PARTICULARITIES OF DOCTOR PATIENT COMMUNICATION IN ROMANIAN AMBULATORY CARE

SUMMARY OF PHD THESIS

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The aim of this paper is to observe and evaluate the relationship between doctor and patient in Romanian outpatient clinics, as well as to observe and evaluate the particularities, interferences and possible lack of communication; also the configuration on their basis of several suggestions in order to improve medical act.

Introduction. The most specific activity in a doctor's career is meeting the patient. The number of these interactions is estimated to be around 160-300 during an average doctor's career. All these medical visits can become source of frustration and exhaustion, or source of refreshing.

The social changes and technological progress of the last decades have brought several dehumanizing tendencies annulling the almost patriarchal relation between doctor and patient. They often lead to conflicts and the solution of these conflicts can only be a well-structured communication between doctor and patient. The new fundamental principles of bioethics strongly related to medical progress and the appearance of norms referring to the relation between doctor and patient demand deep analysis from researchers. The present paper emphasizes the necessity and characteristics of paradigm-shift in local medical practice.

Major objectives

- Evaluation of particularities of doctor-patient interaction in Romania.
- Assessment of patients' expectations concerning the consultation
- Evaluation of self potential in improving doctors' communication abilities in enhanced conditions.

Several particular objectives derive from principal objectives, for example the clarification of certain interferences, the analysis of dominant factors in the relation between doctor and patient, the problem of motivation, burnout syndrome and dehumanizing.

Materials and methods. In the paper there are present both evaluation with questionnaries and the observation, decisive methods of case studies. The observational - descriptive analysis as well as the analytic of results of the three studies include more than 600 doctor-patient meetings in 55 surgeries from 9 cities from the following counties: Mureş, Bihor, Harghita and Bucharest. In order to assure national prespective also, data was collected

during national medical and patient conferences as well. Time duration of different phases of doctor-patient meeting were analysed, noticing certain gestures and speech acts that would offer patient's confort or emotional support.

Results and discussions. The first study whose objective was the evaluation of particularities of communication from Romanian surgeries emphasized a bureaucracratization during doctor-patient meetings, a meeting focused on tasks (administration and examination), problems at the expense of discussions (anamnesis, explanations) that were brief and represented a reduced per cent compared to similar parametres of other two cultures. The obtained significance level (p=0,0001 şi 0,0007, respectiv 0,04 and 0,05) of comparing the duration of patient's examination, discussions referring to diagnosis and treatment and anamnesis reconfimred a significant difference among identical parametres from Romania versus USA an Japan. A similar manifestation of the same attitude was noticed by the lack of gestures that would help patient to feel more comfortable (score 25/70).

Communication elements were appreciated in the second study as primary ones by patients compared to other elements of consultation with the doctor. From subjective evaluation of the phases of consultation we can find out that both doctors and patients overrate the per cent of discussions. However, they underestimate the rate of consultation time (28 and27% compared to 44% real) and doctor's administrative work (18 /30% and 25/30%).

The third study aimed to explore potentials for improving communication in strongly motivated conditions (of material reasons or patient's characteristics) The comparison of the duration of consultation phases from state and private surgeries reassured each significant difference, and thus indicate the fact that in private surgeries (total consultation-0,0001, anamnesis-0,007, examination-0,0008, administration-0,01, discussions about diagnosis-0,005, treatment-0,002 and way of life-0,0001) more favourable conditions are created for discussions with patients. The same conclusion was reached after having compared the number of questions asked by doctor and patient (both values of 0,0001).

Analysing the score of behavioural elements a significant difference was noticed in favour of private surgeries (an average of 25, in state surgeries, and 45 in private ones from 70). The most significant differences were observed in gestures: doctor's introducing himself, standing up from the chair when the patient enters the surgery, patient's possibility to take off their coat during discussions, encouraging questions and structured conclusions of important messages.

As what concerns the relation of certain parametres of consultation with patients' education, gender and age the evaluations of the study showed that more educated patients and women are, more involved in the discussions asking more questions compared to patients without baccalaureate and men (a probability of 25,67 higher of asking two or more

questions by people with 12 classes). Any correlation with patients` age was infirmed in the study.

This fact attracts the facilitation of doctor's implication as it is emerged from the analysis of correlations between consultation time on the one hand and patient's gender, education on the other hand..The strong correlation (with p values of 0,0001) indicates doctor's motivation determined by patient's characteristics.

Conclusions. The majority of hypotheses of this paper were confirmed by the three studies emphasizing local particularities and shortages of doctor-patient interactions (especially: lack of dialogues and of doctor's supportive behaviour) in parallel accentuating its importance from patient's point of view.

The comparison of therapeutical processes in state and private surgeries confirmed the hypothesis according to which the level of doctor-patient communication gets better if doctor's motivation is higher.

As a final conclusion of the paper we can state that the impact of shortages and dereliction of verbal and non-verbal communication prove the importance and necessity of a conscious communication centered on patient in outpatient clinics of Romania. The efficiency of this is a serious public health problem, considering its impact on the results of the medical act. Communication abilities can be ameliorated only partially by doctor's motivation and medical culture of the population. The necessary changes from this domain in local medical practice can be accomplished by a conscious change of paradigm in doctor-patient communication.

Keywords: doctor patient interaction, verbal and nonverbal communication, motivation, burnout, perception, dehumanization