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โครงการ
การสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพ: ในมุมมองของผู้ป่วย

Patient-Healthcare Provider Communication: The Patients' Perspectives

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วัตถุประสงค์

วัตถุประสงค์ทั่วไปของการศึกษานี้ คือ เพื่อเข้าใจปัจจัยหลากหลายในเชิงลึก (In-depth) ที่อาจมีอิทธิพลต่อการสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพที่เกี่ยวข้องกับการใช้ยา ในบริบทที่ผู้ป่วยเป็นศูนย์กลาง (Patient-centered) ซึ่งวัตถุประสงค์เฉพาะของการศึกษานี้ คือ

1.เพื่อสำรวจความคิดเห็นของผู้ป่วยที่มารับบริการ ต่อการสื่อสารของบุคลากรทางการแพทย์ที่เกี่ยวข้องกับการใช้ยา ตลอดจนความพึงพอใจในบริการที่ได้รับ

2.เพื่อสำรวจปัจจัยที่อาจมีอิทธิพลเชิงบวกและเชิงลบ ต่อการสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพที่เกี่ยวข้องกับการใช้ยา

วิธีทดลอง

เป็นการวิจัยเชิงคุณภาพโดยใช้วิธีวิจัยแบบสร้างทฤษฎีจากข้อมูล (Grounded Theory) การสัมภาษณ์ผู้ที่เกี่ยวข้องซึ่งได้แก่ ผู้ป่วยที่เข้ามารับบริการจากโรงพยาบาลศรีนครินทร์ จังหวัดขอนแก่น และมีการนัดหมายเพื่อมาที่โรงพยาบาลพบแพทย์อีกเป็นระยะ โดยจะใช้วิธีเลือกตัวอย่างแบบเฉพาะเจาะจง (Purposive sampling) เพื่อให้เกิดความครอบคลุม และให้ได้ความหลากหลายของทัศนะจากหลายๆลักษณะของกลุ่มประชากรผู้ป่วย ในบางกรณีที่ผู้ป่วยกล่าวอ้างอิงถึงบุคลากรทางการแพทย์ที่เกี่ยวข้องในประเด็นสำคัญที่เกี่ยวกับการสั่งจ่ายยา ก็จะมีการ

สัมภาษณ์แพทย์ผู้สั่งจ่ายยา, เภสัชกรห้องยา, หรือพยาบาล ที่เกี่ยวข้องในกรณีนั้นๆ ซึ่งจะเป็นประโยชน์ในการเข้าใจปัจจัยต่างๆ ในด้านการสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพที่มีผลต่อการใช้ยา

ผลการทดลอง

การวิจัยครั้งนี้ มีผู้ให้ข้อมูลโดยการสัมภาษณ์แบบเชิงลึกทั้งสิ้น 43 คน มีอายุเฉลี่ย 45.9 ปี เป็นเพศชาย 46.5% และ 11.5%เป็นผู้มารับบริการที่มีภูมิลำเนามาจากหลายประเทศ อาทิ สหรัฐอเมริกา แคนาดา ฝรั่งเศส สวีเดน นิวซีแลนด์ โดยมารับบริการในแผนกต่างๆ เช่น อายุรกรรม หู ตา คอ จมูก จิตเวช ออร์โธพิดิกส์ สูติ-นรีเวช และแผนกฉุกเฉิน ผู้ป่วยส่วนใหญ่เห็นว่าลักษณะการสื่อสารที่เปี่ยมด้วยความรัก และท่าที่ที่เห็นอกเห็นใจของบุคลากรทางการแพทย์ผู้ให้บริการมีส่วนสัมพันธ์เชิงบวกกับผลการรักษา โดยสามารถก่อให้เกิดความเชื่อถือศรัทธาในการให้การบำบัดรักษา ซึ่งจะเป็นการสร้างสายใยแห่งความผูกพันระหว่างผู้ป่วยและผู้ให้บริการทางการสุขภาพที่จะทำให้ผู้มารับบริการพึงพอใจและการให้ความร่วมมือในการรักษาได้ ซึ่งในมุมมองของผู้ป่วยดูเหมือนแพทย์จะมีบทบาทที่เด่นและสำคัญที่สุด ในขณะที่บทบาทของเภสัชกรในโรงพยาบาลจะเป็นเพียงผู้อยู่เบื้องหลังการจัดเตรียมยา นอกจากนี้ผู้ป่วยหลายคนรู้สึกหงุดหงิดไม่พอใจกับกระบวนการในการให้ริการทางสุขภาพที่ไม่มีประสิทธิภาพ เช่นการรอคิวตรวจหรือรอรับยาที่ยาวนาน รวมทั้งพฤติกรรมที่ไม่เหมาะสมบางอย่างของเจ้าหน้าที่ผู้ให้บริการสุขภาพซึ่งจะส่งผลให้เกิดความไม่พึงพอใจได้เป็นอย่างยิ่ง

