

Enforcing Patient-Doctor's Communication – Patient's Satisfaction towards Healthcare Services

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Abstract— Patient satisfaction is one of the key performance indicators of health care quality. It is increasingly being used to monitor the performance of health care organizations. Patient satisfaction is a highly desirable as outcome of medical care and may even be an element of health status itself. The patient's expression of satisfaction or dissatisfaction is a judgment on the quality of doctor's care in all of its aspect. Patient satisfaction can be achieved via many elements include patient-doctor's communication. Patients may express their dissatisfaction with the doctor's communication skills by complaining about the doctor or even by initiating litigation. As such, this paper aims to investigate the patient-doctor communication dimension which influence the patient's satisfaction level in healthcare services. Using a questionnaire survey, a total of 50 questionnaires were collected from the outpatient respondents in private clinics situated in Ampang, Selangor. The finding revealed that exchanging information and socio-emotional behavior have the significant positive relationship with patient satisfaction level. It shows that when patient understanding of information given to them it will significantly increase their satisfactions towards the overall services. Besides that, good socio emotional behavior of healthcare provider also significantly influences patient satisfaction towards the healthcare delivery given. However, the communication style of information being delivered is no significant relationship with patient satisfaction. It is believe that the physical non-verbal activity performed by the doctors doesn't influence the patient's satisfaction.

Keywords— Patient-doctor's communication, patient satisfaction, healthcare service, communication

I. INTRODUCTION

PATIENT satisfaction is associated with compliance and willingness to continue receiving care from a particular physician (Rubin et al., 1993). Thus, evidence that patient satisfaction actually predicts provider choice suggests a pathway through which individuals naturally gravitate toward higher-quality care, despite the difficulties inherent in evaluating service quality (Finkelstein et al., 1999). Satisfied patients are also more likely to adhere the recommended treatment (Finkelstein et al., 1999) and less likely to sue for malpractice case (Stelfox et al., 2005). Yet, even though patients say they would consider charging hospitals in

response to satisfaction information, nil of such intent translates into actual decisions (Boshoff and Gray, 2004; Sofaer et al., 2005).

Many factors may influence patient satisfaction such as, waiting time to receive the medical care services (Camacho et al., 2006), availability of convenience facilities in hospitals (Andaleeb, 1998) and doctor-patient communication or interaction (Gross et al., 1998; Mendoza et al., 2001; Anderson et al., 2007; Andaleeb et al., 2007). Waiting time to access health care may be associated with the patient's socioeconomic background, as rich and influential patients may not tolerate even minor waiting time and apply pressure to receive early treatment (Okotie et al., 2008). On the other hand, poor patients may have to wait much longer to receive a treatment. Waiting time may also be associated with the time the patient arrives to register. It can be argued that if the treatment process is undertaken in a timely manner as perceived by the patients, it may result in increased satisfaction. However, if the process is delayed patients may become frustrated, thus reducing their satisfaction rating (Mendoza et al., 2001). Expectations of the patients, (Cho et al., 2004) service quality and patient satisfaction may also vary across different levels of the health care institutions.

Patient satisfaction is crucial since it is the encounter part of the relationship between the customer which is patient with the clinic or physician. Delivering good services in term of communication during the clinical consultation indirectly will increase the loyalty of the patient to receive the same treatment at the same clinic again. Patients who value the relationships are more likely to stay loyal to their hospital (Kessler and Mylod, 2011). However, healthcare provider that fail to understand the importance of delivering service quality and customer satisfaction may be inviting a possible loss of patients (Andaleeb, 1998). In addition, quality is the main criteria every patient needs when receiving the treatment. However, quality is a broad thing that can be in term of services delivery, communication effectiveness, environment of the clinic and as well as many other factors that can affect

the overall perception of the patient towards the clinic.

