Effective Clinician-Patient Communication
Has Multiple and Significant Impacts on Quality of Care

When working with clinicians and healthcare leadership we have often been asked, “Why do you focus so much on communication and what impact does it have anyway?”

It’s helpful to start with the patient’s perspective. Most patients are unable to accurately rate technical clinical and service quality from the biomedical perspective. Service quality is interpreted through their interactions with members of the healthcare team. Specifically, they note what, how, and when we say and do things to and for them. This forms the basis for the therapeutic relationship and goes way beyond “good feelings” about a transaction.

Despite the importance of these interactions, the research highlights a number of common communication problems in clinician-patient relationships. Specifically, studies indicate clinicians interrupt patient after only 23 seconds into the patient’s description of the problem, 50% of psychosocial and psychiatric problems are missed in primary care, approximately 50% of patient problems and concerns are neither elicited by the clinician or disclosed by patients, patients are dissatisfied with the amount of information given by their clinicians, most discussions leading to clinical decisions in primary care do not fill the criteria of informed decision making, and when patients present clues about emotional aspects of their lives that may impact their health these are missed by their clinicians. Poor communication has been found to be the most common reason for patient dissatisfaction with care, and problematic relationship issues were identified in 71% of patient plaintiff depositions in malpractice cases. These and other studies suggest that clinician-patient communication is worthy of our attention. Further, there is clear evidence that effective communication can have an impact on several important outcomes.

Effective communication has multiple impacts

Communication matters because it impacts multiple important outcomes. Effective clinician-patient communication impacts health outcomes both directly and indirectly by improving diagnostic accuracy and increasing adherence. Effective clinician-patient communication also influences both patient and clinician satisfaction and decreases malpractice risk. Additionally, there is evidence that excellent communication can impact the bottom line for health care organizations.

Health Outcomes

Beckman and Frankel found effective communication results in greater quality and quantity of information obtained by clinicians. More accurate and complete patient information can contribute directly to an increase in accuracy of diagnosis.
In addition, there are numerous studies that indicate the interpersonal skills of the clinician are one of the most important predictors of patient adherence. Specifically, Squire\textsuperscript{11} found the development of rapport, empathy, and open communication were critical to adherence. Trust is a strong predictor of patients’ reported adherence to prescribed regimens\textsuperscript{12, 13}. Adherence is associated with more information giving and positive talk and negatively associated with question asking and negative talk\textsuperscript{13}. DiMatteo\textsuperscript{14, 15} found clinical behavior of communication and job satisfaction had an impact on adherence. Stewart\textsuperscript{16} reviewed a decade of research findings from randomized control trials of physician-patient communication with health as the outcome variable and noted a correlation between effective communication and improved patient outcomes. Clinical education was demonstrated to effect patient’s emotional status\textsuperscript{17} whereas patient education was demonstrated to effect physical health and functional status\textsuperscript{18}.

Shared decision making and participatory styles lead to greater health and functional status\textsuperscript{17}, decrease in blood pressure\textsuperscript{18} and improved blood glucose levels\textsuperscript{19}.

\textit{Satisfaction}

In a meta-analyses of 47 studies Roter found patient satisfaction was most consistently related to specific physician communication skills such as information giving, partnership building, positive talk and social talk but not question asking\textsuperscript{14}.

Suchman\textsuperscript{21} found four factors that influence clinician satisfaction: quality of the relationship, adequacy with the data collection process, time used appropriately during the visit, and patients’ non-demanding and cooperative nature. Quality of the clinician-patient relationship was the most important predictor of global satisfaction for clinicians.

\textit{Medical Malpractice Risk}

There have been a number of studies documenting the relationship between poor communication and relationship and the likelihood of initiating a complaint of medical malpractice\textsuperscript{24, 25, 26, 27}. In reviewing plaintiff depositions, Beckman and Frankel and colleagues found 71\% of patients cited poor communication as the reason for initiating a claim of malpractice\textsuperscript{9}. One study by Levinson\textsuperscript{20} identified specific behaviors associated with clinicians who were not sued versus their colleagues with a history of suits. Findings indicated no-claims physicians used more statements of orientation (educating the patient about what to expect and the flow of the visit), used more facilitative comments (soliciting patient opinions, checking understanding, and encouraging patients to talk), used humor, and laughed more with patients.

\textit{Financial Outcomes}

Trust has been found to be a strong predictor of intent to remain with a provider and lack of it with disenrollment\textsuperscript{12}. Thom describes patient trust a “social capital” that is necessary for effective health care systems\textsuperscript{22}.
Further, Press Ganey Associates have identified a number of bottom line payoffs for investing in Satisfaction Measurement of patients, staff, and physicians. Specific payoffs to the bottom line include more favorable bond ratings, core margins, earnings per adjusted admission, earnings per patient day, liquidity, managed care contracts, improved market share, improved net margins and profit margins.

**Communication is a critical medical procedure**

The good news is, communication should be considered a critical medical procedure and it can be learned. It needs to be considered a core competency as important as technical skills and an essential part of the clinician’s role. In fact, communication is the most commonly used medical procedure. When we consider the average clinician will conduct over 200,000 clinical interviews during a career, not to mention telephone conversations, or e-mail contact with patients, it becomes obvious that this is an integral part of medicine. Communication mastery requires systematic practice, feedback, and coaching.

References