นอกจากนี้ลักษณะทางกายภาพของสถานบริการทางสุขภาพก็เป็นส่วนประกอบที่สำคัญของความรับรู้ของผู้ที่มารับบริการในเรื่องคุณภาพของการให้บริการเนื่องจากผู้ป่วยมักจะตัดสินจากสิ่งที่เห็นได้ในสถานที่และลักษณะการให้บริการ ซึ่งมีผลต่อภาพลักษณ์ขององค์กรนั่นเอง โดยภาพรวมผู้ป่วยที่มาจากประเทศทางตะวันตกรู้สึกพึงพอใจกับคุณภาพของการให้บริการ อย่างไรก็ตามคนไข้กลุ่มนี้รู้สึกกังวลและให้ความสำคัญในเรื่องความเป็นส่วนตัวและมาตรการการปกปิดความลับของผู้ป่วย ในขณะที่ผู้ป่วยชาวไทยโดยทั่วๆไปที่ไม่ได้ป่วยเป็นโรคที่สังคมรังเกียจจะถือว่าเป็นเรื่องสำคัญหรือร้ายแรงน้อยกว่า ทั้งนี้อาจเนื่องมาจากวัฒนธรรมของคนไทยที่ชอบ *"เปิดเผยแลกเปลี่ยนกัน"* นั้นเอง

สรุปและวิจารณ์ผลการทดลอง

ผลจากการวิจัยครั้งนี้สามารถให้กรอบแนวคิดเพื่อจับประเด็นที่เกี่ยวข้องกับการสื่อสารระหว่างผู้ป่วยและผู้ให้บริการทางสุขภาพซึ่งจะส่งผลกระทบต่อความพึงพอใจและความร่วมมือในการกินยาของผู้ป่วยได้ โดยการแจกแจงจัดหมวดหมู่ตามลักษณะของความสัมพันธ์ที่เป็นปัจจัยเชิงลบและเชิงบวกต่อการสื่อสารในมุมมองของผู้ป่วย สำหรับประเด็นด้านความแตกต่างทางวัฒนธรรมที่สามารถส่งผลต่อการรับรู้ด้านคุณภาพและมาตรฐานการบริการที่สากลยอมรับ จึงจำเป็นต้องได้รับการตอกย้ำในกลุ่มบุคลากรทางการแพทย์หากประเทศไทยต้องการมุ่งสู่ความเป็นเลิศในฐานะ

ศูนย์กลางการให้บริการสุขภาพในระดับสากล นอกจากนี้ในหลักสูตรการศึกษาของวิชาทางด้านวิทยาศาสตร์สุขภาพ ควรมีการใส่ใจและทำให้ผู้เรียนเห็นความสำคัญในปัจจัยด้านที่เกี่ยวข้องกับความเป็นมนุษย์ให้มากขึ้น เพื่อจะสามารถอบรมบ่มเพาะให้ว่าที่ผู้ให้บริการในอนาคตมีความไวต่ออุปสรรคด้านจิตวิทยาสังคม มีความรู้สึกตระหนักในประเด็นด้านวัฒนธรรมและจริยธรรม ทั้งนี้เพื่อจะสามารถตอบสนองต่อความต้องการของผู้ป่วยในเรื่องการสื่อสาร ความน่าเชื่อถือ และความสามารถที่เป็นที่น่าพึงพอใจของผู้มารับบริการได้ดียิ่งขึ้น

