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What Makes a ‘Good’ Doctor? The Patients’ Perspective

A thesis presented in partial fulfilment of the requirements for the degree of

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Michael Craig Lane
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Abstract

Personalised care by doctors has been shown to facilitate better engagement by patients in their care (Thorne, Oliffe, & Stajduhar, 2013). However, the communication required for care that is more effective has been primarily characterised from the perspective of medical experts. The patient perspective remains understudied. The aims of the current study were three-fold. Firstly, to explore the way patients’ interpret their General Practitioner’s (GP’s) communication behaviour. Secondly, to organise these behaviours into practice styles describing patient preferences. Finally, to compare the practice styles patients prefer to the practice styles they experience, and examine the impact of preference mismatch upon patient-doctor alliance. To address these aims participants were interviewed about their positive experiences with their GPs, and thematic analysis conducted on the transcripts. This identified a set of 90 communication behaviours, which participants sorted by similarity, and multi-dimensional scaling was utilised to map the behaviour. To organise the behaviour further into practice styles preferred and experienced, 100 participants sorted 67 of the behaviours by both degree of helpfulness and relative frequency with which their GP utilises the behaviours.

As hypothesised, participants described behaviours consistent with collaborative interactions, which incorporate patient perspective, feelings, and problem-solving. The organisation of communication behaviours within the multi-dimensional map were consistent with such collaborative interactions, with decision-making and biomedical behaviours grouping with behaviours facilitating participation. Furthermore, the map also demonstrated communication varied along a unique relational dimension in addition to the predicted instrumental and affective dimensions. Participants organised
GPs’ communication behaviour into five practice styles consistent with past research, but surprisingly, a high doctor-control, paternal practice style was not evident. The discrepancy between participants’ preferred and experienced styles had a weak negative impact on patient-doctor alliance. These findings support the theories of social reciprocity and socio-pragmatics in General Practice consultations. The absence of a paternalistic practice style is consistent with the personality traits associated with GPs, which include agreeableness, abasement, and nurturance. The findings imply that it is important for doctors to facilitate patient participation and tailor practice behaviour to patient preferences for a personalised experience.
Acknowledgements

I sincerely thank my supervisors, Shane, Don, and David. Having been around academia for a while, I know that academics perform many roles, including and not limited to teacher, administrator, researcher, and in some cases clinician. Thus, you have contributed to this research in a number of ways while also managing other responsibilities, and I am grateful for your contributions.

I must extend my sincere gratitude to the participants/patients who contributed to this research in a range of ways. Some of you shared detailed stories of your health experiences with me. These stories were both personal, and at times they were clearly emotionally arousing for you. I am humbled by the level of honesty you displayed, and the level of trust you extended to me. Over one hundred people participated in sorting tasks. I thank you for being generous with your time, and for your patience. I am also deeply thankful to the participants who aided in the recruitment process. I have to admit that when I started this project I was doubtful of my ability to recruit the necessary number participants, and weary of the time required. If memory serves me, I collected one hundred data sets in less than six months. Thank you.

I must also thank the General Practitioners and practice managers who met with me when I made impromptu visits, and allowed me to advertise the research in their waiting rooms.

Finally, although the university states we can only acknowledge people who contributed to the content of a thesis, I am going to be a rebel and thank my parents for their ongoing support without which I’m not sure where I would be, but possibly cold and hungry.
Table of Contents

Abstract ........................................................................................................ iii

Acknowledgements ...................................................................................... v

Table of Contents ...................................................................................... vii

Abbreviations ............................................................................................... xvi

List of Tables ................................................................................................ xvii

List of Figures ............................................................................................... xviii

Preface ............................................................................................................. xix

Chapter One: Introduction ........................................................................... 1

   Research Aims and Questions .................................................................... 3

      Thesis aim. ............................................................................................... 3

      Study 1 ....................................................................................................... 4

      Study 2 ....................................................................................................... 4

      Study 3 ....................................................................................................... 4

   Structure of the Thesis ................................................................................. 5

Chapter Two: The Patient Perspective ......................................................... 6

   Patient Preferences ...................................................................................... 7
Information provision

Shared decision-making

Fostering the relationship

Attending to emotions

Summary and Research Direction

Study 1. Thematic Analysis of the Patient Perspective of General Practitioner Social-Emotional Communication

Method

Participants

Materials

Procedure

Analysis

Results

Themes

Personalisation

Tone

Collaboration

Personalised Explanation

Contextualisation

Common ground
Investment. .................................................................29

Following-up. ..................................................................29

Reassurances of non-abandonment. ..................................29

Responsive. ....................................................................30

Management of emotion..................................................30

Focused problem-solving. .................................................31

Empathy. .........................................................................31

Response modulation........................................................31

Thematic map....................................................................32

**Discussion and Conclusion** ............................................34

Discussion........................................................................34

Limitations. .................................................................36

**Conclusion and Future Directions** .................................38

**Chapter Three: Mapping Health Communication from the**

**Patient Perspective** ......................................................41

**Reflections on Study 1** ..................................................41

**Communication Theories** ..............................................43

Communication Accommodation Theory..........................43

Empirical Support for CAT in the Medical Context.............44

Interpersonal Theory. ....................................................45

Empirical Evidence for the Interpersonal Theory.................46
Empirical Support for the Interpersonal Theory in the Medical Context .......................................................... 46

Social Theories .......................................................................................................................... 48