From these issues, the common problem encountered is communication and interaction happened during the clinical consultation in primary care setting. Patients experience during this session was important since this will be the benchmark to meet with the patient expectation and determine the patient satisfaction. These confirm that the patient and doctor relationship is greatly influenced by the interaction behavior of service providers (doctors) and boost patients' confidence in their doctors (Gaur et al., 2011). Thus, the healthcare provider should focus on the exchanging information, socio emotional behavior and communication style used during the clinical consultation. Hence, this will be useful to determine whether the primary care in Malaysia is competent in establishing and maintaining effective health provider-patient communication in their practice.

This paper discussed the patient's weightage to any communication dimension that reflects their patient satisfaction to healthcare service holistically. This research was conducted at private clinics located in Ampang Jaya, Selangor.

II. LITERATURE REVIEW

2.1 Patient Satisfaction

Patient satisfaction is important and crucial since it determines the loyalty and intention behavior of the patient. When customer feel satisfies with the service they receive, they started to become loyal towards the clinic. Patients who are satisfied with the service that they experience are likely to exhibit behaviors potentially beneficial to the long-term success of the healthcare provider (Ramsaran-Fowdar, 2005). As a result, it can generate profit for the clinic itself since they are able to attract many other possible customers to receive the treatment. The spread through 'words of mouth' from their current customer is more valuable. Satisfied patients are also more likely to adhere to recommended treatment and less likely to sue for malpractice (Stelfox et al., 2005). The relationship between patient satisfaction and clinic profitability is directly proportional to each other's. Meaning that, the clinic able to generate more profit when they able to give a high degree of satisfaction towards their patient who is finally will come back to them for a high quality services.

Generally, patient satisfaction is defined as the fulfillment of need and desire or expected by the patients who come visit the clinics or hospital to seek treatment and consultation from the physicians. Additionally, patient satisfaction is defined as an evaluation of distinct healthcare dimensions (Linder-Pelz, 1982). It also may be considered as one of the desired outcomes of care and so patient satisfaction information should be indispensable to quality assessments for designing and managing healthcare (Turner and Pol, 1995). According to Andaleeb(1988), patient satisfaction enhances hospital image, which in turn translates into increased service use and market

share. In addition, satisfied customers are most likely to exhibit favourable behavioural intentions, which are beneficial to the healthcare provider's long-term success. Customers tend to express intentions in positive ways such as praising and preferring the company over others, increasing their purchase volumes or paying a premium (Zeithaml and Bitner, 2000, pp. 176-181).

2.2 Communication Dimension

The aspect of communication that are information exchange, socio-emotional behaviour and the communication style during transferring the information through channels of communication.

2.2.1 Exchange of Information

The exchanging information are defined as the act of people, companies, and organizations passing information from one to another, especially electronically, or a system that allows them to do this. Additionally, according to Collins dictionary it defined as discussion that involves exchanging ideas and knowledge. In this study, information exchange is when communication occurs between patients and attending doctors who treat the patients at first place.

According to Cambridge Business English Dictionary, exchanging info are defined as the act of people, companies, and organizations passing information from one to another, especially electronically, or a system that allows them to do this. Additionally, according to Collins dictionary it defined as discussion that involves exchanging ideas and knowledge. In this study, information exchange is when communication occurs between patients and attending doctors who treat the patients at first place. Patient satisfaction is really crucial in healthcare delivery because it will result either in term of tangible return or intangible return to the healthcare provider itself. Every person demand a good quality services from a healthcare provider in meeting their healthcare needs. Oliver, 1997 ; Zeithaml and Bitner, 2000 stated, customer satisfaction is meeting the customer expectations of products and services by comparing with the perceived performance. If the perceived performance matches customer expectations of services, they are satisfied. If it does not, they are dissatisfied. Satisfaction occurs when the physician able to describe the current health condition of the patient and the patient itself understand with the consultation given when receiving the service deliver by the physician. When both of them are always exchanging information, they able to guarantee the healthcare delivery is being fully delivered to a higher extent. By means, when there are nothing confidential between patient towards a physician, the physician able to make a judgment about the current health status of the patient based on their experience and deliver what they capable of based on their expertise.

