

ORIGINAL ARTICLE

Perceptions of Community about the Characteristics of a Good Physician: A Mixed Method Research

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ABSTRACT

Objective: To explore the perceptions of local communities of Rawalpindi and Islamabad about the characteristics of a good physician and their expectations regarding attributes of a good physician.

Study Design: Exploratory sequential a mixed method research.

Place and Duration of Study: Different localities of Rawalpindi and Islamabad from September 2017 to February 2018.

Materials and Methods: Data for this research was collected using three focus group discussions followed by a cross-sectional survey. For quantitative data, a pre-tested structured questionnaire was administered to 804 respondents between the age group of 25-65 years, selected through non-probability convenience sampling technique. All the data was gathered after taking informed consent and confidentiality was ensured. A qualitative content analysis was carried out using inductive approach and the quantitative data was analyzed using SPSS version 22.

Results: Out of the 804 study participants, 57% were females and 43% were males with a mean age of 35.1 ±11.8 years. Amongst highlighted qualities, 77.1%, ranked honest and trustworthy as a first priority, 73.4%, marked second priority to being a good communicator, third and fourth priorities were kind and respectful (82.5%) and good care provider (69.4%). There was no difference in prioritizing the characteristics among both genders and this finding was statistically significant ($p=0.004$), however education had a very significant role in prioritizing these characteristics ($p=0.000$) i.e., for uneducated participants priority was respect while for educated community honesty appeared as a priority.

Conclusion: The current study concluded that honesty, trust, politeness, respect and care are the main characteristics of a good doctor desired by the community. These non-cognitive attributes can be used as the basis for curriculum development in medical education. The evaluation of such instructional programs should be the focus of future research.

Key Words: Case- Attributes, Characteristics, Community, Good physician, Perceptions.

Introduction

Patient centered care has become the mainstay of patient-doctor relationship that caters for all the aspects of patient care including physical, psychological, emotional, and social issues.¹ Hence, the quality of patient-doctor relationship determines the accomplishment of treatment and outcome as a whole.¹ The responsibility to appreciate

the characteristics of a good doctor has been shifted over to the patients with highlighting the shared decision-making concept between doctor and the patient.² Therefore now it is the patient who characterizes the basis of patient-doctor relationship, rather than doctors themselves.³ Most of the patients are well aware of the qualities that they desire their doctors to possess.⁴ The patients and their relatives associate goodness with integrity, safety, honesty, kindness, care and competency. All of these characteristics are important since they are aware of that the decisions of their doctors can affect the outcome of their illness, even the declaration of life and death, or between having the benefit of speedy recovery and suffering serious disability.⁵

A good doctor is the combination of all the traits, being integrated, composed, understanding and caring. Nevertheless also must be knowledgeable, skilled, and prepared enough to deliver best for

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saving lives of his patients.⁶ Good physicians must put an effort to improve the quality of patients' lives by continuous and enduring hard work with a complete range of resources that will contribute to their patients' healing.⁷

There has been a lot of effort done to redefine the relationship between the patients and their physicians.⁸ The medical professionalism has been defined to be based on a set of values, attributes and relationships that can serve as a yardstick by which patients can measure their expectations and make the decisions regarding their treatment by shared understanding.⁹ The investigations of patient-doctor relationship were focused on different aspects of patient interaction including communication and honesty between doctors.⁶⁻⁹ There is evidence that suggests the importance of the participation of patients in the decision making throughout their treatment process.¹⁰ For doctors to effectively take on these challenges and demands of their professional lives, they must have a certain degree of character strength.¹¹

This research has been carried out to explore the perceptions of community about the characteristics of a good physician. It highlights a very crucial issue of how these strengths could be endorsed in practice. The research is also in accordance with the PMDC seven-star competencies for a good doctor. The main objective of this research is to explore the perception of the local community about the qualities they want to observe in their doctors.

Materials and Methods

The research approach used in current study was Exploratory Sequential, a mixed method research. The survey was conducted in twin cities of Rawalpindi and Islamabad from September 2017 to February 2018. Sample size was calculated by WHO sample size calculator, keeping confidence interval at 95%, and knowledge of characteristics of a good physician to be 50%, sample size turned out 385. However, total of 804 participants belonging to different socioeconomic strata and educational status were selected through non-probability convenience sampling technique from different localities of Rawalpindi and Islamabad. Ethical approval was taken from ethical review committee of Yusra Medical and Dental College. Informed consent was taken from the respondents explaining them the

purpose of this study and confidentiality of data was ensured.

