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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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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.

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Abbreviations

ANOVA -	Analysis of variance
GOPA -	Grouping, Opposites, Partitioning, Addition
GP -	General Practitioner
HCA -	Hierarchical Cluster Analysis
MDS -	Multi-dimensional scaling
MOSS -	Method of successive sorts
PCA -	Principal component analysis
PCC -	Patient centred communication
SDM -	Shared decision-making

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