

CHANGING DOCTOR PATIENT RELATIONSHIP: PATIENTS PERCEPTION ABOUT DOCTORS & EXPECTATIONS FROM THEM IN TODAY'S TIMES – A SINGLE CENTRE STUDY FROM NCR

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Received : 08/05/2023
Received in revised form : 07/06/2023
Accepted : 20/06/2023

Keywords:
Doctor patient relationship,
Expectations, Attitude, Perception,
Trust

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DOI: 10.47009/jamp.2023.5.4.234

Source of Support: Nil,
Conflict of Interest: None declared

Int J Acad Med Pharm
2023; 5(4); 1160-1164



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Abstract

Background: Doctor patient relationship has changed significantly overtime. Increasing cases of violence against doctors are being reported. To understand perception of patients about attitude of doctors, their expectations from doctors & reasons for broken trust in this relationship this study was conducted. **Materials and Methods:** Present study was conducted on 450 participants. Participants responded to specially designed questionnaire. 250 participants were hospital patients while rest 200 participated by filling google form version of questionnaire. Respondents were not required to give any identity revealing information in the questionnaire. **Result:** More than seventy percent of respondents in our study agreed that doctors are competent, respect dignity of patients. More than fifty percent of respondents agreed that doctors go out of way to help patients. On the other hand ranging from 22 to 41 percent respondents agreed to statements attributing unethical behaviour by doctors i.e. prescribing unnecessary medicines, investigations, performing unnecessary surgical procedures, not examining & listening patients properly. Almost 90% or more respondents in our study expected their doctors to show attributes i.e. involving patients in decision making, answering all queries, explaining condition properly, respecting patient dignity & maintain confidentiality. **Conclusion:** With increasing expectations of patients, doctor is supposed to demonstrate high level of professional competence, integrity, communication skills as well as high degree of professionalism. Since this problem is multifactorial, many of which are beyond control of doctors, other stakeholders i.e. policymakers, media, society also need to play a positive role.

INTRODUCTION

The doctor-patient relationship forms core of medical practice. Trust, respect, effective communication & understanding of limitations & needs of both sides form four pillars of this relationship. In earlier times doctor was considered a Godly figure, whatever he said was believed & acted upon blindly without any questions or explanation. Doctors were not required to put special efforts to win trust, respect & understanding from patients. These came automatically due to

social conditioning. But this relationship has undergone drastic change over the years. It is exemplified by increasing reports of incidents of violence against health care professionals. As per a report the Indian Medical Association has reported that 75% of doctors face verbal or physical abuse in hospital premises and fear of violence was the most common cause for stress for 43% doctors.^{1,2} Main reason for this unfortunate situation is breakdown of trust in this relationship. This trust needs to be rebuilt. As per a study in a Saudi Arabian hospital negative ethical behaviour was quite prevalent as

perceived by various health care workers.³While society needs to be sensitized, doctors also need to bring out change in behaviour as per changed expectations. For this it is important to know how patients think about & expect from doctors.

To understand perception of patients about doctors in today's times, their expectations from doctors & reasons for broken trust in this relationship, present study was done.

MATERIALS AND METHODS

This study was carried out over a period of six months. The study was done at Government Institute of Medical Sciences, Noida. Prior clearance from institutional ethics committee was taken. Main tool of the study was a questionnaire. This questionnaire had many sections covering various aspects. First section was about sociodemographic details of respondents including educational and economic status. Second section was about previous medical encounters in last one year i.e. times, types (public, private) reasons of previous medical consultations/procedures & grading of experience (good, bad, average). Third section was about perception of respondent regarding attitude of doctors in general. Fourth section enquired about expectations of respondent from their doctors. Fifth section was about respondents opinion regarding cause of breach of trust in doctor patient relationship in recent times. To maintain confidentiality, identifying information i.e. Name, phone number & address were not included in questionnaire. Responses to statements were according to likert scale. Responses regarding perception about doctors & opinion for reasons of breaking doctor patient relationship were 'completely agree, agree, neutral, disagree & completely disagree'. Responses regarding questions about expectations from doctors were 'very important, important, less important & not important'. Care was taken while designing questionnaire that positive & negative statements were intermixed.

This tool was administered in two ways. All the adult patients coming to department of surgery during study period & willing to participate in the study were included till sample of 250 was achieved. Informed consent from all the respondents was taken. Another way to administer tool was through specially created google form circulated in

various whatsapp group by investigators. 200 participants responded through google form.

Sample size - Assuming prevalence of dissatisfaction or satisfaction with doctors among study participants as 50% (As no data is available from India on this on doing a quick review of literature), precision of error as 5% & 10% non-response rate sample size of 450 was determined.