Existing academic research has identified various factors that determine customer satisfaction in the healthcare industry. Urden (2002) highlighted that patients' satisfaction are a cognitive approach, emotionally affected, and a patient's

subjective perception. Meanwhile, Crowe et al. (2002) pointed out that the interpersonal relationship between patients and healthcare provider is the most important determinant of customer satisfaction (Gill and White, 2009). The previous research has also been stated, with a good interpersonal relationship between patient and physician, it will develop a satisfaction which are very crucial in services delivery. A good interpersonal is achieved when the physician and patient able to share an information without having any difficulties. By means, both of them are understand one another and the patient have put a trust towards the physician. If this things happen, the patients surely has achieved their own satisfaction towards the service delivery. These results confirm that the patient and doctor relationship is greatly influenced by the interaction behaviour of service providers (doctors) and boost patients confidence in their doctors (Gaur et al., 2011).

2.2.2 Socio-Emotional Behavior

Socio-emotional are defined as a process that consists of variations that occur in an individuals personality, emotions, and relationships with others during ones lifetime (Santrock, 2007). It is defined as of or pertaining to one's personality which reflects through the feelings she or he expressed and through nonverbal movements and actions she or he showing. In the context of delivering services to patients, sometimes physicians are also dealing with their emotions.

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Individuals feel unable to make choices about their treatments, with many feeling comfortable in being passive and leaving all potential decisions to the nurse or physician in charge (Gandjour, 2007; Puro, 1996; Shortell et al., 2007). service. This has a major influence on the behavior of the patient. The patient usually cannot understand the medical details of his or her treatment and he or she perceives that the technical competence of the medical provider is high (Cone, 2007; Deming, 1986; Jones et al., 2007). Therefore, it is important to understand the importance of the entire health care delivery system, rather than simply the core medical service that the patient has been treated for, when correlating strategy with advances in technology. The perception sharing behaviour of healthcare consumers is important for the hospital or clinic to recognize as it allows the achievements of the health care delivery system to be compared against the advancement of the technological core.

Research has shown that, the time of admission a patient might express on his or her critical need to get rid of the pain. However, this same research has shown that, when discharged, this same patient will evaluate the service according to different other hospital factors like food, safety, noise, response time of the nurse, and competence of physicians

(Leonardi et al., 2007; Juran, 1988). As explained, in technical surroundings patient will not complain when dissatisfied and will tolerate the problems that might occur in the complicated medical delivery system, if they receive a polite treatment from the staff. As a result, a review of patient feedback, when they are gathered, as well as what they mean is needed to more closely correlate hospital or clinics strategies with patient needs during a period of increased profit incentives.

2.2.3 Communication Style

Communication style is defined as is the way to share information with others. Although we all like to think that we're saying exactly what we mean, that's not always the case because we may be speaking with someone who uses a totally different communication style than our own. The differences might bring different meaning and perception. According to Norton(1996), there are nine communication style that are dominant, dramatic, contentious, animated, impression leaving, relaxed, attentive, open, and friendly.

Patients' perceptions on the quality of the healthcare they received are highly dependent on the quality of their interactions with their healthcare provider. Effective communication has four key ingredients which is all communication must be clear, concise and easily understood by the receiver, credible communication is also honest and complete. The connection that a patient feels with his or her physician can ultimately improve their health mediated through participation in their care, adherence to treatment, and patient self-management. A good communication was delivered with both non-verbal and verbal cues which are understand by the receiver.

In order to increase a high degree of interaction, both side need to use a same medium of communication which they can understand between one another. Moreover, the physician must also show an interest while describing towards the patient about their current conditions so that the patient able to translate the information wisely and follow what the physician suggested to them (Wolf.W.B, 1964)'. Communication is a process in which a message in the form of ideas, facts, ideas, values, attitudes and so on, or transferred from one vessel to individual, group and others like nurses with patients. These will result in patient satisfaction which the patient is satisfied by the concern shown by the doctor even they are not fully recovered.

