

Perception of doctor-patient relationship among undergraduate medical students in a medical college of West Bengal

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ABSTRACT

Background: Doctor-patient relationship is the central pillar of medical care, which affects patients' psychological, social and biological outcomes. Medical undergraduate students need to develop one to one relationship with patients. The objective of the present study was to assess the sharing and caring dimensions of the doctor-patient relationship using the Patient-Practitioner Orientation Scale (PPOS) and to analyze any difference across the demographic characteristics, of the undergraduate's medical students. **Materials & Methodology:** We did an observational descriptive cross-sectional study in a tertiary medical college of West Bengal. We used one to one interview technique as a study technique using an interview schedule consisting of sociodemographic characteristics, patient-practitioner orientation scale (PPOS). **Results:** Male participants constituted 59%, that is 133, whereas females were 93 (41%). Mean PPOS score was 3 ± 0.62 , Mean sharing score was 3 ± 0.63 , mean caring score was 3 ± 0.61 . Results showed significant difference across gender where female scored higher in mean sharing (2.99 ± 0.61 vs 3.35 ± 0.63), caring (2.82 ± 0.58 vs 3.02 ± 0.70) & total PPOS score compared to males (2.90 ± 0.58 vs 3.1 ± 0.67) ($p=0.00$). Students from the urban locality had a significantly higher score in sharing (3.16 ± 0.64 vs 2.92 ± 0.49), and the total score (3.04 ± 0.66 vs 2.87 ± 0.51) compared to rural students. **Conclusions:** This study gave the idea about the perception of the doctor-patient relationship among medical students of a Medical college of West Bengal. Keeping in mind this baseline score, we suggested strategies to improve doctor-patient relationships. Various teaching leaning tools could be incorporated, and contextualised case-scenarios and role plays could be framed so that proper relationship could be built.

Key Words: perception, doctor-patient relationship, medical undergraduates

INTRODUCTION

The doctor-patient relationship is one of the core elements of medical care, which affects the patient's outcome. This is a both-way social communication which is determined by the behaviour of both the physician and the patient concerned.¹ The physician always provides physical, mental & emotional support to the patient. Good doctor-patient relationship contributes significantly to the effectiveness of treatment. Over the years, the health services provided are entirely focussed on the decision of the doctor. In the paternalistic model of the doctor-patient relationship, a doctor is a dominator and advise patient according to their expertise without taking into consideration of patients' perspective. The patient is considered to be a poor decision maker for treatment strategies. But these days, the dynamics has changed from a largely passive to an active one due to many reasons.² The burning issues that the medical education system urgently need to look into are that modes of effective communication between doctors and patients and a rapid rise in the demand of patients' autonomy.³ Good communication consists of both verbal and non-verbal components. A major portion of the communication

involves non-verbal components like head node, smile, eye-contact etc. which is mostly lacking in any typical doctor-patient communication.⁴ India has the highest number of medical colleges in the world.⁵ This leads to a different benchmarking system in different colleges. The globalisation of the medical education system identified many more core domains to be scrutinised. Among these doctor-patient relationship remains to be the most important as this is one of the strong pillars in medical education. Despite many well-documented finding, medical colleges teach very few domains of soft skills compared to technical domains. Many pieces of research have shown that regressive attitudes are on the rise as they gradually promote to upper semesters. Views came up that as soft skills come under the hidden curriculum, many negative lessons are taught unintentionally.⁶ The doctor-patient relationship is the foundation of contemporary medical ethics. Patients must have confidence and respect so as the doctors should build a good rapport to convince them. MCI has laid down AETCOM module for preparing medical undergraduates good in communication skills. Before implementing this

module, there is a need to understand the baseline assessment of the doctor-patient relationship of medical undergraduates of this institution so that strategies can be adapted accordingly. With this view in mind, this study has been designed to find out the socio-demographic characteristics of medical undergraduates participated in this study, to assess sharing and caring dimensions of the doctor-patient relationship using the Patient-Practitioner Orientation Scale (PPOS) and to analyse any association of the sharing, caring and total score with the demographic characteristics.

