Volume 1 , Issue 1- 2022

Medical and Pharmaceutical Journal

Med. Pharm. J. Original article

Patient expectations regarding consultation with a family doctor: a cross-sectional study

Meena Akeel Naji [1]*, Ali H Alburghaif[2], Nour Khudair Saleh[3], Hany Akeel Al-Hussaniy.

Author Affiliations

[1]Department of family physician- collage of medicine, university of Baghdad Iraq

[2]Department of pharmaceutical chemistry– Pharmacy Department – Ashur University collage– Baghdad _ Iraq

[3]Department of Dentistry -Alnukba university collage Baghdad Iraq

*Corresponding Author: **Meena Akeel Naji**

Email ID: Menaakeel2014@gmail.com

ORCID: 0000-0002-7752-4879

DOI: 10.55940/medphar2022-3

Tel: 00964870071198

Dates Received: 1 March 2022 Accepted: 20 May 2022

Abstract

Background. The patient needs from the doctor things such as interest visual contact, empathy, of this and the most important thing is good treatment and diagnosis, However, the patient usually did not receive the level of requirement from their doctors.

Objective. Evaluate the expected requirement regarding family history and other doctors and care providers, end find out what the patient expected from family physicians in multi- hospitals and health care centers in the middle east.

Methods. We use a cross-sectional descriptive type of study in which observe and by questioners, we collect the data from the patient attending many hospitals, and health care center. In this questionnaire we ask about 10 questions about patient expectations and if the doctor meets this need or Not and all these data are receded and analyzed using data analysis programs such as excel and Statistical Package for the Social Sciences (SPSS) v 20.

Results. About 1461 patients are enrolled in this study most of them (91% female) the main age of the patient is about 31, and information about patient expectations was collected from 92% of the patient that enrolled in the study, skills, and information regarding care, interest listens and many other, and the problems were required

Conclusions. After using the questions, we were able to follow up and document our patients who showed a great need for attention with regard to clinical interviews, and there was a noticeable lack of communication skills and the patient need for attention, prevention, and care from the health specialist or the family doctor.

How to cite this article:

Naji MA, Alburghaif AH, Saleh NK, Al-hussaniy HA. Patient expectations regarding consultation with a family doctor: a cross-sectional study: Patient expectations regarding consultation with a family doctor. Med. Pharm. J. 2022;1(1):35-40. DOI:/10.55940/medphar20225

Volume 1 , Issue 1- 2022

Medical and Pharmaceutical Journal

Keywords: Cross-Sectional Studied; Models; Biopsychosocial; Communication Referral; Primary Health Care.

Introduction

The expectations and values of the patients regarding the communicational and operational aspects of the clinical interviews in the construction of the relationship between health professionals and the people they serve, knowing their values, their expectations, their perception regarding the course of clinical encounters, has great relevance , and we can say that it is inherent to the goals of medicine [1-3].

Within this knowledge and with the purpose of improving the results in terms of treatment and patient satisfaction, it becomes a necessity to provide space and know what are the expectations regarding medical care that people from the communities in where we work[4].

For some decades, the biopsychosocial model has proposed within its principles that medical care should focus on the needs of people, considering their knowledge, beliefs and expectations [1,5]. For this reason, and on the other hand, due to market influences and the need for management improvements, health systems have seen the need for another relationship with the patient that distances itself from the traditional paternalistic model in order to improve care and meet the expectations of users [6,7].

In this context, family medicine interprets that the professional must specialize in the patient over a body of knowledge, diseases or technical procedures. To comply with these premises, the professional's interaction with the patient and their family is a very important part of this process [1,8].

However, health professionals are not always able to adequately discern what the patient expects from the encounter with them [9,10], for example, communication during the clinical meeting can be an aspect to be strengthened and valued, since it tends to act as a barrier to obtaining good results in care , and there is evidence that suggests that some health outcomes are associated with quality perceived relationship between the patient and the health team [11-13] .