The qualitative data was collected through Focus Group Discussions (FGDs) followed by a structured questionnaire for quantitative data. Initially three FGDs were conducted. These FGDs were held in local community centers. Participants were invited without any monetary incentive. Informed consent was taken by the research team with surety of data confidentiality. There were 10-12 participants in each FGD, for male and female participants separate FGDs were held. Majority of the participants were married, minimally educated and were in the age group of 25-45 years. One separate FGD was held for youngsters between the age group of 18-24, all students and unmarried. All FGDs were audio-taped with the permission of each group. Field notes were also taken during the sessions. Transcripts were developed in English. Information gathered through notes was cross-checked before and during the data processing by the research team members for quality assurance and validation. A qualitative content analysis was carried out using inductive approach in which identified themes emerge from a group of categories with common meanings, followed by coding. Themes and sub-themes were identified through consensus of the research team. For cross-sectional survey, a structured questionnaire was developed and pilot testing was done. The main themes that emerged in FGDs were used to design the questionnaire. The rationale for this approach lies in first exploring a topic before deciding what variables (qualities of a good physician) need to be measured and the community was asked to rank those (themes) qualities according to their priorities. Cronbach's alpha was 0.87. The response rate was 95%. Data on demographics, source of income, housing, literacy status was collected from each participant. Along with these, questions related to community's preferred choices for the characteristics of a good physician were asked. SPSS version 22 was used to analyze the data. Frequency distributions were calculated. For inferential statistics, Chi square test was performed, with a p-Value of less than 0.05 being significant.

Results

For qualitative data main themes identified through various focus group discussions about the

characteristics of a good physician were honest, trustworthy, good communicator, respectful and good care provider.

Table I shows details of themes and sub-themes

Table I: Themes and Sub-Themes Emerged from FGDs about Characteristics of A Good Physician

S. No	Themes	Sub-themes
1	Honest and trustworthy	<ul style="list-style-type: none"> Correct diagnosis of a disease Prescribed only required medicines and lab-tests (not because of having share from companies) Telling truth about the prognosis of disease or complications Be honest about the effectiveness of treatment or any procedure After Allah rely on doctor It's a matter of life, death & disability
2	Good Communicator	<ul style="list-style-type: none"> Courteous Active listener Humble Polite 'open and frank' in explaining the condition/disease/prognosis Keep Confidentiality
3	Kind and Respectful	<ul style="list-style-type: none"> Treat with dignity Act humanely Respect the social/cultural/religious beliefs No discrimination because of social class, education, gender, age, etc No humiliation
4	Good care provider	<ul style="list-style-type: none"> Minimum waiting time Punctual Easily available and approachable Provide best treatment in limited resources Knowledgeable Cost-effective

In a cross-sectional survey, out of 804 participants, 57% (462) were females and 43% (342) were males with a mean age of 35.1±11.8 years, 67% (541) of the individuals belonged to lower and middle socioeconomic status and 33% (263) were from high social class.

The first and foremost characteristic of a good physician reported by 80% (n=644) participants was honesty and trust, 77% (n=620) ranked good communication skills as second quality. With 73.4%

(n=590) respect and being kind stood third, furthermore 81.2% (n=653) of participants expressed good care-provider as fourth quality necessary for a good physician. The details of these findings are depicted in Figure 1.

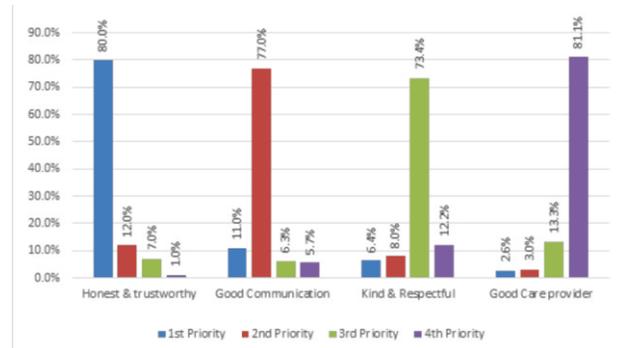


Fig 1: Characteristics of a good physician Priority wise

On application of chi-square, no difference in prioritizing the characteristics among both genders were found and this finding was statistically significant (p=0.004), however education had very significant role in prioritizing these characteristics (p=0.001) i.e., for uneducated participants first priority was respect while for educated community honesty appeared as first priority (Table II).

