Patients' and Residents' Evaluations of Patient Centeredness and Communication Skills of Physicians at Jordan University Hospital

Nada A. Yasein [1], Farouq M. Shakhatreh [2], Wejdan A. Shroukh[3],

Mohammad S. Farah[4], Ruba M. Jaber [5]

Abstract

Objective: The objectives of this study were to evaluate patients' opinions about patient centeredness and communication skills of the physicians at Jordan. University Hospital, and to evaluate physician's self-assessments of these skills.

Methodology: A cross-sectional study of 418 patient and 94 physicians at Jordan University Hospital outpatient clinics was performed using two self-reported questionnaires. Data collected were analyzed using SPSS Statistics version 17.

Results: Only half of the patients surveyed stated that their main problem was discussed by their physicians, and only half felt that their physicians understood them. Only 32% mentioned that the physician discussed their respective roles most of the time.

Conclusion: Although a number of patients appeared satisfied with their consultations, a higher emphasis on communication skills and the patient-centered approach is needed. This may be achieved by further research in these areas and training sessions for physicians on the patient-centered approach.

Keywords: Patient centered, Communication, Whole person medicine.

Introduction

Patient-centered care is a goal of most healthcare practitioners, but a difficult concept to define and measure.[1] The concept of patient-centered medicine was first introduced by Balint and his colleagues, which means focusing on exploring both the disease and the illness experiences of the patient, understanding the whole person, finding a common ground between the doctor and the patient, incorporating disease prevention and health

1. Professor, Department of Family and Community Medicine School of Medicine, The University of Jordan, Amman, Jordan.
2. Professor, Department of Family and Community Medicine, School of Medicine, The University of Jordan, Amman, Jordan.
3. MPH, BSc in Pharmacy, Jordan University Hospital, The University of Jordan, Amman, Jordan.
4. MD, High Specialty in Ophthalmology, Jordan University Hospital, The University of Jordan, Amman, Jordan.
5. Assistant Professor, Department of Family and Community Medicine, Women and Child's health specialist, School of Medicine, The University of Jordan, Amman, Jordan.
* Correspondence should be addressed to:
Nada A. Yasein
Consultant Family Physician, Department of Family and Community Medicine, School of Medicine, The University of Jordan.
P.O. Box 13834 Amman, Jordan 11942
E-mail: nyasein_85@hotmail.com

promotion, enhancing the doctor-patient relationship and being realistic.[2] The Institute of Medicine defines patient-centered care as not only a quality of an individual practitioner, but also of the health system as a whole.[3]

A growing body of evidence demonstrates not only patients' desire for and satisfaction with patient centeredness, but also the positive impact of this approach on treatment adherence, patient health, and health care costs.[4-6] In fact, patients usually prefer sharing with their physicians decisions about their health, which has a positive effect on their adherence and satisfaction.[8-10] Moreover, a patient's active participation in his or her own health care is important for the process of adaptation to and recovery from illness.[15] Patient-centered theory suggests that patients who feel they understand their symptoms and feel understood by their physicians may be less anxious, have greater confidence in their physicians' abilities, and be more trusting of their physicians.[4] Generally speaking, patient-centered medicine is associated with positive outcomes and improvements in healthcare provision.[11]

One of the challenges of a medical consultation is the contrast between the physician's biomedical understanding and the patient's socio-culturally embedded lay beliefs.[16] This important challenge can be solved by improving the physician's communication skills and improving his or her consultation style. It has been found that the quality of the doctor-patient relationship and the doctors' communication skills affects the quality of care delivered to patients.[2,8] If the patient is to be the center of the health care system, good doctor-patient communication should be addressed.[12] Health care professionals need to improve their communication skills and ensure that the medical information they are providing to their patients is clear and easy to understand.[13] Communication skills by physicians should be examined on a regular basis to ensure the delivery high-quality health care.[14]

Finally, it is important to stress the concept of patient-centered medicine as it reduces the frequency of malpractice in medicine,[17] and as it is considered an indispensable element of high quality health care.[10,18]

Perspectives of both patients and physicians on patient centeredness in Jordan have not been previously examined together as a comparison up to the authors' knowledge. Therefore, this study was designed to evaluate patients' perceptions of patient centeredness and communication skills of the physicians at Jordan University Hospital, and to evaluate physicians' self-assessments of these skills.

