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Will communication strategies in patient relations improve patient satisfaction?

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Abstract

Patients' satisfaction with their hospital care is important to payers, hospital administrators, physicians, and patients. Communication appears to be a simple concept within health care. Patients talk to doctors, nurses, and staff members. Doctors explain treatment options to patients. Managing patient expectations and psychosocial factors, such as pain and depression, will be improved by using appropppriate communication techniques. Patient and family communication boards, patient television systems, notepad usage may help communication between patients and physicians. Explaination the hospital process step by step, in other words "what will happen", "answer questions" and "how they can be reached" will increase the safety feelings of the patients. Communication between patients and physicians; and other health staff is very important for the patients' satisfaction. Not only communication but also quality of communication are very important. To improve communication skills of the health system, training and managing patient expectations should be provided.

Key Words: communication, patient, physicians, communication strategies, patient satisfaction

Introduction

Communicating effectively with patients and families is a cornerstone of providing quality health care (Practical approaches for building a patient-centered culture, 2008.). Improve quality in healthcare delivery isvery important topic in recent years. The Centers for Medicare & Medicaid Services (CMS), hospitals, and insurance providers are striving to better define and measure quality of health care. Patient satisfaction is a major component of health care quality. Furthermore, patient satisfaction is critical to how well patients do; research has identified a clear link between patient outcomes and patient satisfaction scores (Morris, Jahangi & Sethi, 2013; Olson & Windish, 2010; Arora *et al*., 2009; Chang *et al*., 2006; Thompson & Suñol,1995; Bartlett *et al*.,1984)

Communication is key for patient satisfaction. They must acknowledge their patient's feelings and concerns and let them know they understand and are actively paying attention to both their verbal and nonverbal language. It is not only what they say, but also how they say it. Their patients must feel that they care and have their best interest at hand. When dealing with angry and upset patients/families, there are multiple techniques that can be used to help diffuse these situations, all based on how they communicate. They recommend learning some of these techniques if they are not already aware of them (Hall**,** 2010).

Patients' satisfaction is important because it captures the patients' experience of health care outside of direct effects on health and acknowledges the role of the patient as partner in health care, and as such reflects the patient-centeredness of care (Institute of Medicine, 2001). Physicians' communication behaviors are important contributors to patient satisfaction in the outpatient setting (Stewart, 1995; Williams, Weinman & Dale 1998).

The manner in which a health care provider communicates information to a patient can be equally as important as the information being conveyed. Patients who understand their providers are more likely to accept their health problems, understand their treatment options, modify their behavior and adhere to follow-up instructions. If the single most important criterion by which patients judge us is by the way we interact with them, it stands to reason that effective communication is at the core of providing patient-centered care. Patient

surveys have demonstrated when communication is lacking, it is palpably felt and can lead to patients feeling increased anxiety, vulnerability and powerlessness (Practical approaches for building a patient-centered culture, 2008).

A lack of quality communication limits the quality of service that can be provided to the patient. Some of these issues are rooted within healthcare system design, while others are the result of inappropriate services provided to patients (Salehi, Strawderman & Ruff, 2014; Wanzer, Booth-Butterfiled & Gruber, 2004; Berger & Calabrese, 1975).

Consider a typical hospital inpatient visit. Upon arrival, a patient talks to various staff about where to go and what to do, talks to physicians about their ailments, and talk to a number of nurses about their treatment during their visit. These various interactions could cause an unwanted complexity for patients in their relation with the healthcare providers. It should be noted that patients have special characteristics which differ them from a regular customer who wants to receive a service. They are not in their best physical or mental condition, making communication with this type of customer unique. Although it is a common belief that physicians talking to patients reduces patient anxiety and increases patient satisfaction, there is no indication that talking to multiple health care providers would also be beneficial (Salehi, Strawderman & Ruff, 2014; Wanzer, Booth-Butterfiled & Gruber, 2004; Berger & Calabrese, 1975).

