

Communication in patient–physician relationships in Turkey: opinions of family medicine residents

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A – Study Design, **B** – Data Collection, **C** – Statistical Analysis, **D** – Data Interpretation, **E** – Manuscript Preparation, **F** – Literature Search, **G** – Funds Collection

Summary Background. Healthy patient–physician communication (PPC) affects the effectiveness of the service, increases satisfaction with health services and ensures cooperation with patient. Research has revealed that there are communication problems between physicians and patients, and patients mostly complain about physicians' communication skills.

Objectives. We aim to determine the opinions of family medicine residents about PPC, uncover communication problems in Turkey and also find out if having communication education has an effect on these problems.

Material and methods. The data was collected by surveys which were sent to family medicine residents via the Internet, and each resident could answer just one survey. For analyses, we used the IBM SPSS15.0 package program. $P < 0.05$ was considered statistically significant.

Results. 312 (11.3%) out of 2,765 family medicine residents in Turkey participated in this study. The majority of residents were female (73.1%). More than half of the residents (63.5%) had received training about communication. Most of the residents indicated that they had communication problems with patients or patients' relatives (88.4%). Most of the residents (73.7%) said "Yes, definitely" to the question "Do you think there is a communication problem between patients and physicians in Turkey?". No significant difference was found between trained and untrained residents. The most frequent answers to reasons for communication problems were limited time (50.6%), socio-cultural level of the patient (20.5%) and heavy workload of physicians (20.5%).

Conclusions. Most residents indicated that they had communication problems with patients or patients' relatives before, and there is a serious communication problem between patients and physicians in Turkey. In this study, there was no significant difference between whether residents had received training about communication and those having problems in this area.

Key words: communication, internship and residency, Turkey.

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Background

Creating a healthy society is directly related to creating healthy communication in every aspect of life [1]. Primary healthcare centres (PHCC) are the first contact points for patients to encounter healthcare services [2]. Healthy patient–physician communication (PPC) affects the effectiveness and quality of the service and increases satisfaction with health services, eases overcoming diseases and ensures cooperation with patient in treatment [3, 4].

Research has revealed that there are communication problems between physicians and patients, and patients expect physicians to improve their communication skills [5]. On the other hand, according to research, most of the family physicians working in PHCC had at least one negative communication experience with their patients [1, 6].

In literature, there are studies on PPC in PHCC [1, 6]. However, research on family physician residents, who are the family physician specialists of the future, is limited [7].

Objectives

We aim to collect the opinions of family medicine residents about PPC and uncover communication problems in Turkey. We

also want to find out if having communication education has an effect on these problems.

Material and methods

The study has been approved by the Ethics Committee of Ankara University School of Medicine (No: 17-477-20/17.06.2020). The data was collected by a survey which was sent to family medicine residents via the Internet, and each resident could answer just one survey. It was sent to all family medicine residents. Not being willing to respond the survey was the only exclusion criteria. The questionnaire had 31 questions and 3 sections as demographic information (6 questions), general information (resident' experience with patients, educational background on communication (9 questions), and the third section was expressions about reasons for communication problems that the residents agree with or disagreed with (16 questions). Continuous data was presented as mean and standard deviation if the data was normally distributed; otherwise, it was presented as median and range. Nominal data was presented as frequency and percentage. For analyses, the IBM SPSS 15.0 (SPSS Inc., Chicago, IL, USA) package program was used. The Mann-Whitney U test and t-Test were used to compare differences between the two groups. For three or more groups of data, ANOVA (analysis of variance) and the Kruskal-Wallis test were used. $P < 0.05$ was considered statistically significant.



Results

312 (11.3%) out of 2,765 family medicine residents in Turkey participated in this study. The majority of residents were female (73.1%) and from Ankara and Istanbul (58.4%), the two most populated cities. Most of the residents were working in university hospitals (60.3%). Table 1 shows the demographic characteristics of the study population.

Characteristics	Frequency (n)	Percentage (%)
Gender		
female	228	(73.1%)
male	84	(26.9%)
Hospital		
public	117	(37.5%)
university	188	(60.3%)
other (private)	7	(2.2%)
Characteristics	Mean ± SD	Median (min–max)
Age	28.81 ± 4.167	24–50
Total months working as a resident of family medicine	17.24 ± 15.046	1–84
Total years spend as a physician	4.15 ± 3.926	1–26

More than half of the residents (63.5%) had received training about communication. Most of the residents indicated that they had communication problems with patients or patients' relatives (88.4%). A major part of the trained (92.9%) and the untrained residents (80.7%) had at least one negative experience with communication. No significant difference was found between these two groups ($p = 0.11$). Table 2 shows how residents feel about patients' approaches to family medicine.

Feeling	Frequency (n)	Percentage (%)
Very positive	7	2.2
Positive	141	45.2
No Idea	46	14.7
Negative	109	35
Very Negative	9	2.9
Total	$n = 312$	100.0

Most of the residents (73.7%) think that there is a communication problem between patients and physicians in Turkey. No significant difference was found between the trained and untrained residents ($p = 0.188$). The most frequent answers to reason for communication problems were limited time (50.6%), socio-cultural level of the patient (20.5%) and heavy workload of physicians (20.5%). Despite this, a majority of the residents indicated that they give enough time to their patients to express themselves (72.4%). Most of the residents indicated that their communication with patients was related to the number of patients cared for daily (93.6%). See Table 3 for other reasons of communication problems.

