

# Dermatology Outpatient Care: Bridging the Gap Between Patient Expectations and Healthcare Delivery

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## ABSTRACT

**Objective:** To assess the level of patient contentment, focusing on doctor-patient communication, empathy, and communication skills of house officers in Dermatology Out Patient Department.

**Study Design:** Descriptive cross-sectional study

**Place and Duration of Study:** This study was conducted at the Department of Dermatology, HIT Hospital Taxila from 1<sup>st</sup> February 2023 to 31<sup>st</sup> May 2023.

**Materials and Methods:** One hundred and ninety eight patients with age >13 years were enrolled through a systematic random sampling technique. Exclusions from the study criteria encompassed individuals facing language barriers impeding effective communication and comprehension of the questionnaire, as well as those with cognitive impairments. House officers of Dermatology Out Patient Department conducted comprehensive medical history taking and physical examinations for the enrolled participants. Before being examined by the Consultant Dermatologist, participants were asked to complete self-administered CARE questionnaires.

**Results:** The mean age was 29.89±12.08 years. The Consultation and Relational Empathy (CARE) score, which ranged from 10 to 50, had a mean CARE score of 42.52±8.38. Notably, a statistically significant positive correlation was observed between the mean age and mean CARE score (p-value < 0.002). However, no significant associations were identified between CARE score and gender, marital status, or employment status.

**Conclusion:** The complex factors influencing patient care and satisfaction in dermatology outpatient settings. By thoroughly investigating best practices and providing guidance on enhancing patient experiences while delivering high-quality dermatological care.

**Key Words:** Patient expectations, Healthcare delivery, CARE score

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## INTRODUCTION

The field of dermatology extends far beyond the scientific study of skin, hair, and nails; it represents a vital branch of medicine with a profound impact on both the physical and emotional well-being of individuals.<sup>1</sup>

In recent times, there has been a notable surge in the emphasis placed on patient care and satisfaction within dermatology outpatient departments, reflecting a broader paradigm shift within the healthcare industry

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toward patient-centered care. This shift acknowledges that patient experiences and perceptions are instrumental in shaping the outcomes of healthcare interventions.<sup>2</sup>

The intertwined concepts of patient care and satisfaction are integral to modern healthcare. Patient satisfaction encompasses the comprehensive perception of the quality of care received, encompassing not only the efficacy of medical treatment but also the entirety of a patient's healthcare journey. A contented patient is more likely to adhere to prescribed treatment regimens, diligently attend follow-up appointments, and maintain a constructive outlook regarding their health.

In the healthcare system, compassion and empathy serve as foundational pillars. These qualities empower healthcare providers to establish genuine connections with patients on a human level, thereby fostering trust, empathy, and mutual understanding.<sup>3</sup> Compassion and empathy extend beyond mere emotional comfort; they profoundly enrich the patient's overall healthcare experience, subsequently leading to heightened treatment adherence and superior health outcomes. Within a healthcare framework firmly rooted in compassion and empathy, patients feel genuinely valued, heard, and comprehensively supported, thus

contributing to a more positive healthcare experience and ultimately fostering improved well-being.<sup>4,5</sup>

From a clinical standpoint, effective and efficient communication is a cornerstone in ensuring that healthcare providers deliver high-quality care.<sup>6,7</sup> Remarkably, studies have shown that while the majority of healthcare providers communicate well according to their own perceptions, patient perspectives differ. According to the patients' perceptions, 45.6% of them thought doctors communicated well, 53.6% thought they communicated fairly, and 0.8% thought they communicated poorly as reported by Chandra et al.<sup>8</sup> Notably, qualitative research identifies specific elements critical to doctor-patient communication, encompassing doctors' attitudes, communication approaches, patient interactions, and the clarity of explanations.<sup>9</sup> Patients and clinicians alike have identified several essential components of effective doctor-patient communication, emphasizing the need for continuous improvement in this domain.<sup>9</sup>

Role models facilitate learning through observation, emulation, and experimentation, particularly in general medical practice. Despite the importance of structured education, the influence of role models, enhancing trainer-trainee relationships, is often underestimated. Albert Bandura's research underscores the value of observational learning, where role models guide personal growth and development. This holistic approach to healthcare is being embraced in various parts of the world, including Asian countries.<sup>10</sup>

This purpose of this study is to delve into the multifaceted factors that impact patient care and satisfaction within dermatology outpatient departments. By conducting an in-depth exploration of best practices and offering insights into optimizing patient experiences while delivering top-tier dermatological care, we aspire to contribute to improved patient outcomes and elevate the standards of dermatological healthcare as a whole. Effective doctor-patient communication is a pivotal element in achieving these goals, as underscored by the pursuit of enhanced communication training for newly graduated physicians within the Dermatology department, particularly in Pakistan.