MATERIAL & METHODOLOGY

This was an observational descriptive study of cross-sectional design conducted in a tertiary medical college of West Bengal. Study population consisted of undergraduate medical students of the institution. All 400 undergraduate medical students were approached in lecture halls, hostels and campus wherever possible and those who found to be absent and did not give consent were excluded. Study duration consisted of three months. Verbal consent was obtained after the purpose of the study was explained. One to one interview was done using an interview schedule consisting of sociodemographic characteristics, PPOS (patient-practitioner orientation scale). PPOS was created by Krupat et al in 2000, consisting of 18 questions. They were subdivided into two subscales such as sharing and caring. Sharing referred to the concept that the patient was supposed to share power in decision making process regarding management. Caring referred to the concept that a patient was supposed to be seen with emotions rather than a condition or disease. Each statement was given options using 6 point Likert scale of strongly agree, somewhat agree, agree, disagree, somewhat disagree, strongly disagree. For each question minimum score allotted as 1 and maximum allotted as 6. A higher score indicated more patient centred attitude whereas lower score indicated more doctor centred attitude. Internal consistency of the scale was found to be 0.91. Participants were reassured about their anonymity and participation was completely voluntary & they could drop at any time. Data so collected were checked for consistency & completeness. Then was analysed using SPSS version 20. Data were presented in percentages, mean with standard deviation. Independent Students t test was used to measure the mean score differences across various socio-demographic characteristics.

RESULTS

Out of 400 students, 226 medical undergraduates participated in the study giving a response rate of around 56%. Male participants constituted 59%, that is 133, whereas females were 93 (41%). Hostelers were more in number compared to day-scholars (134 vs 93). Majority of the respondents were from urban community 178 (78.7%). Almost equal representation from all the semester students was present. Mean PPOS score was 3±0.62, Mean sharing score was 3±0.63, mean caring score was 3±0.61.

Table 1: Sharing components among medical undergraduates (N=226)

PPOS questions	Mean Score ± SD
Doctor is the one who would decide what gets talked about during a visit	2.2 ± 1.29
Although healthcare is less personal these days, this is a small price to pay for medical advance	2.8 ± 1.27
The most important part of a standard medical visit is the physical examination	2.4 ± 1.23
It is often best for the patient if they do not have a full explanation of their medical condition	3.4 ± 1.43
Patient should rely on their doctors' knowledge & not try to find about their conditions on their own	2.6 ± 1.39
When doctors ask a lot of questions about patients' background, they are prying too much into personal matters	4.2 ± 1.35
If doctors are truly good at diagnosis and treatment, the way they relate to patients is not that important	3.8 ± 1.29
Many patients continue asking questions even-though they are not learning anything new	2.7 ± 1.15
Patients should be treated as if they were partners with the doctors, equal in power and status	3.2 ± 1.34

Table 2: Caring components among medical undergraduates (N=226)

Caring Variables	Mean Score ± SD
Patients generally want reassurance rather than information about their health	2.49 ± 1.1
If a doctor's primary tool is being open and warm, the doctor will not have a lot of success	3.87 ± 0.64
When patients disagree with their doctor, this is a sign that the doctor does not have the patients respect and trust	3 ± 1.3
A treatment plan cannot succeed if it is in conflict with a patient's lifestyle or values	2.53 ± 1.08
Most patients want to get in and out of the doctors' office as quickly as possible	3.04 ± 1.26
The patient must always be aware that the doctor is in-charge	2.51 ± 1.16
It is not that important to know a patient's culture and background in order to treat patients' illness	3.97 ± 1.46
Humor is a major ingredient in the doctor's treatment of the patient	2.43 ± 1.13
When patients look up medical information on their own this usually confuses more than it helps	2.23 ± 1.06

Table 3: PPOS obtained by participants across socio-demographic characteristics (N=226)