The data collected through questionnaire was entered in Microsoft 7 excel. Statistical analysis was done using Epiinfo 7 software. For purpose of analysis completely agree & agree responses were combined, similarly completely disagree & disagree responses were combined together. In section on expectations from doctors very important & important were taken together & similarly less important & not important responses were combined. Frequencies were calculated. To see the effect of socioeconomic status & educational status on type of medical facility visited & overall experience from those visits chi square & fisher's exact test were applied. As the number of participants in lower & upper economic class was small they were clubbed together with lower middle & upper middle class respectively for statistical analysis. Similarly illiterate, primary & middle educated participants were combined together. P value less than .05 was taken as significant.

RESULTS

In our study 321 (71.3%) respondents were males while 129 (28.7%) were females. Respondents age ranged from 18 to 80 years with mean age of 39.69 years. Majority of respondents (274, 60.9%) in our study were graduate or above, 81 were illiterate/ studied till primary or middle school while 95 had studied upto high school or intermediate level. Socioeconomic status wise distribution of respondents was lower 32, lower middle 114, middle class 239 & upper class only 15. [Table 1] Thus a large majority of respondents belonged to lower middle or middle class. 187 of our study respondents had visited a government medical facility in last one year, 134 a private facility & 114 had visited both while 15 didn't need to visit either. While 258 (57.5%) respondents described their experience of visit as good, only 46 (10.2%) termed it bad while rest described it as average.

Table 1: Socioeconomic & Educational status distribution of respondents

Educational Status	Illiterate	Primary/ Middle	High school/ Intermediate	Graduate or above	Total
n	38	43	95	274	450
%	8.44	9.56	21.11	60.89	100
Socioeconomic status	Low	Lower middle	Upper middle	Upper	Total
n	32	164	239	15	450
%	7.11	36.44	53.11	3.33	100

Table 2: Perception about & Expectations from doctors

Perception about doctors	Agree	Neutral	Disagree	Total
Prescribe unnecessary investigations	185 (41.1)	79 (17.5)	186 (41.3)	450 (100)

Perform unnecessary surgery	132 (29.3)	124 (27.6)	194 (43.1)	450 (100)
Competent/Knowledgeable	331(73.6)	101(22.4)	18 (4)	450 (100)
Prescribe Unnecessary medicines	136 (30.2)	127 (28.2)	187 (41.6)	450 (100)
Refer to other doctors unnecessarily	105 (23.3)	121(26.9)	224(49.8)	450 (100)
Respect dignity of patient	315(70)	107 (23.8)	28 (6.2)	450 (100)
Go out of way to help patients	244 (54.2)	100 (22.2)	106 (23.6)	450 (100)
Don't listen patients properly	109 (24.2)	105 (23.3)	236 (52.4)	450 (100)
Don't examine patients properly	121 (26.9)	104 (23.1)	225 (50)	450 (100)
Negligent	76 (16.9)	123 (27.3)	251 (55.8)	450 (100)
Too busy	248 (55.1)	82 (18.2)	120 (26.7)	450 (100)
Rude in behaviour	99 (22)	99 (22)	252 (56)	450 (100)
Overburdened	272 (60.4)	90 (20)	88 (19.6)	450 (100)
Expectations from doctors	Important		Not important	
Competent	433 (96)	-	17 (4.0)	450 (100)
Makes instant diagnosis without any investigations	239 (53.1)	-	211(46.9)	450 (100)
Gives adequate time	422 (93.8)	-	28 (6.2)	450 (100)
Explains patient condition properly	427 (94.9)	-	23 (5.1)	450 (100)
Answers all queries	418 (92.9)	-	32 (7.1)	450 (100)
Cares for patient	416 (92.4)	-	34 (7.6)	450 (100)
Empathetic	376 (83.6)	-	74 (16.4)	450 (100)
Involves in decision making	401 (89.1)	-	49 (10.9)	450 (100)
Respects patient dignity	404(89.8)	-	46 (10.2)	450 (100)
Maintain confidentiality	411 (91.3)	-	39 (8.6)	450 (100)
Should provide free consultation	262 (58.2)	-	188 (41.8)	450 (100)
Doctors should provide free medicines	203 (45.1)	-	247 (54.9)	450 (100)
Doctors should be available 24x7	350 (77.8)	-	100 (22.2)	450 (100)
Reasons for broken trust in relationship	Agree	Neutral	Disagree	
Greed of doctors	229 (50.9)	82 (18.2)	139 (30.9)	450 (100)
Negligence by doctors	219 (48.7)	106 (23.5)	125 (27.8)	450 (100)
Aggressive behaviour by patients/ relatives	210 (46.6)	111 (24.7)	129 (28.7)	450 (100)
Lack of communication	241 (53.6)	110(24.4)	99 (22)	450 (100)
Unreasonable expectations of patients	209 (46.4)	150 (33.3)	91 (20.2)	450 (100)
News of negative incidents	214 (47.6)	142 (31.6)	94 (20.8)	450 (100)
Commercialization of healthcare	252 (56.1)	105 (23.4)	93 (20.5)	450 (100)

