

Hospital Management Based on the Relationship between Doctors and Patients

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Abstract: Doctor-patient relationship is an interesting issue that should be studied more by the researchers. The patients have become healthcare consumers. Their expectations have grown and they want from the doctors more than professional skills. Through this work we discover the expectations of the patients from the doctors and how could be improved the relations between the doctors and the patients of the medical clinics located in Bucharest. The purposes of this paper were to identify patients' expectations and to discover the extent to which they are satisfied by health services offered by private health clinics in Bucharest. In accomplishing the proposed goals, the research methods used were: the questioner and the interview. In order to synthesize and analyze the data, we used the SPSS. We concluded that more than 77% of the patients are satisfied with the health services offered by private clinics selected. However, patients have other expectations that we have discovered through this research. These are analyzed and can significantly influence the relationship between doctors and patients and the quality of medical services in private clinics from Bucharest.

Keywords: doctor, patient, relationship, communication, satisfaction.

JEL: I1; I19.

Introduction

Doctor-patient communication has become very important lately for patients as well as for doctors. It is desirable that this part of the medical act should be constantly improved because it brings great advantages in the final results and in medicine in general. Over time, the doctor-patient relationship has experienced a number of transformations due to phenomena such as: increasing the patient's active participation in the medical act, while reducing the passive acceptance of therapeutic indications, increasing the responsibility of individuals towards health, increasing the degree of information, the level of knowledge and exigencies of the patients, the assumptions, the medical declension, the role of doctor like educator regarding the lifestyle and the risk behaviors, and even the changes in the organization of the medical system.

Various studies have shown that classical, symptomatic-oriented medicine tends to be more and more replaced by patient-centered medicine where the doctor pays more time to the patient's (not only medical) problems. According to a recent studies (Besciu, Androniceanu, 2017; Friedman et al., 2016; Jakubowska, 2016;

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Jaworzynska, 2016; Ślusarczyk, 2017), which analyzed possible discrepancies between the role of the patient and the doctor's role in the therapeutic relationship, it was found that most patients want an active collaborative involvement in the management of their own illness. However, there is a relatively modest (about 30%) concordance between the desired role and the perceived role. Health is a complex, multidimensional reality, being medical, but also economic and social issue. In an open or cooperative environment, people increasingly perceive the importance and value of their role, listen to and understand faster what they are communicating, feeling that they can express their ideas with sincerity, without fear. In an open society, the doctor-patient relationship is changing constantly and is strongly influenced by communication, through which the patient transmits to the doctor ideas, attitudes, feelings, information used in diagnosis and treatment. Good communication between the doctor and the patient does not only increase the level of patient satisfaction, but it also influences a number of health indicators. The development and modification of the Romanian medical system after 2015 has also led to a change in the expectations of both patients and medical staff.

Based on the principles of current medical practice, the relationship between the doctor and the patient bring something extra to the two parties involved in the medical act, such as: the comfort and safety in the diagnostic and therapeutic approaches, increased recognition of the value of the doctors work and an increased prestige of their activity.

1. Literature review

Initially, in the specialized papers (Krot & Rudawska, 2016; Machan, 2016) a great deal of emphasis was placed on the medical act itself: interventions, hospitalization and the administrative side. Later on, the researchers started to bring attention and studying non-medical factors such as: doctor-patient relationship, organizational climate, benefits provided by clinics outside strict health services (Łakomy-Zinowik & Horváthová, 2016; Krzikallova & Strikova, 2016).

Given the changes in recent decades, many authors have emphasized their studies on the patient-doctor relationship and have shown that it is an important factor to be considered in defining patient satisfaction with the services provided by different clinics (Ngo VuM & Nguyen Huan, 2016; Nica et. al., 2016; Rosario & Nakagawa, 2016). An example of this is the work published by a group of researchers coordinated by Chaohui (Chaohui et al., 2016) which highlights the fact that non-medical professionals have a defining role in the choices of patients who tend to choose one doctor or another according to the relationship they manage to establish with it (Balcerzak, 2016; Androniceanu, 2016). The study showed that respondents place great emphasis on trust, recognition and emotional support, dignity, reassurance, and information provision. (The study showed that all respondents were treated with dignity after their last visit to general practitioner, 98% were listened to by the doctor in the health problem. A share of 80% of

respondents considered that their medical staff empathized with their health problem and offered them insurance that they would be overwhelmed, 49% of the respondent said they had obtained information from the doctor only if they asked for it, while 45% received information whether they requested or not. The researchers demonstrate that patients place great emphasis on medical services but equally on non-medical services, on the relationship they can establish with their doctor, on their ability to provide information even if they are not required, on treating with dignity and on offering the possibility to make the decision together with the patient.

