

R-E-S-P-E-C-T

FIND OUT WHAT IT MEANS TO YOUR PATIENTS

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A recent study evaluated the potential correlation between how patients are treated and their levels of satisfaction and compliance with their health care.¹ In particular, the investigators looked at how the principles of respect (treatment with dignity) and autonomy (involvement in their health care decisions) impacted the patients' satisfaction with the care they received and willingness to adhere to a prescribed form of care.

Interestingly enough, the study respondents' demographics were very similar to that of chiropractic patients:

- mostly female (65%)
- some college education (62%)
- primarily English-speaking (93%)

What the investigators found was not necessarily surprising, but still bears discussion. After adjustments for demographics, the researchers found that patients who felt they were treated with "a great deal" of dignity were almost twice as likely to be satisfied with the care they received as those who were treated with "less than a great deal" of dignity (0.70 vs. 0.38, $P < .001$).

The same story held true with those who were involved in their health care decisions. Those patients who believed they were involved "as much as desired" in their health care decisions were again much more likely to be satisfied with their health care than those who were involved "less than desired" (0.70 vs. 0.39).

When it came to patient "adherence" (patients following the doctor's treatment plan), dignity and involvement continued to play a role, although the differences were less. Those patients who were treated with a great deal of dignity were somewhat more likely to adhere to their doctor's treatment plan than those treated with less dignity (0.77 vs. 0.73). And those who were highly involved in their health care decisions were also somewhat more likely to adhere to their doctor's treatment plan (0.78 vs. 0.69).

The investigators were quick to admit that they didn't know "what being treated with dignity actually means." Their findings sparked additional comments:

"These results have several important implications for practicing clinicians, medical educators, researchers, and medical ethicists. Practicing clinicians ought to consider how to foster their own attitudes of respectfulness toward patients by engaging in self-reflection or participating in educational or training programs in communication skills and professionalism. Medical educators ought to teach students about the principle of respect

for autonomy, as well as foster environments in which patients are regarded as valuable and treated with dignity. After all, the most egregious cases of student-reported physician misconduct no longer seem to be in the realm of paternalism, but in the systematic devaluing of patients. Researchers ought to investigate which behaviors are interpreted by patients as an indication of treatment with dignity and, if our findings are replicated in other studies, to design and evaluate the impact of programs aimed at increasing levels of respect within health care systems."

What this study tells us is very clear: Dignity and involvement in health care decisions are two of the best ways to develop very satisfied patients who follow your treatment plans. Failure to present these attributes to patients results in just the opposite.

This begs a number of questions relevant to those looking to be more successful in practice. Assuming that your clinical care is effective, how much more successful could you be if you increased the level of respect you show for your patients? Dignity made the largest difference in this study; what can you do to give your patients a greater sense of dignity?

Another important consideration: How much are your patients involved in making decisions about their health care? Do they understand why they need to come back, or have you failed to communicate to them at a level they can embrace?

"Along that note, I recently had an occasion to take Deborah, my 4-year-old daughter, to the emergency room she had broken the tip of her finger. After the wound was X-rayed and dressed, we were left for some time in the treatment room by ourselves. When the nurse returned, she handed us a prescription for Tylenol with codeine.

The nurse never really took the time to understand who we were and how we felt about giving drugs to our daughter, nor did she spend enough time to create much of a relationship with us. In the end, she completed her paperwork and sent us home, assuming we would follow through. Needless to say, we threw the prescription away. She failed to do what was needed to gain compliance. Our health care philosophy was not given the dignity it deserved.

You face the same issues every day. Both new and not-so-new patients must be treated with the dignity they seek. You can only teach them about chiropractic after you have gained their respect, something not given so easily nowadays.

Take a few moments to look at what you do and how you treat your patients. Ask your staff to give you honest feedback on a continual basis. Are your staff and their family (friends, etc.) your patients? If not, why not? This can reveal much about their true feelings for you as a doctor.

This study talks about more than how our patients want to be treated. It also tells us that your success as a chiropractor may have just as much to do with what you say with your mouth as it does with what you do with your hands.

Reference

1. Beach MC, Sugarman J, Johnson RL, et al. Do patients treated with dignity report higher satisfaction, adherence and receipt of preventive care? *Annals of Family Medicine*, July/August 2005;3(4):331-8.

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