutic recommendations and intention to change doctor. There is a significant and positive correlation between patients' satisfaction and therapeutic adherence and a significant negative correlation between satisfaction and intention to change doctor.

Table 1 - The Comparison of patients' expectations in twelve clinics

V	SOS	df	MOS	F	sig
Explanation					
BG	55.28	11	5.02		
WG	1459.66	363	4.02	1.25	.25
Emotional Support					
BG	165.47	11	15.04		
WG	2625.47	363	7.02	2.08	.02*
Investigation & treatment					
BG	100.94	11	9.17		
WG	1689.20	363	4.65	1.97	.03*

Table 2 - Correlation of satisfaction with therapeutic adherence and intention to change doctor

Correlation	Satisfaction	Adherence	Change
Satisfaction	1	.216	.410
Adherence	.216	1	-.318
Change	-.410	-.318	1

Discussion

This investigation expands our understanding of patients' unmet expectations for medical care. Patients with wide variety of medical complaints may have common and different expectations of their health care visits, and are less satisfied with their medical visits when they do not receive such care. The common and most immediate post visit expectation for care of all the patients studied, was " explanation and receiving information" which are consistent with other studies. Need for information should be added to the health belief model originally formulated to explain preventive health behavior. It is not always enough to order and prescribe. Diagnosis and treatments must be explained, options presented and management plans negotiated. Our study and other studies have demonstrated the importance of providing information to patients. Education may facilitate the technical aspects of the patients' care as well as enhance the patients' sense of personal control and social support.

The results of this study suggest that the influence of others, a neglected element of the health belief model

is worth further investigation. Patients who desired and received certain elements of nontechnical care (counseling and emotional support) had higher visit satisfaction.

Our study and a number of other studies have found a significant relationship between patient satisfaction and the socio-emotional aspects of the physician's behavior, such as their ability to express caring and concern for their patients. The significantly higher expectation for emotional support in patients of neurology and psychiatry clinics compared to other patients reflects the affective nature of those conditions. Patients' perceptions about receiving examinations, tests, medications or nondrug treatments were minimally associated with levels of satisfaction with physicians. Patients of internal medicine clinic based their opinion about health providers on the technical rather than the nontechnical aspects of care, because they regarded the nontechnical types of intervention as more personal.

Dissatisfaction demands a change, such as a change of physician. Patients who had recently changed physicians because of dissatisfaction with their care, were most likely to complain that their physician was too busy to talk with them and didn't appear interested in them as people. Patients were less likely to leave their physician because of concerns about the technical quality of the care that they were receiving.

This study highlights the importance of teaching active-listening skills to general practice physicians. The doctors need to study and adjust their consultation styles to communicate better with their patients.

It is entirely plausible that the results of this study might have been different if the patients had more serious illness or different types of settings were selected. Laboratory tests and medications might have a greater impact on patient satisfaction in more seriously ill patients.

This study emphasizes the potential importance of understanding patients' expectations for maintaining patient satisfaction and controlling health care costs. False positively and cost-effectiveness patients are demanding diagnostic tests and therapeutic interventions that may not always be in their own interests, and society's.

If supported by larger studies, these findings suggest that more training in the elicitation and negotiation of patients' expectations would be a worthwhile addition to the medical curriculum.