Other authors have approached a similar theme (Acosta, 2014; Börzel, 2016). They reviled the fact that non-medical factors such as culture and language are determinants in establishing a good relationship between doctors and patients and implicitly in increasing patient satisfaction with this relationship.

The purpose of the study prepared by Siegfried (2011) was to demonstrate how the differences in race, language, ethnicity and quality of medical act influence the physician-patient relationship. In conducting this study, the authors analyzed specialty studies to assess existing evidence of racial and ethnic disparities and how they influence communication and patient-patient relationships (Mihăilă, 2016; Rosario, et al., 2016; Siekelova et al., 2017). The study of Siegfried showed that race, ethnicity and language significantly influence the quality of the doctor-patient relationship and medical act. Patients who come from different ethnic and racial minorities and who do not speak English fluently are predisposed to establishing a poor relationship with doctors, also do not receive enough information, doctors are not empathetic with them, and do not allow them to intervene in making decisions about diagnosis and treatment.

Taking into account the results obtained, the authors believe that patients should make more efforts to learn the English language better, the work force attracted to clinics being more diversified, allowing the access of doctors of different ethnicities and different races. Also the authors believe that doctors need to place more and more emphasis on communicating with patients regardless of ethnicity or culture and to develop on this path.

Researchers are increasingly focusing on improving patient-to-patient communication to demonstrate that it has an important role to play in increasing customer satisfaction and increasing the quality of medical services in general. In support of this statement, we can take as an example the study published by Machan in 2016 showing how the doctor should communicate with the patient from the first visit to establish effective communication and meet his/her expectations. Researcher's results demonstrate that taking into account the needs of patients, understanding their problems and their expectations from the consultation is the foundation for creating effective and successful communication between doctor and patient. They emphasize both verbal and non-verbal communication to describe a successful relation and describe these exchanges of information as a two-step process.

In the 21st century, medicine evolved greatly, focusing on technology, profit, but at the same time improving the relationship between patients and doctors to increase consumer satisfaction and keep profits. This idea is found in several studies. The authors believe that the health systems are changing being more emphasized on profit, technology. Paradoxically, in the era of communication based on internet use medical systems face a distortion of communication between doctors and patients, with a continuous decline in customer satisfaction and a growing number of complaints. Most patients' complaints do not relate to health skills, but to an ineffective communication. Most often, patients complain that doctors do not listen to them. The patients want more information about their problem and treatment outcomes, more information on the side effects of treatment, and advice on what they can do for themselves (Balica, 2017; Laudan et al., 2016; Lăzăroiu, 2016). Different studies analyzed by the researcher have shown that doctors and patients have different spikes in what might be effective communication between them. These opinions influence the quality of the relationship between the doctor and the patient as well as the respect, the patient's education and the final results of the medical act. Learning communication skills in times of change and uncertainty depends on an emotional opening to oneself and others. Medical educators should use patients' perceptions of care and focus on the areas of teaching that will help them to meet patients' expectations.

Doctor-patient relationship involves diagnosis, orientation and postoperative surveillance, and affective-psychological counseling: the body heals more easily if the soul is quiet. This interaction leads to a particular attachment of the patient to the doctor. The diagnosis determined by the doctor is a complex, bio-psycho-social one, the relationship between the patient and the doctor can be compared to the friend-friend relationship (Ohanyan, Androniceanu, 2017).

The doctor-patient relationship is an important issue that should be brought into public attention in Romania mainly because in this era of changes, technology and the Internet, in this age when patients became health services consumers, their expectations increased and want more than professional skills, want to be involved in decision-making. This theme has been studied a little in our country, most of the studies being built from psychological perspectives and generally presenting types of communications that can be carried out between the doctor and the patient without consulting the opinions of patients and doctors on this topic. Studies are also based on public health systems without taking into account private systems (Kyzenko et al., 2017). Considering these limitations of previous studies, I chose to investigate the issue of doctor-patient relationship based on communication from the perspective of private health clinics in Bucharest and to find out the degree of patient satisfaction in these clinics.

