

## Investigation and Analysis of Satisfaction of Doctor-Patient Communication in Third Class a Hospital of Qiqihar City

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**Keywords:** Third-class A hospitals; Doctor-patient communication; Satisfaction

**Abstract: Objective:** To understand the communication satisfaction between doctors and patients in the third-grade hospitals in Qiqihar City, and to make recommendations to build a harmonious and harmonious relationship between doctors and patients. **Methods:** Using the questionnaire survey method, the medical staff and patients or their families in the third-grade hospital of Qiqihar City were used as research objects. The doctor and the patient were investigated using two questionnaires. **Results:** Both doctors and patients evaluated the current doctor-patient relationship as a relatively good majority. 44.9% and 39.3% respectively. In the process of doctor-patient communication, patients' satisfaction with doctors' ability to explain illness clearly, listen patiently and answer questions, offer and explain various treatment schemes, and seek patients' opinions on cost were 20.7%, 38.9%, 47.9% and 61.5%, respectively. **Conclusion:** It is recommended to take effective measures to improve the communication satisfaction of doctors and patients, including patient listening and guiding patients to talk, explaining the treatment options and costs, strengthening humanities education and developing application communication skills.

### 1. Introduction

In recent years, with the reform of China's medical and health system and the improvement of social legal system, the legal consciousness of patients has been constantly enhanced. Medical disputes are increasing year by year. The main causes of medical disputes are poor communication between doctors and patients (including lack of communication/inability to communicate/unequal communication). Increase the antagonistic sentiment of both sides of doctor-patient disputes invisibly [1]. With the transformation of medical model to bio-psycho-social medical model, the development of science and technology and the rapid growth of economy. The people's requirements for medical and health institutions are getting higher and higher, the relationship between doctors and patients is more complicated, and good communication between doctors and patients is more important [2]. Taking this as a background, the questionnaire survey of patients in the third-grade hospitals of our city was collected, and the status of doctor-patient communication in the third-grade hospital of Qihar City was investigated. It is planned to find corresponding countermeasures to promote communication between doctors and patients. Reduce negative negative opposition caused by poor communication, reduce medical disputes, and increase patient satisfaction. In order to provide reasonable suggestions for building a harmonious and harmonious doctor-patient relationship.

### 2. Objects and methods

#### 2.1 Survey object

The survey targets 7 grade A hospitals in Qiqihar City (including Qiqihar First Hospital, Qiqihar Traditional Chinese Medicine Hospital, Qiqihar Second Hospital, Qiqihar Medical College Affiliated First, Second and Third Hospitals, Qiqihar Jianhua Hospital) Medical staff and patients in the hospital. Among them, medical staff are formal practitioners and nurses, excluding interns. The

patients were all conscious adult patients or family members of patients in various hospitals.

## 2.2 Survey method

Using the questionnaire method, the study distributed two questionnaires, the doctor and the patient, to investigate the medical staff and patients or their families. The Cronbach's Alpha coefficient of the questionnaire is 0.834, the test-retest reliability is 0.805, and the structural validity is 0.825, which has good reliability and validity.

Questionnaires were conducted anonymously and were released and recovered on the spot. The collected questionnaires were entered into Excel and the data with logical errors and excessive empty items were eliminated. Then SPSS system is used to analyze the data.

## 3. Results

A total of 580 questionnaires were sent out and 538 valid questionnaires were recovered, with an effective recovery rate of 92.8%. After statistical analysis, doctors and patients thought that doctor-patient communication was "important" accounting for 95.1% and 96.9% of the total, and that "unimportant" accounting for only 4.9% and 3.1% respectively. Thus, the importance of doctor-patient communication has reached a consensus between doctors and patients. Meanwhile, 44.9% and 39.3% of the total doctors and patients rated the current doctor-patient relationship as "better". However, there are still many problems in the communication between doctors and patients. 58.9% of medical staff indicated that they used occasional professional language in communication, but only 20.6% of patients or family members who could fully understand the conversation. For the patient's inquiry, 51.7% of the medical staff thought that "there should be a choice answer." However, the patient hopes that the proportion of the medical staff "should pay attention to and patiently answer questions until the patient understands" is as high as 71.4%.

## 4. Patient satisfaction communication situation

The communication satisfaction of 265 patients with doctors and patients is shown in Table 1.

Table 1 Patient and patient communication satisfaction survey results

Satisfaction	Satisfied		Commonly		Dissatisfied	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Clearly explain the condition	55	20.7%	178	67.2%	32	12.1%
Listen patiently and answer questions	103	38.9%	113	42.6%	49	18.5%
Provide a variety of treatment options and explain the pros and cons of each	127	47.9%	35	13.2%	103	38.9%
Consult patients on cost	163	61.5%	59	22.3%	43	16.2%

## 5. Application of Communication Skills of Medical and Nursing Staff

The application of communication skills of medical staff is shown in Table 2.

