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Original article

COMMUNICATION IN THE HEALTHCARE RELATIONSHIP: SOME ASPECTS OF PATIENTS' PERSPECTIVES IN THE CONTEXT OF PERCEIVED QUALITY OF CARE IN THE VERONA UNIVERSITY HOSPITAL IN 2013

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Summary

INTRODUCTION: Medical practice should be carried out in a sensible and respectful manner. This study aimed to assess the levels of patient satisfaction regarding the right to be informed, listened to and involved in care decisions, with the intention of contributing to the implementation of a better quality of care..

METHOD: Between October 7th and November 3rd 2013, anonymous questionnaires were distributed to hospitalized patients.

RESULTS: 46.14% stated they had felt involved in decisions about their treatment, and 82.94% reported that they had been directly informed about their health or treatment to an appropriate extent. 85.13% of patients had felt they were being treated with respect and dignity at all times.

DISCUSSION: Quality of communication between physicians and patients positively influences outcomes. Measuring the perceived quality of care, in AOUI Verona, triggered an increasing awareness of these issues, a drive for improvement, productive involvement in the project and the active participation of service users.

Introduction

According to the "Good communication practices in the relationship of care" adopted by the "Slow Medicine" approach, medical practice should be carried out in a sensible, impartial and respectful manner. The "Slow Medicine" philosophy considers the expectations and desires of people to be inviolable. According to its principles, it is indispensable, for physicians, and health system staff, to take into account the needs and values of patients, consider their relevant context and use appropriate language when communicating with them.. The task of the physician is to inform, guide, and advise while involving patients in decision-making processes. [1]

The caregiver-patient relationship is a reciprocal relationship based on confidence and

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mutual esteem, and in order to maintain this, there must be a high level of information and communication between the two parties. A physician that encourages patient participation, increases his consciousness, and promotes the ability to take responsibility for his own health. [2] Communication with patients is a basic clinical skill for medical practice. It is necessary from the anamnesis, to obtain patient's medical history, to explain diagnosis and prognosis, to give therapeutic instructions and impart the information needed for "informed consent", to diagnostic and therapeutic procedures, and finally, to motivate patient participation in therapy, or to relieve symptoms. [3]

The dissatisfaction expressed by patients has become an object of increasing attention from health care organizations, not only because such dissatisfaction often translates into formal complaints and even lawsuits, but also because the perception of the patient is an important index for evaluating the quality of service provided. The analysis of the factors determining patient satisfaction, therefore, represents a relevant component of clinical governance in order to meet an important ethical requirement, and to limit the risk of medico-legal litigation against the health care facility. [4]

Studies have shown that good communication in the relationship of care increases patient satisfaction, facilitates the doctor-patient relationship, increases compliance to treatment, improves clinical practice and, finally, decreases complaints of malpractice. [5 -6]

"Patient-centered" care, is achieved through a consideration of a patient's preferences, needs, and values, and his consultation in any clinical decision. It is characterized by the recognition of the patient as a person, and the importance of the communication which arises between patients, his family members and caregivers. The role played by the physician is essential, so training in communication and interpersonal skills is also important. T [7]

Physicians are expected to

- Create and sustain a therapeutic relationship with patients and families;
- Listen, answer questions and give information

- Work effectively with others as a member or leader of a healthcare team or other professional group." [5, 8]

Objective

To assess the level of hospitalized patients' satisfaction regarding communication with hospital staff, particularly, the right to be informed, listened to and involved in care decisions, through a questionnaire, used in AOUI since 2011. The principal aim of the study is to contribute to the dissemination and implementation of better quality care practices involving the user, which must be at the center of the health system and to whom it is right to provide a service that is qualified, professional and of a high quality, in terms of both technical expertise and human understanding.