2. Main research results and analysis

The general objective of the research was to know the expectations of the patients from the private health clinics in Bucharest regarding the doctor-patient

relationship and the extent to which these expectations are met by the medical staff. The main specific objectives were: to identify the patient satisfaction degree and the main causes of dissatisfaction; to discover the main qualities of medical staff that lead to maintaining good communication between doctors and patients; to find out what causes patients influence negatively the communication between the doctors and the patients of the private clinics in Bucharest. The main instrument used for data collection was a questionnaire with 14 items completed by 121 respondents. This was completed by a structured interview about the doctor-patient relationship in the private health clinics. We chose the interview as a research method to clarify some aspects or interpret the research results correctly. Tables 1 and 2 show the structure of the sample.

Table 1. The structure of the sample based on gender

Gender		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	66	54.1	54.5	54.5
	Male	55	45.1	45.5	100.0
	Total	121	99.2	100.0	
Missing	System	1	.8		
	Total	122	100.0		

(Source: Author)

Table 2. The structure of the sample based on age

Age range (years)		Frequency	Percent	Valid Percent
Valid	18-28	29	23.8	4.0
	29-39	43	35.2	35.5
	40-50	38	31.1	31.4
	50+	11	9.0	9.1
	Total	121	99.2	100.0
Missing	System	1	.8	
	Total	122	100.0	

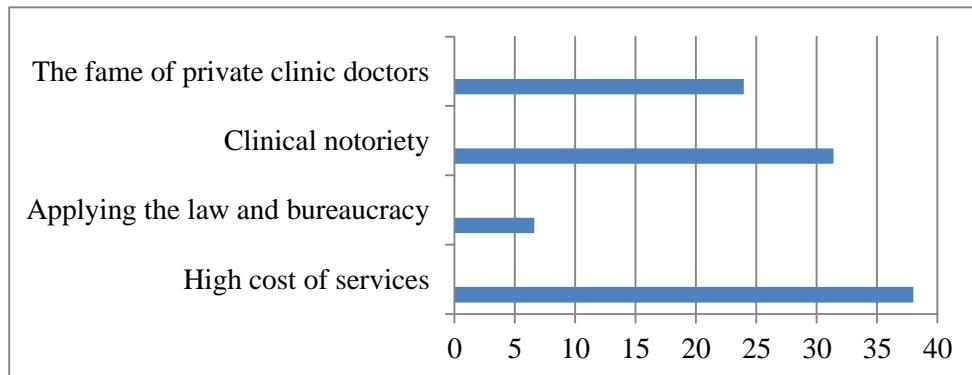
(Source: Author)

As far as the environment of origin is concerned, most respondents live in urban areas (82%). Thus, 44 of the female respondents come from the urban area, unlike 22 from the rural area. As for male respondents, we can observe the same distribution, 38 of them having the urban environment as opposed to 17 from the rural environment. Regarding the level of education, most of the patients of the private health clinics have completed a high school studies (97%). Following the

analysis of the subjects' preferences for the clinics in Bucharest, we found that the majority of respondents (87 out of 121) prefer private health clinics. The main argument of most subjects (97%) is the better quality of health services. Most respondents say they accessed more than once a year at private health clinics (100 respondents), unlike those who called once (21 subjects). These results show that more than half of respondents are satisfied with the services provided by private health clinics. The study highlights the fact that 92 respondents who were patients of private clinics were satisfied with the relationship they have with doctors in private health clinics. Only 7 people expressed their dissatisfaction with how they related to medical staff in private clinics. All respondents contacted and benefited from health services provided by public clinics in Bucharest. Through this research we found that 32% of the subjects (26%) were satisfied with the relationship with the medical staff, and the remaining 68% declared dissatisfied with 56 patients. Among the causes mentioned, we note: the high waiting time to enter a consultation (38 dissatisfied - about 68%); unsatisfactory communication with doctors and other medical staff (7 respondents -12.5%); medical bureaucracy (almost 86%) and informal payments (11 respondents - 19.64%).

