



DOCTOR-PATIENT COMMUNICATION, PATIENT TRUST AND PATIENT SATISFACTION AMONG PEOPLE LIVING WITH HIV/AIDS IN FEDERAL MEDICAL CENTRE MAKURDI, NIGERIA.

Samuel T. Anhange (Ph.D)¹, Kashimana R. Tyovenda² and Abraham T. Kwaghgbah¹

¹Department of Psychology, Benue State University, Makurdi, Nigeria.
anhangesamuel@gmail.com, abrahamkwaghgbah@gmail.com (corresponding author)

²Department of Paediatrics, Federal Medical Centre Makurdi, Nigeria.
kashtyovenda@gmail.com

Abstract

This study investigated doctor-patient communication, patient trust and patient satisfaction among PLWHA in Federal Medical Centre Makurdi. The study employed cross-sectional survey design where 150 PLWHA comprised of 85(56.7%) males and 65(43.3%) females were enlisted. Age range was from 42-68years with a mean age of 55.60years (SD=9.70). The researchers used Accidental sampling to draw the participants for the study. Three instruments were used for data collection; Doctor-Patient Communication Questionnaire, Trust in Physician Scale and the Patient Satisfaction Scale. Simple Linear Regression and Standard Multiple Regression were used for data analysis. Results indicated that there was a significant influence of doctor-patient communication on patient satisfaction among PLWHA in Federal Medical Centre Makurdi. Secondly, there was a significant influence of patient trust on patient satisfaction among PLWHA in Federal Medical Centre Makurdi. Also, there was a significant joint influence of doctor-patient communication and patient trust on patient satisfaction among PLWHA in Federal Medical Centre Makurdi. Since communication was found to be key in the medical setting, the researchers reiterated the need for doctors to enhance the relay of information concerning treatment procedures and outcome to their patients. This will also energize them to adhere to medications especially among those living with HIV/AIDS.

Key Words: Communication, Doctor, HIV/AIDS, Patient, Patient Trust, Patient Satisfaction

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Introduction

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) has emerged as one of the chronic diseases of public health concerns in the 21st century. It affects people's physical and psychological wellbeing especially when medical attention is less paid as supposed. The burden of HIV/AIDS is compounded when patients perceive some level of dissatisfaction with the services they receive. Patient satisfaction is of high significance and is recognized worldwide as an important index of the quality of medical care received. In the last decade, health systems have changed their pattern of thinking and delivering care i.e., the patient has become the center of the overall care process (Liu, Li, Liu & Hongwei, 2021).

Research indicates that the prevalence of HIV/AIDS is over 3.4% which implies that over 3.5 million people are globally infected with the virus. This estimate ranks Nigeria third among the countries with the highest HIV/AIDS burden in the world, only next to India and South Africa (Mayala,

Mshana & Mboera, 2012). Meanwhile, within Nigeria and specifically the North-Central geopolitical region, Kwara State has the highest prevalence rate of 7.5% with Benue State next to it (Abioye, Kuteyi, Bello, Olaleye, Ayeni & Amedi, 2010). However, there is still a gap in the services provided because many victims of this disease are receiving covert treatment.

Patient satisfaction entails the contentment people hold on the nature of services they receive from a healthcare centre (Mayala, Mshana & Mboera, 2012). The measurement of satisfaction with HIV/AIDS treatment is important, since high rate of satisfaction is associated with high rates of adherence and compliance with treatment regimens (Barbosa, Balp, Kulich, Germain & Rofail, 2012). Thus, assessing patient satisfaction among people living with HIV/AIDS seems to be strategic in improving their health care. In line with this, research has revealed that prolonged use, relationships with health workers, and adherence to treatments are more prevalent among satisfied than unsatisfied patients (Laurence, Gialamas, Bubner, Yelland,

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Willson, Ryan & Beilby, 2010). Also, people living with HIV/AIDS pay repeated visits to health care centres usually for the rest of their lives. Such patients are usually more difficult to satisfy than admitted patients (Barbosa, Balp, Kulich, Germain & Rofail, 2012). This usually leads to unsatisfactory compliance and poor control of their chronic disease.

Patients are also known to assess the quality of care they receive in different dimensions such as the medical personnel attitude toward patients, interpersonal relationship of health workers to patients, patients waiting time, communication between doctors and patients, next appointment date, respect for patients opinion during consultations, respect for patients preference and so on (Sambo, Lewis & Idris, 2010; Tung & Chang 2009). More so, HIV/AIDS has been transformed into a chronic condition, albeit one with no cure, making it important to assess the determinants of patient satisfaction and possibly draw out ways of improving the quality of life of people living with

HIV/AIDS (Mutabazi-Mwesigire, Katamba, Martin, Seeley & Wu, 2015).

