The Survey of the Role of Social Capital in the Formation of Patient Communication Pattern (Case Study of Patients with Cancer, Neurology and Cardiovascular (Cardiology) in Rasht Hospitals)

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Introduction

The patient relationship model contains a range of relationships that starts from dominating patient and ends in patient's actively engagement in his/her relation to the doctor. The kind of the relationship that the patient has to do with the doctor can have positive and negative consequences depending on the form (shape) of that relationship. For example, establishing an active relationship has "an important role in the relationship between physician and patient which causes the confidence between the patient and the physician and increases the patient's confidence level to the physician, adherence to recommendations and their consent". (Ohtaki and et al. 2003).

Material & Methods

The aim of this study was to investigate the dominant pattern of patient relationship among patients with cancer, neurology and cardiology in Rasht city and the relationship between this variable and social capital. According to the purpose of this research, it was conducted using a sectional-descriptive method. To collect data and measure the main variables of research, standard questionnaires have been used. To measure the variable of social capital, the social capital standard questionnaire of Onix and Boulen (2000) is used, which has eight dimensions: participation in the local community, social agency, sense of security and trust, interactions with neighbors, interactions with family and friends, tolerance of diversity, value of life, and job interactions. To measure the variable of patient relationship, the standard questionnaire of the patient communication pattern scale of Ilan and Carmel (2015) is used which has five dimensions: relaying clear information about the illness and symptoms, questioning and requesting clarifications, initiating request for information guiding from the doctor, guiding the physician according to one's own preferences, and reporting one's own feelings. In this study, sampling was conducted using a multistage cluster sampling. Initially, among the hospitals in Rasht, three Razi, Poorsina, and Heshmat hospitals were selected as Sample locations. In Razi Hospital, Department of Chemotherapy, in Poorsina Hospital, Neurosurgery, and in Heshmat Hospital, male and female surgery for cardiology were selected as the sample. Then, questionnaires were distributed among the hospitalized patients while receiving a written letter of satisfaction for the intention to cooperate with the interviewer. Sample size using the quantitative Cochran formula was 375, but in this research 372 questionnaires were distributed.

Discussion Results & Conclusions

The fundamental hypothesis of this study was that there is a relationship between the social capital of patients with chronic diseases (cancer, neurology and heart and vascular) and the patient relationship model, and this variable can be effective on the shape of the patient's relationship model with his/her doctor. In fact, social capital can be as an available tool for patients to change their own relationships' model with the doctor to the partnership relationship. To evaluate this issue, Pearson correlation coefficient, multiple regression, and path analysis were used. Pearson correlation test showed that correlation between social capital and patient's relationship is positive. It means their relationship inclined to the type of partnership as their social capital rises. The results of this study were in line with Coleman (1998) and Burdio (1979) theories regarding the social capital. These two major theoreticians of social capital have had an instrumental look on the social capital. They define the social capital

in social arena according to its performance and believe that social capital is a tool that can serve people to achieve their other social goals. Also the findings showed the dimensions of network interactions, local community involvement, social capital job interactions have a positive and direct relationship with the models of patient's relationship which means that the patient's relationship turns to partnership type through increasing in these dimensions. With a bit of precision in these three dimensions, we notice that all three of these aspects are of interaction and relationship. The findings are also in line with network social capital theory. It can be concluded that if the patient's interactions network in various sections such as the local and job interaction network are wider, this strong interaction network can help patient's partnership interaction with a doctor and as any of these interactions are limited, his relationship with the physician will become limited. The findings of this study also showed that the value dimension of social capital life has a direct and positive relationship with variable of patient relationship model; it means that the patient's relationship inclined to the partnership relation as the value dimension of life increases. As people value their lives and get satisfied with their lives and feel that the world is a valuable place for living, they do not get disappointed of life and survival, and strive to improve their illness and try to provide more information from their doctor to treat the disease. It causes their relationship model to be partnership. Multiple regression results also showed that among the variables of social capital and their dimensions, life value variables, social agency, community involvement in local society and job interactions have entered the regression model and have been able to explain 80.1 percent of the changes of patient's relationship model. This rate of explanatory power is indicative of the high influence of social capital variable and its abundant importance. The results of this study also show a significant importance of interactions. As we see from the four variables entering the regression equation, only two dimensions, which means participation in the local community and job interactions, will be directly back to the relationship. The relationship dimension is a very important variable in explaining the patient's relationship model. The findings of this section are also in line with Chalabi's (2014) social capital theory. He considers two important dimensions for social capital in his social capital theory, the relationship and trust; that the findings of this study showed the relationship of social capital is of great importance. Entering a social agency variable into the regression equation also represent that people are being appreciated and those who think everything in their lives depends on destiny, appreciation and society, try less to improve themselves, and therefore will ask the doctor less for information, and thus their relationship model will

incline to the dominated relationship. While those who always treat themselves as an agent in life and feel their lives' destiny depends on themselves and are responsible for their actions and believe that all events happening in their life are the consequences of their own deeds and decisions, they will attempt more to establish a relationship with their doctor to help the improvement of their illness, so their relationship tends to be a partnership-centered model. The results of path analysis and drawing of the final model showed that participation in local community (of social capital dimensions) have the most direct effect (0.520) on the variables of the patient's relationship model, but the variable of life value (the other dimensions of social capital variable), totally with its direct and indirect effect (0.824) has the highest share in explaining the variance of the patient's relationship model. Social agency also is another variable dimension of social capital which has a direct effect (0.233) on the variable of patient's relationship model. With regard to the dimensions of social capital which were said having more share than other predictive variables, social class with direct effect (0.243) and indirect effect (0.246-), it can be concluded that the main assumption of research regarding social capital variable effect on the patient relationship model has been approved. It can be said that as much as the patients have higher social capital and are more involved in their local communities to appreciate their lives and have agency and more activism, they can expect their relationship model to be a kind of partnership. In other words, by strengthening social capital, patients are more active in relation to the doctor and demand more contribution from the doctor in the treatment process. But the lower their social capital is, the more passive the relationship will be, and they delegate everything to the doctor. This study attempted to challenge the fundamental assumption that the doctor determines the principle of physician and patient relationship and the results also showed that the doctor is not the only determinant of the relationship model. Provided that efforts to patient's social capital can be added, doctors can be effective in the relationship model, and they are able to help expedite the healing process.

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