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ORIGINAL PAPER

Attitudes Toward Patient-Centered Care in the Mental Care Services in Isfahan, Iran

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Abstract

Understanding patient–physician relationships in mental care services is an indispensable element to improve the quality of mental care, yet little is known about it in Iran. This study measured the attitudes of the patients' family and personal caregivers (FPCs) and psychiatrists toward patient-centered care. A sample of 88 FPCs of mental patients and 29 psychiatrists in four teaching hospitals of Isfahan city, Iran, providing mental care, were asked to complete the patient-practitioner orientation scale (PPOS). Results showed mean scores of PPOS, sharing and caring for the psychiatrists were 3.4, 3.8, and 3.1, compared to 3.9, 4.2, and 3.7 for the mental patients' FPCs. There was a significant difference between the PPOS mean scores of the FPC and psychiatrist groups ($p < 0.05$) indicating that psychiatrists' attitudes were less patient-centered. Developing medical training interventions, establishing communication skills workshops, and increasing patients' awareness are some approaches to address the low level of patient-centered care.

Keywords Patients' attitudes · Patient-centered care · Mental patients · Psychiatrists · Hospital

Introduction

Patient-centeredness has been considered as an essential part of healthcare delivery and a critical element of quality in health care (Saul et al. 2018). It is defined as a kind of patient–physician relationship in which needs, beliefs, values, and preferences of the patient are identified and respected (McCormack et al. 2011). This encourages patients to become more involved in their care and self-related decisions (Epstein et al. 2005). Also, it emphasizes that physicians see their patients as human beings while providing medical care, and consider their beliefs, preferences, and desires in their clinical diagnosis. Establishing proper communication with patients necessitates understanding of the fact that they are not just collections of symptoms and damaged organs, but individuals with specific concerns and ambitions who seek help and healing, and can trust those who are treating them (Hellin 2002).

A review of the literature shows that effective patient–physician relationships can improve patients' health status significantly; increase the level of patients' awareness, satisfaction and participation; encourage therapeutic compliance; enhance the quality of health decision, decrease the health costs and help to manage emotions better (Koudriavtseva et al. 2012; Krupat et al. 2001, 2000; Rao et al. 2000; Street et al. 2009). Moreover, the positive effects of this communication style for the treatment team can increase efficiency and job satisfaction, decrease job stresses and fatigue, improve functionality and communication between care providers, increase the sense of cooperation through treatment team (Rathert and May 2007; Thom et al. 2002).

Although there is extensive literature on the attitude toward patient-centered care in many contexts internationally (Abiola et al. 2014; Ahmad et al. 2015; Kim 2013; Thom et al. 2002; Tsimtsiou et al. 2014), there have been limited studies conducted in Iran. Most of these studies solely reviewed concepts, models and consequences of establishing patient–physician relationship (Asemani 2012; Sadat Akhavi 2011); however, there is little empirical evidence related to studying the patient–physician relationship (Falahian et al. 2000; Mirzazadeh et al. 2010; Vahidi et al.

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2013) or investigating the relationship between care provider and caregiver (Mirzazadeh et al. 2010).

To our knowledge, no study has examined patient-centeredness in mental health care services, whether in Iran or any other country. Bearing in mind the significant proportion of the mental disorders burden on Iran (Noorbala et al. 2015), efforts to provide high quality mental care is imperative if we look for better health and well-being. It seems that study of patient-centeredness in such a context is helpful to understand the quality of patient–physician relationship and to find ways to strengthen this relationship in dealing with mental disorders, which in turn leads to better mental health care, patient and families' satisfaction, patient adherence to treatment, and clinical outcomes. As a starting point of understanding patient–physician relationships in mental health care services, this study aimed to examine the attitudes of patients' family and personal caregivers (FPCs) as well as those of their physicians toward patient-centered care in mental care centers and to analyze the extent of the gap between these two groups. It also introduced preliminary actions for building better patient–physician relationships.

Methods

Design: the present study was a descriptive questionnaire-based study. It was conducted in Isfahan, Iran, 2012, at four academic hospitals, providing both outpatient and inpatient mental care for an area of about 4,000,000 people. Ethical approval was obtained by the Ethical Committee of Isfahan University of Medical Sciences.

Participants: in order to conduct sampling, an initial sampling was done in both populations of patients and psychiatrists. According to its results and using the sample size formula for random stratified sampling (Cochran 2007) by taking Alpha = 0.05, Beta = 0.2 (power = 0.8), the specified precision of the estimate = 0.2, the required sample size was obtained (n = 88 for patients and n = 29 for psychiatrists). The inclusion criteria were ability of reading and writing the Persian language, willingness and competence to sign the informed consent.

Data collection tool: the Patient-Practitioner Orientation Scale (PPOS) was the main tool used to measure participants' attitudes toward patient-centered care. The PPOS is an 18-item scale composed of two 9-item subscales: sharing and caring. Sharing indicates the extent to which the respondent believes that the practitioner should share authority, control, and information with the patients and encourage them to participate in the decision making process. Caring indicates the extent to which practitioner values patients' feelings, expectations and life conditions and see them as vital factors in the treatment process. An example of item for sharing sub-scale is "The doctor is the one who should decide what gets talked about during a visit" and a sample of item for caring sub-scale is "It is not that important to know a patient's culture and background in order to treat the person's illness". Answers are based on a 6-point Likert scale as follows: completely agree (6)—almost agree (5)—agree (4)—disagree (3)—almost disagree (2)—completely disagree (1). The Sharing, Caring, and total scores are expressed as means, ranging from 1 to 6.

