

A Survey About How Much Physicians Give Information to Their Patients in Kerman, Iran

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Abstract

Background: Providing accurate information to patients is an important task of the medical staff that can help establish a relationship complying with current ethical principles. The present study aimed to clarify the current status of providing information to patients about their diseases by physicians.

Methods: This cross-sectional study was conducted in the internal medicine and surgery wards of a teaching hospital at Kerman University of Medical Sciences. The participants, selected using the convenience sampling method, answered 13 yes/no questions about the information given to them by their physicians based on Braddock et al.'s study and the second part of the Patients' Rights Charter in Iran.

Results: Totally, 396 patients participated in this study. The results showed that less than half of the patients confirmed their physicians had given information to them. There was a significant difference in participants' answers to the questions on knowing about drug names ($P=0.002$), drug side effects ($P=0.002$), paraclinical test results ($P=0.002$), and patient's preference and consent to have awareness of adverse outcomes of the disease ($P<0.001$) between patients hospitalized at internal medicine and surgery wards, and the frequency of "yes" answers was higher in patients at internal medicine than surgery ward.

Conclusion: It is recommended to offer appropriate training courses to physicians in order to further improve their relationship with patients to be able to make more informed decisions.

Keywords: Physician-patient relationship, Hospitals, Informed decision-making, Patients' rights

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Introduction

Physicians are expected to properly inform patients about their disease, its complications, treatments, and self-care activities so that patients can be aware of all aspects of their disease and play a more active and independent role in the decision-making process (1,2). In fact, providing proper information to patients is an important task of the medical staff. Several studies have emphasized that a good physician-patient relationship is an important factor to reduce frequent visits and length of hospitalization (3,4) and improve health outcomes (5). Thus, provided that both sides fulfill their duty, an ideal physician-patient relationship can be established complying with current scientific and ethical principles (6).

Recognition of patients' rights in providing healthcare services plays an important role in improving the physician-patient relationship (7). Ethical concepts such as the patients' rights have always been highlighted in the history of medicine (8). The second part of the Patients' Rights Charter in Iran, approved in 2009 (9), is about

providing information to patients in an appropriate and sufficient manner. Based on this charter, the information should include the diagnostic and therapeutic aspects of the disease as well as its risks and benefits, possible complications, prognosis, and anything that affects the decision-making process of patients.

Nevertheless, some studies have shown that patients have a relatively low level of satisfaction with the amount of information provided to them about their disease and the manner of obtaining it (10). To the best of the researchers' knowledge, there are few similar studies regarding the main concerns of the present study on the physician-patient relationship. Accordingly, this study aimed to investigate the provision of primary information to patients by their physicians based on Braddock et al.'s study (11) and the Patients' Rights Charter in Iran (9).

Methods

This cross-sectional study was conducted in Afzalipour hospital in Kerman, Iran from July to October, 2017.



Patients who were hospitalized for at least two days in the internal medicine and surgery wards and did not suffer from severe pain and cognitive problems were enrolled in this study. Comatose patients, patients admitted through the emergency or Intensive care unit (ICU) department and outpatient clinics, as well as patients in the pediatric ward were excluded from the study. The sample size was calculated as 396 using Minitab statistical software (version 18) based on the prevalence of patient satisfaction with their physicians ($P=0.043$, $\alpha=0.05$ and $d=0.02$) (12).

After receiving the code of ethics (IR.KMU.AH.REC.1396.1510), verbal consent was obtained from participants and data were collected using an anonymous form. Demographic characteristics including age, gender, marital status, occupation, educational background, and the hospital ward were recorded. Based on six elements of informed decision-making in Braddock and colleagues' study (11) and the second part of the Patients' Rights Charter in Iran (9), thirteen yes/no questions were asked from the participants on the physician's name, diagnosis of the disease, length of hospitalization, prescribed drugs and their effectiveness and side effects, the possibility of recovery, risks of the disease, the need to perform paraclinical tests, test results, the physician having introduced himself to the patient, and patients' preference and consent to be aware of adverse outcomes of the disease and to inform their family about them.

The data were analyzed using SPSS, version 20. The chi-square test was used to analyze qualitative data. After examining the normal distribution of the quantitative variables due to the skewness of the data, the Mann-Whitney test was applied. The significance level was set at 0.05.

Results

The demographic characteristics of the participants are shown in Table 1. The mean age of the participants was 49.20 ± 19.8 years.

More than 80% of the participants were aware of the diagnosis of the disease and the name of their physician and less than 15% knew about the efficacy and adverse effects of the prescribed drugs (Table 2).

