

Patient Satisfaction and Adherence to Treatment in Relation to Communication/ Interaction with Health Professionals; A Cross Sectional Study

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Abstract

Objective: To quantify the satisfaction level of patients in public, private, and semi-government hospitals in relation to their communication with health personnel and its effect on their treatment compliance.

Methodology: This was a cross-sectional analytical study. Convenient sampling was done and the sample size (N=228) was calculated using the Creative Research Systems Survey Software. Population under study included men and women over the age of 18 years with any experience at a hospital/ any interaction with medical staff. People who visit hakim and herbal shops were excluded. Data was collected through structured questionnaire by using Google Docs. After IRB-FMC permission the link of the questionnaire was then randomly distributed to the different known departments of Air University.

Results: Significant association between younger age, male gender and presence of attendant with satisfaction keeping p value at 0.05 was found. Friendly and easily accessible doctors and perception that the doctor prescribed accurately showed an association with satisfaction. There was association between having a chronic illness and being satisfied with adherence to treatment. No association was found between type of hospitals, monthly income and occupation with satisfaction level and adherence to treatment.

Conclusion: Satisfaction played a significant role in a patient's adherence to treatment. Therefore, contributing factors like demeanor or IPS (Interpersonal Skills) significantly affected satisfaction and consequently, adherence.

Key words: Adherence, satisfaction, health personnel

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Introduction

Health care is going through a rapid transformation to meet the increasing requirements and demands of patients. The level of patient satisfaction is an important health outcome that is used to assess the quality of care.¹ The doctor-patient relationship is critical in the treatment of any illness and can influence a patient's compliance with their treatment. According to WHO "the extent to which a person's behavior while taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider." Satisfaction of a patient is the key factor in adherence to the treatment of any disease.² Adherence to the

recommended regime has a link with clear understanding, communication age and education level of the patient. A patient's fundamental lack of understanding of the treatment leads to a greater chance of non-compliance with treatment.³ One of the factors responsible for poor compliance was found to be the patient's dissatisfaction because of incomplete knowledge of their treatment regimen.⁴

Statistics of the US in 2016 showed that lack of communication between patient and health care professionals in the last five years resulted in the deaths of patients. These deaths could have been avoided if the patient and the healthcare provider had communicated more effectively.⁴ Patient age and health status take

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priority when we consider factors affecting satisfaction.⁵ Studies has shown that people with higher education levels are less satisfied with the health-care services provided to them as compared with their latter counterparts.⁶ The health of the patient is also a significant factor affecting adherence and satisfaction; greater satisfaction is observed in those with better overall health. Patient perception of the time spent with their physician is also strongly associated with overall satisfaction. The famous Canadian physician, Sir William Osler known for teaching at bedside, stated, "A good physician treats the disease and a great physician treats the patient who has the disease".⁷ Satisfaction, in simple terms refers to fulfillment. Health care must be viewed from the patient's perspective as well. The patient arrives with expectations that must be met, or there is a risk of non-adherence. Patient satisfaction has been established as a core component of physician rankings and reimbursement.⁸

A study in 2018 by the State Bank of Pakistan in Punjab on the state of the public health sector revealed that in the province, 72% of households chose 'not agree' when asked if they received good medical attention by a professional member of staff, and this number raised to 80% when asked if they were treated well by members of staff.⁹ Another study conducted in Peshawar; Pakistan, showed that there was a decreased level of satisfaction in the patients due to the amount of time spent with the doctor. They believed that the time spent with the healthcare provider was not sufficient.¹⁰