Table 3: Effect of Socioeconomic & Educational status on type of medical facility visited

Socioeconomic status	Type of medical facility visited in last one year				Total	P value
	None	Government	Private	Both		
Low/Low middle	9 (4.59%)	71 (36.22%)	67 (34.18%)	49 (25.00%)	196 (100%)	0.0977
Upper middle/ Upper	6 (2.36%)	116 (45.67%)	67 (26.38%)	65 (25.59%)	254 (100%)	
Total	15 (3.33%)	187 (41.56%)	134 (29.78%)	114 (25.33%)	450 (100.00%)	
Educational status						<.001
Illiterate/primary/ middle	0 (0.00%)	59(72.84%)	7(8.64%)	15(18.52%)	81(100%)	
High school/intermediate	0(0.00%)	72(75.79%)	10(10.53%)	13(13.68%)	95(100%)	
Graduate or above	15(5.47%)	56(20.44%)	117(42.70%)	86(31.39%)	274(100%)	
Total	15(3.33%)	187(41.56%)	134(29.78%)	114(25.33%)	450 (100%)	

Table 4: Effect of Socioeconomic & Educational status on overall experience from medical visits

Socio economic status	Overall experience from medical visits in last one year				
	None	Good	Satisfactory	Bad	Total
Low/ Low middle	9(4.59%)	108(55.10%)	56(28.57%)	23(11.73%)	196(100.00%)
Upper middle/ Upper	6(2.36%)	150(59.06%)	75(29.53%)	23(9.06%)	254(100.00%)
Total	15(3.33%)	258(57.33%)	131(29.11%)	46(10.22%)	450(100.00%)
P value	0.43				
Educational status	None	Good	Satisfactory	Bad	Total
Illiterate/ Primary/ Middle	0(0.00%)	57(70.37%)	22(27.16%)	2(2.47%)	81(100.00%)
High school /Intermediate	0(0.00%)	75(78.95%)	19(20.00%)	1(1.05%)	95(100.00%)
Graduate or above	15(5.47%)	126(45.99%)	90(32.85%)	43(15.69%)	274(100.00%)
Total	15(3.33%)	258(57.33%)	131(29.11%)	46(10.22%)	450(100.00%)
p value	<.001				

DISCUSSION

Doctor patient relationship has undergone sea change over the years. In past doctor was considered next to God & his orders had to be complied with by patients without any questions. No one doubted his competence or intent to be working in the best interest of patient. This paternalistic model of

relationship is no more existent. Rather more & more incidents of violence against doctors including fatal attacks are being reported. Recently a young female doctor was stabbed to death by a patient in kerala.⁽⁴⁾ One article labelled this phenomenon as a viral epidemic.⁽⁵⁾ One of the main reasons for it is changed perception about doctors. Almost three fourth of respondents in our study stated that doctors

are competent. Seventy percent agreed that doctors respect dignity of patients. More than fifty percent of respondents agreed that doctors go out of way to help patients. On the other hand although small but still significant number of respondents ranging from 22 to 41 percent agreed to statements attributing unethical behaviour by doctors i.e. prescribing unnecessary medicines, investigations, performing unnecessary surgical procedures, not examining & listening patients properly. [Table 2] One out of six respondents even agreed that doctors are negligent. This data although encouraging that majority of people have positive perception about doctors, still there is constantly increasing significant minority having opposing views. This data is in agreement with other survey report in which 49% Indians reported doctors as most trustworthy professional while only 18% rated them as untrustworthy.^[6] With increasing awareness about rights of patients, expectations of patients have also increased. Unlike earlier asymmetrical relationship, in today's times doctor & patient are equal, working towards shared goal of restoring patients health towards as normal as possible. Factors not given much importance in earlier times i.e. involving patients in decision making, answering all queries, explaining condition properly, respecting patient dignity, maintain confidentiality are routinely expected by patients as almost 90% or more respondents in our study termed them important. Less than 10% only termed them as either less important or not important. 45% & 58% respondents in our study expected free medicines & free consultation respectively. It is understandable in light of the fact noted by various investigators that out-of-pocket expenditures constitute significant proportion of total household expenditure in India pushing many families into poverty.^[7,8] More than three fourth of respondents in our study (77.8%) wanted doctors to be available 24x7. From patients point of view it is important as timely availability of medical help can make a difference between life & death. While medical help should be always available, it is impossible for individual doctors to be available 24x7.