A comparison of the frequency of answers given by patients hospitalized at internal medicine and surgery wards is presented in Table 3. There was a significant difference in participants' answers to questions on the awareness of drug names ($P=0.002$), drug side effects ($P=0.002$), paraclinical test results ($P=0.002$), and the patient's desire to know about the adverse outcomes of the disease ($P<0.001$). In all variables, the frequency of "yes" answers was higher in patients at internal medicine than surgery ward.

Comparing the participants' answers according to the history of hospitalization showed significant differences in the answers to questions on knowing the physician's name

Table 1. Demographic characteristics of the participants

	Demographic characteristics	Frequency	Percent
Gender	Male	215	54.5
	Female	180	45.5
Occupation	Housewife	149	37.6
	Employed	198	50
	Jobless	30	7.6
	Retired	19	4.8
Education	< 12 years	282	71.2
	12 years	72	18.2
	> 12 years	42	10.6
Hospital ward	Internal medicine	117	29.5
	Surgery	279	70.5
History of hospitalization	Yes	327	82.6
	No	63	17.4

($P=0.001$), having a basic knowledge of the physician ($P=0.003$), and the patient's desire to know about the adverse outcomes of the disease ($P=0.031$). In total, the frequency of "yes" answers was higher in participants with a history of hospitalization.

The frequency of "yes" answers to the questions about knowing the physician's name ($P=0.004$), having a basic knowledge of the physician ($P=0.025$), and knowing drug names ($P=0.046$) differed significantly between male and female participants (Table 4).

There was a significant association between education and "yes" answers. Approximately, the frequency of "yes" answers to all questions was higher in patients with a university degree than in participants with a diploma or lower education (Table 4).

There were significant differences in the frequency of "yes" answers to the question about the patient's desire to inform the family about the adverse outcomes of the disease ($P=0.006$) according to occupation, with non-working participants giving more "yes" answers ($P=0.004$) (Table 4).

Comparison of "yes" and "no" answers revealed the average length of hospitalization had a significant impact on the patients' knowledge of drug side effects ($P=0.043$) (Table 5). Moreover, the comparison of "yes" and "no" answers showed the number of admissions was significantly different in the case of knowing drug effectiveness ($P=0.001$), drug side effects ($P<0.001$), and the possibility of recovery ($P=0.010$). The number of admissions was higher for the participants who answered "yes" to these questions (Table 5).

Furthermore, the comparison of "yes" and "no" answers showed significant differences in the answers to the questions about knowing the diagnosis of the disease ($P=0.017$), the possibility of recovery ($P=0.004$), the need for testing and imaging ($P<0.001$), the results of

Table 2. Frequency of participants' answers

Question No.	Question	Yes		No	
		No.	%	No.	%
1	Do you know the name of your physician?	334	84.3	62	15.7
2	Did the physician introduce himself/herself?	327	82.6	69	17.4
3	Do you know about the diagnosis of your disease?	325	82.1	71	17.9
4	Are you informed about the length of hospitalization?	170	42.9	226	57.1
5	Do you know the names of the prescribed drugs?	148	37.4	248	62.6
6	Are you aware of the effectiveness of the drugs?	38	9.6	358	90.4
7	Are you aware of the side effects of the drugs?	48	12.1	348	87.9
8	Are you informed about the possibility of recovery?	142	35.9	254	64.1
9	Are you aware of the dangers of the disease?	145	36.6	251	63.4
10	Are you informed about the need for testing and imaging?	181	45.7	215	54.3
11	Do you know the results of the tests?	219	55.3	177	44.7
12	Do you want to know the adverse outcomes of the disease?	295	74.5	101	25.5
13	Do you want your family to be informed about the adverse outcomes of the disease?	312	78.8	84	21.2

Table 3. Comparison of participants' answers according to hospital ward and history of hospitalization

