



Doctors' Emotional Awareness and Emotional Regulation and Patient Satisfaction: An Exploration

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Abstract

Though medical technology has advanced to a great extent, however, the healing touch or relationship between the doctor and the patient has its importance in patient recovery. Some doctors seem more successful in building trust and satisfying relationship with their patients as compared to others. Emotional self-awareness and emotional regulation, two important facets of emotional intelligence competencies may account for this variation. While emotional awareness is an individual's ability to recognize one's own feelings and emotions and to distinguish among them; emotional regulation is the capacity to modulate these emotions and use this information to guide one's thoughts and intended behaviour. Majority of complaints about doctors relate to poor communication and behaviour, and not clinical competence. These emotional competencies can possibly fill this gap as an ability to read and manage patient's emotions. It can improve communication and behavior which might enhance the patient-doctor relationship, resulting into increased level of patient satisfaction. The present paper empirically explores the relationship between doctor's emotional awareness and regulation competencies and patient satisfaction as perceived by the patients with the help of correlation and regression analysis.

Keywords: Emotional awareness, Emotional regulation, Patient satisfaction, Patient-doctor relationship.

Introduction

The Indian healthcare sector has been experiencing rapid growth during the past few years with continual advancement in medical technology. The various health care providers, viz., healthcare professionals and hospitals provide a wide variety of medical services for a large, diverse group of patients. In this context, it is necessary to understand how patients perceive health care providers. Patient satisfaction has gained immense interest in the recent years as an important differentiator of providing value-based health care services and is reported to help patients choose among the various health care providers. It has been observed that along with the doctor's knowledge and skills, the content of services provided, the therapeutic relationship between the patient and the doctor is critical to quality care and is an integral part of the patient's recovery.

Researchers have suggested that physicians who display a warm, friendly, and reassuring manner with their patients are more effective¹. Further, physicians who engage in empathic behaviour make patients more forthcoming about their symptoms and concerns, facilitating in medical information gathering, which, in turn, yields more accurate diagnosis and better care². It can be surmised that expressive behaviour of doctors while interacting with their patients is positively perceived building healing relationships leading to positive health outcomes. These components- Emotion awareness and Emotion regulation are important domains of non-cognitive intelligence, Emotional Intelligence (EI).

However, research examining doctors' emotion awareness and emotion regulation with patient satisfaction in delivering patient-centred care is unexplored. The present paper empirically explores the relationship between emotion awareness and emotion regulation and patient satisfaction.

Theoretical Orientation: Emotional Awareness and Emotional Regulation: Medical practice has evolved from paternalism to individualism, where doctors are now viewed as service providers and patients as customers signaling a shift towards health consumerism. Doctors' emotional skills and competences are important predictors of patient satisfaction with the provided care³. Emotional self-awareness and emotional regulation are two important facets of emotional intelligence competencies. Emotional self-awareness is concerned with recognizing one's own feelings and how they affect one's performance whereas emotion regulation refers to one's capability to modulate his or her affective experience (via conscious or unconscious processes) in order to achieve adaptive outcomes^{5,6}.

Individuals' capability to regulate positive or negative emotion expressions in such a way that they do not harm their relationships with others is among the most important skills in effective social interactions⁷. This should also hold true for doctor-patient interactions. The doctor should be in a position to use his/her emotion regulation skills to express positive and negative emotions appropriately and help patients to express their emotions during the consultation. It is argued that doctor's

both intrapersonal and interpersonal emotion regulation skills that relate to their expressive behavior and communication skills influence the quality of their interactions⁸. In fact, these are the core clinical skills in medical practice, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care^{9,10}.

It can be assumed that doctors' emotion awareness and regulation competencies can positively affect doctor-patient interactions and consequently a determinant of patient satisfaction.