The research has shown that the patients are focused more on the communication skills of the doctors than the consultation (64 persons). Another 40 patients are focused both on the professional and the communication skills (40 persons). The rest of the respondents (17) are focused on professional skills only. These answers legitimize our research, demonstrating that the relationship between doctors and patients of private clinics is an important topic to address and need to be addressed. It is a research niche that does not have much information at this time in our country and needs to be carefully explored. Answers to the question of patients' expectations show their focus on communication during the medical consultation. According to the answers to this question, we note that patients expect to be treated with respect (27 persons), the others would like to obtain from the doctors all information on diagnosis or treatment (27 persons) and the rest of them would like to be involved in a special discussion with the doctor during the decision making about the diagnosis and the treatment. Another question referred to the factors that determine these expectations. The results are shown in the figure 1. We note that the main factors that determine patients' expectations regarding the patient-doctor relationship in the private health clinics are: the high cost of services (38.02%) followed by the clinic's notoriety (31.4 %) and the fame of doctors working in these clinics (23.9%).

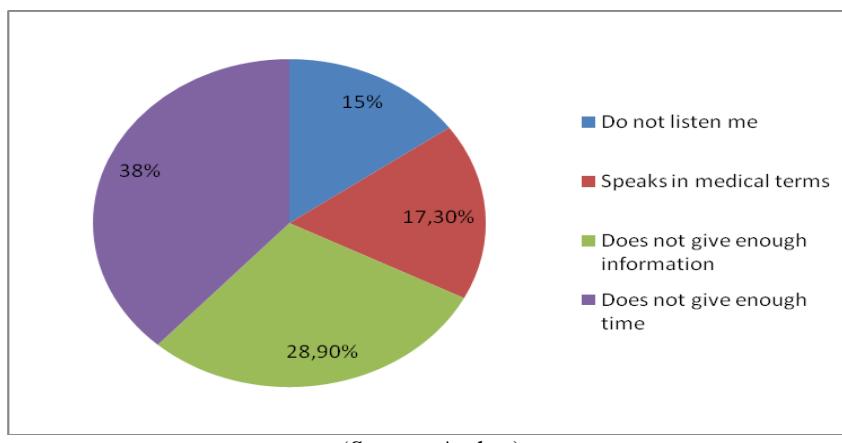
Figure 1. The main factors that determine the expectations of patients towards the medical services offered by the private clinics in Bucharest



(Source: Author)

According to another question we note that the main factors that determine patients' expectations regarding the patient-doctor relationship in private health clinics are: the high cost of services (with the highest weight of 38.02%), followed by the clinic's notoriety (31.4%) and the fame of physicians working in these clinics (23.9%). Research has led to the discovery of the reasons for patient dissatisfaction (Figure 2). 38% of them think they are dissatisfied, if the doctor does not pay much attention and time; 28.9% are unsatisfied when the doctor does not provide enough information with regard to diagnosis or treatment, 17, 3% are dissatisfied when doctors use special medical terms without explaining their meaning, and only 15% are dissatisfied if the doctor does not listen to them.

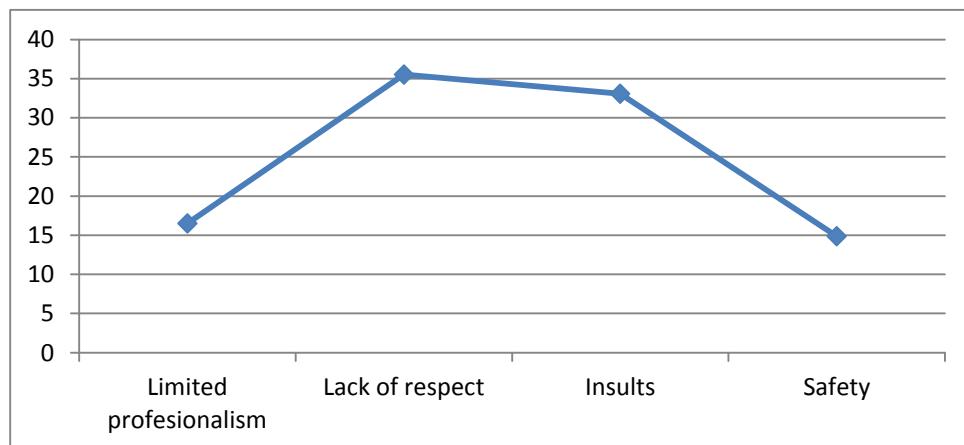
Figure 2. The main reasons of the patients dissatisfaction in their relationships with the doctors



(Source: Author)

The research has led to the main reasons why patients would give up the services of private sanitary clinics, as can be seen in figure 3.