Question	Hospital ward				P value	History of hospitalization				P value
	Internal medicine		Surgery			Yes		No		
	Answer		Answer			Answer		Answer		
	Yes	No	Yes	No		Yes	No	Yes	No	
1	238 (85.3)	41 (14.7)	96 (82.1)	21 (17.9)	0.416	286 (87.2)	42 (12.8)	44 (69.8)	199 (30.2)	0.001
2	232 (83.2)	47 (16.8)	95 (81.2)	22 (18.8)	0.639	280 (85.4)	48 (14.6)	44 (69.8)	19 (30.2)	0.003
3	226 (81)	53 (19)	99 (84.6)	18 (15.4)	0.393	268 (81.7)	60 (18.3)	54 (85.7)	9 (14.3)	0.445
4	121 (43.4)	158 (56.6)	49 (41.9)	68 (58.1)	0.785	144 (43.9)	184 (56.1)	24 (38.1)	39 (61.9)	0.394
5	118 (42.3)	161 (57.7)	30 (25.6)	87 (74.4)	0.002	129 (39.3)	199 (60.7)	19 (30.2)	44 (69.8)	0.169
6	32 (11.5)	247 (88.5)	6 (5.1)	111 (94.9)	0.051	36 (11)	292 (89)	2 (3.2)	61 (96.8)	0.056
7	43 (15.4)	236 (84.6)	5 (4.3)	112 (95.7)	0.002	44 (13.4)	286 (86.6)	4 (6.3)	59 (93.7)	0.118
8	104 (37.3)	175 (62.7)	38 (32.5)	79 (67.5)	0.364	121 (36.9)	207 (63.1)	17 (27)	46 (73)	0.132
9	94 (33.7)	185 (66.3)	51 (43.6)	66 (56.4)	0.062	122 (37.2)	206 (62.8)	20 (31.7)	43 (68.3)	0.410
10	136 (48.9)	142 (51.1)	45 (38.5)	72 (61.5)	0.057	155 (47.3)	173 (52.7)	22 (35.5)	40 (64.5)	0.088
11	168 (60.2)	111 (39.8)	51 (43.6)	66 (56.4)	0.002	188 (57.3)	140 (42.7)	29 (46)	34 (54)	0.099
12	194 (69.5)	85 (30.5)	101 (86.3)	16 (13.7)	<0.001	239 (72.9)	89 (27.1)	54 (85.7)	9 (14.3)	0.031
13	222 (79.6)	57 (20.4)	90 (76.9)	27 (23.1)	0.557	264 (80.5)	64 (19.5)	45 (71.4)	18 (28.6)	0.106

paraclinical tests ($P=0.001$), and the patient's preference to inform their family about the adverse outcomes of the disease ($P=0.001$) according to the mean age of the participants (Table 5). In all variables, the mean age was lower in the "yes" response group.

Discussion

Based on the results of this study, patients had the least amount of information about the effectiveness of drugs, drug side effects, and the possibility of recovery. In general, the patients at the internal medicine ward had more information than those hospitalized at the surgical ward. This difference is probably justifiable by the nature of the diseases in these two wards.

The "yes" responses to the questions about the patients'

knowledge of their physician, if the physician introduced himself/herself, and prescribed drugs were more frequent in women than men. Perhaps, this is due to the higher level of curiosity in women. Besides, this study showed younger patients had more awareness than the elderly. This can be because younger people pay more attention to their disease and have better access to various sources of information.

The patients' responses showed their knowledge about their physician depends on hospitalization history. It is quite predictable that the patient becomes more familiar with his/her physician in the hospital environment, following more frequent hospitalizations. In addition, the frequency of "yes" responses was higher in patients with academic education. This is also fully justifiable due to the

Table 4. Comparison of participants' answers according to the demographic characteristics