Patient Satisfaction: Patient-centered care is a multi-dimensional concept which includes, eliciting and understanding the patient's concerns, ideas, expectations and needs, feelings within his or her unique psychosocial context and reaching a shared understanding of the problem and its treatment with the patient concordant with his or her values⁴. It is determined by the perception and expectations of the patient's evaluation of doctor's core clinical competencies, the physical facilities, core functional components of service and attitudes/behavior of both the para-medical and medical staff. Patients and their families are in a state of anxiety, fear and pain when they approach a doctor and the doctors' competence in alleviating these feelings communicating that they care has a major impact on the patient-doctor relationship and subsequent patient recovery. This is also referred to as the placebo effect.

It has been demonstrated that emotions have a significant effect on satisfaction. Positive emotions positively influence patient satisfaction; whereas negative emotions have a negative effect¹¹. Doctors often work within tight schedules, facing unrealistic patient expectations due to which they find themselves in difficult situation of effectively communicating important information to their patients in a finite period of time without seeming terse or abrupt. This may result in patient withholding important information that may affect the clinical diagnosis and ultimately the patient recovery. Patient experience is, therefore, critical to an organization's successful improvement process.

Satisfied patients are more likely to adhere to prescribed treatment plans, maintain an ongoing relationship with a health care provider and realize subsequent benefits relating to health outcomes. Provider's interests are also well served by satisfied patients, and may realize improved volume related to community reputation, reduced malpractice claims, more satisfied staff resulting into decreased turnover, and improved efficiency¹².

Emotional Awareness, Emotional Regulation and Patient Satisfaction: Literature Reviewed: Positive doctor approach is one of the major determinants of patient satisfaction. Researchers argue that patients often regard their doctors as one of their most important sources of psychological support¹³. Satisfaction strongly predicts compliance with treatment and medical outcomes in acute illness¹⁴. Observational studies have

shown that doctors' expressive behavior while interacting with their patients is associated with patient satisfaction and health outcomes¹⁵. Further, patients are more likely to share pertinent information for accurate diagnosis of their problems, follow advice, and adhere to the prescribed treatment^{16,17}. Conversely, doctors' distancing behaviors can influence patients' psychological functioning and cognitive functioning, and these can, result in more negative patient perceptions¹⁸.

Published researches suggest that doctor-patient interaction is affected by the doctors' rapport, involving attentiveness and quality of reciprocity in the relationship¹⁹. Doctors with lower levels of control, increased anxiety, anger, and depression, in conjunction with doubts about their clinical capabilities, frequently received patients' complaints²⁰. On the other hand, doctors with higher anxiety were more likely to report medical errors²¹, while doctors high on empathy were evaluated more positively by their patients²². Empathy helped patients regain autonomy and participate in their therapy by increasing their self-efficacy²³. Therefore, doctors' emotion regulation skills and related emotion expressions in the interaction may influence not only patients' outcomes directly, through altering patients' emotional reactions, but also through patients' perceptions of those displays and inferences based on related expectations⁸.

It has been found that besides verbal skills, doctors' nonverbal communication skills and competencies can influence patients' consultation experience and satisfaction with the provided care^{3,19}. Researchers argue that patients are not the only ones who benefit from a meaningful therapeutic relationship, physicians also benefit from such relationships. This is because physicians, like other humans, seek meaning and purpose in life, which can be found in spiritual connections made with patients²⁴. In sum, emotional awareness and emotional regulation, important facets of emotional intelligence competencies though identified as crucial competencies, are relatively unexplored in the healthcare sector. The primary aim of this research was to explore the role of doctors' emotional awareness and emotional regulation competencies in the doctor-patient relationship as a key to patient satisfaction. In particular, the role of patients' perception of doctors' emotional awareness and regulation competencies was explored in patient satisfaction.

Rationale of the Study: Doctor-patient relationship has been a widely researched indicator of patient satisfaction but there are still a lot of subjective elements that need to be researched across diverse cultures that affect patient satisfaction and subsequent patient well-being and quality of care. The extent to which emotional awareness and regulation competencies assist in understanding the differences in doctor's behavior, the quality of the relationship, or the relation between the doctor's characteristics and patient satisfaction. The present study is an attempt to examine the relationship between emotional awareness and regulation competencies of doctors with patient satisfaction particularly from the patients' perspective.