Methodology

This was a cross-sectional study at Jordan University Hospital in Amman, Jordan.

Two Arabic language questionnaires were designed for the purpose of this study. The first was directed to patients, and the other to physicians. The patient questionnaire consisted of two parts. The first part included questions about the patient's general sociodemographic characteristics such as age, gender, education level and medical insurance. The second part included 12 questions to evaluate perceived patient centeredness of his/her physician during that day's consultation, and 13 questions to evaluate his/her perceived communication skills that day. Response for the second part were either mostly, sometimes, a little, or never. This second part was based on the Patient Perception of Patient Centeredness

questionnaire[20] and on the Membership of the Royal College of Surgeons (MRCS) Candidate Instructions and Guidance Notes, part 3 (communication skills).[21] Modifications to the questionnaire were carried out to construct the research questionnaire based on the experience of the researchers with the nature of physicians and patients in Jordan. A pilot study of 10 doctors and 30 patients was conducted to test the questionnaires. No modifications were done after the pilot study.

The physician questionnaire also consisted of two parts, the first part including background questions about the physician, such as age, gender, year of residency, and university graduation date. The second part included the same questions as those on the patient questionnaire, but rephrased as an overall self-evaluation (rather than one focused on a particular consultation).

Physicians and patients were chosen conveniently. Physicians were not told that patients will be receiving the same questionnaire they received, nor the patients were aware that physicians will be answering the same questionnaire. The questionnaires were distributed by a trained research assistant to patients and residents in the following outpatient departments of the hospital: cardiology, dental, dermatology, diabetes, endocrinology, ear nose and throat, emergency, family medicine, gastroenterology, medicine, nephrology, neurology, neurosurgery, obstetrics and gynecology, oncology, ophthalmology, orthopedics, pediatrics, rehabilitation, respiratory, surgery and urology. The study included all patients visiting the various clinics who were willing to participate and able to read and fill out the questionnaire independently after their medical consultation,

and all residents who were willing to participate in the study. After completion of each questionnaire, the same research assistant collected it immediately after completion.

Data were entered and analyzed using SPSS Statistics V17.

Verbal consent was obtained from the patients and residents who agreed to participate in the study. The study was approved and funded by the Deanship of Academic Research at the University of Jordan. It was also approved by the Institutional Review Board at Jordan University Hospital.

Results

The study included a total of 418 patients and 94 residents working at Jordan University Hospital. Of the surveyed patients, 26.1% were in the age group of 20 to 29 years, and 70.5% of patients were female (Table 1). The education level which the highest percentage of patients achieved was a high school degree (37.2%), and the second-highest was a bachelor's degree (32.9%). The majority of patients (92.3%) had medical insurance. As shown in Table 2, 17.7% of the studied patients were in the obstetrics and gynecology clinic, followed by 12.2% from the orthopedics clinic.

Table 3 displays patients' responses about patient centeredness, including instances when the majority of patients reported their physician mostly performed a patient-centered task. For example, nearly 58% of patients thought that their doctors mostly understood them, 57% reported that their main problem was mostly discussed with the doctor, and 55.1% stated that doctors listened to what they had to say most of the time. The percentage of patients reporting that the physician mostly explained the problem to them was 50.4%, and that the physician mostly explained the treatment was 50.1%.

Table 1. Sociodemographic characteristics of patients surveyed, N = 418

Age group (years) (N = 411)	n	%
Less than 20	23	5.6
20 - 29	113	27.5
30 - 39	71	17.3
40 - 49	74	18
50 - 59	55	13.4
60 or more	75	18.2
Gender		
Male	123	29.5
Female	294	70.5
Educational level		
Incomplete high school	19	4.6
High school diploma	154	37.2
Two years diploma	73	17.6
Bachelor's degree	136	32.9
Post graduate degree	32	7.7
Medical insurance		
Yes	383	92.3
No	32	7.7

Table 2. Type of medical consultation for patients surveyed

Clinic specialty	n	%
Cardiology	16	3.8
Dental	2	0.5
Dermatology	7	1.7
Diabetes	5	1.2
Endocrinology	5	1.2
Ear nose and throat	7	1.7
Emergency room	3	0.7
Family medicine	33	7.9
Gastroenterology	13	3.1
Medicine	7	1.7
Nephrology	20	4.8
Neurology	14	3.3
Neurosurgery	7	1.7
OB-GYN[a]	74	17.7
Oncology	2	0.5
Ophthalmology	16	3.8
Orthopedics	51	12.2
Pediatrics	6	1.4
Rehabilitation	2	0.5
Respiratory	5	1.2
Surgery	18	4.3
Urology	37	8.9
Total	418	100.0