Question No.	Gender				Education				Occupation				P		
	Male		Female		<12		12		>12		Not working			Working	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		Yes	No
1	171 (79.5)	44 (20.5)	162 (90)	18 (10)	222 (80.1)	55 (19.9)	65 (90.3)	7 (9.7)	42 (100)	0	167 (84.3)	31 (15.7)	166 (84.3)	31 (15.7)	0.983
2	169 (78.6)	46 (21.4)	157 (87.2)	23 (12.8)	218 (78.7)	59 (21.3)	64 (88.9)	8 (11.1)	41 (97.6)	1 (2.4)	162 (81.8)	36 (18.2)	164 (83.2)	33 (16.8)	0.708
3	174 (80.9)	41 (19.1)	150 (83.3)	30 (16.7)	211 (76.2)	66 (23.8)	70 (97.2)	2 (2.8)	39 (92.9)	3 (7.1)	157 (79.3)	41 (20.7)	167 (84.8)	30 (15.2)	0.156
4	90 (41.9)	125 (58.1)	80 (44.4)	100 (55.6)	107 (38.6)	170 (61.4)	37 (51.4)	35 (48.6)	23 (54.8)	19 (45.2)	80 (40.4)	118 (59.6)	90 (45.7)	107 (54.3)	0.289
5	71 (33)	144 (67)	77 (42.8)	103 (57.2)	91 (32.9)	186 (67.1)	33 (45.8)	39 (54.2)	21 (50)	21 (50)	77 (38.9)	121 (61.1)	71 (36)	126 (64)	0.559
6	19 (8.8)	196 (91.2)	19 (10.6)	161 (89.4)	21 (7.6)	256 (92.4)	6 (8.3)	66 (91.7)	9 (21.4)	33 (78.6)	18 (9.1)	180 (90.9)	20 (10.2)	177 (89.8)	0.721
7	23 (10.7)	192 (89.3)	25 (13.9)	155 (86.1)	22 (7.9)	255 (92.1)	9 (12.5)	63 (87.5)	15 (35.7)	27 (64.3)	21 (10.6)	177 (89.4)	27 (13.7)	170 (86.3)	0.346
8	72 (33.5)	143 (66.5)	69 (38.3)	111 (61.7)	85 (30.7)	192 (69.3)	30 (41.7)	42 (58.3)	22 (52.4)	20 (47.6)	65 (32.8)	133 (67.2)	76 (38.6)	121 (61.4)	0.233
9	73 (34)	142 (66)	72 (40)	108 (60)	82 (29.6)	195 (70.4)	33 (45.8)	39 (54.2)	27 (64.3)	15 (35.7)	64 (32.3)	134 (67.7)	81 (41.1)	116 (58.9)	0.070
10	96 (44.7)	119 (55.3)	84 (46.9)	95 (53.1)	114 (41.3)	162 (58.7)	38 (52.8)	34 (47.2)	25 (59.5)	17 (40.5)	82 (41.6)	115 (58.4)	98 (49.7)	99 (50.3)	0.106
11	117 (54.4)	98 (45.6)	101 (56.1)	79 (43.9)	144 (52)	133 (48)	41 (56.9)	31 (43.1)	30 (71.4)	12 (28.6)	104 (52.5)	94 (47.5)	114 (57.9)	83 (42.1)	0.286
12	161 (74.9)	54 (25.1)	134 (74.4)	46 (25.6)	193 (69.7)	84 (30.3)	64 (88.9)	8 (11.1)	36 (85.7)	6 (14.3)	141 (71.2)	57 (28.8)	154 (78.2)	43 (21.8)	0.112
13	162 (75.3)	53 (24.7)	149 (82.8)	31 (17.2)	231 (83.4)	46 (16.6)	52 (72.2)	20 (27.8)	25 (59.5)	17 (40.5)	167 (84.3)	31 (15.7)	144 (73.1)	53 (26.9)	0.006

impact of patients' education on their understanding of the disease. In modern medicine, the role of physicians as the main decision-maker and the role of family and relatives have been weakened in the medical decision-making process, whereas patients need to be informed about their healthcare procedures and decide about medical interventions. Therefore, truthfulness is emphasized as an important principle in medical professionalism (13). Available studies indicate that in Western countries, approximately 80% to 90% of patients are informed of the details of their illnesses (14).

There are few studies like the present study which have directly addressed the patient-physician relationship to assess informed decision-making. Some studies showed that physicians have different opinions about patients' rights in gaining information from their physician and the way of informing them. For instance, a study in Iran showed 35% of physicians believed that patients have the right to know about their illness; in contrast, 6% of them believed that patients have no rights in this regard, and 59% of these physicians believed that patients have this right under certain conditions (15).

The study conducted by Bostani et al in 2012 evaluating physicians', nurses', and patients' responses to questions on complying with the patients' rights charter showed a significant difference among these groups regarding the knowledge about the patients' rights to access their medical records, their knowledge about the disease, and the decision-making process. Unlike patients, the majority of the medical staff did not agree with these issues (16).

Furthermore, the study by Shabestani et al in 2015, showed that the general satisfaction of patients with the amount of instruction given to them by their physician was moderate (12). In another study, researchers assessed the predictors of patients' satisfaction and showed that surgeons can enhance their informed shared decision-making and satisfaction ratings by improving their skills and perhaps spending more time working with their patients (10).

In the present study, the patients' awareness of the risks of their disease and the possibility of recovery was also at a low level. In a study conducted to evaluate the quality of informed decision-making in prostate cancer, Braddock and colleagues' informed decision-making system was used to measure the quality of patient-physician discussions. This study showed the quality of physician communication with patients about cancer diagnosis and treatment was modest. Moreover, a complete discussion of treatment options occurred in 59% and benefits and risks in 21% of the cases (17).