Empirical Evidence for Social Theories ......................................................................................... 49

Functional Models of Medical Communication Behaviour .................................................. 49

Roter Interaction Analysis System ............................................................................................... 51

Study 2. Mapping the Social-Emotional Practices of General Practitioners: A Patients’ Perspective ................................................................. 55

Method ........................................................................................................................................ 57

Participants ................................................................................................................................... 57

Materials ...................................................................................................................................... 58

Procedure .................................................................................................................................... 59

Analysis ......................................................................................................................................... 59

Results .......................................................................................................................................... 61

Discussion and Conclusion ......................................................................................................... 67

Discussion ...................................................................................................................................... 67

Limitations ..................................................................................................................................... 71

Conclusion and Future Directions ............................................................................................... 72

Chapter Four: Patients’ Preferred Communication Styles ...................................................... 79

Communication Styles Defined ................................................................................................. 79
Empirical evidence for the impact of communication styles. ..........86

Measures ........................................................................................................88

Satisfaction measures. .............................................................................89

Alliance measures. .....................................................................................91

Alliance measures in the medical context. ...........................................92

Study 3. Social-Emotional Practice Styles of General Practitioners: A Patients’ Perspective ......................... 94

Method .........................................................................................................101

Participants..............................................................................................101

Materials ...................................................................................................102

Measures ..................................................................................................102

Procedure ...............................................................................................103

Analysis ....................................................................................................104

Results ......................................................................................................107

Discrepancy analysis................................................................................114

Alliance scale ..........................................................................................116

Relationship between alliance and health communication behaviour.
...................................................................................................................116

Discussion and Conclusion .....................................................................116

Discussion.................................................................................................116
MOSS Guidelines- Sort by Frequency of Experience ..........................204

Appendix P.................................................................................205

Statements of Contribution.......................................................205

Appendix Q................................................................................208

A Research Case Study of Health Communication .............208

The Doctor-Patient Relationship.............................................210

Affect in the Medical Context: An Instrumental-Affective
Dichotomy? ..............................................................................211

Emotion Regulating Impact of Affective Communication in a
Medical Consultation..............................................................212

Empathy....................................................................................212

The Patient Perspective of Positive Interactions with
Physicians: A Thematic Analysis.............................................215

Abstract ....................................................................................215

Methods....................................................................................217

Participants.............................................................................217

Procedure..............................................................................218

Analysis...................................................................................219

Results....................................................................................220
Themes ................................................................. 220

Personalisation .......................................................... 220

Tone ........................................................................ 220

Attentive Listening ...................................................... 221

Explanation .................................................................. 221

Contextualisation ......................................................... 222

Demographic Matching .................................................. 222

Investment ..................................................................... 222

Following-up ............................................................... 223

Reassurances of non-abandonment .................................. 223

Responsive .................................................................... 223

Management of emotion ............................................... 224

Focused problem-solving ............................................... 224

Response modulation ..................................................... 225

Discussion and Conclusion ................................................. 225

Discussion ..................................................................... 225

Conclusion and Future Directions ........................................ 227

Limitations ..................................................................... 228

Reflections ..................................................................... 229
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANOVA</td>
<td>Analysis of variance</td>
</tr>
<tr>
<td>GOPA</td>
<td>Grouping, Opposites, Partitioning, Addition</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HCA</td>
<td>Hierarchical Cluster Analysis</td>
</tr>
<tr>
<td>MDS</td>
<td>Multi-dimensional scaling</td>
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<tr>
<td>MOSS</td>
<td>Method of successive sorts</td>
</tr>
<tr>
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<td>Principal component analysis</td>
</tr>
<tr>
<td>PCC</td>
<td>Patient centred communication</td>
</tr>
<tr>
<td>SDM</td>
<td>Shared decision-making</td>
</tr>
</tbody>
</table>
List of Tables

Table 1 ................................................................................................................. 12
Table 2 ................................................................................................................. 16
Table 3 ................................................................................................................. 50
Table 4 ................................................................................................................. 52
Table 5 ................................................................................................................. 64
Table 6 ................................................................................................................. 65
Table 7 ................................................................................................................. 82
Table 8 ................................................................................................................. 84
Table 9 ................................................................................................................. 87
Table 10 ............................................................................................................... 107
Table 11 ............................................................................................................... 109
Table 12 ............................................................................................................... 109
List of Figures

Figure 1. Thematic map of the patient perspective of general practitioners’ social-emotional communication.................................................................33

Figure 2. Split hemisphere views of the patient-derived map of General Practice doctors’ behaviour (D1 Relational, centre; D2 Affective, horizontal; D3 Instrumental, vertical). ..................................................................................................................62

Figure 3. Dendrogram for patient behavioural items.................................................76

Figure 4. Hotspot scores for the Empathiser profile of experienced and preferred GP behaviour.........................................................................................................................111

Figure 5. Hotspot scores for the Consumerism profile of experienced and preferred GP behaviour.........................................................................................................................112

Figure 6. Hotspot scores for the Socialiser profile of experienced and preferred GP behaviour.........................................................................................................................112

Figure 7. Hotspot scores for the Patient-centred profile of experienced and preferred GP behaviour.........................................................................................................................113

Figure 8. Hotspot scores for the Biopsychosocial profile of experienced and preferred GP behaviour.........................................................................................................................113

Figure 9. Mean hotspot discrepancy distance between participants' preferred and experienced communication behaviour styles. .........................................................115