For this reason, we consider it pertinent for the health team to explore what its users expect from their work. In this context, we return to the Kravitz definition , which maintains that the user of a health system has three types of expectations: 1) the one that he / she manages to verbalize during the care episode (explicit expectation); 2) the one who cannot verbalize but is also among his wishes of how the meeting should go (implicit expectation); 3) the one that represents what you think is likely to happen during the clinical encounter (whether or not desired), based on your previous experiences with the health system and the experiences of the community you come from[14,15].

In the bibliography on strategies for continuous improvement of the quality of health care , satisfaction with said care system stands out as a value for the client, patient or citizen , particularly with regard to what users wait for primary care consultations [10,16].

The problem of evaluating user expectations

Expectations regarding clinical encounters vary depending on the values and experiences of the users themselves, their health problems, the personal characteristics of the health providers and their links with the users. / as, and the institutional frameworks where these processes take place[13] .

Most of the bibliography has addressed this problem at the institutional level. Several studies carried out in all over the world addressed this problem. For example, Abbasi-et al. [11] documented in a Family

Volume 1 , Issue 1- 2022

Medical and Pharmaceutical Journal

Medicine unit that the aspects most valued by the people attended were those related to communication, which had not been identified by their health providers. Through qualitative research by focus groups, Benetoli et al.[8] highlighted the value that users assign to the organizational issues of the health center; while Ruiz-Moral et al. [10,19] documented that the expectations of the patients are linked to the treatment provided by the professionals and the time spent by them in the consultation [20]. These findings are consistent with those obtained in another research conducted in Iraq[19-21] ,Lebanon[18] and Nigeria [18,22] .

On the other hand, a study carried out in Estonia documented that patient were more interested in receiving biomedical explanations of their ailments than psychosocial-focused care [23].

Finally, the authors of a systematic review in which 23 papers were evaluated, including cross-sectional studies, cohorts and randomized trials, found no association between the patients' perception that their expectations regarding clinical encounters and "hard" health management results. We highlight that most of the previous studies have focused on assessing user satisfaction both with the clinical interviews they have had and globally, evaluating the health center where primary care is provided [24,25].

Rationale for this research

We believe that knowing the expectations of patients regarding what is going to happen during their medical consultations will allow us to design quality improvement cycles in the event that it is documented that there is a discordance between what they expect from their consultations and what they perceive they receive[26-27].

In the same sense, it brings us closer to the knowledge of user satisfaction as one of the important parameters for evaluating quality in primary care.

The purpose of this research work is to explore the expectations regarding their clinical encounters of patients who attend medical consultations in a Primary Care Health Center of Greater Buenos Aires.

Methodology

Design

Descriptive cross-sectional observational study.

Population

Adults who attended scheduled and unscheduled consultations at the Alkarama hospital (Iraq), attended by family medicine residents and their instructors from November 2018- Sep 2021, for a consultation related to their own health or that of a dependent family member (eg, a child).

Those users who made administrative inquiries, for example, requesting a certificate of physical fitness to exercise, redo expired orders or prescriptions, complete health records, etc., were excluded. To avoid courtesy bias with the interviewer, patients who had him as their family doctor were also excluded.

Scope of the study

This study conducted to evaluated the patient expectance in Iraq Baghdad Karkh Health Department and other neighborhood sited however several data collected from other cities and other countries so the outcome reflects the patient expectance values in more than middle east countries , however the protocol of studies is well regulated and not differ from already published content [1,4,5, 10,30].

Variables

Age, sex was collected and the type of consultation (scheduled vs. unscheduled) for which the patients' expectations were evaluated, and the length of time as a user of that health center were documented.

Information gathering

The information was collected through a questionnaire designed by the local principal investigator, based on the results reported by *Javed et, al* that had been obtained through a self-administered instrument, to which we were unable to access[4, 30,31].