A big reason for violence against doctors is broken trust in doctor patient relationship. Actually this lack of trust is from both sides. Patients feel that doctors decisions are biased by greed & may not be in the best interest of patient. But this feeling has countereffect on doctors as they also stop trusting patients & their relatives. This phenomenon was studied by Jing bao et al in China through a qualitative study. They interviewed 107 physicians, nurses & health officials. According to them this mutual mistrust creates a vicious circle & emphasised role of medical professionalism in rebuilding healthy doctor patient relationship. They cited present profit driven policies of healthcare institutions as the biggest threat to this relationship.^[9] Barunkumar et al carried out a qualitative study on resident doctors to see doctor patient relationship in present times from doctors

point of view. According to them present strained doctor patient relationship is multifactorial i.e. overburdened doctors, impatient patients, unrealistic expectations from the treatment, and lack of infrastructure. They suggested responsibility of all i.e. doctors, patients, administration, and media in resolution of this problem.^[10] Our study also suggest multifactorial causality of this problem. 50.9% & 56.1% respondents respectively agreed that greed of doctors & commercialization of healthcare is the reason for broken doctor patient relationship. Public healthcare spending in India is very low. As per NFHS – 3 almost two third of Indian households were dependent on private health services as primary source of healthcare.^[11] While earlier private healthcare services were controlled by doctors either individually or as group. But gradually big business houses have entered in this area with profit making as an important concern. Decline of moral values & increasing importance of materialistic acquisitions has afflicted society as a whole. Doctors also being part of the society are not unaffected by it. 53.6% of our respondents agreed that lack of communication is also an important factor. A 2016 study concluded that communication skill is the most important aspect of professionalism in medical care. Authors recommended intensive training of communication skills in undergraduate as well as postgraduate medical education.^[12]

Unlike earlier times when doctors actions were accepted without any need for explanation, in today's times need of adequate & effective communication cannot be overemphasized. Informed consent is an integral part of it. Realizing its importance Medical council of India {now national medical commission} as premier medical education regulator in country has introduced attitude, ethics & communication (AETCOM) module in curriculum of Indian medical graduates.^[13]

About 46% respondents agreed that unreasonable expectations of patients & their aggressive behaviour is responsible for this unfortunate situation. Exaggerated claims of medical success fuelled by corporate medical businesses & modern societal values i.e. money can buy everything accentuated by lack of proper communication are responsible for unreasonable expectations of patients. Flooding of information resulting from explosion of internet & social media is also a significant contributor to this problem. Sensational journalism in its quest to sell news highlights negative incidents. It is also responsible for loss of trust in doctor patient relationship as agreed by 47.6% of our respondents.

Significantly higher number of respondents with education level graduation or above in our study preferred private medical facility over government facility for visits in last one year.(p value <.001). [Table 3] But no such difference was evident in participants belonging to different socioeconomic status. Discrepancy between socioeconomic status & educational status in our study could be due to the

fact that study area is inhabited by prosperous farming community with not very high educational status. Land rates in the area are very high contributing to prosperity. Higher educated respondents were significantly more likely to grade their medical facility visit experience lower than lesser educated participants. [Table 4]

Only 45% highly educated respondents graded their experience as good with another 32% terming it as satisfactory. In comparison it was graded as good by 70 to 75% of lesser educated partners. It is understandable by the fact that education makes people more aware of their right, resulting in increased expectations. Since significantly higher number of more educated respondents visited private facility involving higher costs thus inflating their expectations & at the same time deflating grade of their overall experience.

CONCLUSION

Although doctors in India are still seen positively by many in society, significant number of constantly increasing population have opposing views about doctors. With changes in society doctor is no longer paternal figure but an equal partner of patient & his family in quest of restoring patient to normal health. Patients are now more demanding with higher awareness of their rights, high expectations sometimes even unrealistic. So doctor is supposed to demonstrate high level of professional competence, integrity, communication skills as well as high degree of professionalism. But all these qualities may not be enough, so pragmatism is another skill, doctors need to develop in dealing with patients. Since this problem is multifactorial, many of which are beyond control of doctors, other stakeholders i.e. policymakers, media & society also need to play a positive role.

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