[a] OB-GYN: obstetrics and gynecology

However, there was a number of data where only the minority of patients felt that their doctor mostly performed a patient-centered task (Table 3). Most notably, 42.4% of patients reported that their doctors mostly asked them about what they expected the doctors to do for them. A total of 32% mentioned that the doctor mostly discussed their respective role. While only 24.4% stated that doctors mostly asked them about their expectations regarding the cause of their complaint.

Table 4 shows the patients' responses to questions about the physicians' communication skills. A large number of patients (41.3%) reported that their doctors never introduced themselves to them. Only 37.3% of patients reported that the physician mostly summarized main points in the interview and ensured that the majority of their questions were answered.

However, the majority patients stated that their doctors mostly greeted them and mostly listened to them properly (64.5% and 61.5%, respectively), and 59.4% of patients reported that doctors used easy language with them most of the time.

Table 3. Patient responses to questions about patient centeredness

	Mostly n (%)	Sometimes n (%)	A little n (%)	Never n (%)
To what extent was your main problem discussed today? (N = 409)	233 (57)	99 (24.2)	54 (13.2)	23 (5.6)
How well do you think your doctor understood you today?	234 (57.8)	114 (28.1)	50 (12.3)	7 (1.7)
How satisfied were you with the discussion of your problem?	194 (47.8)	109 (26.8)	92 (22.7)	11 (2.7)
To what extent did the doctor explain this problem to you?	208 (50.4)	120 (29.1)	68 (16.5)	17 (4)
To what extent did the doctor explain treatment?	206 (50.1)	111 (27)	77 (18.7)	17 (4.1)
To what extent did the doctor explore how manageable this treatment would be for you?	185 (45.9)	108 (26.8)	83 (20.6)	27 (6.7)
To what extent did you and the doctor discuss your respective roles? (Who is responsible for making decisions, and who is responsible for what aspects of your care?)	128 (32)	119 (29.8)	87 (21.7)	66 (16.5)
To what extent did the doctor listen to what you had to say?	217 (55.1)	98 (24.9)	67 (17)	12 (3)
Regarding today's problem, to what extent did the doctor discuss (personal, family, work or studying) issues that might be affecting your health?	101 (26.6)	66 (17.4)	84 (22.1)	129 (33.9)
To what extent did your doctor discuss your concerns and anxieties about your complaint?	122 (32.4)	95 (25.2)	120 (31.8)	40 (10.6)
To what extent did your doctor ask you about your expectations of the causes of your complaint?	92 (24.4)	104 (27.6)	100 (26.5)	81 (21.5)
To what extent did your doctor ask you about what you expect him to do for you (ECG, CT scan, giving antibiotics, etc.)?	157 (42.4)	71 (19.2)	89 (24.1)	53 (14.3)

Table 4. Patient responses to questions about physician's communication skills

	Mostly n (%)	Sometimes n (%)	A little n (%)	Never n (%)
The doctor introduced himself/herself to me. (N = 375)	91 (24.3)	58 (15.5)	71 (18.9)	155 (41.3)
The doctor greeted me properly.	243 (64.5)	70 (18.6)	45 (11.9)	19 (5)
The doctor listened to me properly.	232 (61.5)	87 (23.1)	49 (13)	9 (2.4)
The doctor responded to my thoughts, feelings and questions in an appropriate way.	203 (51.3)	102 (25.8)	77 (19.4)	14 (3.5)
The doctor showed empathy for my situation.	179 (44.9)	98 (24.6)	99 (24.8)	23 (5.8)
The doctor presented to me enough facts about my situation.	191 (48)	94 (23.6)	92 (23.1)	21 (5.3)
The doctor used easy language (not jargon or medical terms) that I understood.	237 (59.4)	93 (23.3)	56 (14)	13 (3.3)
The doctor let me talk about my complaint as much as I needed to talk.	210 (53)	97 (24.5)	74 (18.7)	15 (3.8)
The doctor checked that I understood everything he said.	181 (45.4)	118 (29.6)	84 (21)	16 (4)
The doctor explained my treatment options and their benefits and risks.	166 (42)	91 (23)	92 (23.3)	46 (11.6)
The doctor offered me support and reassurance.	189 (47.6)	100 (25.2)	83 (20.9)	25 (6.3)
The doctor summarized the main points of the interview and ensured that all my questions were answered.	145 (37.3)	108 (27.8)	107 (27.5)	29 (7.5)
The interview was organized and logical.	194 (49.9)	98 (25.2)	73 (18.8)	24 (6.2)