A Finnish study undertaken in 2016 defined patient compliance as "Patient's responsible, intentional and active role in self-care, taken to maintain his or her health in collaboration with healthcare personnel". The constant checks with medical personnel helped improve adherence rates greatly.¹¹ Focusing on communicating to the patient about the medication they are prescribed for the illness is a form of self-care is an important step in improving patient compliance.¹² Another factor to consider is physician burnout or any form of staff burnout. Studies show that an exhausted physician will perform twice as worse as one at even half energy. Unprofessional, unsafe and unsatisfactory care is provided when a professional is not at an acceptable level of alertness. A meta-analysis conducted on male physicians from ages 27 to 57, with a median age of 38, revealed a significant increase in lack of professionalism resulting in decreased care for patient safety which accompanied the lowering of satisfaction level in the patients.¹³

The aim of this paper is to explore the factors that can positively or negatively affect the adherence of a patient to

their treatment. Why does a patient not listen to what the physician has recommended? What factors are driving patients to seek out third or fourth opinions instead of listening to the advice of their healthcare provider? We will be reviewing the rate of compliance in a comparative degree.

Materials and Methods

It was analytical Cross-Sectional Study. The study was carried out from November, 2019 – October, 2020. Men and women above the age of 18 years with any experience at a hospital/ any interaction with medical staff were included however, those who visit hakim and herbal shops, etc were excluded. Convenient sampling was employed to gather data. Initially, the sample size was calculated to be 288 using a sample size calculator from Creative Research Systems Survey Software.¹⁴ However, as the research was conducted in COVID-19 pandemic, OPDs had limited numbers of patients, so data collection was shifted to online data collection. Group IDs of different Air university departments were taken from IT department and questionnaire was sent on google docs. Responses that we received were 226. Permission was taken by IBR of Fazaia Medical Collage, Air University. Informed consent was taken from the participants in the beginning of the questionnaire.

Variables like age, gender, education, occupation, type of hospitals, waiting time at hospital, interaction at reception, communication with doctor, details of diagnosis and treatment explained by the doctor, attitude of doctor, accessibility of doctor after the hospital, presence of attendant during consultation, having chronic illness and comorbidities effecting patients treatment, taking second opinions for chronic illness were the main variables.

Results

Various variables which can affect satisfaction of patients and then adherence to treatment were considered. Initially questions about all variables affecting satisfaction were asked then they were asked about how much they adhere to their treatment. 65.8% of the respondents in the study were students. Majority, (78.7%) of them had a 'higher' level of education.43% of respondents were satisfied with the different health care personnel (doctors, nurses, receptionists, attendants and technicians) in the hospital in relation to communication/interaction with them. 42.7% of the respondents said that their interaction at the reception was friendly. Similarly, when asked about the presence of an attendant, 43.6% agreed that an attendant was present while for 33.7% of them, an attendant was not present.

The findings revealed that 57.7% of respondents reported their doctor was attentive and 60.5% of respondents agreed that the doctor treated them with respect. Majority (59.1%) agreed that they trusted their doctor with their health. Whereas, 55.1% of the respondents agreed that their condition was well explained to them by the doctor. Similarly, 51.2% of the respondents agreed that they are on the same page with their doctor regarding their treatment, 52.9% of the respondents reported that they were satisfied with their experience with the doctor in terms of communication, time spent, attentiveness, friendliness and treatment prescribed. 59.1% of the respondents agreed that they tend to complete the treatment courses that the doctor has put forth for them. 34.7% of the respondents disagreed when asked if the doctor is easily accessible after the hospital visit. 31.6% of the respondents, on the other hand agreed that the doctor is easily accessible after hospital visit, while rest neither agreed nor disagreed.

Most people (61.8%) were satisfied that the medication that they were prescribed was the right one. On the other hand, 28.4% of respondents said that they tend to stop the treatment before recommended time. 24% of respondents in the study had a chronic illness and in those people with a chronic illness, 59.6% do not remain consistent with the same doctor regarding their illness, they tend to take second opinion or change their doctor. Younger population (age 18-35 years) tend to be more satisfied (p value 0.00) with their health care experience. 68% of respondents agreed that it makes a difference whether the doctor is friendly or not.

In regard to adherence to treatment a significant association was seen with female gender, with p value of 0.00. On the other hand, female respondents were generally not as satisfied (p value 0.01) with their healthcare experience as compared to males.