Table 2 Results of the survey on the application of communication skills of medical staff

Communication skills	Regular use		Occasional use		No use		No need to use	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Communicate with the patient's proper eyes	181	49.1%	169	45.8%	16	4.3%	3	0.8%
Touching old age or child	147	39.8%	202	54.7%	16	4.3%	4	1.2%
After listening to the patient's speech, I'm giving a comment.	214	58%	91	24.6%	59	16%	5	1.4%
Say words of comfort/encouragement to patients	160	43.3%	111	30.2%	50	13.5%	48	13%
Provide a variety of treatment options and explain the pros and cons of each	132	35.8%	104	28.1%	101	27.4%	32	8.7%

## 6. Factors affecting communication between doctors and patients

Through literature analysis [3,4], combined with the status quo of the third-grade hospital in Qiqihar City, we summed up the four factors of doctors and patients that may affect the communication between doctors and patients, and then determine the most important factors through the questionnaire survey results.

Table 3 Survey results of medical factors affecting communication between doctors and patients

Factor	Medical prescription		Patient	
	Frequency	Percentage	Frequency	Percentage
Shortage of medical staff, busy work and limited time				
Medical ethics, bad service attitude, lack of enthusiasm and patience	248	67.2%	150	56.6%
Lack of professional knowledge and low level of clinical skills among medical staff	207	56.1%	188	63.4%
Lack of awareness of the importance of communication and lack of communication skills	146	39.6%	83	31.3%
Factor	135	36.6%	117	44.2%

Table 4 Factors affecting the communication between doctors and patients (medical side)

Factor	Frequency	Percentage
Understanding of medical knowledge	330	89.4%
Expectations are too high to satisfy and medical staff are not trusted.	209	56.6%
A weak desire to communicate	105	28.5%
No patient's responsibility	88	23.8%

## 7. Discussions and recommendations

Patiently listen and guide the patient to talk. The patient believes that the doctor's "poor service attitude, no enthusiasm and patience" is the most important reason for affecting the communication between doctors and patients. At the same time, the patient's satisfaction with the doctor's ability to "patiently listen and answer questions" is not ideal. Therefore, if you want to improve the communication satisfaction between doctors and patients and reduce the dispute between doctors and patients, the doctor must first patiently listen to the content of the patient's conversation and improve the service attitude. In the course of the conversation, the doctor should be more smiling, modest, and less professional. The patient's conversation can be appropriately retelled so that both sides can reach a consensus. Secondly, medical staff should learn and be good at guiding patients' conversation: first, to improve patients' interest in the content of conversation; second, to use "open conversation" mode, avoid using "closed conversation"; third, to learn to deal with silent patients in conversation [5]. As the saying goes, "Respect between people is mutual." Only when the doctor truly respects the patient can the patient trust the doctor more.

In doctor-patient communication, active communication should be adopted to solve the communication problems to the greatest extent with the following three modes of conversation: negotiation mode - helping patients through communication, doctors and patients participate in treatment and problem solving together. Interpretation mode - the doctor is a consultant to explain the questions asked by the patient; the information given mode - the doctor provides relevant information for the patient to choose, and the doctor makes an auxiliary choice [3]. Implement a patient-centered clinical strategy: obtain the patient's disease experience, understand the patient's mood, emphasize preventive measures and health promotion, and strengthen the relationship between doctors and patients [6].

Explain the treatment options and costs. The patient has the lowest satisfaction with the doctor's ability to "provide multiple treatment options and explain the pros and cons of each program" and "seek patient opinions in terms of expenses". The sum of the two frequencies has exceeded half of the total number. It can be seen that it is extremely urgent for the medical practitioner to do both of the above in the course of diagnosis and treatment. Regarding the first item, the doctor should respect the patient's right to choose and emphasize the patient's right to know. When there are multiple treatment options, explain to the patient clearly and do their best to make the operation or surgery necessary. The risk is clearly and thoroughly explained to the patient. When the condition changes, the patient should be informed at the appropriate time so that the patient can better cooperate with the diagnosis and treatment [7]. The second requirement is that hospitals should strictly follow the fee standards stipulated by the Price Bureau. At the same time, doctors should take the initiative and inform patients in advance of any fees needed in the process of diagnosis and treatment so as to avoid medical disputes.

Strengthen humanities education and cultivate applied communication skills. Colleges and universities should offer more humanities courses for medical and nursing students. Such as psychology, medical communication, medical ethics, sociology and so on. Colleges and universities should also pay attention to Pre-internship education for medical students (including medical laws and regulations, hospital rules and regulations, doctor-patient communication skills, etc.), interns' doctor-patient communication ability and assessment of medical students' doctor-patient communication ability [8]. It is hoped that the relevant management departments will arrange for the in-service medical staff to carry out regular humanities courses, especially medical communication courses. Teachers who teach medical communication should pay attention to students' ability to apply communication skills while teaching theoretical knowledge, and improve the frequency of students' communication skills in future work, so as to improve the communication satisfaction of doctors and patients.