**Figure 3. The main reasons why patients would give up
the services of private sanitary clinics**

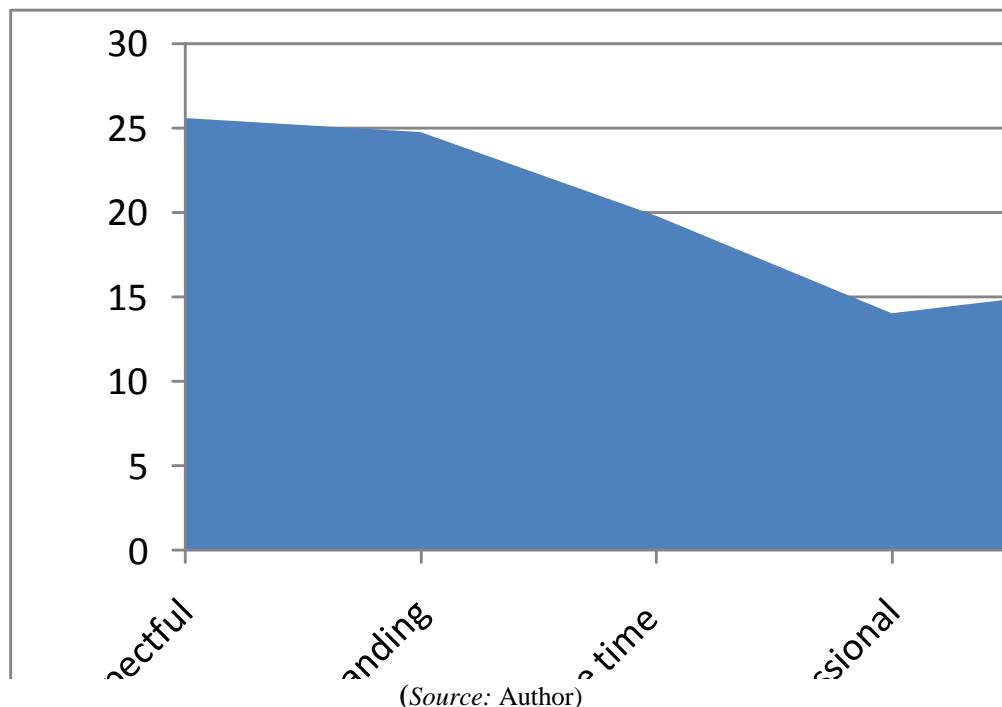


(Source: Author)

According to the answers, we can see that the main causes that lead patients to no longer consult with a doctor are different: (1) if the doctor treated the patient without respect (35.54%); if the patient was offended by the doctor (33.06%), these answers having a share of over 65% of the total respondents. These results highlight the major loopholes between doctors and patients in private clinics in Bucharest.

According to the results of this study, the most important skills of a doctor to maintain a good relationship with patients are presented in the figure 4. As can be seen, the key qualities of a doctor in maintaining a good relationship with patients are: respect (for 25.62% of respondents), understanding and compassion (for 24.79% of interviewed persons) and time spent on consulting a patient (almost 20%). Less than 20% from the respondents consider professionalism and encouragement from doctors like being relevant. From these correlations we can see that the most patients are satisfied with the relationship they have with the doctors from private health clinics. The research demonstrates that the relationship between doctors and patients are influenced by the doctors skills.

**Figure 4. Main skills of the doctors preferred by the patients
of the private health clinics**



The results of the survey based on the questionnaire are complemented by those obtained on a structured interview. The structured interview was applied to 7 patients of the private health clinics in Bucharest who were willing to answer a total of 5 questions.

