



## Who Is a Good Doctor? Patients & Physicians' Perspectives

***Seyedeh Noushin MIRATASHI YAZDI<sup>1</sup>, \*Saharnaz NEDJAT<sup>2</sup>, Mohammad ARBABI<sup>3</sup>,  
Reza MAJZADEH<sup>2</sup>***

*1. Dept. of Radiology, Imam Khomeini Hospital, Tebran University of Medical Sciences, Tebran, Iran*

*2. Epidemiology and Biostatistics Department, School of Public Health, Knowledge Utilization Research Centre (KURC), Tebran University of Medical Sciences, Tebran, Iran*

*3. Roozbeh Hospital, Department of Psychiatry, Imam Khomeini Hospital, Psychosomatic Ward, Tebran University of Medical Sciences, Tebran, Iran*

**\*Corresponding Author:** Email: nejatsan@tums.ac.ir

(Received 11 Oct 2014; accepted 25 Oct 2014)

### Dear Editor-in-Chief

Who is a good physician? What makes a good practitioner? These questions are crucial to those involved in healthcare education, practice and of course, to patients. Yet, responses to these questions are elusive (1-3). While we could say that the bad practitioner is one who practices badly, for example, one who fails in relation to specific competencies, the opposite does not seem to be entirely true (4-6). To achieve this objective, we interviewed Iranian patients through open-ended questions and examined their depictions of a 'good physician'. Whether physicians agree with the criteria defined by people or not is another issue that has also been addressed in this study. A comparison of physicians and patients' views of a good physician can prove beneficial in training physicians and defining continuous education programs.

This study consisted of two phases; qualitative and quantitative phases. The participants of qualitative phase were either patients admitted in different wards of 'Tehran University of Medical Sciences' or those who were waiting for an appointment at different clinics of the Hospitals. Maximum variation sampling was done and 40 male and female patients aged over 18 within different ranges of

age, socio-economic status and educational levels were selected. As shown in Table 1 and 2, nineteen themes emerged from the results of the thematic analysis of the qualitative section findings, which were categorized into 5 main categories: 1- physician-patient relationship, 2- diagnosis & treatment, 3- ethics, 4- accountability, 5- appearance & personal characteristics.

In quantitative phase, six TUMS teaching hospitals that functioned as specialized referral centers were chosen. The qualitative data and literature review were used to develop a questionnaire addressed to academically teaching physicians, and consisted of the following two questions:

1- Based on the importance you give to each theme, how would you score it from 1-4?

2- Based on the priority you give to each category, how would you number it from 1 to 5 (1=most important)? All the items had acceptable reliability (ICC range= 0.70-0.97).

Among the 150 physicians referred to, only 100 completed the questionnaire. The remainder did not cooperate due to shortage of time.

Sixty four participants were male. The participants' mean age was 54.1 years (SD: 9.2). The participants covered 20 specialties and subspecialties.

Table 1 shows the scores given to each theme. Table 2 shows the categories' scores. Each do-

main's score ranged from 0-100, where a higher score indicated greater significance.

**Table 1:** Mean & standard deviations calculated for each theme

Theme	Mean score* (standard deviation)
Taking a good history	3.74 (0.48)
Correct diagnosis & treatment	3.73 (0.48)
Good-tempered & appropriate behavior	3.69 (0.46)
Empathizing with the patient & keeping his/her spirits high	3.46 (0.61)
Explaining the steps of diagnosis and treatment	3.41 (4.05)
Following patients and their treatment processes	3.31 (0.63)
Humanity	3.28 (0.68)
Being confident & firm about diagnosis	3.27 (0.61)
Answering the patients' & their families' questions	3.23 (0.66)
Consultation with other physicians & the medical team	3.21 (0.60)
Informing patients of their diagnosis appropriately	3.19 (0.64)
Treating all patients equally	3.11 (0.72)
Being accessible	3.00 (0.64)
Avoidance of stereotypical behavior with patients	2.98 (0.73)
Overlooking financial issues	2.95 (4.1)
Correct time management in patient examination	2.92 (0.74)
Performing duties oneself/ Not passing over one's duty to the nurse or assistant	2.73 (0.67)
Grooming & behavior appropriate to the medical profession	2.60 (0.84)
Being aged & hence experienced	2.16 (0.77)
Physician's gender	1.93 (2.00)

\*Attainable score: 0-4 higher score shows higher importance

Table 2 also represents the results of category rankings based on the participants' opinions. They were asked to give a score of 1-5 to each category, where the more important a category the lower the score. No significant difference was observed between the first four categories upon comparing

the categories' mean scores. However, the importance of 'appearance & personal characteristics' category was significantly lower than the other categories in the physicians' opinions ( $P < 0.001$  for all cases).

**Table 2:** Mean scores given to each category from 0-100 & their rankings

Category	Mean (standard deviation)*	Mean rank among 5 categories (standard deviation)**
Diagnosis & treatment	80.83 (26.87)	1.70 (0.93)
Physician-patient Relationship	74.37 (12.82)	1.99 (0.93)
Accountability	70.66 (17.00)	3.02 (0.86)
Ethics	70.50 (30.13)	3.35 (0.89)
Appearance & personal characteristics	44.88 (29.87)	4.95 (0.26)

\*Attainable score: 0-100 higher score shows higher importance

\*\*Attainable rank: 1-5 higher rank shows lower importance

Iranian patients described good physicians as those who are scientifically proficient, who maintain good physician-patient relationship, adhere to ethical principles, are accountable, and have an appropriate appearance. Iranian physicians are aware of the significance of physician-patient relationship and correct diagnosis & treatment, adherence to ethical principles and accountability, but appearance & personal characteristics is their last priority. However, paying greater attention to their behavior and grooming with respect to the medical profession can raise patient satisfaction. Hence, we recommend incorporating this topic in the medical course as well. It seems that medical students need to receive certain instructions on their grooming and behavior.

### Acknowledgements

The authors declare that there is no conflict of interests.

### References

1. Cassel L, Christin k (1996). The patient-physician Covenant. *Ann Intern Med*, 124(6): 604-606.
2. Cruess SR, Johnston S, Cruess RL (2002). Professionalism for medicine: opportunities and obligations. *Med J Aust*, 177(4): 208-211.
3. Hurwitz B, Vass A (2002). What's a good doctor, and how can you make one? *BMJ*, 325: 667-668.
4. Banerjee A, Sanyal D (2012). Dynamics of doctor-patient relationship: a cross-sectional study on concordance, trust, and patient enablement. *Med Educ*, 16(1): 12-19.
5. Hartog CS (2009). Elements of effective communication-rediscovers from homeopathy. *Patient Educ Couns*, 77(2): 172-178.
6. Goff SL, Mazor KM, Meterko V, et al. (2008). Patients' beliefs and preferences regarding doctors' medication recommendations. *J Gen Intern Med*, 23(3): 236-241.