Table 5. Background information of residents surveyed[a]

Residency year (N = 75)	n	%
First	27	36
Second	14	18.7
Third	18	24
Fourth	14	18.7
Fifth	2	2.6
Year of graduation from medical school		
1995	1	1.3
2005	1	1.3
2006	3	3.9
2007	1	1.3
2008	7	9.1
2009	12	15.6
2010	17	22.1
2011	13	16.9
2012	18	23.4
2013	2	2.6
2014	2	2.6
Medical school		
University of Aden	1	1.3
Al-Mustansiriya	1	1.3
Al-Quds University	1	1.3
Cairo University	2	2.6
Cerrahpaşa Faculty of Medicine	1	1.3
Dovelsk Naturel University	1	1.3
Islamic University of Gaza	1	1.3
Hashemite University	1	1.3
University of Jordan	43	55.8
University of Juba	2	1.6
JUST	12	15.6
LMC	1	1.3
LUMHS	1	1.3
Mutah University	7	9.1
Omdurman Islamic University	1	1.3
Sana'a University	1	1.3

[a] JUST: Jordan University of Science and Technology; LUMHS: Liaquat University of Medical and Health Sciences.

Table 5 displays the general characteristics of the residents surveyed, showing that the majority of the residents were in their first year of residency (36%), and 23.4% had graduated in the year 2012. Most of the residents were University of Jordan graduates (55.8%), followed by Jordan University of Science and Technology graduates (15.6%), then Mutah University graduates (9.1%).

Table 6. Resident responses to questions about patient centeredness

	Mostly n (%)	Sometimes n (%)	A little n (%)	Never n (%)
To what extent do you discuss your patient's main problem? (N = 93)	63 (67.7)	29 (31.2)	1 (1.1)	0 (0)
How well do you think you understand your patient?	36 (38.3)	58 (61.7)	0	0
How satisfied are you with the discussion of your patient's problem?	29 (31.2)	55 (59.1)	9 (9.7)	0
To what extent do you explain your patient's problem?	48 (51.6)	41 (44.1)	4 (4.3)	0
To what extent do you explain treatment?	50 (53.2)	37 (39.4)	7 (7.4)	0
To what extent do you explore how manageable the treatment would be for your patient?	28 (29.8)	49 (52.1)	17 (18.1)	0
To what extent do you and the patient discuss your respective roles? (Who is responsible for making decisions, and who is responsible for what aspects of your care?)	25 (26.8)	37 (39.8)	28 (30.1)	3 (3.2)
To what extent do you listen to what your patient has to say?	53 (56.4)	34 (36.2)	7 (7.4)	0
To what extent do you discuss (personal, family, work or studying) issues that might be affecting your patient's health?	18 (19.1)	42 (44.7)	28 (29.8)	6 (6.4)
To what extent do you discuss your patient's concerns and anxieties about his/her complaint?	31 (33)	51 (54.3)	12 (12.8)	0
To what extent do you ask your patient about his/her expectations about the cause of his/her complaint?	18 (19.1)	48 (51.1)	24 (25.5)	4 (4.3)
To what extent do you ask your patient about what he/she expects you to do (ECG, CT scan, giving antibiotics, etc.)?	12 (12.8)	41 (43.6)	34 (36.2)	7 (7.4)