To the first group of questions were: "Do you often go to private health clinics in Bucharest? Do you have a health insurance? "We were surprised to find that 5 of the 7 interviewed people go to consultations at these clinics and have an individual health insurance. They claim that they go to consultations for a variety of gynecological, dermatological, cold, pain, and endocrinology (one of the chronic illnesses for regular visits to the health care supervisor). One of the other people was for the first time at one of the health clinics in Bucharest. She had no subscription but said she was happy and would like to make a health insurances soon. The last person had a health insurance but came about 2-3 times a year only for routine checks and annual analyzes. Since most of the people we discussed have health insurances and often come to private clinics, we can conclude that they are happy with the services provided by doctors.

The second group of questions helps us in the validation of the general goal and specific objectives, namely to know the patients' expectations regarding the doctor-patient relationship.

Are you satisfied with the doctor-patient relationship at the private health clinics in Bucharest? Why?

To this question everyone responded that they were happy for different reasons among the following: "We are respected, we can come on programming and when it is time for the doctor to take us from the waiting room," "I always received all the information from the doctor, I'm not afraid to ask if I do not understand something or if I want to know something extra because the doctor answers me calmly and politely every time, "" if I have a ugly, I can call a doctor because he gave me the phone number "," the doctor is patiently listening whenever I have a problem, do not interrupt my analysis, and explain each analysis in part, "" no matter how many patients he had before me, my doctor always smiles, is calm and relaxed, "He/She gives me all the explanations I need."

Based on these assertions, we note that patients' expectations regarding patient-to-patient relationship are not just based on professional skills, patients are very interested in an effective communication, they need to be listened to, have patience with them, of calm and relaxation, to transmit all the information and to understand them, to be able to call a doctor and in case of emergency. Also from the primal responses we can state that the patients are satisfied with the relationship they have with the doctors in the private health clinics. Question 3 helps us get more information for validating another specific research goal.

What do you think are the most important qualities of a doctor in relation to the patient?

To this question, patients have listed some qualities that they consider imperative for a good patient - doctor relationship, and also considered that they should be on both sides: patience, empathy with the patient, punctuality, being able to offer all patient information and understanding, calm and professionalism.

The group of questions number 4 helps us to discover that there is a reverse relationship between the time given by the doctor during the consultation and the patient's dissatisfaction with the doctor-patient relationship. The patients are contented that they have enough time to expose the problem to the doctor. Even so, they consider that the consultation time is too short.

One of these people says it's not the doctor's fault, but within 10-15 minutes there is not enough time for consultation and for diagnosis and treatment. Another dissatisfied person says that 15 minutes is not enough time to establish a relationship with a doctor. One of the personae (the person who is in the clinic for the first time) claims that the doctor was patient and polite but still did not have enough time to look at all of the previous analyzes.

The last person says that he is unsatisfied mainly because of the reduced time spent in the doctor's cabinet. We see that people who feel that there is not enough time for consultations also show a sense of insecurity and dissatisfaction of their relationships with doctors. This confirms the second hypothesis of the research, namely that if the consultation time is shorter, then the patients' dissatisfaction is increasing.

What are the causes that would lead you to be dissatisfied with your relationship with doctors of private health clinics in Bucharest? We have received various answers concerning the main causes of the patient's dissatisfaction such as: advances, not respecting the patient, not listening to him, offending him, failing to give him a correct diagnosis, violating confidentiality, screaming, not giving me enough time, not empathic.

3. Conclusions

The research pointed out the fact that the patients expect the doctor to be professional, calm, patient, treat them with respect, provide them with all the information they need and would like to take part in making the decision. The most important factors that determine these expectations that we identified are: the extra and usually quite high costs of consulting in private health clinics and patients are also influenced by the clinic's notoriety when setting up these expectations and at the same time are influenced by the fame of doctors working in these clinics. Although patients were shown to be satisfied with the doctor-patient relationship at a rate of 77%, there are causes that may increase their dissatisfaction with this relationship. The causes we have identified in this study with the interview questionnaire are: misdiagnosis by the doctor, insufficient time spent on a consultation, information sent to patients in special medical terms that they do not understand. As the primary reasons that would cause patients to drop out of consultations with a doctor is lack of respect and poor communication. In order to maintain a better relationship with patients, our study shows that the main qualities that a doctor should have are: respect, compassion, empathy, professionalism, punctuality, calmness and sufficient time during each patient's consultation.

This research proved the fact that the relationships between the Romanian patients of the private clinics and the doctors of them are important for both parts and need a special attention and a deep analysis further.

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