The PPOS has been originally developed in the USA (Krupat et al. 2000) and as a well-validated instrument, it has been used to assess patient-centered attitudes of medical students, providers and patients in several different countries (e.g. Wang et al. 2017; Mudiyanse et al. 2015; Pereira et al. 2013; Shaw et al. 2012). A previous Iran-based study translated and validated the Persian version of PPOS (Mirzazadeh et al. 2010). Since some of the respondents were FPCs rather than physicians, the researchers repeated tests for validity and reliability of the scale for this group. To ensure internal validity, five related informant experts (two psychiatrists and three medical ethics experts who were not MDs) were interviewed and asked to give their impressions on each item by 'thinking aloud' and to individually and independently evaluate each item for its appropriateness, representative and explicitness using a 5-point Likert Scale. Based on the feedback from the experts, each item of the questionnaire was assessed by Lawshe technique. Hence, all 18 items remained in the final questionnaire. Then in order to make sure that the questionnaire was understood by FPCs, comments were sought from face to face interview with four FPCs. Finally, the internal consistency with Cronbach's alpha was estimated by a pilot study and the values of 0.86, 0.75 and 0.75 for the Cronbach's alpha of the total score, sharing and caring, respectively, showed the reliability of the tool. Regarding two groups of respondent, Cronbach alpha for the total score, Sharing and Caring were respectively 0.67, 0.56 and 0.54 in psychiatrists and 0.85, 0.73 and 0.72 in FPCs groups.

Ethical permission for this study was given by the Medical Ethical Committee of the Isfahan University of Medical Sciences, Isfahan, Iran.

Data analysis: the collected data were analyzed with The Statistical Package for Social Sciences version 16.0 for Windows (SPSS Inc., Chicago, IL, USA). Hypothesis testing also was done by using independent samples Student's t-test.

Results

The responses of the 12 psychiatrists and the 84 mental patients' FPCs that completely filled out the questionnaire were analyzed (response rates: 41.4% and 95.4%). Despite many efforts to encourage the psychiatrists to take part in the study (e.g. describing the importance of the study;

explaining about confidentiality issues, going to their offices), many still declined to participate in the study. Results showed 67% of psychiatrists who participated in this research were males and 33% were females. Most of them (83%) were between 40 and 50 years old. 83% of the psychiatrists had work experience of more than 10 years and they were all married. Also, 67% of the FPCs were males and others were females; 33% were 20–30 years old; more than 84% had a high school diploma or less; 52% were married; and 61% considered themselves economically in the middle class.

Data analysis showed a mean total score of 3.44 (SD = 0.41) for the psychiatrists (min = 2.56, max = 4) for total PPOS score, and a mean total score of 3.95 (SD = 0.58) for the mental patients' FPCs (min = 2.72, max = 5.17). Student's t-test indicates a significant difference in PPOS mean scores of two study groups (p = 0.004, Cohen's $d = 0.91$), indicating that patients' FPCs endorsed relationships that are more patient oriented compared to psychiatrists.

Psychiatrists had a mean score of 3.81 (SD = 0.62) for the Sharing subscale (range of 2.89–4.67); compared to the FPCs' mean Sharing score of 4.24 (SD = 0.64, range between 2.56 and 5.44). Student's t-test showed a significant difference between these mean scores ($p = 0 < 0.001$, Cohen's $d = 0.67$).

Finally, the mean Caring subscale, for the psychiatrists was 3.08 (SD = 0.49), with a range of 2.22–3.78. The mean Caring score for patients' FPCs was 3.65 (SD = 0.67) with a range from 2.00 to 5.12. Student's t-test showed a significant difference between the mean Caring scores of the two study groups ($p = 0 < 0.001$, Cohen's $d = 0.87$).

Discussion

This is the first study, we are aware of examining the orientations of providers and layperson caregivers about the relationship between patients and physicians in the setting of mental health care. The findings of this study revealed that although it was expected that psychiatrists, who are trained to be sensitive to the emotions of their patients, will have higher PPOS scores, their PPOS scores were low, as revealed by a mean PPOS score of 3.4. To the extent that the responses received in this context can be assumed to refer to relationships between mental health providers and lay caretakers, these findings suggest that psychiatrists did not strongly believe that mental patients should be included in the decision making process and their feeing and beliefs should be respected. Stigmatization of patients and families dealing with mental or psychological problems has been reported to be a universal problem (Hinshaw 2005; Yamaguchi et al. 2011), and our data confirm that even trained psychiatrists are not highly likely to see them holistically or to trust to them to participate actively in decision making. Worth noting that since most of physiatrists who participated in the study were the prominent doctors of hospitals with high share of patient visits, we think the psychiatrists and FPCs had overlapping patient population and it doesn't seem that treating (psychiatrists) and caring (FPCs) for different patients would explain part of PPOS score difference.