Methods

Between October 7th and November 3rd 2013, in order to measure external perceived quality in AOUI Verona, anonymous questionnaires were distributed to patients (aged 18 and over) who had been hospitalized at least overnight. Patients were asked to complete questionnaires at the end of the hospitalization and to put them in special boxes that had been set up at strategic points in the hospital. The choice of location of the boxes had been the subject of careful consideration. It was, in fact, decided to put them in different places (Hospital atrium, operating units, etc.) in order to facilitate access to them by users. This was to promote the participation of patients and not to put them in the position of feeling observed when putting the questionnaire in the box. Each patient was also free to use the most convenient box, regardless of the point of release of the questionnaire. Units of General Surgery and Specialized Surgery and General Medicine and Specialized Medicine were involved (except Department of Emergency, Maternal-Infant and Mental Health).

The questionnaire was structurally composed of different parts:

- instructions;
- personal information: gender, age,

place of residence, nationality, educational qualifications;

- assessment of the hospital and the ward: room cleanliness, cleanliness of toilet used during hospitalization, any perception of being threatened by other patients or visitors during hospitalization, quality of meals, possibility of receiving assistance to eat by hospital staff or volunteers;

- physicians: degree of confidence in them, any discussion between them in presence of patient as if he were not present, observations about hand washing and use of gloves between one patient and another, satisfaction with time spent on communication with patient

- nurse: minutes elapsed from sound of bell to arrival of personnel, any discussion between them in presence of patient as if he were not present, observations about hand washing and use of gloves between one patient and another, satisfaction with time spent on communication with patient

- assistance and care: possible contradictions in the information provided by various operators, degree of involvement of patient in decisions that affect them, degree of information provided on patient health and treatment, willingness on the part of physician to talk to a family member or other relative, availability of the hospital staff to talk about the fears and concerns of the patient, level of privacy guaranteed when hospital staff discussed the state of health of the patient or his or treatment or during visits and treatments, pain treatment;

- surgery and invasive procedures: questionnaire asked if patient had surgery or any other procedure that required informed consent. If so, in preparation for surgery/procedure hospital staff: provide comprehensible explanations (what would have happened, risks and benefits), provide comprehensible answers to patient's questions, provide explanations of how patient would feel after surgery, running or not local or general anesthesia, provide understandable explanations about anesthesia and pain control. After surgery/procedure: hospital staff provide understandable explanations on how the surgery had gone;

- End of hospitalization: degree of pa-

tient involvement in decisions regarding discharge, assessment of the duration of hospitalization

- Overall rating: respect and dignity of overall hospitalization, judgment of collaboration between physicians and nurse, overall assistance received, if there is any intention to complain.

- Comments: items index and suggestions for improvements

- Most important aspect of hospitalization (multiple choice answer)

Patients were asked to mark one answer for each question, except in the comments

On November 2013, questionnaires were collected. Completely blank questionnaires were excluded from the study, while others were subjected to optical reading of the results (with manual insertion of comments).

The data were entered into an Excel database.

From all questions assessed, those answers which highlighted that communication with medical staff was of concern were extrapolated, and the answers were analyzed.

Results

Characteristics of the sample

The number of hospitalized patients, in the relevant period was 2,913. The completed questionnaires that were considered in this study were n. 1,231 (42%) in total.

The sample consisted predominantly of male patients (52.48%), aged between 51 and 80 years old (56.46%). As regards residence, most came from Verona city (39.07%) and Verona province (34.28%); the nationality was Italian in 92.28% of the cases.

As shown in table 1, 32.49% of patients had a high school diploma, 24.29% a middle school diploma and 24.21% an elementary school diploma.

Communication with the healthcare personnel

58.25% of patients believed that doctors, during hospitalization, spent enough time talking with them, 60.44% of the patients thought the same about nurses (figure 1).

When asked if the operators ever spoke to each other in the presence of the patient, as if he was not there, 58.98% and 66.94% responded "no", respectively for doctors and nurses. 62% of patients reported that it never happened for one operator to contradict another.

46.14% of the patients said that they felt involved in decisions about their treatment and 82.94% felt directly informed about their health and treatment in an adequate way.

