Assessment of patient satisfaction in a healthcare setting; doctor-patient communication issues.

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**Abstract.** This study aims to better recognize patient satisfaction in healthcare settings about communication issues. There are affiliation styles and control styles used to explore the effectiveness of patient satisfaction. This study was conducted among outpatient clinics at Hospital Seberang Jaya, Penang. Data analysis was conducted using statistical package for social sciences students SPSS 13. Purposive sampling is used to obtain a total of 115 patients responded to this survey. Pearson correlation used in this study and show that affiliation style had significant positive relationships with patient satisfaction. While no relationship between control communication style and patient satisfaction. This study contributes to the development of health services in Malaysia.

1. Introduction

Health communication depends on the strength of interpersonal communication in influencing the behavior and health of the individual. In this regard, interpersonal communication in the health field is very important as it can establish relationships and interactions between individuals and medical staff as well as the individual's social support system consisting of their close contacts like family and friends. These positively shaped relationships can influence individuals' decisions to make healthy choices for themselves (Kreps, 1998). Naturally, health is a basic human need and recognized by international organizations. However, health equally contributes to the source of widespread anxiety (Aguerrevere, 2015).

A crucial aspect of interpersonal communication is communication between patients and doctors. The delivery of good health messages and information to the patient can determine the success of the medical consultation and also impact the patient's health in a more efficient way (Haron & Ibrahim, 2013). More aware patients of their doctor's approach are more likely to accept their health problems, discover the treatment, easy to change their behavior, follow their treatment and lead to better health (Cingi, Haneci & Muluk, 2015; Oleksii & Olga, 2019).
Accordingly, communication remains the key to patient satisfaction. Patient satisfaction is defined as the perspective of the patient's experience with the doctor and the services they receive including their health plan (Aniza, Rizal, Mardhiyyah, Helmi, Syamimi & Tahar, 2011). Some of the factors contributing to dissatisfaction with public health services related to doctoral services are like doctors who do not care about patient issues and an ineffective interacting style with patients (Ganasegaran & Al-Dubai, 2014; Al-Dubai, Ganasegaran, Perianayagam & Rampal, 2013; Andaleeb, Siddiqui & Khandakar, 2007). Meanwhile, past studies have frequently reported that communication styles contribute to negative effects like patient non-compliance with treatment and dissatisfaction among patients (Crawford & Makoul, 2003; Flickinger, Saha, Moore & Beach, 2013 and Pauline Leonard, 2017). Therefore, the patient satisfaction aspect should be given priority as the convenience of access to services and changes in health care quality are becoming a demand for society today (Abdullah, 2008).

One aspect that contributes to patient satisfaction is the patient's relationship with the doctor and the medical staff. The relationship between the patient and the medical staff is an enormously important determinant of the patient's compliance with the treatment, reduces the use of painkillers, reduces the length of hospital stay, improve recovery after surgery and a number of other biological, psychological and social result (Oleksii & Olga, 2019). According to Emily, Steven, Mariam, Caitlin, Debra, Sounkalo, Seydou dan Peter (2017), patient compliance can be achieved through verbal and non-verbal communication of the doctor while interacting with the patient. Therefore, effective communication styles need to be determined. The weaknesses of communication style can be a primary cause of misunderstandings because the possibility of the message to be misunderstood will eventually lead to dissatisfaction and may ultimately cause the patient to discontinue treatment.

1.1 Social Interaction Theory

Previous studies use social interaction theory introduced by German Max Weber (1990) in understanding physician communication styles (Ben-Sira, 1976; Ben-Sira, 1980; Buller & Buller, 1987; Swedlund, Schumacher, Young & Cox, 2012). This theory of social interaction explains the differences in knowledge between one person and another that affect the actions of the other person and social interaction. As with previous studies that utilized this theory in understanding physician communication, the focus of the study was on affective aspects that refer to social actions that are more dominated by spontaneous feelings or emotions. The way in which people make assumptions about human behavior in relation to others remains a key question of this theory. In the context of this study, the patient was involved in communication with the doctor during the consultation session. Most patients are generally less knowledgeable about health and treatment than doctors. Ben Sira (1976, 1980) states that when it comes to the knowledge gap between providers and customers. In the context of this study, doctors and patients remain the affective and crucial components of determining patient satisfaction. The affective component, in this case, is the doctor's communication style.

Communication style represents an interaction that involves verbal or non-verbal approaches to signal how meaning needs to be taken, interpreted, refined or understood (Norton, 1978). The affective component of communication style pioneered by Ben-Sira (1976, 1980) refers to the way a doctor communicates with a patient. This affective component contains behaviors that are regulated by doctors when interacting with their patients (Ben-Sira, 1980). These behaviors involve the provision of adequate time to interact, show interest to the patient and offer support for the patient's concerns. Based on previous research, communication is made up of many diverse styles. However, this study presented only two types of styles to assess by the patient - affiliation style and control style.