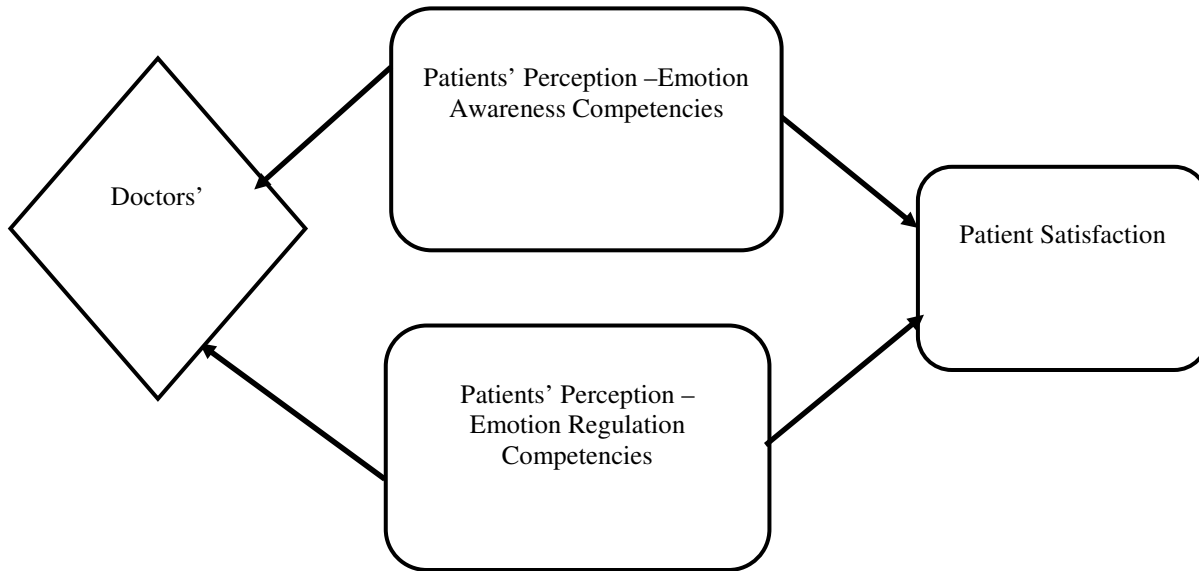


Figure-1
Proposed Research Model

Research Objectives: On analyzing the literature, two objectives were framed: i. To study the relationship between patients’ perception of doctor’s emotional awareness competencies and patient satisfaction. ii. To study the relationship between patients’ perception of doctor’s emotional regulation competencies and patient satisfaction.

Hypotheses: To achieve each of the objectives, the following hypotheses were formulated on reviewing the literature: i. **H₀₁:** There is no significant relationship between patients’ perception of doctor’s emotional awareness competencies and patient satisfaction. ii. **H₀₂:** There is no significant relationship between patients’ perception of doctor’s emotional regulation competencies and patient satisfaction.

Methodology

The Study: The present research is an exploratory analysis aimed to observe the relationship between emotional awareness and regulation competencies of doctors and patient satisfaction in the various hospitals of Indore city.

The Sample: Doctors belonging to varied specializations including surgeons, urologists, physicians, gynecologists, ophthalmologists, clinical psychologist, pediatrics, and sonologists were provided with questionnaires. A sample of 107 respondents, 13 doctors and 94 patients were taken into consideration. In the sample of doctors, there were 10 males and 3 females respectively. The average age of the doctors’ was 40 years and experience more than 5 years (Table-1).

The patient sample had 47 males and 49 females. The average age of the patients was 29 years, of which 34 were from district areas, 18 from Tehsil areas and 42 from urban areas (Table-2).