Only 18% said they had not had the opportunity to talk about their fears and

		N (%)
Sex:	male	646 (52.48)
	female	524 (42.57)
Residence:	Verona city	481 (39.07)
	Verona province	422 (34.28)
	Veneto	105 (8.53)
	Other italian regions	195 (15.84)
	Other Nation	2 (0.16)
Nationality	Italian	1136 (92.28)
	European	28 (2.27)
	Extra European	29 (2.36)
Educational qualification	None	25 (2.03)
	Elementary school	298 (24.21)
	Middle school	299 (24.29)
	Secondary school	400 (32.49)
	University degree	153 (12.43)
	Post Lauream	22 (1.79)

Table 1. Characteristics of the sample

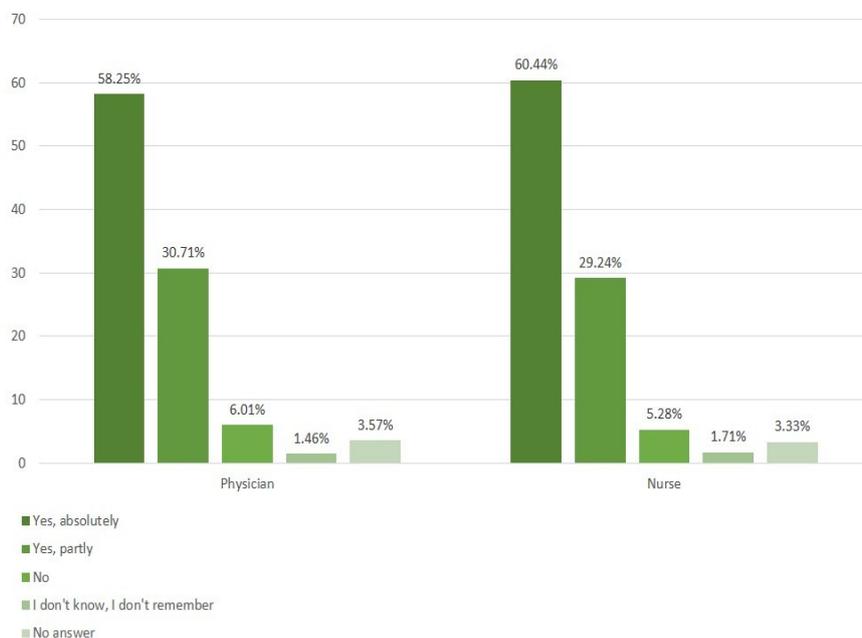


Figure 1. Question number 14 and 17: "Do you think physicians and nurses spent enough time talking with you?"

concerns with one of the hospital staff (figure 2); only in the 3% of cases, had family members or other concerned friends or relatives who wanted to talk to a doctor not had this opportunity.

Assistance and cure

With regard to the part of the questionnaire concerning assistance and treatment during hospitalization, the percentages of patients who did not respond to some of the questions were higher, reaching 40 to 50%, because these questions could be filled only by people who had undergone surgery or another procedure.

42.24% of patients said that, in prepara-

tion for surgery / procedure, the medical staff fully explained what would happen during surgery and the risks and benefits of it. 12.10% of the sample said that information was given only in a partial way. 39.16% said that the hospital staff responded in a fully and understandable way to questions about the intervention, 10.24% received partial responses, while 6% did not want any explanation. Only 6.34%, 9.67% and 5.8% of patients did not receive information, respectively, about how they would feel at the end of the surgery, and about what was happened during surgery.

Finally, 6.34% had not received information from the anesthesiologist about how

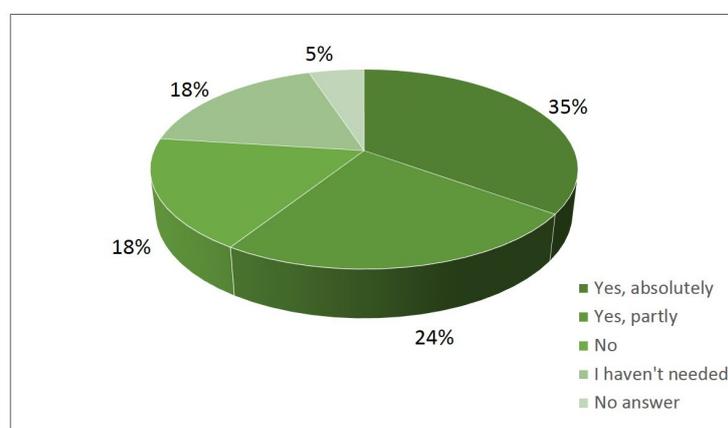


Figure 2. Question number 22: "Did you have the opportunity to talk about your fears and worries with hospital staff?"