Unfortunately, only few studies have collected routine, real-time information about HIV care and management, and the available information are mostly from developed countries (Ridgeway, 2013). Since patients' experiences with health centres determines their attitude toward health institutions; their return visit, and compliance with treatment, then, monitoring patients' experiences can provide organizations with a yardstick against which to measure the quality of their services (Coulter & Ellins 2006). It therefore becomes imperative to conduct studies that document HIV/AIDS patients' perception of the quality of medical care in health facilities in sub-Saharan African countries like Nigeria which suffers a disproportionate burden of the disease, possesses fragile health care systems and where such studies are largely lacking. Consequently, there are many factors implicated in the prediction of patient satisfaction among HIV/AIDS patients.

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Doctor-Patient communication is one likely antecedent of patient satisfaction. Patient satisfaction with the doctor-patient interaction indicates the level of a doctor's success and competence in providing medical services (Kleeburg, Feyer, Wolfram & Behren, 2008). Research has pointed that maintaining good technical as well as interpersonal skills is essential for the doctors in satisfying their patients (Abioye, Kuteyi, Bello, Olaleye, Ayeni & Amedi, 2010). Moreover, the demonstration of professionalism and ethical practice are also required to meet the expectations of patients. The technical expertise of physicians is regarded as consisting of maintaining an appropriate level of experience, ability to diagnose, performance of clinical procedures, prescribing medicine and learning about the latest medical developments (Hagedoorn, Uijl, Sonderen, Ranchor, Grol, Otter, Krol, Heuvel & Sanderman, 2003). Although, the success of technical procedures, treatment and medication still depends upon favourable communication with patients.

A patient's experience during consultation is positively associated with

their decision to re-visit the doctor (Rocque & Leanza, 2015). Empirical literature has revealed that dissatisfied patients are more likely to discontinue seeking consultation with a doctor whom they perceive as incompetent (Maseko, Chirwa & Muula, 2014). Likewise, the delays in seeking medical consultation and self-medication are also frequently observed among dissatisfied patients (Abioye, Kuteyi, Bello, et al., 2010). However, these findings have not been established among people living with HIV/AIDS in Makurdi.

Another likely predictor of patient satisfaction is patient trust. Patient's trust in a doctor is considered as one of the most important aspects of doctor-patient relationship. Trust entails people's understanding of each other as responsible, good, caring and morally inclined (Schildmann, Ritter, Salloch, Uhl & Vollmann, 2013). In the health sector, trust connotes aspects such as confidentiality and accountability. In general, patient trust can be seen as a general basis for recognizing a satisfactory therapeutic relationship. The empathetic interaction of the doctor with the

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patient can lead to the emergence of trust (Nelms, Wang & Pennell, 2014). A trustful doctor-patient relationship can proliferate patient compliance with the treatment process and speed up behavior change (Gilson, 2003). Thus, as they progress in the therapeutic relationship, the trust in the doctor can be strengthened (O'Malley, Sheppard, Schwartz & Mandelblatt, 2004). Research has shown that, the type of doctor-patient relationship is one of the most effective factors that lead to patient satisfaction. Of course, confidentiality, careful listening, giving time to the patient, academic and professional competence are very important in building trust among patients (Khademnezhad, 2006). In fact, patient satisfaction is considered as the outcome of a doctor-patient relationship and patient trust. However, this knowledge has not been established in the context of people living with HIV/AIDS in Federal Medical Centre Makurdi. Thus, the following hypotheses were postulated.

- i. Doctor-patient communication will significantly influence patient satisfaction among people living with HIV/AIDS.
- ii. Patient trust will significantly influence patient satisfaction among people living with HIV/AIDS.
- iii. Doctor-patient communication and patient trust will jointly have a significant influence of patient satisfaction among people living with HIV/AIDS.

METHOD

Design

The study employed the use of cross-sectional survey design to investigate doctor-patient communication, patient trust and patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi. This design was adopted because the characteristics of the sample were captured at one point in time without any form of manipulation. Therefore, the independent variables are doctor-patient communication and patient trust while the dependent variable is patient satisfaction.

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Participants

The participants for this study were 150 people living with HIV/AIDS from Federal Medical Centre Makurdi. They comprised of 85 (56.7%) male and 65 (43.3%) female patients. Their ages ranged from 42-68years with a mean age of 55.60years (SD=9.70). Amongst them, 90 (60%) were Christians, 45 (30%) were Muslims while 15 (10%) were practicing traditional religion. Still among them, 101 (67.3%) were Tiv, 19 (12.7%) were Idoma while 30 (20%) were from other ethnic groups. As for their marital status, 10 (6.7%) were single, 110 (73.3%) were married, 13 (8.7%) were divorced while 17 (11.3%) were separated. Concerning their duration with HIV/AIDS, 10 (6.7%) had it for less than a year, 77 (51.3%) had it within 1-5years while 63 (42%) had it for over 5yars.