Given that the original instrument had been developed in Spain, and taking into account local

linguistic differences, the researchers decided to replace the word *prescription* with *prescription* and the word *tests* with *analysis or other studies.*

The questionnaire was self-completing, with brief assistance from the interviewer, and was composed of a first sheet where the patient was asked to indicate, on a list of ten expectations (see Table 1), how each one of them considers in a three-choice ordinal scale (important, very important, or doubtful). On a second sheet, the patient had to select the three expectations that he considered most important and also the three that he considered least important of the same ten expectations.

The apparent validity of the questionnaire was evaluated by a group of experts (three family doctors) and a pilot test was carried out to corroborate its interpretability by candidates chosen in the same health center and by administrative employees of said center , all natives and inhabitants of said neighborhood.

The self-administered questionnaire, which contained a first paragraph that explained the reasons for the research by way of verbal consent, was delivered by the principal investigator - a previously trained family medicine resident - to all the people who met the eligibility criteria who were in the waiting room, before entering your consultation.

Table 1. List of expectations proposed to patients of a Primary Care consulting a family doctor.

Patient expectations
Let the doctor show interest and listen to me
Have enough time
To offer me support and reassure me
Give me explanations about my problems and my doubts
To advise me on what to do
Give me a diagnosis
Check me out
Refer me to a specialist
Ask me for analysis and studies
Make me a recipe

Results

1600 people were invited to participate in the research. Of these, 1461 agreed to participate and returned the questionnaire with responses. The median age of the interviewees was 30 years (interquartile range [IQR], 24 to 40), 91% female (1330/1461). Most of the consultations (1,022/1400) 73% were scheduled. The median time of care at the Health Center was 2.5 years (IQR, 1 to 6; 1461 respondents).

All the proposed expectations were considered important by the majority of the surveyed population, standing out among the most selected: *"That the doctor shows interest and listens to me" and "That he give me explanations about my problems and my doubts"* (both indicated by the 94% of the participants) and "Give *me a diagnosis"* (90%). The least selected expectations were *"That he writes me a prescription"* (67%), *"That he support me and reassure me"* and *"That he have enough time"* (73% in both).

Regarding the second part of the questionnaire, the two most hierarchical expectations were *"That the doctor shows interest and listens to me"* (70.9%) and *"That he give me explanations about my problems and my doubts"* (56%), followed by *"Ask me for analysis and studies"* (46.2%). The least valued expectations were *"That I have enough time"* (53.8%), *"That he writes me a prescription"* (53%) and *"That he offer me support and reassure me"* (42.7%).

Discussion

Our main findings contradict our own prejudices - probably magnified by availability biases- that a large part of our patients would like their symptoms to be resolved with some medication, or they would underestimate the value of consultations from those of us who are medical specialists family. Therefore, it is comforting for us to have been able to verify that the expectation of receiving a prescription for a drug and / or a consultation with a specialist do not integrate the main expectations of the surveyed users, in accordance with the findings reported by *Javed et, al* It is worth noting that in our population the expectation of receiving the indication for diagnostic tests would be of greater value, when

compared with the results of these authors, a finding for which we do not have a satisfactory explanation.

Among the limitations of our design, we can mention that the selected sample was of convenience, size and limited to one hospital but the data also provided from other parts and countries in the study period During the period in which the survey was carried out, there was a clear predominance of scheduled consultations, which tend to be less frequent during the winter months.

On the other hand, the person who invited potential research participants was a family doctor who practiced his usual clinical practice in the same Health Center, and although patients or relatives of patients who had once been cared for by him, we cannot rule out a possible courtesy bias of the study participants.

Although there is a history of evaluating the expectations of Health Center users in different regions of middle east ,[17,19] these included the assessment of what patients expected from the health facility as a whole, and not regarding the uniqueness of a health facility. specific interview with a health professional evaluated during the minutes prior to the user's admission to the office in question.