Table-1
Respondents Characteristics Doctors Sample (N=18)

Respondents’ Characteristics	Sub-Profile	Percentage (%)
Gender	Male	84.61
	Female	15.39
Age	25-30 years	7.69
	30-35 years	Nil
	35-40 years	30.76
	40-45 years	61.53
Practice Experience	0-1 years	7.79
	1-3 years	Nil
	3-5 years	Nil
	5 years and above	92.30

Table-2
Respondents Characteristics Patient Sample (N= 94)

Respondents’ Characteristics	Sub-Profile	Percentage (%)
Gender	Male	48.93
	Female	51.07
Age	20-25 years	7.69
	25--30 years	Nil
	30-35 years	30.76
	35 & above years	61.53
Annual Income	1lac	54.25
	2-3 lacs	27.65
	3-4 lacs	6.38
	4 lacs and above	6.38
Residential Status	Tehsil	15.99
	District	19.14
	Urban	44.68

Tools for Data Collection: The primary original data was collected directly from the respondents using observation and two psychometric measurements which were directed on each respondent for data collection. Firstly, Emotional Intelligence Scale³⁸ was adapted to measure doctors’ emotion awareness and regulation competencies relating to the patients’ perspective. Secondly, Patient Satisfaction Questionnaire was developed on the basis of Patient Satisfaction Scale³⁷. The Emotional Competency Scale consists of 12 items using a set of 7 point Likert’s scale for each item ranged from “strongly disagree” to “strongly agree”. The Cronbach Alpha Reliability Coefficient for the instrument is .89 which is on the higher side that indicates a greater level of the respondents’ emotional awareness and regulation competencies.

The second variable is envisioned by the individual’s attitude and perception towards patient-centred care and measures patient satisfaction by using a 5 point Likert’s scale. The questionnaire was bilingual i.e., Hindi and English languages were used for the understanding of the respondents. The rating scale ranging from “strongly disagree” to “strongly agree” was used for each item, which were 23 in number. The Cronbach Alpha Reliability Coefficient for the instrument is .76 and is permissible for analysis purpose. A higher score indicates a greater level of the respondents’ patient satisfaction.

Convenience sampling technique which implies a non-probability sampling was used. In depth interviews of the respondents were also conducted to ascertain their views and behavior observed during the process.

Tools for Data Analysis: To test for normality of data, Kolmogorov-Simonov Test was applied. Positive normality test result permitted the use of Pearson’s Correlation Coefficient Test and Regression to test the various hypotheses. Statistical

Package for Social Sciences (SPSS version 22.0) was used to analyze and interpret data collected.

Results and Discussion

$r = .040; p = 0.876$

H₀₁ stands accepted: There is no significant relationship between patients’ perception of doctor’s emotional awareness competencies and patient satisfaction. r value indicates a weak correlation between patients’ perception of doctor’s emotional awareness competencies and patient satisfaction (Table-3).

$r = .491; R^2 = 0.241; p = 0.03$

H₀₂ stands rejected: r value indicates a strong correlation between patients’ perception of doctor’s emotional regulation competencies and patient satisfaction. The R^2 value indicates that 24.1 % of variance in patient satisfaction is defined by doctor’s emotional regulation competencies. The Durbin-Watson $d = 2.004$, which is between the two critical values of $1.5 < d < 2.5$ and therefore it can be assumed that there is no first order linear auto-correlation in the data. $F = 5.08$ ($p = 0.03$) indicating the overall strong relationship between the two variables of interest. $\beta = .491$ which means that one standard deviation increase in doctors’ emotional regulation competencies would result in a 0.491 standard deviation increase in predicted patient satisfaction; $t(17) = 2.25$, ($p = 0.03$) and is statistically significant or it can be inferred that the regression coefficient is significantly different from zero. Hence, patients’ perception of doctor’s emotional regulation competencies has a positive impact on patient satisfaction. (Table-4a, 4b, 4c).