Sampling Technique

The researchers employed Simple random sampling technique in other to obtain participants for the study. This is a type of probability sampling in which each element of the population is given an equal chance to

form the sample. Hence in this study, the researchers used this technique because people living with HIV/AIDS come for their clinical days and they were met during this period and considered for the study.

Instrument

Demographic Variables

The study assessed the respondents' sex, age, religion, ethnic group, marital status and duration of illness.

Doctor-Patient Communication Questionnaire:

Doctor-Patient Communication was measured using the Doctor-Patient Communication Questionnaire developed by Sustersic, Gauchet, Kernou, Gibert, Foote, Vermorel and Bosson (2018). The scale has 15 items graded on a 4-point response format of 1(No) to 4 (Yes). The uni-dimensional scale has no reversed items or sub-dimensions. A total score is obtained by summing the score of participants on each of the items in the scale. Therefore, high scores indicate more doctor-patient communication while low scores indicate poor communication between doctors and

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patients. The author obtained an alpha coefficient of .89 while the present study obtained .84. Sample of items include; “Did the doctor make sure that you understood his explanations and instructions?”, “Did the doctor reply to all your expectations and concerns?”

Trust in Physician Scale

Patient trust was measured using the Trust in Physician Scale developed by Kalsingh, Veliah and Gopichandran (2017). The 11-item scale is graded using a 5-point Likert format of 1 (Strongly Disagree) to 5 (Strongly Agree). It is a uni-dimensional scale that has no dimensions or reversed items. Thus, a high score on the scale indicates more patient trust and vice versa. The author obtained an alpha coefficient of .71 for the scale while the present study obtained .84. Sample of items include; “I sometimes worry that my doctor may not keep the information we discuss totally private”.

Patient Satisfaction Scale

Patient satisfaction was measured using the Patient Satisfaction Scale developed by Suhonen, Leino-Kilpi, Valimaki and Kim (2007). The scale has 10-items measured on 4-point Likert scale of 1 (very dissatisfied) to 4 (very satisfied). The scale has three dimensions; Technical Care Needs (items 1, 2, 3), Informational Care Needs (items 4, 5, 6, 7) and Interactional/Support Care Needs (items 8, 9, 10). The scale has no reversed items and the overall reliability coefficient is .93. The present study obtained an alpha coefficient of .81 while that of the subscales were .87, .70 and .78 respectively. Sample of items include; “how satisfied are you with the ways doctors approached and treated you?”, “how satisfied are you with the amount of care you received?”

Procedure

This study was conducted among people living with HIV/AIDS in Federal Medical Centre Makurdi. The researchers wrote a letter to the Chief Medical Director of the Federal Medical Centre Makurdi seeking permission to carry out this study.

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Upon obtaining the approval from the ethical committee, the researchers recruited and trained two research assistants and scheduled a date for data collection across the Wadata and Apir units of the hospital. Patients were assessed at their respective points of consultation. They were assured of their anonymity and how confidential the information they will provide will be treated. Those who consented were given the questionnaire copies to fill and submit. A total of 160 copies of the questionnaire were administered and after the entire process, only 150 copies representing a return rate of 93.8% were found useful for data analysis.

Data Analysis

Data for this study was analyzed using descriptive and inferential statistics. Mean, standard deviation, frequencies and percentages were used to describe the respondents. On the other hand, Simple Linear Regression was used to test hypotheses one and two while Standard Multiple Regression was used to test hypothesis three.

Table 1: Simple linear regression showing the influence of doctor-patient communication on patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi.

Variables	R	R ²	F	df	β	t	sig.
Constant	.608	.370	86.738	1,148		15.926	.000
Doctor-Patient communication					.608	-9.313	.000

The result presented in table 1 shows that there was a significant influence of doctor-patient communication on patient satisfaction among people living with HIV/AIDS in Federal Medical Centre

Makurdi; $R^2=.370$, $F(1,148)=86.738$, $p<.001$. The positive relationship shows that as the level of doctor-patient communication increases, so does the satisfaction of patients. This result further implies that doctor-patient

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communication explained 37% of the variance in patient satisfaction. Thus, hypothesis one was supported.

Table 2: Simple linear regression showing the influence of patient trust on patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi.

Variables	R	R ²	F	df	β	t	sig.
Constant	.719	.516	157.961	1,148		23.145	.000
Patient Trust					.719	12.568	.000

The result presented in table 2 shows that there was a significant influence of patient trust on patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi; $R^2=.516$, $F(1,148)=157.961$, $p<.001$. The positive result means that high levels of patient trust

predict high satisfaction with services. The result also shows that patient trust explained 51.6% of the variance in patient satisfaction. Thus, hypothesis two was also supported.

Table 3: Standard Multiple regression showing the joint influence of doctor-patient communication and patient trust on patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi.