Conclusion

We have been able to document that the expectations of our patients regarding their clinical interviews are closely linked to their attitudinal component (predisposition to listen with interest to their problems) and to that of the health professional's communication skills (explanations).

Conflict of interest

None

Funding support

None

Ethical approval

We receive ethical approval from Iraqimedical research center number 1093\2000

Email: Iraqimrc@gmail.com

Reference's

1. Rise MB, Solbjør M, Lara MC, Westerlund H, Grimstad H, Steinsbekk A. Same description, different values. How service users and providers define patient and public involvement in health care. Health Expectations. 2013;16(3):266-76.

2. Topp SM, Tully J, Cummins R, Graham V, Yashadhana A, Elliott L, Taylor S. Building patient trust in health systems: a qualitative study of facework in the context of the Aboriginal and Torres Strait Islander health worker role in Queensland, Australia. Social Science & Medicine. 2022;302:114984.

3. Pratt H, Moroney T, Middleton R. The influence of engaging authentically on nurse–patient relationships: A scoping review. Nursing Inquiry. 2021;28(2):e12388.

4. Javed SA, Ilyas F. Service quality and satisfaction in healthcare sector of Pakistan—the patients' expectations. International journal of health care quality assurance. 2018 Jul 9.

5. Sharma S, Breckons M, Brönnimann Lambelet B, Chung JW, List T, Lobbezoo F, Nixdorf DR, Oyarzo JF, Peck C, Tsukiyama Y, Ohrbach R. Challenges in the clinical implementation of a biopsychosocial model for assessment and management of orofacial pain. Journal of oral rehabilitation. 2020;47(1):87-100.

6. See MT, Kowitlawakul Y, Tan AJ, Liaw SY. Expectations and experiences of patients with osteoarthritis undergoing total joint arthroplasty: An integrative review. International Journal of Nursing Practice. 2018;24(2):e12621.

7. Cormier S, Lévesque-Lacasse A. Biopsychosocial characteristics of patients with chronic pain expecting different levels of pain relief in the context of multidisciplinary treatments. The Clinical Journal of Pain. 2021;37(1):11-9.

8. Benetoli A, Chen TF, Aslani P. How patients' use of social media impacts their interactions with healthcare professionals. Patient education and counseling. 2018 ;101(3):439-44.

9. Atanasova S, Kamin T, Petrič G. The benefits and challenges of online professional-patient interaction: Comparing views between users and health professional moderators in an online health community. Computers in Human Behavior. 2018;83:106-18.

10. . Ruiz-Moral R, Pérula de Torres LÁ, Jaramillo-Martin I. The effect of patients' met expectations on consultation outcomes. A study with family medicine residents. Journal of general internal medicine. 2007 Jan;22(1):86-91.

11. Abbasi-Moghaddam MA, Zarei E, Bagherzadeh R, Dargahi H, Farrokhi P. Evaluation of service quality from patients' viewpoint. BMC Health Services Research. 2019 Dec;19(1):1-7.

12. Karaca A, Durna Z. Patient satisfaction with the quality of nursing care. Nursing open. 2019 Apr;6(2):535-45.

13. Al-Hussaniy HA, Alburghaif AH, Naji MA. Leptin hormone and its effectiveness in reproduction, metabolism, immunity, diabetes, hopes and ambitions. Journal of Medicine and Life. 2021;14(5):600.

14. Bergerum C, Thor J, Josefsson K, Wolmesjö M. How might patient involvement in healthcare quality improvement efforts work—A realist literature review. Health Expectations. 2019;22(5):952-64

15. Like R, Zyzanski SJ. Patient satisfaction with the clinical encounter: social psychological determinants. Social Science & Medicine. 1987 Jan 1;24(4):351-7.

16. Al-hussaniy HA, Altalebi RR, Alburagheef A, Abdul-Amir AG. The Use of PCR for Respiratory Virus Detection on the Diagnosis and Treatment Decision of Respiratory Tract Infections in Iraq. J Pure Appl Microbiol. 2022.