Communication limitations often make the patients' visits frustrating and unpleasant (Salehi, Strawderman & Ruff, 2014; Wanzer, Booth-Butterfiled & Gruber, 2004; Berger & Calabrese, 1975). In this paper, we presented the importance of communication to improve patient satisfaction.

Our hypothesis is patients will be happy and satisfied when they expose to physicians and health staff following well communication strategies.

Patient satisfaction

Making patients feel like unique individuals and keeping them updated during their long waits may also help to increase patient satisfaction. How we speak and act influences the healing process of our patients. By helping patients feel more comfortable, their anxiety lessens, and they are better able to understand what is going on, their treatment plan, and the importance of following through with their discharge instructions. We may all come to the same diagnosis for a patient, but satisfaction is also based on how the patient was treated while forming that diagnosis (Hall, 2010).

Patient expectations of care and attitudes greatly contribute to satisfaction; other psycho-social factors, including pain and depression, are also known to contribute to patient satisfaction scores. Historically, physicians, especially surgeons, have focused on surgical technique and objective outcomes as measures of "patient satisfaction," while patients place great value on the surgeon-patient interaction (Morris, Jahangi & Sethi, 2013; Olson & Windish, 2010; Arora *et al*., 2009; Chang *et al*., 2006; Thompson & Suñol,1995; Bartlett *et al*..,1984).

The importance of patient satisfaction

The CMS HIVBP program uses the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to assess patient satisfaction in Medicare patients after an inpatient hospitalization. HCAHPS is the first national, standardized, and publicly reported survey of patients' perspectives of hospital care. The HCAHPS survey has a specific domain evaluating patient satisfaction regarding "Doctor Communication." Three of the 25 survey questions specifically assess patient satisfaction with doctor communication, as follows:

-During this hospital stay, how often did doctors treat you with courtesy and respect?
-During this hospital stay, how often did doctors listen carefully to you?
-During this hospital stay, how often did doctors explain things in a way you could understand?

For each question, patients have the option of answering "never," "sometimes," "usually," or "always. Responses to the doctor communication domain of the HCAHPS survey contribute to the physician's evaluation, the overall patient satisfaction score, and, ultimately, the hospital's reimbursement (Morris, Jahangi & Sethi, 2013; Olson & Windish, 2010; Arora *et al*., 2009; Chang *et al*., 2006; Thompson & Suñol,1995; Bartlett *et al*.,1984)

In one-on-one interactions with patients, and in organizational systems in place to promote dialogue, patient-centered hospitals are demonstrating the profound difference between communicating to patients and families and communicating with them.

Improving patient-physician communication

Patient-physician communication has been shown to be key in improving patient satisfaction. Patient-physician communication can be challenging, but presents a tremendous opportunity for improvement.

Studies have found that, when asked to identify the physician in charge of their care at the time of discharge, up to 90 percent of medical inpatients are unable to correctly name their treating physician. The orthopaedic patient population is even more challenging due to the number of patients with traumatic injuries who

receive inpatient surgery in the acute setting, compared to those who receive elective surgeries or medical admissions. Many orthopaedic patients are admitted to hospitals directly from the emergency department (ED), and hospital admission from the ED has been associated with a decreased ability of patients to identify their treating physicians.

Empathic behaviors have been defined as the ability to take another person's point of view and to project a sense of understanding with the other person's experience. Empathy entails responding to patients' emotional state, helping them deal with their emotional responses, and demonstrating a true sense of caring. Current research highlights the need to recognize the importance of attending to the patients' emotion-laden comments and to improve empathic skills (Medscape, 2016).

Patient satisfaction and treatment compliance were shown by Kim, *et al*. (2004) to relate directly to a physician's empathic behavior. Among 550 Korean patients surveyed, perception of physicians' "affective empathy" and "sense of partnership" had the strongest impact on patient satisfaction and compliance. By contrast, "cognitive empathy" and "information sharing" had little effect on patient satisfaction and a negative effect on compliance.

