

The dynamics of resident–patient communication: Data from Canada*

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Abstract

The objectives of this study were to examine patterns of resident–patient communication and the relationship between resident patterns of speech with patient satisfaction. Forty consultations, ten in each of the four gender combinations (male resident/male patient, male resident/female patient, female resident/female patient, female resident/male patient) were audiotaped and microanalyzed using the Roter Interaction Analysis System. Several findings depart significantly from previous studies with physician-only or physician–resident-mixed samples. First, the average length of the 40 consultations was 19.5 minutes, 11.3 minutes longer than consultations in a physician-only sample drawn in the same clinic previously. Second, male residents engaged in twice as much psychosocial talk as female residents and conducted longer consultations. Third, residents asked 80% of the total questions while patients asked 20% of the questions. Previous studies with physician-only or physician–resident-mixed samples reported that physicians ask 89–99% of the total questions. Finally, patients' overall satisfaction and communication satisfaction were negatively correlated with residents' positive talk, which constitutes 31% of a given resident's total utterances. In the study conducted in the same clinic with a physician-only sample, physician positive talk was 26% and physician positive talk was not correlated with patient satisfaction. Is this a signal that residents should reduce the amount of positive talk? Apparently more studies with resident-only samples are needed to answer this and other unanswered questions in the field to offer directives to resident training.

Keywords: physician–patient communication; resident–patient communication; health communication; RIAS; patient satisfaction; gender differences in medical consultation; healthcare in Canada.

1. Introduction

Past research indicates that physician–patient consultations show an asymmetrical pattern of communication, with physicians manifesting a higher percentage of biomedical talk (e.g., Roter and Larson 2001; Desroches 2003) and patients a higher percentage of psychosocial talk (Roter, et al. 1997). It is argued that this asymmetrical pattern of communication between the two parties may have contributed to miscommunication and noncommunication between physicians and patients (Li et al. 2004). It has been found that physicians' psychosocial talk increases patient satisfaction (e.g., Bertakis et al. 1991; Buller and Buller 1987) whereas biomedical talk decreases patient satisfaction (Bertakis et al. 1991). This study continues to examine these two issues, i.e., patterns of physician–patient speech and its relationship with patient satisfaction, in the context of a Canadian teaching clinic. Instead of experienced physicians, all participants were first- and second-year family practice residents. The purpose of this study was twofold: (i) to add to the handful of studies on physician–patient communication in Canada, and, (ii) to examine whether a *residents-only* sample would yield different communication patterns than a physician-only sample or a physician–resident-mixed sample. In the following sections, representative literature on patterns of physician–patient communication and the relationship between physician speech and patient satisfaction are reviewed, and followed by three research questions.

1.1. Patterns of physician–patient communication

1.1.1. *Gender differences.* Past research has shown that substantial differences exist between the way fe-

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