Specifically, a good communication with patients is important because it's hard to communicate effectively in that situation. This is because they are sick and required more attention from the doctor. Merican,I et al (2006) view that an effective interaction will affect treatment by providing an accurate diagnosis and patient commitment treatment. Effective interaction is also the interaction that involves less conversation. So, it is crucial for the physician to use his/her ability and skills to describe towards the patient in a simple and easy way for them to understand for every treatment done.

By using a good communication style, both doctor and the patient will demonstrates a high degree of internal relationship where both of them understand one another.

III. RESEARCH METHODOLOGY

3.1 Research Design

A study has been conducted through a distribution of questionnaire to a 50 respondents that randomly chosen among patient in private clinics located at Ampang Jaya, Selangor. Quota sampling technique was used since the number of total population of patients coming to clinics was not available. The inclusion criteria include, 18 years old above, Ampang Jaya citizenship and agree to participate. The exclusion criteria include patient that too ill to participate, patient who did not give consent and respondents who are not from Ampang Jaya.. A set of question was circulated to the patient after they receive treatment. The respondent fills in the questionnaire while being assist by the enumerator. The SPSS analysis has been done and looking at descriptive and correlation analysis.

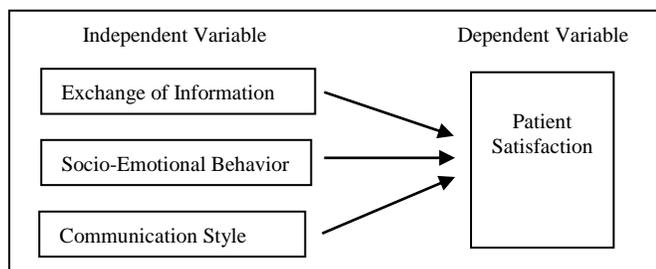


Fig. 1: Conceptual Framework

IV. FINDINGS

Below results explained on the demographic studies of the respondent as well as descriptive studies of the variable, the reliability of the data and the relationship between variables.

4.1 Validity and Reliability analysis

The pilot test was conducted to determine the reliability of the items in the questionnaire. The analysis was made by distributed 20 questionnaires to the outpatient from clinic in Puncak Alam area. The analysis result was show the value of Cronbach's Alpha are achieved with .753. The dependent variable is reliable with the Cronbach's Alpha value .718.

4.2 Demography

From the data for demographic section has shown that the higher age for the respondents that answering this questionnaire are between age 18 – 30 years old with N = 27 , percentage = 54%. For the lowest rate of age are from the range 31 – 40 years old N = 15, percentage = 30%. The remaining number of respondent was 8 respondents are 41 – 50 years old. The gender analysis shows there is 24 male respondents with 48 % and 26 respondents with 52 % are female respondents. For the educational level, 20 respondents

are with STPM/matrix/diploma, 16 respondents were degree/master graduated and 1 respondent with PhD status. 62% of the respondents are working whilst 13% of them were on-going student. The balance 6% were retiree and not working each..

4.3 Descriptive

Descriptive analysis was used to analyse the data of mean and standard deviation for each variables in this research. According to Sheridan (2013), the result of data analysis for descriptive analysis was helpful to generate overall results for the questionnaires. The study was conducted to find the relationship between patient-doctor communication and patient satisfaction.