Introduce talents to improve the quality of medical care services. According to the results of this survey, the doctors believe that "the shortage of medical staff, busy work, limited time" is the most important reason for affecting the communication between doctors and patients. More than half of the patients also believe this. Therefore, it is hoped that relevant government departments will pay attention to and solve this problem. On the other hand, the long-term counterpart two-way communication mechanism of tertiary hospitals and the formulation of relevant learning policy [9]. Improve the level of medical services, improve patient satisfaction in all aspects.

Improve the medical knowledge of the whole people. Because of the complexity of medical knowledge and the insufficient popularization of medical knowledge in China, patients seriously lack simple basic medical knowledge [9]. In this survey, up to 89.4% of the doctors thought that the patient's "ignorance of medical knowledge" was the first factor affecting doctor-patient communication. In this case, it is necessary to improve the medical knowledge of the whole people. In response to this problem, the hospital can set up a disease bulletin board and a doctor who provides inquiries, and can also issue a brochure to the patient. Establish a "Hospital Open Day" and a doctor-patient communication room for the whole people to visit and participate, and build medical communication on the Internet [10]. The news media can add a column or program to popularize medical knowledge, and shoot and broadcast related public service advertisements. Improving the medical knowledge of the whole people will help the doctors and patients to have

equal information, make communication between doctors and patients easier, and effectively reduce medical disputes.

Standardize media public opinion. The media should grasp the correct direction of public opinion, and reports on the relationship between doctors and patients should strictly abide by the principle of seeking truth from facts. Consider the impact of the report, maximize the truth, and eliminate the narrow news reports. We want to gradually alleviate the people's misunderstanding of medical institutions and medical personnel, and improve patients' trust in medical institutions and medical personnel. Medical institutions must respect the media, strengthen communication with the media and work together to improve doctor-patient relationship.

In a word, there are many factors that cause the tension between doctors and patients, such as the responsibility of both sides, the imperfection of medical system, the imperfection of medical law, the inaccuracy of media public opinion reports and so on. Building a harmonious relationship between doctors and patients requires multi-disciplinary efforts. It is necessary to continuously strengthen communication between doctors and patients, enhance patients' trust and confidence in doctors, improve the technical level of medical personnel and balance medical resources in China. At the same time, we should actively promote the reform of the medical system, increase financial investment in the medical industry, improve the national social security system and relevant laws and regulations, safeguard the legitimate rights and obligations of both doctors and patients, improve the popularity of medical knowledge of social citizens, and standardize media public opinion.

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## References

- [1] Aelbrecht K, Rimondini M, Bensing J, et al. Quality of doctor-patient communication through the eyes of the patient: variation according to the patient's educational level[J]. *Advances in Health Sciences Education*, 2015, 20(4):873-884.
- [2] Prof. Dr. Henriette LöfflerStastka, Seitz T, Billeth S, et al. Significance of gender in the attitude towards doctor-patient communication in medical students and physicians[J]. *Wiener Klinische Wochenschrift*, 2016, 128(17):663-668.
- [3] Wenhao Z, Chunhui C, Chuanxu Z, et al. The Feasibility of 3D Printing Technology on the Treatment of Pilon Fracture and Its Effect on Doctor-Patient Communication [J]. *BioMed Research International*, 2018, 2018:1-10.
- [4] Quigley D D, Martino S, Brown J A, et al. Evaluating the Content of the Communication Items in the CAHPS® Clinician and Group Survey and Supplemental Items with What High-Performing Physicians Say They Do[J]. *Patient*, 2013, 6(3):169-177.
- [5] Morselli P G, Micai A, Boriani F. Eumorphic Plastic Surgery: Expectation Versus Satisfaction in Body Dysmorphic Disorder[J]. *Aesthetic Plastic Surgery*, 2016, 40(4):592-601.
- [6] Brush B L, Capezuti E. New approaches for patient-provider communication[J]. *Geriatric Nursing*, 2014, 35(5):392-393.
- [7] Nagraj S, Abel G, Paddison C, et al. Changing practice as a quality indicator for primary care: analysis of data on voluntary disenrollment from the English GP Patient Survey.[J]. *Bmc Family Practice*, 2013, 14(1):1-8.
- [8] Asan O, Tyszka J, Fletcher K E. Capturing the patients' voices: Planning for patient-centered electronic health record use[J]. *International Journal of Medical Informatics*, 2016, 95:1-7.
- [9] Szarka N, Zsolt Nagykáldi, Mária Végh, et al. Patient satisfaction with care in gastroesophageal reflux disease[J]. *Orvosi Hetilap*, 2013, 154(43):1713-1718.
- [10] Mcfarland D C, Holcombe R F. Patient satisfaction with doctor and nurse communication varies with patient education level, age, gender, and primary language[J]. *Journal of Clinical Oncology*, 2014, 32(30\_suppl):198-198.