CIEA 2014

Relation of some communication parameters to patients' education, gender and age.
Teaching to communicate effectively

Andrea Ildikó Gáspárik[a*], Levente Vass[b]

[a]UMF. Tîrgu Mures, 38 Gh. Marinescu, Tîrgu Mure 540139, Romania
[b]Studium Foundation, 85 Trebely, Tîrgu Mureş 540081, Romania

Abstract

Communication between doctor and patient is the most important tool to generate, access, and exchange relevant health information. In order to argue for the need of revising medical communication, we aimed at evaluating in this paper – by analysing 60 doctor-patient interactions - a possible relationship between certain patient-patterns (as education, gender and age) and the quality of interaction with the physician.

© 2014 Elsevier Ltd. This is an open access article under the CC BY-NC-ND license
(http://creativecommons.org/licenses/by-nc-nd/3.0/).
Peer-review under responsibility of the Alexandru Ioan Cuza University.
Keywords: physician, patient, education, gender, age, communication

1. Introduction

The most specific activity in a doctor's career is meeting the patient. The number of these interactions is estimated to be around 160-300.000 during an average doctor's career (Lipkin, 1996). These medical visits can become source of frustration and exhaustion, or a source of refreshing.

Communication between doctor and patient is the most important tool to generate, access, and exchange relevant health information (Kattel, 2010). It also has been identified as the most important factor in determining patients' adherence to treatment (Zolnierek, Kelly, & DiMatteo, 2009). Low compliance with prescribed medical interventions is an actual and crucial problem in medical practice and it is associated with substantial medical cost

_____

* Tel. : +40-733-982-409; Fax +40 365 424455
E-mail address: gasparik@gasparik.ro

including increased hospital admissions and unnecessary expenditure on medication (Wong & Lee, 2006).

Social changes and technological progress was followed by dehumanizing tendencies in medicine. According to some studies, medical universities also contributed to dehumanization of medicine (Meunier, Merckaert et al., 2013).

Communication studies in medical counselling demonstrated that doctors conduct their medical visits differently depending on their gender (Bertakis, 2009) and age (DeVoe & Wallace, 2009).

It was also demonstrated, that doctors with good interpersonal abilities, detect earlier patients' concerns (Gasparik & Abram et al., 2012), prevent complications and further expensive interventions. Generally, they represent a psychological support for their patients (Soitu, 2001).

We assessed the relation of certain parameters of consultation with patients` education, gender and age.

2. Objectives

- Evaluation of a possible relationship between some patients' patterns and the quality of interaction with the physician
- To argue for the need of revising medical communication

3. Methods and results

We used observation and transversal analysis, including 60 doctor-patient interactions in 10 ambulatory practices in 5 Romanian cities. Average age of the patients was 60, doctors 51 (same number of males and females for both, doctors and patients). We selected equally, urban as rural patients, patients with and without a high school graduation. As what concerns the relation between number of questions expressed by patients and their education, we used a contingency table and *chi test*, where we obtained a statistically significant difference (p-0,0001). The estimated risk (OR 25,67 (IC 95 %:- 9,65-68,26), shows a probability of 25,67 times higher to formulate two or more questions by educated patients compared to those with less than 12 classes.

Table 1. Number of questions formulated as a function of education.

Education	Graduated	Non-graduated
More than 2 questions	56	12
Less than 2 questions	8	52

Tables nr 2-4. show relationship between duration of interaction and patients` gender, age and education, where we had a value of p < 0,05 in case of gender and education. Any correlation with patients' age was infirmed.

Table 2. Duration of interaction depending on gender

Gender (P-0,03)	Male	Female
Average length	7,06	8,26
SD	0,96	0,95

Table 3. Duration of interaction depending on age

Age (P-0,85)	Male	Female
Average length	7,6	7,72
SD	1,26	1,25

Table 4. Duration of interaction depending on education

Education (P-0,05)	High school graduated	Non-graduated
Average length	8,68	6,96
SD	1,85	1,17

4.   Discussion

Our results show, that patients with a higher education are more involved in a doctor-patient interaction, formulating more questions compared to patients with a lower education. Concerning the length of the encounter, physicians were observed to spend more time (when motivated by the involvement of the patient) with educated and female patients. There were no significant differences between age groups in terms of interest or length of a visit.

This fact proves the facilitation of doctor's implication. The strong correlation indicates doctor's motivation determined by patient's characteristics and engagement.

Several studies demonstrated, that patients do not receive the necessary information they need to adhere to the treatment. Patient compliance, as well as patient-satisfaction increased after participating in different educational programs (Street & Makoul et al., 2009).

Both parts patients and physicians can be educated to organize, to keep focused on main problems can provide each others with accurate, relevant information.

However communication is part of medical education, crowded curriculum and inefficient education techniques may explain that these skills are still suboptimal and probably familiarized by experience only.

5.   Conclusions

Our findings show doctor's motivation and quality of communication to be strongly influenced by patients' characteristics (involvement in discussions). Taking in consideration that good clinical communication –alone- can improve health status, engaging both: doctors and patients in a focused and efficient interaction may improve patients` health outcomes.

Data suggests the need to develop strategies for coaching the parts in their communication. It would be also considered a review of the medical communication curricula and technique in medical schools.

References

Bertakis, K. (2009). The influence of gender on the doctor-patient interaction. *Patientient Education and Counseling* ,76(3), 356-360.
DeVoe, J.E., & Wallace, L.S. (2009). Patient age influences perceptions about health care communication. *Family Medicine*, 41(2), 126-330
Gasparik, A., & Abram, Z. (2012). Particularitățile comunicării medic-pacient. Compararea rezultatelor unei evaluări din România cu date similare din Japonia şi Statele Unite ale Americii. *Acta Medica Transilvanica*, 3(19-20), 163-164.
Kattel, S. (2010). Doctor Patient Communication in Health Care Service Delivery: A Case of Tribhuvan University Teaching Hospital, Kathmandu.
Lipkin, M. Jr. (1996). Sisyphus or Pegasus? The physician interviewer in the era of corporatization of care. *Annals of Internal Medicine*, 124, 511–513
Meunier, J., & Merckaert, I. (2013). The effect of communication skills training on residents' physiological arousal in a breaking bad news simulated task. *Patient Education and Counseling*, 93, 40–47.
Şoitu, L., (2001). *Pedagogia comunicării.* Iasi: Institutului European.
Street, Jr. R.L., & Makoul, G. (2009). How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patientient Education and Counseling,* 74(3), 295-301.
Wong, YS., Lee, A. (2006). Communication skills and doctor patient relationship. *Hong Kong Medical Diary*, 3: 7-8
Zolnierek, H., Kelly B. M. & DiMatteo, R. (2009). Physician Communication and Patient Adherence to Treatment: A Meta-analysis. *Medical Care*, 47(8), 826–834.