## MATERIALS AND METHODS

This descriptive cross-sectional investigation took place at Department of Dermatology, HIT Hospital Taxila from 1<sup>st</sup> February 2023 to 31<sup>st</sup> May 2023. Ethical approval for the study was secured from the hospital's Institutional Review Board (IRB) committee. The study enrolled 198 patients with age > 13 who expressed their willingness to participate. The selection of participants was carried out through a systematic random sampling technique, wherein every fourth patient was requested to complete the study's questionnaire. If a patient declined to participate, the next eligible patient was approached. Exclusions from the study criteria encompassed individuals facing language barriers impeding effective communication and comprehension

of the questionnaire, as well as those with cognitive impairments. Prior to their inclusion, all participants provided informed consent.

House officers of Dermatology Out Patient Department conducted comprehensive medical history taking and physical examinations for the enrolled participants. Before being examined by the Consultant Dermatologist, participants were asked to complete self-administered CARE questionnaires<sup>12</sup>, which had been translated for enhanced clarity and understanding. The Consultation and Relational Empathy (CARE) Measure, developed by Dr. Stewart Mercer and colleagues from the Departments of General Practice at Glasgow University and Edinburgh University, assesses empathy within the therapeutic relationship during consultations. The CARE Measure employs a five-point rating scale where each item is assessed on a spectrum, ranging from 'poor' (1) to 'excellent' (5). The total score is determined by summing these ratings across all ten items, yielding a potential score ranging from a minimum of 10 to a maximum of 50. Up to two instances of 'Not Applicable' responses or missing values are considered acceptable and are substituted with the average score derived from the remaining items. However, questionnaires featuring more than two missing values or 'Not Applicable' responses are excluded from the subsequent analysis.

The data analysis was conducted using SPSS-28. To examine the associations between age, marital status, education, employment status, and CARE scores, statistical methods such as the Chi-square test and Pearson's correlation coefficient were utilized considering p-value < 0.05 as significant.

## RESULTS

The mean age of the participants was 29.89±12.08 years. Among the participants, 56.6% (112) were females, while 43.4% (86) were males. Marital status indicated that 43.9% were married, with the remaining 56.1% being unmarried. In terms of employment status, 60.1% were employed, and 39.9% were unemployed. The Consultation and Relational Empathy (CARE) score, which ranged from 10 to 50, had a mean CARE score of 42.52±8.38. Notably, a statistically significant positive correlation was observed between the mean age and mean CARE score (p-value < 0.002). However, no significant associations were identified between CARE score and gender, marital status, or employment status (Table 1).

Evaluating the questions of CARE measure majority of patients (95%) consistently rated the doctor's attitude as excellent on a 5-point scale. This encompassed qualities such as having a positive approach, maintaining a positive attitude, and being honest while refraining from negativity when addressing their concerns. Moreover, 90% of respondents affirmed that the doctor exhibited care and compassion, reflecting a genuine concern and establishing a meaningful connection on a human level, thereby avoiding any sense of indifference or detachment. However, there were aspects that

received relatively fair ratings, such as the doctor's ability to make patients feel at ease, this entailed being friendly, warm, and respectful in their interactions, as opposed to appearing cold or abrupt. Similarly, the process of jointly formulating a plan of action with patients, involving them in decisions to the extent they desired, also garnered a fair rating, signifying room for improvement in recognizing and incorporating patient perspectives and preferences.

**Table No.1: Comparison of demographic information of the patients (n=198)**

| Variable                 | No. (%)    | Mean±SD     | P value |
|--------------------------|------------|-------------|---------|
| 13 – 20                  | 39 (19.7%) | 29.89±12.08 | 0.002   |
| 21 – 30                  | 82 (41.4%) |             |         |
| 31 – 40                  | 45 (22.7%) |             |         |
| 41 – 50                  | 19 (9.6%)  |             |         |
| > 50                     | 13 (0.65%) |             |         |
| <b>Gender</b>            |            |             |         |
| Male                     | 86 (43.4%) | -           | 0.078   |
| Female                   | 112(56.6%) |             |         |
| <b>Marital status</b>    |            |             |         |
| Married                  | 87 (43.9%) | -           | 0.108   |
| Unmarried                | 111(56.1%) |             |         |
| <b>Employment status</b> |            |             |         |
| Employed                 | 119(60.1%) | -           | 0.161   |
| Unemployed               | 59 (39.9%) |             |         |
| <b>Education</b>         |            |             |         |
| Under Matric             | 20 (10.1%) | -           | 0.310   |
| Matric                   | 50 (25.3%) |             |         |
| FA/FSC                   | 55(27.77%) |             |         |
| BA/BS                    | 54(27.27%) |             |         |
| Masters                  | 19 (9.5%)  |             |         |
| CARE score               |            | 42.52±8.38  |         |