1.2 Doctor Communication Styles

Affiliation style refers to the friendly, warmth and peace (Kevinb, Penni, 2016). According to Mara and Carlos (2000), affiliation styles consist of verbal and non-verbal behaviors that emphasize the
development of beneficial relationships with patients and this tendency is more likely for female doctors. Among the elements of this affiliation, style is interesting communication behaviors, friendly, empathy, warmth, love, humor, honesty, desire to help, sincerity, authenticity, honesty, compassion, obedience and social orientation (Mara & Carlos, 2000). Previous studies (e.g: Lilia, Fiona, Lars & Susan, 2017, Sadler & Woody, 2003) have shown affiliation styles have a positive relationship with patient satisfaction.

Control communication styles refer to behaviors that try to handle communication in interactions like dominant and instruction need to obey (Kevin & Penni, 2016). The concept of control style is that more dominant behaviors, like parental communication styles that employ high-pitched voice, force their commands to obey and threaten children with punishment (Stijn, Maarten, Bart, Gregoire, Jean, Sophie & Elien, 2016). According to Carlos (2000), control style focuses more on the management of the patient's behavior during the consultation and this style is frequently associated with male doctors. While Dowsett et al. (2000) point out that control style acquires a similar meaning to physician-centered style in that it exhibits high control behavior, is more focused and tends to be less empathic.

2. Methodology

This study used a survey method using questionnaire form. Purposive sampling technique was used to obtain respondents in this study. Purposive sampling refers to the sampling procedure in which a group of subjects with particular characteristics was selected as respondents of the study (Piaw, 2014). Specific characteristics of the respondents selected from this study represent the patients receiving services or treatment in the clinic, patients without mental illness, patients aged 18 years and above, patients capable to understand the Malay Language, Malaysian patients and patients voluntarily agreed to participate in this study. Therefore, respondents are taken into account if all the required criteria are fulfilled.

A total of 115 patients from the Outpatient Clinic, Seberang Jaya Hospital were recruited as respondents of this study. A sample size of 115 people was made based on Cohen's (1992) sample size determination table.

In this study, the questionnaire method was used to collect data. The questionnaire is divided into three key sections which include questions on demographic characteristics, independent variables, and dependent variables. Variable measurements were adopted from previous studies. All variables reached a Cronbach’s alpha reliability level above 0.7. Table 1 is the measurement summary for all the variables in this study.

| No | Variables            | Sources                              | Measurement | α Value |
|----|----------------------|--------------------------------------|-------------|---------|
| 1  | Affiliation Style    | Buller & Buller (1987)               | 14 items    | .96     |
| 2  | Control Styles       | Buller & Buller (1987)               | 5 items     | .71     |
| 3  | Patient Satisfaction | Andaleeb, Siddiqui and Khandakar (2007), Marshall and Hays (1994) | 7 items     | .89     |

3. Result

According to Table 2, out of the 115 respondents involved, the number of female respondents (57.4%) exceeded the number of male respondents (42.6%). Otherwise, the majority of respondents were senior citizens 60 years of age (26.0%) followed by respondents aged 40–49 (25.2%), while the lowest percentage was respondents under 20 years (2.6%). This situation shows that the health of more elderly people is lower than that of the younger and older people who face more illnesses. The
The majority of respondents were Malays (67.8%), followed by Indians (20.0%) and the rest Chinese (12.2%). It was found that the majority of respondents were married (73.0%), followed by a single (17.4%), while the rest were widowed or widowed (9.6%).

The results in Table 2 also shows that the unemployed respondents were the highest (50.4%), followed by the respondents working in the private sector (30.4%) and the respondents working in the government sector (11.3%). Data showed that almost a portion of respondents received no income (46.1%). The lowest percentage value obtains the income of the respondents in the range of RM 3001 and above (2.6%). Most respondents had SPM/SPMV (40.9%) while some respondents in this study did not attend school (2.6%). The results of this study suggest lower-income and lower-income groups are more likely to receive treatment at government hospitals.

| Variables              | Frequency (n) | Percentage (%) |
|------------------------|---------------|----------------|
| **Gender (N=115)**     |               |                |
| Male                   | 49            | 42.6           |
| Female                 | 66            | 57.4           |
| **Age (N=111)**        |               |                |
| 18 – 19                | 3             | 2.6            |
| 20 – 29                | 13            | 11.4           |
| 30 – 39                | 17            | 14.8           |
| 40 – 49                | 29            | 25.2           |
| 50 – 59                | 19            | 16.5           |
| 60 above               | 30            | 26             |
| **Race (N=115)**       |               |                |
| Malay                  | 78            | 67.8           |
| Chinese                | 14            | 12.2           |
| Indian                 | 23            | 20.0           |
| **Marital Status (N=115)** |         |                |
| Married                | 84            | 73.0           |
| Single                 | 20            | 17.4           |
| Widow                  | 11            | 9.6            |
| **Job Sector (N=115)** |               |                |
| Government             | 13            | 11.3           |
Correlation analysis was performed to see if there was a significant relationship between communication styles and control communication style with patient satisfaction.