Socio-demographic characteristics	Sharing score Mean ± SD	P value	Caring score Mean ± SD	P value	Total score Mean ± SD
Gender					
Male	2.99±0.61	0.00*	2.82±0.58	0.02*	2.90±0.59
Female	3.35±0.63		3.03±0.70		3.19±0.67
Area of residence					
Urban	3.16±0.64	0.00*	2.92±0.64	0.06*	3.04±0.63
Rural	2.92±0.49		2.78±0.54		2.87±0.51
Place of residence					
Day-scholar	3.18±0.66	0.34	2.90±0.64	0.9	3.04±0.66
Hostelite	3.10±0.58		2.91±0.66		3.01±0.58

Students t test , * significant (p<0.05)

Table 1 shows the mean scores of sharing component in PPOS score where it was observed that highest mean score among the sharing components was obtained by the statement that when doctors asked many questions about patients' background, they were prying too much into personal matters which was 4.2 ± 1.35 followed by the statement that if doctors were truly good at diagnosis and treatment, the way they related to patients was not that important (3.8 ± 1.29). Mean score of the statement that it was often best for the patient if they did not have a full explanation of their medical condition was 3.4 ± 1.43 . The lowest score was obtained by the item that doctor was the one who would decide what to talk about during a visit, i.e. 2.2 ± 1.29

Table 2 shows the mean score of caring components in PPOS score. In the caring component highest score was obtained by the statement that it was not that important to know a patient's culture and background to treat patients' illness (3.97 ± 1.46). Next item which obtained the highest score was that if a doctor's primary tool was being open and warm, the doctor would not have a lot of success 3.87 ± 0.64 . The lowest score was obtained by the statement that when patients looked up medical information on their own this usually confused more than it helped i.e. 2.23 ± 1.06 .

Table 3 shows that difference in mean score in sharing, caring & total score in PPOS across different socio-demographic characteristics. It shows significant difference across gender where female scored higher in mean sharing (2.99 ± 0.61 vs 3.35 ± 0.63), caring (2.82 ± 0.58 vs 3.02 ± 0.70) & total PPOS score compared to males (2.90 ± 0.58 vs 3.1 ± 0.67) ($p=0.00$). Students from urban locality has significantly higher score in sharing (3.16 ± 0.64 vs 2.92 ± 0.49) and total score (3.04 ± 0.66 vs 2.87 ± 0.51) compared to rural students. There was no significant difference between day-scholars and hostelers in sharing, caring & total score.

DISCUSSION

This study attempted to find out the doctor-patient relationship among medical students which showed the mean PPOS score was 3 ± 0.62 which was similar to the findings conducted by Balaji A et al. Similar mean scores have been obtained in sharing and caring components.⁷ Where studies conducted in western countries reported higher sharing as well as total score that could be because patients' autonomy was always given top most priority in countries like America whereas in Asian context still patients' decision never being considered assuming their ignorance.⁸

Sharing statements with mean highest score consisted of disadvantages in prying into personal details as well as concentrating on only at diagnosis and treatment which was considered as doctors' job. In caring component, emphasis was given on not knowing patients' cultural background, doctors primary tool not being open and warm & patient

should not look up for more information. The reason behind that could be because of the implicit hidden curriculum as principals of doctor-patient communication had never been traditionally taught to the medical undergraduates. Another important factor could be because most of the non-technical skills are attained by role modelling from other senior staffs, many a times, student perceived in a wrong direction. Many researches had shown that more than 90% of the doctors in government setting did not take consent from the patients as well as less than 11% of the patients had the right to informational privacy.⁹ This might had led to the creation of the environment that was detrimental to undergraduate medical training. Many students were not aware about the right of the patients and consequently they never felt the need of sharing the components. Many studies had shown the reason to be as stress as driving force for the doctor-centred approach or disease entered approach. Many undergraduate medical students suffered from anxiety, depression, stress and significantly associated with reduced patient care practice.^{10,11} Another important factor which hindered doctor patient relationship happened to be the language as mostly medical science in India used to be taught in English but when doctors used to communicate in real field, mostly local vernacular language had been used. Many medical terminologies utilised happened to be very difficult to explain in local language and that led to further worsening of the situation. Orientation to local language could have solved the problem to a large extent. The societal structure of Asia happened to favour more towards the paternalistic behaviour of doctor leading to poor doctor-patient relationship.