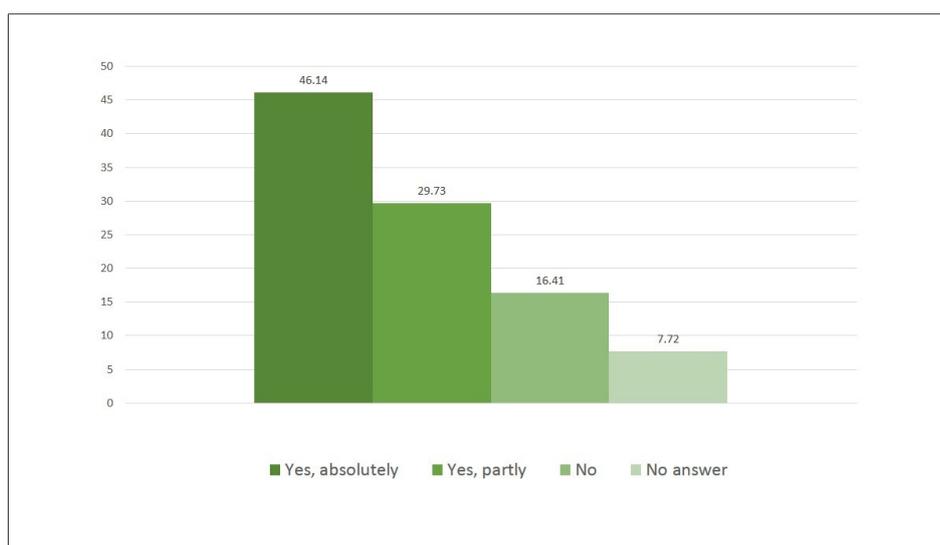


Figure 3. Question number 19: "Did you feel involved in your treatment to an appropriate extent?"

he would induce anesthesia and about the control of post-operative pain.

Discharge and comprehensive hospitalization

Regarding the involvement of the patient in decisions about:

The treatments: 46.14% felt involved in an appropriate manner, 29.73% in a partial way, while 16.41% did not feel involved (figure 3).

The discharge: 46% felt involved in an appropriate manner, 20% only in a partial way, while 15% did not feel involved. 60.93 had pain, but the 55.97% said that hospital staff did everything possible to alleviate it.

Overall, 85.13% of patients always felt treated with respect and dignity during the hospital stay (figure 4).

Discussion

Several studies have shown that the experiences and judgments of patients are very sensitive in identifying critical services and therefore they are essential for quality improvements. Therefore studies on the evaluation of quality of care by patients should be used widely.. [9]

The application of tools for the detection of user satisfaction in health care has taken a center role in the management systems of quality health care. These instruments are placed within the context

of a general process of service reorientation, towards a more patient-centered system. [10]

Communication in health care plays an important role in preparing and directing the users of the services. One of the primary purposes of communication in support of customer satisfaction is to encourage participation: it should encourage citizens to be proactive and involved. When citizens understand the purpose of the intervention and their role, they are predisposed to it in a very constructive and active way. Communication allows the active participation of users in decision-making, evaluation of services, the choice between alternatives on the basis of their own criteria and values, and so promotes the autonomy of choice. [11,12]

Results obtained in AOUI highlight the patients' perception of their high level of involvement in decisions about all stages of their treatment, until discharge.

Communication also includes a process of interaction between different subjects. [12]

Patient replies show that at different times of the diagnostic-therapeutic steps, the interaction with health professionals was positively assessed.