Regression Equation: Patient satisfaction_(Pred) = 73.162 + 1.44 (Doctor’s Emotional Regulation Competencies).

**Table-3
 Correlation Result**

Correlations				
		SR TOTAL	SA TOTAL	PS TOTAL
SRTOTAL	Pearson Correlation	1	-.002	.491*
	Sig. (2-tailed)		.994	.038
	N	18	18	18
SATOTAL	Pearson Correlation	-.002	1	.040
	Sig. (2-tailed)	.994		.876
	N	18	18	18
PSTOTAL	Pearson Correlation	.491*	.040	1
	Sig. (2-tailed)	.038	.876	
	N	18	18	94

*. Correlation is significant at the 0.05 level (2-tailed).

Table-4a
Regression Results

Model Summary ^b										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.491 ^a	.241	.194	7.528	.241	5.086	1	16	.038	2.004
a. Predictors: (Constant), SRTOTAL										
b. Dependent Variable: PSTOTAL										

Table-4b
Regression Results

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	288.283	1	288.283	5.086	.038 ^b
	Residual	906.828	16	56.677		
	Total	1195.111	17			
a. Dependent Variable: PSTOTAL						
b. Predictors: (Constant), SRTOTAL						

Table-4c
Regression Results

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	73.162	11.934		6.131	.000
	SRTOTAL	1.443	.640	.491	2.255	.038
a. Dependent Variable: PSTOTAL						

Discussion: The results of the study reveal that among the many determinants of patient satisfaction, doctors’ emotional awareness competencies are not a significant contributor as perceived by the patients. This is consistent with the earlier research which describes that as a clinician many become detached in order to accomplish tasks in order to be productive. This detachment results in tasks taking priority over people. But as individuals they are able to empathize²⁵. However, depersonalization had a significant negative impact on patient satisfaction²⁶. Conversely, doctors who express care and warmth

towards their patients gain their trust which can also have a positive impact on the patient’s health²⁷. This is consistent with the finding of the study that doctors’ emotional regulation competencies significantly affect patient satisfaction. ²⁸reported an increase in the patients’ contentment when their surgeons met their expectations, suggesting that surgeons had developed skills in the important area of becoming better attuned to the needs of their patients. This item had the lowest initial score before the social skill training focusing emotional regulation intervention was given.

The majority of patient complaints are due to communication breakdowns between patients and physicians^{29,30}. Communication can influence patient evaluations of their satisfaction level. If the doctors are provided training in social skills focusing on emotional regulation, the number of complaints may reduce. This is supported by the studies which have shown positive correlations between a sense of control and the ability to tolerate pain, recovery from illness, decreased tumor growth, and daily functioning^{31,32}. Enhanced psychological adjustments by the patients and better mental health have also been reported^{10,31,33,34}.

Some studies have observed that patients want the doctors to be friendly, showing them respect, protecting patient privacy and confidentiality, and acting as advocates for the patients³⁵. Doctors' empathic and caring behavior has been found to lead to a decrease in length of hospital stay and therefore the cost of individual medical visits and fewer referrals^{3,36}. Perhaps patients expect a professional with personal approach from the doctors. They expect doctors to be professionally competent, along with conscientious, respectful, and to understand their needs, perceptions and feelings and be warm, friendly and reassuring in their behavior.

Conclusion

The findings reveal that the ability of the doctors to handle their emotions and display positive feelings helps in building trusting, caring relationship with their patients and is one of the major determinants of evaluating patient satisfaction. As, training in emotional competencies can enhance these skills, therefore emphasis should be given on developing training programs that focus on creating a culture that values these emotional competencies as a part of treatment besides the core clinical competencies. This may reduce turnout, burnout and stress both for the doctors' and patients alike and may increase communication between patient-doctor, resulting in increased patient satisfaction translating it into improved business outcomes for the hospital and doctors.

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