The acuity of some orthopaedic injuries does not always permit patients and surgeons to establish a strong patient-physician relationship prior to surgery. Even in these settings, however, appropriate preoperative discussions are necessary to address the patient's concerns and priorities, due to the distinct differences that exist between patients and surgeons regarding expectations and outcomes. Ultimately, when patient expectations are met, patients are more satisfied and have better outcomes (Morris, Jahangi & Sethi, 2013; Olson & Windish, 2010; Arora *et al*., 2009; Chang *et al*., 2006; Thompson & Suñol, 1995; Bartlett *et al*.,1984).

Optimal patient and family communication is about conveying a message and establishing a connection. As caregivers, their intentions for communication are rooted in their desire to help, support and provide care. The following guidelines developed for effective communication (Practical approaches for building a patient-centered culture, 2008):

Prepare theirselves for the optimal exchange:

- *"They will give this patient their full attention."*
- *"They will truly listen to what their patient is saying before they respond."*

Create an environment that enhances a true exchange and connection:

- *"They will acknowledge the patient by the name they prefer to be called."*
- *"They will introduce theirselves and will share some information about them."*
- *"They will sit near their patient, rather than stand."*
- *"They will make eye contact with their patient."*
- *"They will be aware of their body language and its subconscious meaning".*
- *"They will, whenever possible, reassure their patient through the power of touch."*
- *"They will repeat what their patient has asked them to ensure their understanding of their question."*
- *"They will engage family members present, recognizing their important role in the care of the patient."*

Provide information and confirm understanding:

- *"They will explain what they are saying slowly and in small doses, giving their patient adequate time to process the information."*
- *"They will gently ask their patient to tell them what they understood."*
- *"They will assist their patients to be true partners in their care by giving them access to information about their disease process. They will suggest articles, websites, books, and consumer libraries that might be helpful for further understanding."*
- *"They will use technology, as appropriate, to highlight their point."*

Ask for feedback on their communication style:

- *"They understand that each person learns differently."*
- *"To make sure they establish an open and clear dialogue, they will ask if the manner and style in which they are communicating is effective for the patient."*
- *"Communicating health care information is difficult. The concepts are complex and emotional."*
- *"However, establishing a connection from the onset enables patients to open up, be somewhat less frightened and concentrate on what is really important – the information they are providing."*

Improving patient satisfaction

The Vanderbilt Orthopaedic Institute Center for Health Policy is currently working to enhance patient satisfaction in the orthopaedic trauma patient population by using biosketch cards to improve patient recognition of the attending surgeon. Early results of the study show

improved physician recognition and increased patient satisfaction scores, even in this challenging population.

Managing patient expectations and psychosocial factors, such as pain and depression, that can drive patient satisfaction can be difficult. Individualizing patient preoperative counseling and shared decision-making can help to identify patient-specific factors, such as chronic pain and depression, that may negatively impact patient satisfaction scores. By setting appropriate preoperative expectations and managing pain and depression, physicians can help patients achieve good outcomes (Morris, Jahangi & Sethi, 2013; Olson & Windish, 2010; Arora *et al*., 2009; Chang *et al*., 2006; Thompson & Suñol,1995; Bartlett *et al*.,1984).

The products of healthcare systems are services, measuring healthcare quality must extend beyond clinical measures to also incorporate patient perceptions and experiences. In general, service quality is believed to be measured by five dimensions which are tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman , Berry & Zeithaml, 1991).

Special care and sensitivity is also in order when communicating with a patient or family member who has a complaint about their care. The Cleveland Clinic uses the acronym H.E.A.R.T. to describe how staff members are expected to respond to patient and family complaints and/or concerns (Practical approaches for building a patient-centered culture, 2008):

***H**ear the Story*
***E**mpathize*
***A**pologize*
***R**espond to the problem*
***T**hank them.*

Patient and Family Communication Boards

Effective communication is not just verbal. Other tools can be used to enhance the learning process and can help patients remain informed for the duration of their stay. An easy and cost-effective way to help patients and their loved ones remain involved and informed is through the use of patient and family communication boards. These boards, usually in the form of dry erase boards, allow the care team to post their names for patient and families, and include some basic information, such as the room number and patient room telephone number. Placed in easy view of the patient, the board is a convenient place for caregivers to write information that is important for the patient to remember, such as “CT Scan will be done today at 1 pm.” The boards also serve a purpose for families, allowing them the opportunity to write reassuring messages to the patient or post pictures of loved ones (Practical approaches for building a patient-centered culture, 2008).