ข้อเสนอแนะสำหรับงานวิจัยในอนาคต

การสื่อสารระหว่างผู้ป่วยและผู้ให้บริการทางสุขภาพ และความสัมพันธ์ในเชิงการบริบาลรักษาที่ก่อเกิดขึ้นนั้นถือได้ว่ามีความสำคัญอย่างยิ่งในการช่วยให้ผู้ป่วยรับมือกับปัญหาสุขภาพของตนเองได้ดียิ่งขึ้นในภาวะปัญหาด้านค่าใช้จ่ายที่นับวันจะสูงขึ้นเรื่อยๆ ดังนั้นจึงควรสนับสนุนให้มีการศึกษาในขอบเขตที่เกี่ยวข้องกับความสัมพันธ์ดังกล่าวต่อไป เพื่อให้สามารถพัฒนารูปแบบการปฏิบัติงานบริการสุขภาพที่ตอบสนองต่อความต้องการของผู้ป่วยให้มีความพึงพอใจ และเกิดความร่วมมือในการรักษามากขึ้น ทั้งนี้โดยมีเป้าประสงค์หลักอยู่ที่การพัฒนาคุณภาพของการบริการสุขภาพของประเทศให้ดียิ่งขึ้นนั่นเอง

คำหลัก

ความสัมพันธ์ระหว่างผู้ป่วยและผู้ให้บริการทางสุขภาพ, การสื่อสาร, ความพึงพอใจของผู้ป่วย, ความร่วมมือในการรักษา, การวิจัยเชิงคุณภาพ

Output จากโครงการวิจัยที่ได้รับทุนจาก สกว.

1. **ผลงานตีพิมพ์ในวารสารวิชาการนานาชาติ**
   กำลังอยู่ในขั้นตอนการพิจารณาบทความต้นฉบับเพื่อตีพิมพ์

2. **การนำผลงานวิจัยไปใช้ประโยชน์**
   - **เชิงนโยบาย**
     มีการนำเสนอให้ผู้มีส่วนเกี่ยวข้องในการกำหนดนโยบายในหน่วยงานที่อนุญาตให้ทำการเก็บข้อมูลวิจัย เพื่อใช้เป็นข้อมูลการพิจารณา พัฒนาแนวทางการให้บริการให้ดียิ่งขึ้นต่อไป
   - **เชิงวิชาการ**
     มีการเผยแพร่ในแวดวงวิชาการของบุคลากรทางการแพทย์ ตลอดจนมีการนำข้อมูลที่ได้จากงานวิจัยไปใช้พัฒนาการเรียนการสอนในหลักสูตรเภสัชศาสตรบัณฑิต สำหรับนักศึกษาเภสัชศาสตร์ชั้นปีที่ 3 และปีที่ 5 ในรายวิชา Health Behavior and Communication และ Marketing for Pharmacists เพื่อให้นักศึกษาตระหนักถึงปัจจัยที่มีผลกระทบต่อการสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพที่เกี่ยวข้องกับการใช้ยา ซึ่งถือได้ว่าเป็นปัจจัยที่มีความสำคัญอย่างมาก และสามารถส่งผลกระทบต่อการรักษา

3. การเสนอผลงานในที่ประชุมวิชาการนานาชาติ

Layton MR, Kerr SJ. Impact of Patient-Healthcare Provider Communication on Perceived Quality of Pharmacy Service. (Oral Presentation). The 18th Federation of Asean Pharmaceutical Association Congress. Taipei, Taiwan. November 2010.

Layton MR, Kerr SJ. Patient-Healthcare Provider Communication: Impact on Patient Satisfaction on the Quality of Health Service. (Poster Presentation). International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 12th Annual European Congress. Paris, France, October 2009.

Layton MR, Kerr SJ, Chetchotisakd P. Impact of Patient-Healthcare Provider Communication: The HIV/AIDS Patients' Perspectives**.** (Poster Presentation). International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 11th Annual European Congress. Athens, Greece. November 2008.

Patient-Healthcare Provider Communication: The Patients' Perspectives

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Abstract

Background:
Several studies have revealed that communication between patients and healthcare providers predicts patient satisfaction and adherence to treatment. Nevertheless, little is yet known about the patients' views on patient-provider drug communication process as well as their satisfaction and perceived quality of health service provided by the healthcare professionals in Thailand.

Objective:
Our research was aimed to explore the perspectives of patients by eliciting the contextualized nature of experiences, values, opinions, and behaviors of patients when communicating with their healthcare providers. In addition, factors that the patients perceived as barriers or facilitators of drug communication that affected satisfaction and adherence to prescribed medications were also investigated.

Methods:
This qualitative study used a grounded theory methodology with data collection occurring through in-depth individual interviews at a hub of health care and teaching hospital in the northeast of Thailand. Interview responses were recorded, transcribed and organized thematically based on emerging codes using an inductive analysis.