Table II: Comparison of Characteristics of A Good Physician (First Priority) Various Demographic Variables

Characteristics	Variable		Chi-square value	p-Value
	Gender			
	Male n(%)	Female n(%)		
Honesty	130(16.2)	104(12.9)	12.838	0.005*
Communication	84(10.4)	86(10.7)		
Respect	102(12.7)	98(12.2)		
Care provider	91(11.3)	109(13.6)		
	Socio-economic status			
	Low n(%)	High n(%)		
Honesty	61(7.5)	138(17.1)	16.266	0.001*
Communication	98(12.1)	110(13.6)		
Respect	126(15.7)	52(6.5)		
Care provider	97(12.1)	122(15.2)		
	Educational status			
	Uneducated n(%)	Educated n(%)		
Honesty	58(7.2)	141(17.5)	16.266	0.001*
Communication	97(12.1)	112(13.9)		
Respect	136(16.9)	52(6.5)		
Care provider	106(13.2)	102(12.7)		

*Significant p-value

Discussion

Patient's personal experiences and experiences of family and friends structure the perspectives about

what to look for in a physician,² opinion regarding the good doctor is considerably different from other professionals.^{3,4} A good doctor can be defined as good only when he or she has certain combinations of attributes.⁵ Even though it is difficult to find numerous qualities in a single person, yet the medical profession demands for such combinations.⁶ The current research is novel in a sense that it focused on patients' perspective of qualities in a good physician and it holds a very significant place because limited work has been done in Pakistan. The doctors do not know exactly what their patients expect from them, they only try and do what they think is the best.⁷ According to the findings of this study, with 80% vote honesty and trust turned out to be the most wanted quality the public wants in a doctor and endorsed by various other studies.^{8,9} Patients must be able to trust doctors with their lives and health,' according to the GMC's Good Medical Practice – the main ethical advice document for doctors operating in the UK. It goes on to say that doctors *"Should be honest and open and act with integrity' and 'Never abuse your patients' trust in you or the public's trust in the profession"*¹⁰ Everyone deserves to be treated with respect and politeness. 73.4% of the local community wants their doctor to be respectful and kind. When a patient is in pain, and the first thing a doctor can do to ease his pain is to talk to him politely. Subsequently he feels at ease to share his problem in detail without any hesitation.^{11,12} Patients should have a good understanding of their disease so that if they know the severity of the condition they would look after themselves with better care and visit the doctor again as scheduled to improve their health.¹² Our findings replicate the findings of research conducted in University of Birmingham. The research concluded that the top-quality patients wanted in a doctor were honesty and on third number highest voted quality was Politeness.¹³

Another quality as highlighted by 77% of the respondents was good communication skills. Patients are looking for doctors that are good communicators and have up-to-date clinical knowledge and skills.¹⁴ They also expect practitioners to be concerned and sympathetic, to include them in the decision-making process, including an explanation of their symptoms, treatment, or

investigation, to devote appropriate time and energy, and offer them guidance on health promotion and self-care.¹⁵

Out of total 81% of the participants voted good care provider as a 4th priority with involvement of the patient in their treatment. The conventional model of decision-making claimed that only the doctor was adequately educated and experienced to decide what should be done, and that patient engagement should be limited to granting or refusing treatment consent. However, this paternalistic approach appears to be outmoded presently.¹⁶ Many patients now want to be informed about their disease and treatment alternatives, as well as to be actively involved in the decision-making process.^{17,18} There is mounting evidence that people who actively participate in treatment decisions and healthcare management have better health outcomes.¹⁸

What's particularly intriguing about this study is that many of the characteristics, attributes, or virtues discovered were non-cognitive rather than cognitive skills, which are often overlooked in medical education programs.^{18,19} If a number of non-cognitive activities are actually vital for a successful doctor, as this study implies, they should be given more attention in medical education.¹⁹ However, there are fundamental issues regarding whether these virtues can be taught, and even if they can be, whether they can survive in today's culture, where self-interest, not altruism, is the guiding principle.^{19,20}

It's been debated whether virtue can be taught. However, Aristotle stated that *"we learn by doing, and that the greatest way to do so is to emulate a virtuous person"*.²⁰ To meet the community's ambitions, we need virtuous physicians as teachers in medicine. These values and attitudes must be inculcated into the personalities of future physicians.²¹

Conclusion

The current study concluded that honesty, politeness, respect and good care, are the main character strengths and attributes that the patients want to see in their physician. It is important to address that how these attributes could be inculcated in medical curriculum and endorsed in practice. The evaluation of such instructional programs should be the focus of future research.

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