In our study, female students had higher PPOS score than males as similar to several other studies. A study conducted in Nepal reflected the findings similar to our study where female gender were significantly more patient-centred compared to male gender.¹² Study conducted in Korea also noticed females had higher PPOS score than males.¹³ Similar findings had been noted in many other study findings.^{14,15}

Urban students scored more compared to the rural counterparts in sharing components that could be explained by the fact that because of the media exposure, urban students used to be more aware about the rights of patients.

Study had a limitation of being a single institution based which lack in generalisation. Further studies exploring this doctor-patient domain in multiple institution are recommended. This study could also be limited by social desirability bias. Observation of the medical students with structured checklist would have been an appropriate method for analysis. Poor response rate has also led to poor generalizability. Further studies are recommended with more representation and other associated factors.

Conclusion: This study had given the idea about the perception of doctor patient relationship among the

undergraduate students of a Medical college of West Bengal. Modern medical care environment is complex leading to increased number of litigations. In Asian context, burden of medical information is double-edged. Majority of them are not aware about medical facts as well as accessibility of medical information through internet sometimes lead to information overcrowding. Problems get coupled up with poor infrastructure as well as less of manpower from health system. This study provides the base line perception of budding doctors about doctor-patient relationship who soon will be working in the field. Keeping in mind this baseline score, strategies to improve the doctor patient relationships can be formulated. Various teaching leaning tools can be incorporated, and contextualised case-scenarios and role plays can be framed so that proper relationship can be built. Overall, good doctor-patient relationship will always leads to the greater benefit of the society.

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REFERENCES

1. Frankel BL. The physician-patient relationship, in: Weiner JM. (ed). The National Medical Series for Independent Study Behavioral Science. Singapore: John Wiley and Sons, 1990:183-97.
2. Teutsch C. Patient-doctor communication. The Medical Clinics of North America. 2003;87(5):1115–45.
3. Chin JJ. Doctor-patient relationship: a covenant of trust. Singapore Med J. 2001; 42: 579-81.
4. Roter DL, Hall JA. Doctors Talking to Patients/Patients Talking to doctors. Westport, Conn: Auburn House; 1993.
5. Duvivier RJ, Boulet JR, Opalek A, Zanten M, Norcini J. Overview of the world's medical schools: an update. Med Educ. 2014;48:860–9.
6. Wolf TM, Balson PM, Faucett JM, Randall M. A retrospective study of attitude change during medical school. Med Educ. 1989;23:19–23.
7. Balaji A, Monmohan S. Exploring ATCOM (Attitude and communication) – Medical students attitude towards doctor patient relationship. 2017 Sep;6(9).
8. Haidet P, Dains JE, Paterniti da et al. Medical student attitudes towards the doctor-patient relationship. Med Educ. 2002; 36: 568-74.
9. Humayun A, Fatima N, Naqqash S et al. Patients' perception and actual practice of informed consent, privacy and confidentiality in general medical outpatient departments of two tertiary care hospitals of Lahore. BMC Medical Ethics. 2008;9:14.
10. Waqas e Iqbal S, Gupta S, Venkatarao E. Stress, anxiety & depression among medical undergraduate students & their socio-demographic correlates. The Indian Journal of Medical Research. 2015;141(3):354-7.

11. Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in an internal medicine residency program. Ann Intern Med 2002;136:358-67.
12. Shankar PR, Dubey AK, Subish P, Deshpande VY. Attitudes of first year medical students towards the doctor–patient relationship. J Nepal Med Assoc. 2006;45:196–203
13. Park J. Medical students' attitudes towards the patient-doctor relationship. Korean J Med Educ 2007; 19: 215-23.
14. Wahlqvist M, Gunnarsson RK, Dahlgren G, Nordgren S. Patient-centred attitudes among medical students: gender and work experience in health care make a difference. Med Teacher. 2010;32(4):e191–8.
15. Krupat E, Bell RA, Kravitz RL, Thom D, Azari R. When physicians and patients think alike: Patient-centred beliefs and their impact on satisfaction and trust. J Fam Pract. 2001;50:1057-62.

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