Variables	R	R ²	F	df	β	t	sig.
Constant	.852	.726	194.610	2,147		27.707	.000
Doctor-Patient Communication					.470	-10.601	.000
Patient Trust					.613	-13.823	.000

The result presented in table 3 shows that there was a significant joint influence of

doctor-patient communication and patient trust on patient satisfaction among people

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living with HIV/AIDS in Federal Medical Centre Makurdi; $R^2=.726, F(1,148)=194.610, p<.001$. This implies that doctor-patient communication and patient trust jointly

Discussion

Hypothesis one was tested to find out if doctor-patient communication significantly influences patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi. Findings indicated that there was a significant influence of doctor-patient communication on patient satisfaction. This implies that the feedback and interactions between doctors/nurses and patients concerning their health creates a sense of consideration and satisfaction in the affected patients. This finding tallies with Al-Ghurair, Simpson and Guirguis (2012) who in their study found a positive relationship between health workers' expertise and patient satisfaction. Even though the study was not carried out in Makurdi, it was related. Another consonant study by Biglu, Nateq, Ghojzadeh and Asgharzadeh (2017) revealed a significant relationship between patients' satisfaction

explained 72.6% of the variance in patient satisfaction. Thus, hypothesis three was also supported.

and the communication skills of doctors such as devoting the appropriate time for visiting the patients and explaining diagnosis and treatment procedures to them. Similarly, Jalil, Zakar, Zakar and Fischer (2017) revealed that the dimensions of doctor-patient interaction were associated with patient satisfaction. According to them, the dimensions include; technical expertise, interpersonal aspects, communication, time dimension and access/availability. However, there were no opposing findings.

Hypothesis two was tested to find out if patient trust significantly influences patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi. Findings indicated that there was a significant influence of patient trust on patient satisfaction. Trust is firm confidence that patients have in the ability of health workers to manage their health conditions effectively. This implies that patients with

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high confidence in a given hospital may be more inclined to experience satisfaction with their services. This finding tallies with Holwerda, Sanderman, Pool, Hinnen, Langendijk, Bemelman, Hagedoorn and Sprangers (2013) who indicated that insecurely attached patients reported low trust and satisfaction with their physician's services. Another supportive study by Chang, Chen and Lan (2013) indicated that the perception of interpersonal-based medical service encounters influences service quality and patient satisfaction. Also, Liu, Li, Liu and Hongwei (2021) indicated that patient trust is an important antecedent of patient loyalty, and patient satisfaction. Furthermore, Durmus and Akbolat (2020) demonstrated that patient satisfaction affects patient trust and patient commitment.

Hypothesis three was tested to find out if doctor-patient communication and patient trust will jointly influence patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi. Findings indicated that there was a

significant joint influence of doctor-patient communication and patient trust on patient satisfaction. This finding however, lacks the support of previous studies in this area.

Conclusion and Recommendations

The researcher has drawn the following conclusions based on the findings obtained here demonstrated that Doctor-patient communication is a significant determinant of patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi. Patient trust was a significant antecedent of patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi. Doctor-patient communication and patient trust are significant predictors of patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi. The contribution to Knowledge is that this study has given insight into the role of doctor-patient communication, patient trust and patient satisfaction among people living with HIV/AIDS in Federal Medical Centre Makurdi. By this, the study has contributed in

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deepening our understanding of the importance of patient satisfaction among people living with HIV/AIDS in Federal Medical centre Makurdi. The study has also contributed in bridging the existing gap in indigenous literature, as well as contributed in enriching our understanding along these lines. Based on these findings; the researcher made the following recommendations for further research and practice in this area:

- i. Since communication was found to be key in the medical setting, the researcher reiterated the need for doctors to enhance the relay of information concerning treatment procedures and outcome to their patients. This will also energize them to adhere to their medications especially among those living with HIV/AIDS.
- ii. Medical directors should ensure that patients are given the required attention, time and treatment so that they can have full confidence that the hospital can treat them effectively. This may build patients' trust and subsequent satisfaction with the hospital.

- iii. The management of public hospitals should also reassess the relationship between their health workers and patients with the target of building a friendly environment where health workers will relate smoothly with patients and patients on the other hand will trust them as service providers.

Limitations of the Study

This study has recorded a number of challenges that were inadvertently faced in the conduct of the study:

- i. The researcher was constrained financially in carrying out a large-scale study that will cover the huge population of people living with HIV/AIDS in Federal Medical Centre Makurdi. This led to the minute sample size employed in the present study.
- ii. The nature of non-experimental studies is such that the results are not completely dependable for establishing causal relationship. Therefore, the results obtained herein can only determine the extent to which the

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- iii. endogenous variables predict the exogenous variable.
- iv. The instruments used in the study were self-reported measures of data collection. This implies that the respondents had the room to fake their responses for the sake of social desirability.

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