Table 7. Resident responses to questions about communication skills

	Mostly n (%)	Sometimes n (%)	A little n (%)	Never n (%)
Do you introduce yourself to the patient? (N = 94)	51 (54.3)	13 (13.8)	23 (24.5)	7 (7.4)
Do you greet the patient properly?	64 (68.1)	27 (28.7)	3 (3.2)	0 (0)
Do you listen to the patient properly?	63 (67)	27 (28.7)	3 (3.2)	1 (1.1)
Do you respond to the patient's thoughts, feelings and questions in an appropriate way?	45 (47.9)	40 (42.6)	7 (7.4)	2 (2.1)
Do you show empathy for the patient's situation?	41 (44.1)	45 (48.4)	7 (7.5)	0
Do you present the patient enough facts about his/her situation?	37 (39.4)	50 (53.2)	7 (7.4)	0
Do you use easy language that the patient can understand (without jargon or medical terms)?	61 (64.9)	29 (30.9)	4 (4.3)	0
Do you ask the patient open- and close-ended questions, as appropriate?	34 (36.2)	46 (48.9)	14 (14.9)	0
Do you check that the patient understands everything you say?	29 (30.9)	55 (58.5)	10 (10.6)	0
Do you explain to the patient the treatment options and their benefits and risks?	35 (37.2)	43 (45.7)	15 (16)	1 (1.1)
Do you offer the patient support and reassurance?	35 (37.2)	44 (46.8)	13 (13.8)	2 (2.1)
Do you summarize the main points of the interview and ensure that all the patient's questions were answered?	19 (20.2)	49 (52.1)	23 (24.5)	3 (3.2)
Do you feel that your interviews are organized and logical?	22 (23.4)	58 (61.7)	14 (14.9)	0

About 59% of residents were only sometimes satisfied about their discussion of their patients' problems (Table 6). Only 19.1% of the residents stated that they usually discuss the personal, family, work or studying issues that might be affecting the health of their patients. More than half of residents only sometimes discuss the patients' concerns and anxieties about their health problems.

Regarding the residents' perceived communication skills, more than half of them stated that they introduce themselves to their patients most of the time (Table 7). About two-thirds reported usually listening to their patients. Of the residents, 61.7% stated that their interview is only sometimes logical and organized.

One-way analysis of variance (ANOVA) and independent samples t-test revealed that there were no significant differences in resident's responses about patient centeredness or communication skills based on the residents' year of graduation, medical school, or gender.

Discussion

Patient centeredness is increasingly being recognized as an indispensable element of high quality health care.[22,23] Patient perception of patient centeredness has been identified as the most important factor in evaluating a patient-centered visit.[1,24,25] In the current study, the majority of patients perceived that their doctors mostly understood them during the consultation, and that their main problems were mostly discussed. Although there is scant literature about the latter, one study from 1979 stated that 54% of patients reported that their problems were discussed.[1] Despite this, a high proportion of those patients were unsatisfied with this part of the consultation. In fact, patients' unsolved concerns were found to be strongly and negatively associated with patients' perceptions of how patient-centered their visit was.[1] Therefore, addressing patients' main problems should be of utmost importance in medical consultations, especially in teaching hospitals that are supposed to provide the best training to future physicians.

In the current study, only about one-fourth of the patient sample stated that they were mostly asked about their expectations regarding the cause of their complaints, and only 26.6% felt that their doctor mostly discussed issues that might be affecting their health, such as personal or family issues. Moreover, less than one-third were asked about their concerns and anxieties most of the time. Trends in allowing such patient involvement has been studied in the past. It has been found that more senior providers allowed patients more latitude in decision-making, from passive to collaborative to active.[26,27] Since all of the physicians surveyed in this current study were residents (and having at most four years of experience), they were less likely to have already practiced a patient-centered approach in the past.

Although the patient's active participation in his or her own health care is important for the process of recovery from an illness,[15] other studies have found that not all patients wish to have active roles in their care.[27,28]

Effective interpersonal communication skills are considered key to quality healthcare delivery and shared decision-making.[13] In the current study, for most questions reflecting communication skills of the physician, at least one-third of patients felt that the physician performed in a patient-centered manner most of the time. Approximately two-thirds of the

patients stated that the doctor greeted them properly most of the time, and 61.5% reported that the doctor listened to them properly most of the time. The ability to listen properly to patients has been found to be very important to patients, as it gives them their own time to talk and helps them to feel comfortable.[13]

The number of patients reporting that their physicians mostly introduced themselves was low (24.3%), with 41.3% stating that the physicians never introducing themselves. Again, these results might be attributed to the fact that the doctors in the study sample were young and less experienced, with more than two-thirds graduating 5 years ago or less from the time of data collection.

