

# How Patient-Provider Interactions Influence Patient Experiences

Emily Lumbis

Department of Anthropology, SUNY Geneseo



## Background

The interaction between a patient and a provider is crucial to the success of any medical or healthcare appointment. It often goes overlooked, and there is more of a focus on the provider correctly diagnosing and treating the patient. This ethnographic research project focuses on provider-patient interactions from the patient's perspective, and how those interactions shaped their experiences. There is not a lot of research about this topic (Wong et al. 2021) and the existing research has more of a quantitative approach. This research takes on a qualitative approach, including eleven semi-structured interviews. In the current literature, it is suggested that provider-patient interactions influence patient experiences. The focus is on communication between patients and providers, the way patients feel, and what providers can do to make improvements for patient experience. Meaning and illness are closely related, and the literature stresses the significance of that, and how the meaning of illness is different for everyone, especially between the patient and provider (Kirmayer 2004). So many poor interactions at the expense of the patient are overlooked, which is why it is so important for this to be studied. Everyone deserves to be treated fairly by providers, but if no one is talking about the way they are treated, no progress can be made.

## Research Questions

Broad Question: How do patient-provider interactions influence patient experience and satisfaction among college students at SUNY Geneseo?

1. What do patients see as an ideal interaction with their providers?
2. To what extent do patients equate negative healthcare experiences with negative interactions with their providers?
3. To what extent does patient satisfaction revolve around effective diagnosis/treatment of the quality of the interaction they have with the provider? Or both?

## Methods and Participants

To help answer the research questions, I conducted ten semi-structured interviews and one key informant interview. The semi-structured interviews allowed me to gain a personal perspective on patient experiences that were able to answer all the research questions and objectives. I asked interview questions based on the research questions and objectives I created, with questions split into three main sections: provider patient interactions, overall patient experience, and patient satisfaction. I asked questions about personal experiences in healthcare, and how those experiences shaped their health outcomes. These methods allowed me to answer the research questions sufficiently.

The participants included 10 SUNY Geneseo students aged 18-22 (n=10), and one SUNY Geneseo faculty member (n=1).



Figure One. ("Campus Map" n.d.)

## Results

### 3 Main Findings:

#### 1. Importance of communication between patients and providers.

While conducting the semi-structured interviews, there were various examples of good communication, poor communication, and having a good connection with a provider. One example of good communication was from Edward, 22. He explained that he had established a good rapport with physical therapist, and that he really put in effort to get to know him. Key Words: "impressed" "comfortable".

An example of poor communication came from Alice, 21. She explained a scenario where she experienced poor communication with an OB/GYN, which resulted in a lack of understanding and consent surrounding the interaction. Key Words: "pushy" "uncomfortable".

Both Alice and Jacob, 21, expressed that having same ethnicity as their provider helped them build a strong connection and sense of trust with them. Key Words: "trust", "connection".

#### 2. The power dynamic between a patient and a provider plays a significant role in the communication and interaction a patient has with their provider.

An example of an unbalanced power dynamic: Edward, 22, explained that one of his providers fostered an environment that made him feel small. He said he was "made to feel small by him" and he was "not fostering an environment where I can ask these questions". Key words: "small", "paternalism", "assumptions".

Ideal power dynamics: Most of the interviewees argued that the power dynamic should be equal. For example, Rose, 21, said that the power dynamic should be "equal". Leah, 21, said that her provider knows "she gets no benefit out of it" and that "one should not exert any power over the other". Key Words: "equal", "balanced".

#### 3. Providers believing patients is an essential part of the interaction and can have lasting effects on the patient's health.

Examples of providers believing patients: Edward, 22, explained that a provider who believed his concerns was "exactly what I needed" and that "she totally put my mind at ease".

Unfortunately, there were various instances where providers did not believe their patients or take them seriously. Phoebe, 18, had a provider who dismissed her physical health concerns as mental health issues, and did not believe her when she said otherwise. Bella, 21, had mental health issues not taken seriously, and dismissed by her providers. Leah, 21, was dealing with an unknown health issue, and was accused of having a serious mental illness by multiple providers.

Should the power dynamic between patients and providers be equal?

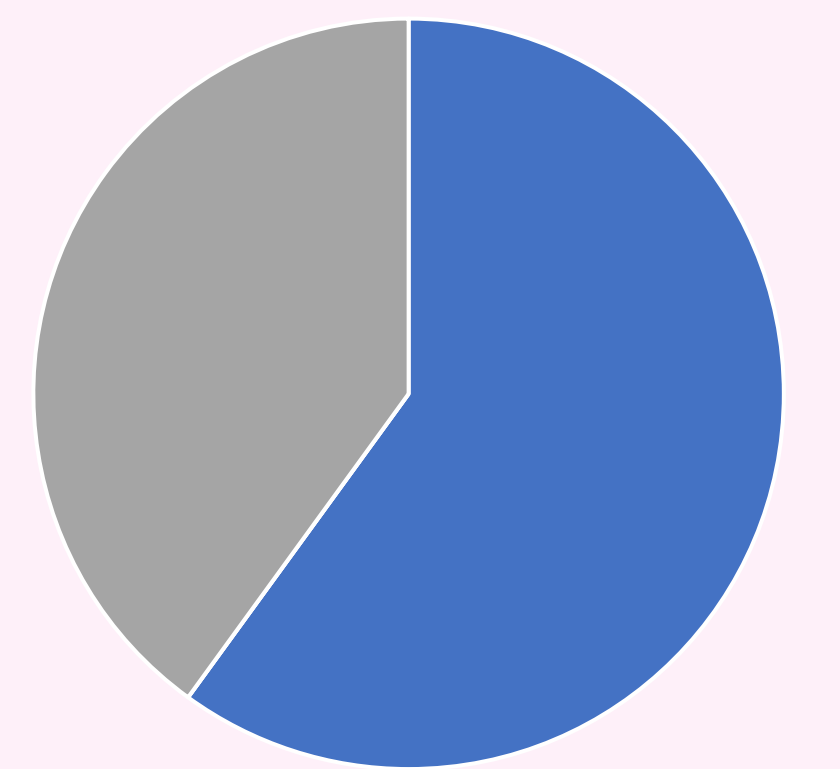


Figure Two.