Patients' informed decision-making can be viewed from another perspective. Although there is a time difference between the present study and the previous one, the results are almost similar and indicate that there is little change in the patient-physician relationship. This may be

Table 5. Comparison of participants' answers according to mean age, number of admissions, and length of hospitalization

Question		Age	P	Number of admissions	P	Length of hospitalization	P
		Mean ± SD		Mean ± SD		Mean ± SD	
1	Yes	49.5 (18.7)	0.369	5.3 (10.1)	0.685	7.2 (8.3)	0.792
	No	47.1 (21.2)		4.7 (7.7)		6.9 (4.8)	
2	Yes	49.5 (18.9)	0.468	5.3 (10.2)	0.724	7.2 (8.4)	0.522
	No	47.6 (20.3)		4.8 (7.3)		6.6 (4.5)	
3	Yes	48.1 (19.2)	0.017	5.7 (10.7)	0.098	6.9 (7.2)	0.304
	No	54.1 (18.2)		3.4 (2.9)		8.1 (10.6)	
4	Yes	48.3 (18.3)	0.444	6.3 (13.2)	0.083	6.5 (7.7)	0.169
	No	49.8 (19.8)		4.5 (6.1)		7.6 (8.0)	
5	Yes	49.2 (17.3)	0.456	7.62(1.22)	0.04	7.77 (0.71)	0.155
	No	50.4 (18.2)		3.83 (0.36)		6.82 (0.47)	
6	Yes	47.5 (18.1)	0.191	7.6 (14.1)	0.001	7.7 (8.7)	0.247
	No	50.1 (19.7)		3.8 (5.2)		6.8 (7.4)	
7	Yes	44.8 (19.4)	0.138	12.4 (23.6)	<0.001	9.6 (13.1)	0.043
	No	49.6 (19.1)		4.4 (6.2)		6.9 (7.1)	
8	Yes	41.7 (18.1)	0.004	8.8 (20.5)	0.010	8.6 (11.8)	0.172
	No	50.2 (19.1)		4.7 (6.8)		6.9 (7.2)	
9	Yes	47.2 (19.3)	0.140	6.4 (13.8)	0.116	6.9 (8.1)	0.728
	No	50.2 (19.1)		4.6 (6.6)		7.2 (7.7)	
10	Yes	43.2 (17.9)	<0.001	6.6 (13.8)	0.062	7.2 (7.9)	0.896
	No	52.6 (19.1)		4.5 (6.4)		7.1 (7.9)	
11	Yes	45.7 (18.1)	0.001	6.4 (12.8)	0.050	7.2 (7.7)	0.813
	No	52.1 (19.6)		4.3 (6.0)		7.1 (8.1)	
12	Yes	48.1 (18.1)	0.210	5.7 (11.5)	0.331	7.6 (8.1)	0.186
	No	50.54 (20.47)		4.6 (6.9)		6.5 (7.7)	
13	Yes	47.3 (18.6)	0.001	5.3 (10.5)	0.966	7.2 (8.3)	0.652
	No	54.5 (19.9)		5.2 (7.9)		6.8 (6.6)	
14	Yes	49.8 (19.5)	0.195	5.3 (9.1)	0.785	7.5 (8.0)	0.065
	No	46.7 (17.5)		5.0 (12.5)		5.7 (7.4)	

due to the lack of necessary training programs provided to physicians in the field of communication skills. Accordingly, it is believed that communication skills are not explicitly included in the official medical education program in Iran (18).

In a qualitative study on the ethical issues of end-of-life care for cancer patients in Iran, the participating physicians revealed their reluctance to disclose the truth and inform patients, while they emphasized that they have not been trained in this regard. These physicians believed that training in communication skills could have improved the therapeutic outcomes of their patients (19).

The qualitative study conducted in Teaching Hospitals of Shiraz in 2017 showed that learners play a very important role in communicating with patients and in transmitting information to them, but their performance is quite stereotypical and confined. These authors state that one of the most important ways of addressing this problem is to teach the essential communication skills to

the learners and their educators (20).

The strengths of this study include the assessment of patients in two different wards, using a simple method to obtain the basic information about the physician-patient relationship, and evaluating the necessary information that has to be given to patients in accordance with the Patients' Rights Charter. However, the investigation of these two wards only in one teaching hospital and not in non-teaching hospitals where the number of patients is lower and the workload of the staff is less can be counted as a weakness of this study. It is suggested that further studies be conducted in different wards and hospitals to identify factors that affect communication with patients and transferring information to them.

Conclusion

This study indicated physicians inadequately inform their patients about issues related to their disease. In this respect, it is necessary to first identify the main

causes of this phenomenon and then, hold appropriate training courses, provide necessary resources for the implementation of educational programs in clinics, and improve the relationship between physicians and patients to improve informed decision-making by patients.

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Authors' Contribution

Conceptualization: Mina Mobasher.

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Formal analysis: Mina Danaei.

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Competing Interests

The authors declare they have no conflict of interest.

Ethical Approval

This study was approved by the ethical committee of Kerman University of Medical Sciences (Ethical code: IR.KMU.AH.REC.1396.1510).

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