Results:
There were 43 key informants participating in this study. The mean age was 45.9 years, 46.5% were men and 11.5% were from foreign countries including USA, Canada, France, Sweden, and New Zealand. The patients were from different departments such as Medicine, Ear-Eye-Nose-Throat, Orthopedics, Obstetrics and Gynecology, and Emergency. For facilitating factors, most patients viewed that health professionals' affective and cognitive empathetic communication styles correlated positively with health outcomes. A trusted therapeutic rapport could be established with a positive impact on the patient-provider's commitment to care resulting in patient satisfaction and treatment adherence. In the patients' perspectives, physicians seemed to have the most prominent role in health care service including giving drug information while hospital pharmacists were viewed as just a person behind the scene in preparing and dispensing medication to patients.

For barriers to treatment, several patients were frustrated with inefficient processes involved in providing health service including some inappropriate behavior of the health professionals and supportive staff, which could result in patient dissatisfaction. Moreover, physical environment of the health facility was also an essential ingredient of the service quality as the patients made perceptions based on their sight of the facility and service provision which could affect the image of the organization. Overall, patients from Western countries were quite satisfied with the quality of health service, however, they were highly concerned about their privacy and confidentiality. Except those patients who have social-stigmatized diseases, Thai patients in general were less likely to consider confidentiality as a serious issue, perhaps due to their *"open and sharing"* culture.

Conclusions:
This study provides a framework for investigating issues of patient-provider communication that can affect the patients' satisfaction and medication adherence by describing taxonomy of barriers and facilitators of communication in the patients'

perspectives. In the patients' holistic views, the most important factors that can affect their satisfaction included the characteristics of provider – particularly physician, process and physical environment at health service encounter.

Practice implication:
Cross cultural issues can affect the patients' perceived quality of care and need to be addressed among healthcare providers if the hospital would like to pursue its excellence as an internationally accepted medical hub. In addition, more attention and exposure to humanistic factors should be emphasized in the allied health curriculum to foster the future practitioners for their sensitivity to psychosocial barriers, awareness of cultural and ethical issues, to satisfy patient demand for communication, accountability and competency.

Recommendation for future research:
Patient-provider communication and therapeutic relationships are essential in supporting patients to deal with their health problems amidst the escalating high cost containment. Hence, it is critically important to continue research this relationship to identify the ideal healthcare practices to meet the patient's satisfaction and adherence with the ultimate goal to improve the quality of healthcare service of the nation.

Keywords: Patient-provider relationship, communication, patient satisfaction, adherence, qualitative

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Introduction

Communication is a core clinical skill, an essential factor at all times in health professional practice, one which constitutes a main ingredient in the complex provider–patient relationship and one of the most intriguing chapters in human communication (Myhren, Ekeberg, LangenI, Stokland, 2004; Lane, Carroll, Ring, Beevers, Lip, 2000). During the past decades communication between patients and healthcare providers has been studied around the world, (Ong, De Haes, Hoos & Lammes, 1995) as endeavoring to improve the quality of patient care becomes very critical, particularly in this era of consumer empowerment. There is strong evidence that physician–patient communication is a good predictor of patient compliance, adherence to treatment, clinical outcomes and overall patient satisfaction (Rumsfeld et al, 2003; Sherif, Jehani, Saadani, Andejani, 2001). In fact, caring is integral to patient satisfaction which is often included in fee for service performance scheme and is widely used for quality improvement purposes in healthcare marketing management. The way the physician and the patient relate to each other may lead to the creation of shared meaning between these two interlocutors (Bredart et al, 2003). Dialogical attitude, partnership building, relational reciprocity and mutual understanding presuppose a less rigid and stereotyped communication, which may fulfill the need of human beings to feel unique and valued. Consequently, the quality of care a patient receives depends in part on the healthcare provider's communication skills (Street, Gordon & Haidet, 2007). Physicians who are informative, show support and respect for the patient, and facilitate patient participation in care generally make patients more satisfied, more committee to treatment regimens, and likely experience better health outcomes (Henman, Butow, Brown, Boyle, & Tattersall, 2002); Jahng, Martin, Golin & DiMatteo,

2005); Trummer, Mueller, Nowak, Stidl, & Pelikam, 2006). Physicians' communication and perceptions of patients appear to be interconnected. Physicians have provided more information, expressed more empathy, and showed more positive affect toward patients they respected and viewed favorably (Beach, Rotter, Wang, Duggan & Cooper, 2006; Levinson & Roter, 1995).