17. ALZobaidy MA, AlbuRghaif AH, Alhasany HA, Naji MA. Angiotensin-Converting Enzyme Inhibitors May Increase Risk of Severe COVID-19 Infection. Annals of the Romanian Society for Cell Biology. 2021 Jul 16;25(6):17843-9.

18. Haj-Ali W, Karroum LB, Natafgi N, Kassak K. Exploring the relationship between accreditation and patient satisfaction–the case of selected Lebanese hospitals. International journal of health policy and management. 2014 Nov;3(6):341.

19. Deering S, Rosen MA, Ludi V, Munroe ML, Pocrnich A, Laky C, Napolitano PG. On the front lines of patient safety: implementation and evaluation of team training in Iraq. The Joint Commission Journal on Quality and Patient Safety. 2011;37(8):350-AP1.

20. Ibrahim IR, Palaian S, Ibrahim MI. Assessment of diarrhea treatment and counseling in community pharmacies in Baghdad, Iraq: A simulated patient study. Pharmacy Practice (Granada). 2018;16(4).

21. Ebrahim SM, Issa SS. Satisfaction with nursing care among patients attending oncology center in Basra city, Iraq. Journal of Environmental Science and Engineering. 2015;4:241-8.

22. Hamadi SA, Mohammed MM, Dizaye KA, Basheti IA. Perceptions, experiences and expectations of physicians regarding the role of the pharmacist in an Iraqi hospital setting. Tropical Journal of Pharmaceutical Research. 2015;14(2):293-301.

23. Abbas MS, Jamal M, Sabri MM, Abdulrahman Z, Hussain SA. Medication-Use Behavior of Elderly Patients in Baghdad City: A Cross-Sectional Study: Medication use behaviors in elderly. Al-Rafidain Journal of Medical Sciences (ISSN: 2789-3219). 2021;1:72-7.

24. Kravitz RL. Patients' expectations for medical care: an expanded formulation based on review of the literature. Medical Care Research and Review. 1996;53(1):3-27.

25. Al-Ali BA, Al Mousawi A, Hatef ZS, Mohammed HR. Patient's Satisfaction with Primary Health centers in Kerbala City/Iraq in 2018. Journal of Critical Reviews. 2020;7(11):1072-85.

26. Al-hussaniy HA, Zahraa S. Methicillin-Resistant Staphylococcus aureus and New Delhi Metallo beta-lactamases-types of antibiotic resistance, methods of prevention. Med. Pharm. J. 2022;1(1):3-12

27. Humphreys J, Schoenherr L, Elia G, Saks NT, Brown C, Barbour S, Pantilat SZ. Rapid implementation of inpatient telepalliative medicine consultations during COVID-19 pandemic. Journal of pain and symptom management. 2020;60(1):e54-9.

28. Al-hassany HA, AH A, Naji M. Tumor diagnosis by genetic markers protein P-53, p16, C-MYC, N-MYC, protein K-Ras, and gene her-2 Neu is this possible?. Pakistan Journal of Medical and Health Sciences. 2021;15(8):2350-4.

29. Akeel Naji H. The Psychosocial and Economic Impact of Uveitis in Iraq. RABMS. 2021; 7 (4) :207-215

30. Swarup I, Henn CM, Gulotta LV, Henn III RF. Patient expectations and satisfaction in orthopaedic surgery: a review of the literature. Journal of Clinical Orthopaedics and Trauma. 2019;10(4):755-60.

31. Levis B, Benedetti A, Ioannidis JP, Sun Y, Negeri Z, He C, Wu Y, Krishnan A, Bhandari PM, Neupane D, Imran M. Patient Health Questionnaire-9 scores do not accurately estimate depression prevalence: individual participant data meta-analysis. Journal of clinical epidemiology. 2020 ;122:115-28.