Whilst 21.2% of trained residents have concerns for the future, this rate is 22.8% for untrained residents. The difference between this is statistically significant ($p = 0.011$). A major part of the responders (92.3%) believes that there should be communication training during residency. A majority of the residents (86.3%) agreed that communication skills training should be a part of pre- and post-graduate training, as well as during

conferences and seminars. Residents' views on the time of communication training is given in Table 4.

Table 3. Reasons for communication problems: expressions that the residents agree with

Sometimes I think my patients don't understand me (75.9%)	The manpower in health is insufficient (72.5%)
Sometimes I feel like my patients don't trust what I am saying (69.2%)	I partially use medical terms (78.2%)
The laws and regulations that have changed in recent years affected me in a negative manner (76.9%)	Increasing the number of patients cared for daily effects me in a negative manner (93.6%)
It is difficult to be unbiased to a patient whom I have had communication problems with before (58.3%)	My outpatient clinic is suitable for healthy communication (47.4%)

Table 4. Time for communication training

When?	Frequency (n)	Percentage (%)
Pre-graduate	48	16.7%
Post-graduate	4	1.4%
Pre- and post-graduate	222	77.1%
Pre- or post-graduate	14	4.8%
Total	288	100%

Discussion

312 family medicine residents participated in this study, and this is the first study to provide a nationwide picture of current communication problems among family medicine residents. Although the rate of female physicians (37.4%) is less than male physicians in Turkey, the participation of female residents was higher. This situation may be associated with the rising number of female physicians in academic areas over the years in Turkey [8, 9]. Most residents indicated that they had communication problems with patients or patients' relatives and that there is a serious communication problem between patients and physicians. The most frequent answers to reason for communication problems were limited time, socio-cultural level of the patients and heavy workload of physicians. In spite of the report by the Turkish Medical Association suggesting that outpatient an visit period should be 20 min per patient, an online appointment system called "Centralised Doctor Appointment System" enables patients to create an appointment every 10 minutes [10, 11]. However, a prospective study revealed that the length of visit is 11 min per patient (even longer in the case of chronic diseases) and that limited time increases pressure on physicians and patients [1, 12, 13]. Similarly, according to studies from the USA and Dubai, this limited time adds to the pressure to achieve patient goals [14, 15]. Additionally, the medical workforce working in PHCC is very low in Turkey, because of over 75% of the doctors work in tertiary care systems [12]. Increasing the number up to 100 patients per day in some clinics causes a decrease in the total interview time, and in this limited time, patients with low education levels may not express themselves properly [7]. Because it is showed up that 52.7% of patients' have sufficient health literacy to explain their symptoms [16]. Residents stated that the increased number of patients cared for daily affects them in a negative way (93.6%). This may be regarded as an indicator of a communication problem not only among primary care providers but also in the health sector. There was no significant difference between having communication problems and residents educational background on communication.

In 2014, in field research on 100 physicians working in PHCC from different cities in Turkey, 15% of them expressed negative opinions about patients' approaches to primary healthcare services [1]. In spite of the increasing satisfaction rates of patients utilising these services throughout the years [17], in our study, 37.9% of residents expressed negative opinions about patients' approaches to these services. In this study, most of the residents were from Ankara and Istanbul, the two most populated cities. This result may be correlated with the heavier workload of residents and the higher number of patients. According to the Health Transformation Programme (HTP), a primary healthcare system based on family medicine physicians seems successful, but the manpower in PHCC is still very low in Turkey [12]. Furthermore, a majority of the residents (72.5%) indicated that this is one of the reasons for communication problems.

Trained residents were more supportive of communication lectures, and it was determined that they were less worried about the future. Although the rate of communication problems does not show a significant difference between these two groups, PPC should be part of continuous education in health care. Patient-centred measurements are becoming more preferred for quality assessment of primary health care [18]. In this respect, we would like to recommend that satisfaction surveys on PPC should be regularly conducted for patients and physicians to increase mutual interaction and clarify problems.

Limitations of the study

The research had been planned before the COVID-19 pandemic, but data collection continued during the pandemic. Due to the increasing workload of the residents caused by the COVID-19 pandemic (pandemic polyclinics, pandemic units, filiation, etc.), the respond rate was lower than we expected (11.3%). The National Core Curriculum (NCC) for Undergraduate Medical Education is a programme that includes pathophysiology,

behavioural sciences, social sciences and humanities to ensure certain standards for medical education in Turkey. NCC-2020 has been suggested in "Competence" section that every medical student should have communication skills and all medical faculties organised their education programmes in accordance with this purpose [19]. In addition to NCC, the Family Medicine Specialisation Training Core Curriculum, which is a postgraduate programme for family medicine residents, also describes communication skills as one of the core competencies [20]. Unfortunately, postgraduate education programs for residents are not standardized and not all residency programs implement them. As in our study, some medical students/residents may not have obtained this education. Honestly, we did not check the level of knowledge or skills of the respondents due to not having the "Health Professional Communication Skills Attitude Scale" in Turkish. The Minnesota Multiphasic Personality Inventory (MMPI) might also have been helpful to determine how the residents classified patients' approaches as positive or negative. This limitation might be another research subject for future studies.

Conclusions

This study is the first study to provide a nationwide picture of the current communication problems among family medicine residents. Most residents indicated that they have had communication problems with patients or patients' relatives before, and there is a serious communication problem between patients and physicians in Turkey. In this study, there was no significant difference between having communication problems and residents educational background on communication.

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Conflicts of interest: The authors declare no conflicts of interest.

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