Due to the fact that interpersonal relationships between patients and providers are quite complex, the insight gained from previous efforts is still scarce, especially in Thailand. In fact, most of the previous studies are quantitative-based approach focusing on evaluating patient satisfaction on health service (Lerttrakarnnon, Boonyaritichaikij, & Utawichai, 2004; Mandokhali, Keiwkarnka, & Ramasoota, 2007; Net, Sermsri, Chompikul, 2007) thus, it may lack the in-depth understanding of the humanistic components which qualitative research can fulfill in this regards. Ware and Snyder suggested that patient satisfaction with an episode of outpatient care has four principal dimensions: physician conduct, availability of services, continuity or convenience of care, and access to care. Hence, our research focused on both the macro- and micro-analysis of communication components that could affect patient's satisfaction on the provided health service. The research was aimed to explore the perspectives of patients by eliciting the contextualized nature of experiences, values, opinions, and behaviors of patients when communicating with their healthcare providers. In addition, factors that the patients perceived as barriers or facilitators of satisfaction and adherence to prescribed medications were also explored.

Methods

Ethics approval and informed consent

The ethics review committee of Khon Kaen University approved the research protocol (HE500302). All participants in the study gave written informed consent *(See Appendix A)* prior to the interview.

Methodology

This study employed a qualitative research by applying a grounded theory approach (Glaser and Strauss, 1967) to uncover the process and patterns in the phenomenon of patient-provider communication. Grounded theory appeared appropriate as it is principally a strategy for analyzing data that ensures the discovery of theory from data systematically obtained from social research.

Setting

We chose to conduct the study at Srinagarind Hospital because it serves as a hub of health care and allied health education in the Indochina region. Established in 1972, the Faculty of Medicine, Khon Kaen University (KKU), is a medical school in Northeast Thailand. Srinagarind (University) Hospital is the main referral (tertiary) hospital in the region. There are 369 academic lecturers and 3,687 doctors, nurses, medical technicians and supporting staff comprising one-third of the university's personnel. The Faculty has progressed dramatically since its inception 35 years ago and has a dynamic community outreach. The vision of the Faculty of Medicine aims to be a leading educational institution in ASEAN, achieve academic excellence with international standards, do research and offer services to solve the health problems in Northeast Thailand and for the country and have good governance. In fact, the mission of this faculty is to produce medical graduates;

conduct research and knowledge for balanced and sustainable development with internationally acceptable standards; provide academic services and support arts and culture to strengthen the society with good balance; and, abide by the governance principle of participation, transparency and accountability. The Faculty has a worldwide reputation for its work on cholangiocarcinoma, thalessemia, melioidosis, stone disease, and cleft lip/palate restoration. The Faculty stresses international collaborations and exchanges and is one of the most frequently chosen schools by foreign medical electives coming to Thailand, from Germany, Japan, USA, Italy, UK, Austria, Australia, the Netherlands, Cambodia and Lao PDR. Currently, the Faculty of Medicine, KKU is recognized as a training institution for Asian health sciences personnel by the World Health Organization.

Inclusion of participants

The participants in this study included patients who were 18 years old or above who patronized the hospital, spoke Thai or English, and voluntarily joined the study with a signed consent form. If he/she came to the hospital with his/her family member, we also asked for permission to interview the accompanying person. We excluded patients who were unconscious, had psychological or neurological disorder and those who were at the end-of-life state of health.

Outcomes measured

Patients' perception toward the healthcare providers' communicative behavior and content of information in terms of the frequency, quality, credibility, usefulness, and timeliness; views on their perceived satisfaction during the hospital visit or stay; comprehension or

understanding of during the communication process with their health providers; adherence behavior regarding the prescribed medication and education received from their providers; and perceived barriers as well as facilitators of communication between patients and healthcare providers.

Data collection and analysis

Data were collected through in-depth interviews and participant observation, with the aim of investigating the more tacit dimensions of the patients' perspectives regarding their communication and satisfaction in the health service provided by their healthcare professionals. In addition, factors that the patients perceived as barriers or facilitators of satisfaction and adherence to prescribed medications were also explored. Purposive sampling of patients who visited the out-patient department of the study hospital was applied to obtain the potential participants.