## DISCUSSION

A patient-centric approach within the healthcare system represents a fundamental shift towards prioritizing the distinct requirements, preferences, and values of each patient. It necessitates active engagement and collaboration between healthcare providers and patients, enabling informed decisions tailored to individual circumstances. In light of this objective, our department initiated this study with a primary focus on assessing the communication skills and attitudes of our recently graduated physicians when interacting with patients. This endeavor aligns with the evolving healthcare landscape, as reported by Rahman et al<sup>12</sup> and Burgener et al<sup>13</sup> who emphasized the significance of implementing comprehensive training and educational programs within healthcare organizations to cultivate more effective communication practices. This, in turn, contributes to improved patient safety and heightened levels of patient satisfaction.

This study acknowledges that the hospital environment's quality isn't solely reliant on physicians but also hinges on the conduct of paramedical staff

within the healthcare system. A cross-sectional study conducted by Karaca systematically evaluated patients' contentment with the quality of nursing care, probing into associated factors. The outcomes of this study underscored patients' overall high satisfaction with nursing care while highlighting the importance of enhancing the information-sharing aspect of nursing care practices.<sup>14</sup>

Moreover, consultant physicians play a pivotal role in supporting junior doctors' growth by presenting challenges, encouraging reflection, and facilitating the exploration and application of effective communication strategies. Qualitative research conducted by Giroldi et al<sup>15</sup> emphasized the necessity of providing learners with concrete examples, opportunities for repeated practice, and a conducive environment for authenticity and adaptability in communication. Their findings uncovered a six-phase communication learning cycle, spanning impactful experiences to the incorporation of communication strategies into a personal repertoire.

In addition to these efforts, Sturzu's research accentuates the significance of interventions aimed at fostering attributes and skills such as empathy, resilience, and a sense of security. This proves instrumental in mitigating and preventing burnout within the mental healthcare sector. Sturzu et al<sup>16</sup> cross-sectional study involving 241 participants identified a positive correlation between empathy scores and personal accomplishment scores on the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), along with a negative correlation with depersonalization scores. Notably, staff in forensic psychiatric security units exhibited the highest depersonalization means and the lowest levels of compassionate care. Tariq et al<sup>17</sup> also assessed mean empathy scores among Pakistani medical students, revealing gender-based differences, though not statistically significant. The study underscores the importance of nurturing empathy in medical education. Furthermore, effective counseling emerges as a pivotal tool for engaging patients in their healthcare decision-making processes, as highlighted by Syed et al<sup>18</sup> among surveyed women. While a majority expressed satisfaction with counseling, some encountered barriers such as medical jargon. This underscores the need for refining healthcare services to enhance patient engagement and strategic planning.

Boamah et al<sup>19</sup> emphasized the intricate relationship between authentic leadership, structural empowerment, staffing issues, work-life balance, burnout, job satisfaction, and patient care quality among Canadian new graduate nurses. Their findings underscore the importance of addressing staffing challenges and fostering authentic leadership to enhance both the well-being of new graduate nurses and the quality of patient care.

The study's limitations, including a small sample size and the absence of a comparison group (e.g., patients from another healthcare facility or department), could have offered valuable insights into variations in patient

care and satisfaction across different settings. It is crucial to bear these limitations in mind when interpreting the study's results and their broader implications. However, despite these constraints, this study significantly advances patient satisfaction and contributes to enhanced healthcare outcomes by prioritizing personalized, respectful care that aligns with patients' goals and expectations.

## CONCLUSION

By prioritizing effective doctor-patient communication, fostering empathetic and compassionate care, and nurturing the communication skills of healthcare providers, we can enhance patient satisfaction and improve healthcare outcomes.

### Author's Contribution:

|                            |  |
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**Conflict of Interest:** The study has no conflict of interest to declare by any author.

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