Dissemination of comprehensive information and benefits and risks of an intervention or therapy, according to the prin-

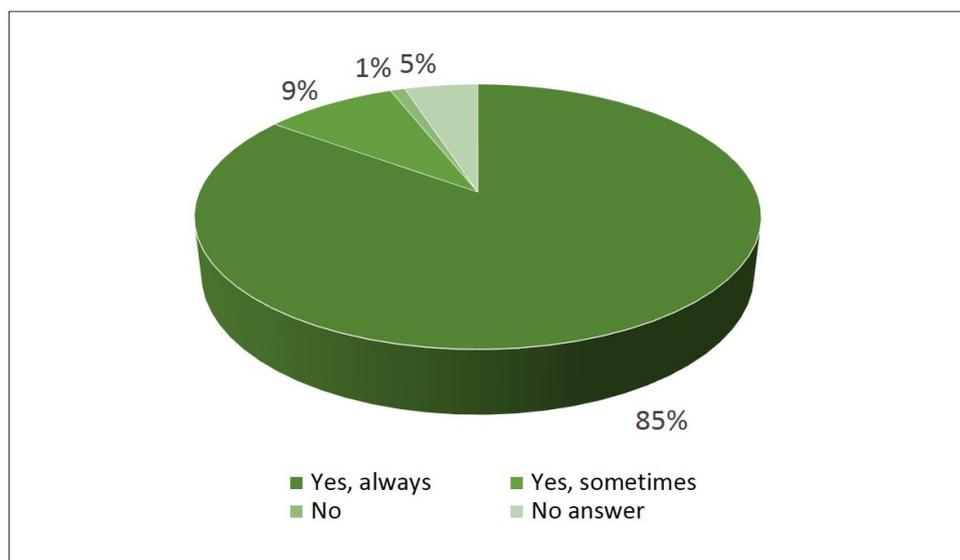


Figure 4. Question number 36: "Did you feel you were being treated with respect and dignity at all times during your hospitalization?"

principles of scientific evidence, allow patients to exercise their freedom of choice; this is important for a transparent relationship based on mutual trust.

It is necessary to carry out checks on communication, by researching methods of appropriate assessment specific to the context. [13, 14]

The nursing profession plays an important role in personal care. For example, the nursing folder is an additional source of information which is completed in collaboration with the other health staff. The nurses' contribution is important for the creation of a network of inter-professional relationships and information tools, so the communication between the nursing staff and the other health professionals plays a key role. [15]

Hospitalized patients for example, were asked about their knowledge of procedures or interventions to which they would be subjected, and of how they would feel afterwards; and this made them able to make more informed choices.

Although the sample was made up of people predominantly living in the area of Verona and province, patients living in other regions (15.84%) and nations (0.16%) used the AOUI of Verona services.

Hospitalized patients that answered questionnaires were of different ages, this offered a wider view of users' perception and so the questionnaire response possibilities were extended.

These elements make the results more representative.

The principal limit of the study is that less than half of total hospitalized patients, in the survey period, completed the questionnaire.

This limit is the possibility of making accurate inferences about the population of interest, and the fact that there were no checks on the time that it took to complete the questionnaire may have resulted in increased non-responses. [16]

Moreover, the use of a paper questionnaire during the investigation and the exclusion of other methods (interviews, focus groups, etc) may have reduced users' potential for expression.

It is also possible that some particularly positive or negative experiences in hospital, may have led patients to have a greater interest in filling out the questionnaire. This can alter the actual distribution of results.

Results show that the hospital staff of AOUI Verona is sensitive to issues concerning communication with patients, and this is true for both medical and nursing staff.

Measuring the perceived quality of care has been included in the budget targets for the various organizational elements of the AOUI Verona. This has determined an increasing awareness of these issues, resulting in a drive for improvement and productive involvement in the project, with active participation by the service users based on the concept of empowerment. Consistently, the importance of communication is now widespread as a tool for public health policies and strategies which aim to improve users' decision making. [11] As a consequence of the results obtained in the study, the methods used to involve patients have been further improved. The study identified areas for further work, of which AOUI has taken note, with the aim of working on them further in the future.

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