Table I: Association of variables with satisfaction and adherence to treatment	
Variables Cross Tabbed Against Satisfaction	P value
Higher Education	0.09
Monthly income	0.90
Doctor's friendliness	0.00
Doctor's availability post consult	0.00
Type of hospital	0.09
I have been prescribed by my doctor accurately	0.00

Patients who had higher Education, chronic illness and who believed their attending doctor was attentive and responded to their questions showed significant association with following of treatment religiously till the end with p value of 0.02,0.01 and 0.05 respectively. Those

who were satisfied with their doctor's in general because of communication and in perception that he/she prescribed correctly completed treatment till the end (p value 0.00)

No association was found between the monthly income, occupations, and type of the hospital that they go to with satisfaction of the patient.

Cross Tabulation	
Variable Cross-Tabbed Against Adherence	P Value
Gender (female)	0.00
Age (younger age group)	0.00
Occupation	0.052
Income	0.628
Type of Hospital	0.255

Discussion

Patient satisfaction and their adherence to a given treatment regimen have always been significantly correlated. It has been observed that the more a patient is satisfied with their health professional, the more strictly they will adhere to the given treatment regimen (or better satisfaction rates among patients leads to increased compliance or adherence to treatment). Our study aimed to establish a link between the two, if present; as well as establishing (or finding) any contributing factors that could have any bearing on adherence and satisfaction. The results of our study are mostly concurrent with initial assumptions.

As hypothesized, the findings of the present study suggest that a significant positive relationship exists between adherence and patient satisfaction. Moreover, other studies¹⁵ also state that patient satisfaction with health care personnel is associated with adherence. Consequently, it would be safe to assume that any factors affecting satisfaction will, transitively, also affect adherence. Moreover, our results indicated that age of the patient has a significant association with satisfaction as well as adherence to treatment. Younger age group was more satisfied with their experience. Which was in contrast to other studies showing more satisfaction with older age. A possible explanation for this could be that with increasing age comes a more profound understanding (or fear) of a person's mortality and as a result, adherence rates and satisfaction might be positively associated with it i.e. increased with increasing age.¹⁶ There might be other factors responsible for these results.

All health professional's especially doctor's IPS (Interpersonal skills) related variables were shown to be positively affecting satisfaction level of the patient. This is corroborated by previous studies which also show that the

relationship between interpersonal skills and satisfaction of patient is of significance and a positive association can be found between them.¹⁷ A patient's adherence to treatment is dependent on their understanding (or comprehension) of affliction they have. This in turn is dependent on the ability of the doctor to communicate with the patient. So, it would only be natural that patients with a better comprehension of their disease and treatment would have better adherence levels.¹⁸

Similarly, we observed that Gender differences in patient satisfaction are not straightforward, but vary according to underlying cultural and social norms. Our study also showed rather skewed results with difference between male and female patient satisfaction rates. Another contributing factor is the presence of an attendant during examination. Our results showed that the presence of an attendant definitely made a difference and helped increase satisfaction rates which is which is consistent with the findings a previous study. that attendants not only provide physical and mental support to patients, but also supplement hospital services by serving as a bridge between service providers and patients.¹⁹

Education level did significantly contribute towards satisfaction or adherence in the present sample. The present findings extend our understanding in a sense that as most of our respondents were either university students or graduates. Therefore, the data lacks variability in terms of education. As far as patient satisfaction is concerned, another study shows that patients with lower education levels tend to be more satisfied than patients with higher education levels.²⁰

Conclusion

Similarly, income and occupation were shown to be insignificant predictors of adherence or satisfaction. We assume that satisfaction would probably be more dependent on the doctor's IPS and the overall communication with the patient rather than patient's income and occupation. Adherence rate could be more easily explained by basic human nature and a person's innate fear of sickness and death rather than being affected by external factors (which would be in line with the findings of our study).

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