Regarding patient centeredness from the physicians' perspective, the majority of physicians thought they discuss the patient's main problem, explain the problem, and listen to their patients most of the time. On the other hand, only a small minority (19.1%) admitted that they usually discuss private or personal issues that might be affecting the patient's health. Similarly, a minority of residents (19.1%) reported that they usually ask patients about their expectations regarding the cause of their complaint. These results reflect the similarly low percentages by patients to the same questions. This shows that there is a deficiency in discussion of these items, which are regarded as important issues in patient-centered care.

Overall, the physicians' answers to the questions regarding communication skills were positive. The majority felt they greet patients, use simple language, and properly listen to the patients most of the time.

This contradiction may be explained by the subjectivity of the study. For the residents, the study tool was a self-evaluation. For the patients, many factors such as long wait times and the stress accompanying chronic and acute conditions might affect their evaluations on that day. In one recent study done by the National Health Service (NHS) across the UK, communication was evaluated positively overall (77%), while interpersonal skills were only evaluated positively 44% of the time,[29] results not far from our findings.

Overall, although a number of patients' consultations seemed patient-centered, there are still many residents who appear to lack essential elements of patient centeredness. In addition, patients' perspectives on their doctors' communication skills showed the need for improving those skills.

Patient centeredness and communication skills should be better emphasized in both undergraduate and postgraduate medical student curricula. Communication skills curricula have shown to be effective not only for enhancing communication skills,[31,32] but also for positively influencing patient-centered attitudes.[33] Bachmann et al. (2017) similarly concluded that it is necessary to develop a longitudinal communication curriculum with enhances communication trainings and assessments.[30]

However, the complexity of the concept of a patient-centered consultation cannot be ignored. The use of a subjective method to assess patient centeredness and communication was one limitation of this study, and an add difficulty for interpreting results. More qualitative and quantitative studies using more objective methods for measuring patient centeredness and communication skills are highly needed.

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تقييم مهارات التواصل والمشورة المتمركزة حول المريض من وجهة نظر الأطباء والمرضى في مستشفى الجامعة الأردنية

ندى عادل ياسين[1]، فاروق شخاترة [2]، وجدان أحمد شروخ[3]، محمد سمير فرح [4]، روبى محمود جبر[5]

1– أستاذ، طب الاسرة، قسم طب الأسرة والمجتمع، كلية الطب، الجامعة الأردنية.

2– أستاذ، قسم طب الاسرة والمجتمع، كلية الطب، الجامعة الأردنية.

3– ماجستير الصحة العامة، بكالوريوس صيدلة، طالبة دكتوراه، الممارسة الصيدلانية، جامعه مانشستر.

4– أخصائي طب وجراحة العيون، الشامي للعيون، الأردن.

5– أستاذ مساعد، قسم طب الاسرة والمجتمع، كلية الطب، الجامعة الأردنية.

الملخص

الهدف: تقييم مدى التزام الاطباء بالمشورة المتمركزة حول المريض ومهارات الاتصال لدى الاطباء المقيمين، من وجهة نظرهم والمرضى في عيادات مستشفى الجامعة الأردنية.

المنهجية: دراسة مسحية تضمنت 418 مريضاً ومريضة و94 طبيباً وطبيبة في عيادات مستشفى الجامعة الأردنية. تم استخدام استبانتين متشابهتين من حيث الموضوع، أحدهما للمرضى لتقييم الطبيب والمشورة الطبية، والاخر يقيم به الطبيب نفسه بعد انتهاء المشورة الطبية. تم جمع البيانات وتحليلها عبر برنامج التحليل الاحصائي.

النتائج: أشار نصف المرضى إلى ان المشكلة الأساسية التي جاء لحلها قد تمت مناقشتها من قبل الطبيب. ونصفهم ايضا أفادوا ان الطبيب قد تفهم حالتهم. (30.6%) ذكروا ان الطبيب ناقش دورهم كمرضى في العلاج. ثلثا العينة من الاطباء كانوا راضين عن ادائهم الشخصي في المشورة الطبية.

المناقشة: بالرغم من ان نسبة جيدة من المرضى أبدوا رضاهم عن المشورة الطبية، الا ان اشراك المريض في الخطة العلاجية والتمركز حول المريض من خلال المشورة الطبية لازال غير كافٍ. ولا بد من مزيد من البحث والتدريب للأطباء حول اهمية مهارات التواصل وجعل المشورة متمركزة حول المريض بشكل أكبر من ما هو ممارس حاليا.

الكلمات الدالة: مهارات التواصل، المشورة، وجهات نظر المرضى والأطباء.