## Discussion and Conclusion

Based on the results, I assert the importance of positive communication and interactions between a patient and a provider. Of the three main findings, the first finding suggests that the way a patient perceives their communication with a provider determines the level of satisfaction they had with that interaction. I argue that clear communication is essential to the interaction between a patient and a provider. The next main finding is that there is an importance of the equal distribution of power between a patient and provider, with no party holding more power than the other. The results from the study showed that patients were not satisfied with their providers having significantly more power than they did in the interaction. They also shared that an equal distribution of power was ideal between a patient and a provider. Based on that, I can argue that patients and providers should have equal power during their interactions, to have the most productive and helpful outcomes. The last finding is that it is crucial for the provider to believe the patient, in order to have a successful interaction and for their overall health. A lot of the participants in my study explained instances in which their providers did not believe them, and how it caused problems for themselves and their health. Based on this, I can argue that for there to be a successful interaction with a provider, the provider needs to believe the patient.

By conducting the semi-structured interviews, I was able to gain a new perspective on the unique experiences patients have with their providers, and how they influence their satisfaction. I found that patients were most satisfied when they had clear communication with their provider, their provider had empathy and took them seriously, and that they felt most comfortable with an equal balance of power between themselves and the provider. Based on my findings, I can conclude that the interactions between patients and providers influence the patients experience and their overall satisfaction. I conclude that communication plays a significant role in this, as well the provider believing the patient. Lastly, I claim that providers and patients need to have an equal balance of power throughout their interactions.

This data serves to provide more information about how patients really feel about their interactions with their providers, going more in depth than just a patient satisfaction survey. The broader impacts of my results will encourage providers and those in charge of healthcare to rethink what they consider an appropriate provider-patient interaction and can hopefully provide inspiration for interventions in the healthcare field to help make improvements in the future.

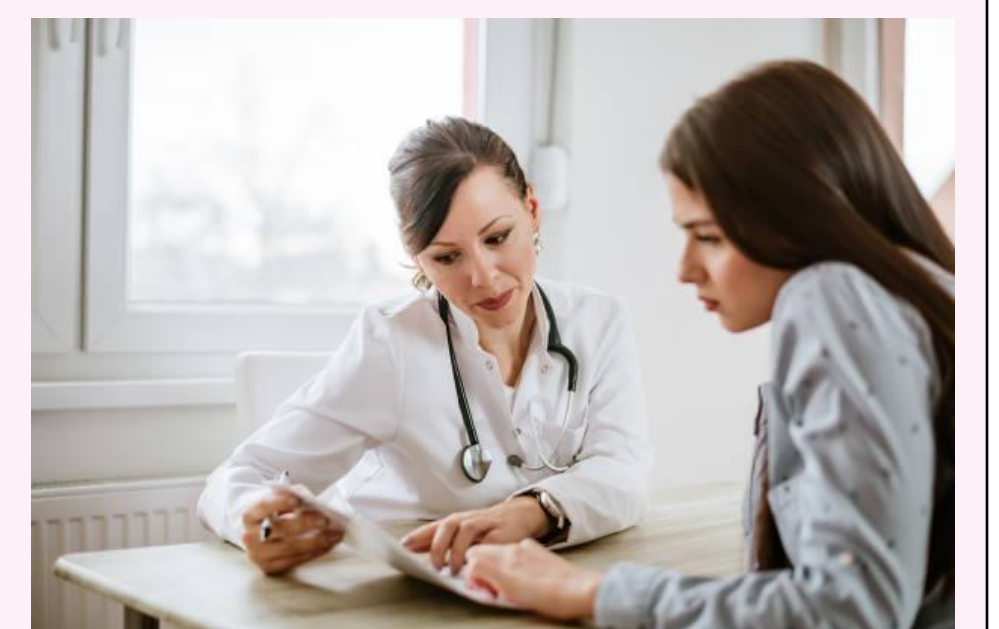


Figure Three. ("241,926 Young Adult Patient Stock Photos, Pictures & Royalty-Free Images - IStock" n.d.)

## References

- "Campus Map." n.d. Accessed April 5, 2022. <https://www.geneseo.edu/about/campus-map>.
- Kirmayer, Laurence J. 2004. "The Cultural Diversity of Healing: Meaning, Metaphor and Mechanism." British Medical Bulletin 69 (1): 33-48. <https://doi.org/10.1093/bmb/ldh006>.
- Wong, Michelle S, W Neil Steers, Katherine J Hoggatt, Boback Ziaean, and Donna L Washington. 2021. "Race Differences in Patient Experience by Hispanic Ethnicity Among Veteran Health Administration Users." Journal of General Internal Medicine 36 (6): 1821-24. <https://doi.org/10.1007/s11606-020-06023-6>.
- "241,926 Young Adult Patient Stock Photos, Pictures & Royalty-Free Images - IStock." n.d. Accessed April 5, 2022. <https://www.istockphoto.com/photos/young-adult-patient>.