Patient Television Systems

Beyond a source of entertainment and diversion, patient television systems can be an effective vehicle for patient education. As many hospitals enhance their surroundings to flat screen, LCD television systems, they may opt to take advantage of opportunities to digitize the videos formerly rolled into patient rooms for education purposes. By digitizing educational videos, the patient and family can play them at any time. Many times the television systems can be programmed to interface with the electronic medical record systems allowing documentation of patient viewing (Practical approaches for building a patient-centered culture, 2008).

Notepad

A common patient experience is that of knowing exactly what questions they would like to ask the physician or nurse, only to find the questions no longer on their mind when their caregivers are present. An easy way to address this issue is for each room to have a pad of paper labeled “Questions for Your Doctor or Nurse” which is placed in the room upon admission. The nurse lets the patient and family know should they have questions to jot them down on the pad. Questions for the doctor can be received from the patient and placed on the patient’s chart, so that the doctor is aware of any questions the patient has before entering the room. Family members also have a place to write down their contact number so the physician can call them regarding their question (Practical approaches for building a patient-centered culture, 2008).

Helpful Patient Comfort/Communication Strategies

“Conduct an environmental assessment (e.g. Can the patient reach the telephone, tissue, trash can, TV controls, food tray, water)”
“Ensure each patient is covered and comfortable”
“Tell the patient that they round routinely to check comfort levels”
“Ask the patient if there was anything else they can do for them prior to leaving the room”
“Tell the patient when they will be returning”
“Tell the patient when they are going off shift and the name of the nurse who will be relieving them.”
When possible, bring the relieving nurse into the room and introduce the nurse to the patient.”

Acknowledge *- "Acknowledge the patient by name. Make eye contact, smile – remember the power of touch."*

Introduce *- "Introduce themselves, share with the patient a little bit about themselves."*

Duration *- "Give an accurate time expectation for tests, physician arrival and tray delivery, etc."*

Explanation *- "Explain step by step what will happen, answer questions and how they can be reached."*

Thank *- "Thank the patient for coming to them. Thank the family for assistance and being there to support the patient."*

Communication with Family Members

Communication with family members can at times be hard to manage. Caregivers sometimes struggle with who they can release information to or find themselves trying to juggle calls from multiple loved ones all looking for the same information. When patients have multi-system issues with various specialists involved, communication can be even more challenging. One effective way to address these issues is to document in the medical record the designated contact identified by the patient as the person to receive frequent updates from the physician or nurse about the patient's condition. This contact is responsible for updating other family and loved ones. Other hospitals have adopted technology that allows caregivers to record updates about a patient's condition on a confidential line that is password protected. Designated family members can then check the status of their loved one through this service. Family meetings with caregivers can also be a very effective method for addressing family needs. These meetings can be quite beneficial when patient advocacy is used to help coordinate the meeting. Patient advocates or representatives can help the family list the questions they wish to be addressed and ensure the appropriate caregivers are present. Advocates also help clarify information that is provided and serve a role after the meeting to ensure the family's comfort with the process (Practical approaches for building a patient-centered culture, 2008).

Conclusion

Determining whether physicians' communication behaviors have a direct effect on patient satisfaction ratings is not straightforward, however, because their association may be confounded in several ways. Similarly, patients who are generally unhappy or more difficult to please might give lower ratings to both their physician's communication behaviors and their satisfaction, again producing a spurious association (Clever *et al*., 2008). Improve communication between patients and physicians will help better patient satisfaction levels and also their families.

Communication between patients and physicians; and other health staff is very important for the patients' satisfaction. Not only communication but also quality of communication are very important. To improve communication skills of the health system, training and managing patient expectations should be provided.

Conflict of interest

The authors declare that there is no conflict of interest.

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