The Exchange of Information element contains ten questions which relates with the criteria. Based on the finding below, the statement of "Healthcare provider explained everything about name and cause of my illness" shows the highest mean (M=2.12, SD=.773). Meanwhile, the statement of "I will follow the healthcare provider's advice because I think he/she is absolutely right" shows the lowest mean (M=1.72, SD=.757). The Socio-emotional Behavior element contains ten questions which relates with the criteria demonstrates by the doctor while delivering services. Based on the finding below, the statement of "Healthcare provider's manner made me feel completely at ease" shows the highest mean (M=2.32, SD=.869). Meanwhile, the statement of "Healthcare provider treat me in a friendly manner and respect" shows the lowest mean (M=1.86, SD=.808). The Communication Style element contains ten questions which relates with the criteria of used by the doctor while delivering services. Based on the finding below, the statement of "Healthcare provider did not use body gesture or dull when talking to me" shows the highest mean (M=2.26, SD=0.777). Meanwhile, the statement of "Healthcare provider give me advice to stay healthy" shows the lowest mean (M=1.90, SD=0.909).

4.4 Normality Test

The normality test was done and there are skewness and kurtosis analysis, this analysis are considered as normal distribute if the result are zero (Hair, Hult, Ringle, and Sarstedt, 2014). Skewness are being measure using scale +1 and -1 by Hair, Hult, Ringle, and Sarstedt, (2014) and +2 and - 2 are measure scale from Cameron, (2004).

4.5 Correlation

Correlation was being analyzed between the communication dimension and patient satisfaction towards outpatient clinic service. A chi square test for interdependent or relatedness was analyze the relationship of the categorical variable between dependent variable, exchanging information between doctor and patient, socio emotional behavioral of the physician, and communication style of the healthcare provider and the independent variable that is patient satisfaction(during

consultation with the provider).

Based on the result, there is a relationship between patient exchange of information given to them and their satisfaction towards the overall services with the Pearson value is 63.294 with significance value of 0.037 and hence this is significant. There is significant relationship between patient exchange of information given to them and their satisfaction towards the overall services. Based on the findings of the study, the results revealed that there is a significant between exchanging information with the influence of patient satisfaction. This may be due to the desire of the patient with their personal needs and they satisfied with the consultation they receive from the doctor. The effort of doctor to make patients understand about the disease also may contribute to this.

The Pearson value for relationship between socio emotional behavior of healthcare provider and patient satisfaction towards healthcare delivery given is 43.876 with significance value of 0.049 and hence this is significant. There is significant relationship between good socio emotional behavior of healthcare provider and patient satisfaction towards the healthcare delivery given. Based on the findings of the study, the results revealed that there is a significant between socio-emotional behavior with the influence of patient satisfaction. Physically, doctor actions could improve patient trusted toward the consultation their receive and resulting patient satisfaction.

However, the result shows for communication style is the Pearson value is 72.115 with a significance value of 0.072. Thus, there is no significant relationship between physician communication style with the patient and the effectiveness of information delivered about the treatment and services given to the patient. Based on the findings of the study, the results revealed that there is no significant relationship between communication styles with the influence of patient satisfaction. This may be cause by patient does not really aware on physician nonverbal action during the consultation.

Most patients will recommend the clinic to others when

they feel satisfied with the services at clinic. Patients trust the doctor through understanding during consultation. If doctor can make the patients trust them and could explain the disease to the patients, they will feel their desire toward information has been fulfilled. Furthermore, the patients will visit the clinic again in future as they feel satisfied with the services.

V.CONCLUSION

Through this research, it was found that the communication style is not important for the clinic's service. The patient only emphasizes on the information exchange and socio-emotional behavior. This may be caused by the severity of the illness and the time duration spend with the doctor. Patient is always in sick condition when seeking service in clinics. Therefore, they need fast service and at the same time full loaded with illness information. Patient might be taking the communication style as the important variable if they spend longer time together.

Through this research the researcher has a few suggestions to increase the patient satisfaction. At first, the patient must know their real health situation and must dare to ask question till they understand the health status. Physician must aware that not all patients could understand certain jargon words such used in medical terms. Therefore, physician must be able to translate the jargon words into simpler and easy to understand words. Physician must treat the patients with good verbal and nonverbal communication as patient is the one who pay for the treatment. Physician should treat the patients the best they could. Patient must alert on every details the physician spoken and action as that will enhance the quality of treatment given.

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