| Table 3. Relationships between Independent Variables and Patient Satisfaction |
|-------------------------------|------------------------|----------------|
| **Independent Variables**     | **Patient Satisfaction** | **r^2** |
| **Affiliation Style**         | .649** (.000)          | 0.421 |
| **Control Style**             | -.009 (.926)           | 0.000 |

N= 115, *p< .05, **p< .001

**Hypothesis H1:** The communication style of communication exhibited by doctors, has a positive relationship with patient satisfaction.
The results of the data analysis in Table 3 show that the communication styles had a positive relationship with patient satisfaction (r = .649, p = .000). The communication style was found to contribute 42.1% of the variance to patient satisfaction. So the H1 hypothesis is accepted.

**Hypothesis H2: The communication style of control exhibited by doctors, has a negative relationship with patient satisfaction.**

Hypothesis two assumes a negative relationship between control communication style and patient satisfaction. This means that the higher the communication style of the doctor exhibited, the lower the patient's satisfaction. However, the results of the data analysis demonstrated no relationship between control communication style and patient satisfaction (r = −.009, p = .926). This explains the doctor who exhibits the communication style of control does not have any cause on the patient's satisfaction. Therefore, the hypothesis H2 is rejected.

4. Discussion and Conclusion

The results show the affiliation communication style of the relationship has a positive relationship with the patient's satisfaction. The study also showed the greatest contribution value compared to control style, with patient satisfaction. The results of this study similar to research conducted by Lilia, Fiona, Lars and Susan (2017), Sadler and Woody (2003), Korsch, Gozzi, and Francis (1968) and Buller and Buller (1987). In this case, the affiliation style that the doctor exhibited provided patient satisfaction. The findings of this study also show Malaysian culture is very important to the care of a doctor to his patients in understanding patient satisfaction. The eastern culture of the people in this country, which emphasizes courtesy, friendly and often shows affection and warmth, can explain the enormous contribution to determining patient satisfaction.

The findings of the study show that there is no relationship between control communication style and patient satisfaction. This explains that the doctors who exhibit a controlled communication style do not affect the patient's dissatisfaction. However, the findings of this study contradict to Buller and Buller's (1987) research result. They found that for Medical Officers to exhibit a form of control in communication affects to dissatisfaction among patients. The findings of this study do not support this previous study because it is likely that Malaysian culture is more likely to receive instructions. This condition indicates that this routine action does not have any effect on the patient's satisfaction. However, some studies are in line with the findings of William, Weinman, and Dale (1998). The results of their study show that patients with physical problems are more satisfied with the control-based consultation than the consultation conducted in the form of partnerships. A study conducted by Payal Mehra (2016) also explained that the control communication style of the doctor exhibited improved patient satisfaction. In the Malaysian context, the control communication style exhibited by doctors did not cause patient dissatisfaction as expected. This may be due to the culture of Malaysian society inclined to accept direction. Adherence to the instructions of more authority people such as parents, teachers, and doctors who have been nurtured since childhood causes doctor-dominated actions to appear to no effect on patient satisfaction.

This study has implications for the development of health services in Malaysia. This is because Malaysia currently remains a nation of choice around the world for health care services. The government has identified this industry as one that contributes to the national income and is working hard to develop Malaysia as a hub for the regional health tourism industry. The factors contributing to patient satisfaction should be emphasized. This study will be valuable as a guide to the success of Malaysia's aspiration to become a health tourism destination. The practical contribution of this study can be noted from the suggestion of improving the quality of services not only in physical form (like advanced equipment and modern infrastructure). It also the importance of soft skills of medical practitioners as well as physicians' communication skills.
In this regard, the Ministry of Health Malaysia should provide the most efficient service to the patients by ensuring that medical practitioners need to provide good care to the patients. Therefore, the mastery of effective communication skills with patients’ needs to be practiced among health practitioners as well as the mastery of medical expertise. This is in line with the findings of the study which show that the doctoral communication style has contributed to patient satisfaction.

For upcoming studies, it is recommended to incorporate quantitative and qualitative methods in exploring this matter. Qualitative methods involving direct observation and/or observation via video recording are expected to enrich the findings of this study. Moreover, forthcoming future studies are proposed to expand the sample size of the study to include work contexts in private hospitals for purposes of comparison with government hospitals. Different work environment factors are expected to affect patients' perceptions of the health services provided.

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