The lack of any similar studies in the context of mental health care, in Iran or any other country, offers no opportunity for direct comparison of these results. However, because the psychiatrist's PPOS scores that we found were generally similar to the results of other Iranian physicians' scores in Iran, as reported by a mean PPOS score of 3.4 (Mirzazadeh et al. 2010), we would conclude that in general provision of medical care in Iran has a long way to get to the ideal point of being patient oriented. Additionally, a comparison of the psychiatrist's PPOS scores in this study compared to studies conducted in other cultures indicates that patient-centered care, both in general care and mental health care services is less well endorsed by physicians in Iran than other countries [4.0 (Abiola et al. 2014), 4.5 (Moore 2009; Mudiyanse et al. 2015), 4.8 (Krupat et al. 2000), 5.0 (Chan and Azman 2012)]. The different findings may reflect a number of sociocultural influences across different countries as well as different contexts (Moore 2008), but it seems that it stems from the novelty of the issue of patient-centered care in Iran and a number of challenges in term of the responsiveness of the Iranian mental care health system. In addition, most of psychiatrists in this study were not likely to have had any specific educational courses focusing on patient-centered care when they were in training.

Another finding of this investigation revealed slightly lower Total, Caring and Sharing scores for psychiatrists compared with FPCs. Since most previous studies have only studied physician's PPOS scores, this finding is important, representing a doctor–patient gap that has been undetected previously, especially in the context of mental health care. This gap has potentially important implications. Since congruence in attitudes between practitioner and their patients (in our case their caretakers) has been shown to be associated with satisfaction, among other outcomes (Cvengros et al. 2007; Krupat et al. 2001, 2000) and also given the role of patient satisfaction in treatment processes and quality of care, it is a large wake-up call for national and local health authorities to take action towards filling this gap in order to avoid any undesired consequences.

With respect to the context of Iran and in the light of lessons learned from other countries, the efforts to fill the gap mainly will focus on two issues including medical education and public literacy. The importance of developing educational programs as part of the medical curriculum to develop and foster patient-centered care attitudes (Abiola et al. 2014; Chan and Azman 2012; Cvengros

et al. 2007; Hur et al. 2014; Madhan et al. 2011; Ross and Haidet 2011) among all health professionals is evident in the literature. So it is suggested that educational programs to change current attitudes ought to find their way into the curriculum for both medical and paramedical students and all health workers (in case of their continuing training), especially physicians.

Also, it has been highlighted by previous studies that health is improved by improving health literacy (Benjamin 2010). With the necessity of a national plan to improve health literacy in mind, it is strongly recommended that development a national action plan to improve health literacy is put in priority with related individuals and organizations' participation. By increasing health literacy, the interest of mental patients and their families will change to being treated by their physicians more as people and to become more involved in decision making. This change to develop a patient-centered care culture is important because teaching patient-centeredness to practitioners will only be successful if patients desire to be treated in this way. If patients expect and want their physicians to be "the boss" in traditional ways, then they may not be more satisfied. So, not only are changes on the part of physicians needed, but also changes on the part of patients are needed for real success in patient-centered care.

This study has several limitations that may limit the generalizability of the findings and would be considered to conduct future studies. Observation of smaller Cronbach alpha value for physiatrists is one of the limitations. This value was lower than desirable internal consistency, with moderate Cronbach alphas for Total, Sharing and Caring scores. These values, which were similar to those reported in other studies (Krupat et al. 2000; Mudiyanse et al. 2015; Pereira et al. 2013), are of some concern. Items that need revision have been recognized and it seems that the elimination of these items maybe improves the alpha levels. The poor response rate of physiatrists can also be seen as another limitation. As regards to those physiatrists who participated in the study had more patients visits and also most of them are likely have similar educational backgrounds, it would be assumed those who responded are representative of the entire population. Finally, given the employed tool, there is not sufficient data to investigate if there is a difference between a physiatrist's score and the average of that physiatrist's patients' scores, and how much this difference varied between physicians. Hence, it would be useful to attention to tie the physician to the patient during data collection, which provides an opportunity to run an analysis by considering each physician as a cluster, and running a mixed linear model on the scores using the physician as the random effect. Also, it is recommended to employ qualitative tools for further study in this issue, providing the opportunity for more exploration Iranian psychiatrist's patient-centeredness.

Conclusion

In sum, the findings of this study demonstrate that the doctor–patient relationship in the context of mental health in Iran, from both treatment service providers' and receivers' views, tends to be doctor centered. Therefore, more actions are needed to improve the patient–physician relationship in the case of mental patients in Iran. Developing required medical educational interventions related to patient-centered care, establishing communication skills workshops and displaying the positive effects of a patient-centered relationship, increasing patients' awareness and abilities, and broadcasting activities about communication improvement methods on mass media would be examples of these adjustments. It is expected that this improvement would change the current status to a desired one in which psychiatrists take their patients' needs into account, try to provide required information on their health status in an understandable way, and also involve them more in the decision making process.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval This article does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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