305: DOCTOR-PATIENT COMMUNICATION AND OUTCOMES IN ELECTIVE SURGERY

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Objective:
The major hypothesis of the study was that intervening with both surgeons and patients to improve participative decision-making produced better outcomes for patients (self-assessed health status, length of stay, and patient satisfaction) than intervening with only surgeons, or only patients, or not intervening at all. The consequent hypotheses were: (1) Surgeons' participation in an intervention to increase their awareness of the necessity, evidence, and skills for patient participation in decisions improves patient satisfaction, length of stay, general health perceptions, physical functioning, physical role, emotional role, social functioning, bodily pain, vitality, and mental health. (2) Patient exposure to an intervention to increase participation, effective information-seeking techniques and awareness of what to expect during the process of care improves the same set of measures.

Methods:
Formative studies. The study made a detailed review of the literature on doctor-patient communication, examined five major hospitals as potential study sites, analysed case narratives of complaints about public hospitals made to a complaints agency, and recruited patient and surgeon reference groups to inform the design of the interventions for the RCT. The study was conducted in 2001-2002.

The RCT: A trial was conducted of video and workbook based interventions. The unit of randomisation was the surgical unit and its patients. Four surgical units were randomly allocated to four study conditions, and baseline data were collected from a sample of patients in each of the four units before the trial began to account for any pre-existing differences in the variables of interest that might influence the outcome of the trial. The outcome variables were patient self-assessed health status before and after surgery (SF 36), patient satisfaction with the interpersonal aspects of care (UK College of Surgeons patient satisfaction survey) and length of stay (difference between actual and average length of stay for the patient's DRG). Generalised Linear Modelling was used to assess differences between the study conditions in extent of change in self assessed health status and simple frequencies using t tests were used to establish difference between the study groups on communication and length of stay variable.

Results:
The findings suggest that brief interventions for doctors and patients to promote patient involvement in care in elective surgery have some positive impacts on patients' assessment of aspects of their health (post-operative physical functioning and bodily pain), length of stay, and satisfaction with the interpersonal performance of surgeons. A consistent pattern emerged across the study conditions for both statistically significant and non-significant results.

Consistently the patients in condition 1 (where both doctors and patients received an intervention) or condition 2 (where only the doctors received the intervention) reported better physical functioning, lower pain, higher ratings of the surgeons' interpersonal performance, and shorter stay relative to the state average for their DRG than did patients in condition 4 (where neither doctors nor patients received an intervention). Patients in condition 3 (where only patients received the intervention) consistently reported self-assessed health outcomes that had improved less than conditions 1 and 2, were less satisfied with doctors' interpersonal performance, and had a shortened length of stay less than that in conditions 1 and 2. The comparison between condition 3 and condition 4 (the control group) is more complex. The proportion of patients in condition 3 with hospital stays below the DRG average was slightly higher than in condition 4. There is no identifiable pattern in the reported changes to self-assessed health status between conditions 3 and 4. But the level of satisfaction with doctors' interpersonal performance was lower among condition 3 patients than among patients in condition 4. In the baseline study, there was little difference between the two conditions in this respect; but in the trial, condition 3 patients' satisfaction was not only lower than condition 4's, but also markedly lower than the condition 3 baseline result. In other words, the effect of the intervention on condition 3

patients' rating has been to make them more critical of doctors' interpersonal performance, even when the same people showed some marginal improvement on the other measures used in the RCT. The reason appears to be that the intervention raised the expectations of condition 3 patients, and their doctors (who did not receive an intervention) did not meet these heightened expectations. This result corroborates the reciprocity hypothesis.

Conclusions:
The result indicates the value of alerting doctors to the importance of the social and contextual, not merely micro-interpersonal, aspects of the relationship with their patients. It also displays the disappointment patients may feel if they are prompted to expect participation, but their doctors are not prompted to reciprocate.