The first author and the principal investigator (MRL) contacted each patient with informed consent form for joining in the study. Prior to the interviews, verbal contacts with the prospective participants were made so the interview appointments could be made at their convenience. MRL was the only interviewer throughout the study. Each patient was paid for his/her time and inconvenience with a compensation amount of 300 baht per person. A semi-structured interview guideline was used as outlined in *Appendix B*, and Table 1 summarized the themes covered in interviews. Each interview was audiotape recorded with the patient's permission and it was then transcribed verbatim, following which the accuracy of the transcription was verified by MRL to allow for clarification of any inaudible statements. Also, a naturalistic observation was explored at the outpatient

departments (OPD) in regards to the environment and related events, for instance; during the waiting time before seeing doctors; discussing with health providers; and waiting for their prescribed medicines. In addition, when there were patients referred to a typical situation; for instance, at the ward where the interviewed patients happened to be admitted at the hospital, the investigator also visited as an observer participant at the particular ward as well. The process of emergency, inpatient department (IPD) admission and discharge including the IPD pharmacy service was also be explored during the study.

Table 1 Themes covered as a semi-structured interviewing guideline

Interviewing themes:
▪ Reason for patronizing the hospital ▪ Previous and current communication experience with healthcare providers regarding their medical treatment ▪ Patient's satisfaction with the service provided by their healthcare providers e.g. physicians, nurses, and pharmacists ▪ Patient's overall satisfaction with the hospital service ▪ Additional comments or suggestions

MRL carried out initial transcript coding as it became available and organized the data into broad theoretical categories which the codes were verified by the other author (SJK) afterward. In order to obtain a theoretical sampling and saturation during the data collection and analysis, approaches in Grounded Theory (Strauss and Corbin, 1990) were followed. Regarding test for credibility, emerging themes from the earlier interviews were explored in subsequent interviews, consistent with the constant comparative method as suggested by Glaser and Strauss. Moreover, in a situation that the interviewee had some complaint or dissatisfaction with and incident regarding a particular physician, nurse or

pharmacist, the investigator also inquired with the relevant health professional regarding that case. Throughout the analysis process, a conscious search was maintained for contradictory cases. Data collection was an ongoing process with the data analysis and continued until theoretical saturation was achieved. The rigorous steps of the data analysis process were adhered to and, thus, this process contributed to the trustworthiness of the findings.

Findings

Table 2 describes the demographics of 43 key informants who participated in this study. The majority of the participants were patients; only three respondents were their caregivers who accompanied the patients during the hospital visits and interviews in the study. The mean age was 45.9 years, 53.5% were females and 11.5% were patients from foreign countries including USA, Canada, France, Sweden, and New Zealand. More than half of the participants in this study finished, at least, high school level (57%) and most of them were eligible for public health insurance schemes. The religious denominations in the cohort included 69.8% Buddhism, 23.3% Christianity (Jehovah's Witnesses), and 6.9% identified as others. The responders used services or visited different departments such as Medicine, Surgery, Ear-Eye-Nose-Throat, Obstetrics and Gynecology, Orthopedics, Radiology and Emergency. Many of them had previous experience at this hospital with more than one department. The key findings from the interviews can be summarized in three main components, namely, *factors affecting patient's satisfaction on hospital service, micro-analysis of patient-provider communication, other issues and suggestion on health service* with quotes of patients' responses.

Table 2 Demographics of respondents

Characteristics	N	%
1. Gender		
Males	20	46.5%
Females	23	53.5%
Total	43	
2. Age (years)		
Min	22	
Mean	45.9	
Max	83	
3. Nationality		
Thai	38	88.5%
US	1	2.3%
Canadian	1	2.3%
French	1	2.3%
Swedish	1	2.3%
New Zealand	1	2.3%
4. Level of education		
Primary	8	18.6%
Secondary	10	23.3%
Vocational/Diploma	7	16.4%
Bachelor degree	15	34.8%
Higher than bachelor degree	3	6.9%
5. Marital status		
Single	12	27.9%
Married	27	62.9%
Divorced	1	2.3%
Widow	3	6.9%
6. Religious		
Buddhism	30	69.8%
Christianity	10	23.3%
Others	3	6.9%

7. Payment Schemes		
CSMBS	13	30.3%
Universal Coverage	14	32.5%
Student insurance	5	11.6%
Private insurance	7	16.3%
Self payment	4	9.3%

I. Factors affecting patient's satisfaction on hospital service

Among the patients in this cohort, the factors that established a therapeutic relationship and affected their satisfaction on hospital service can be illustrated in Figure 1 with the following sub-themes.

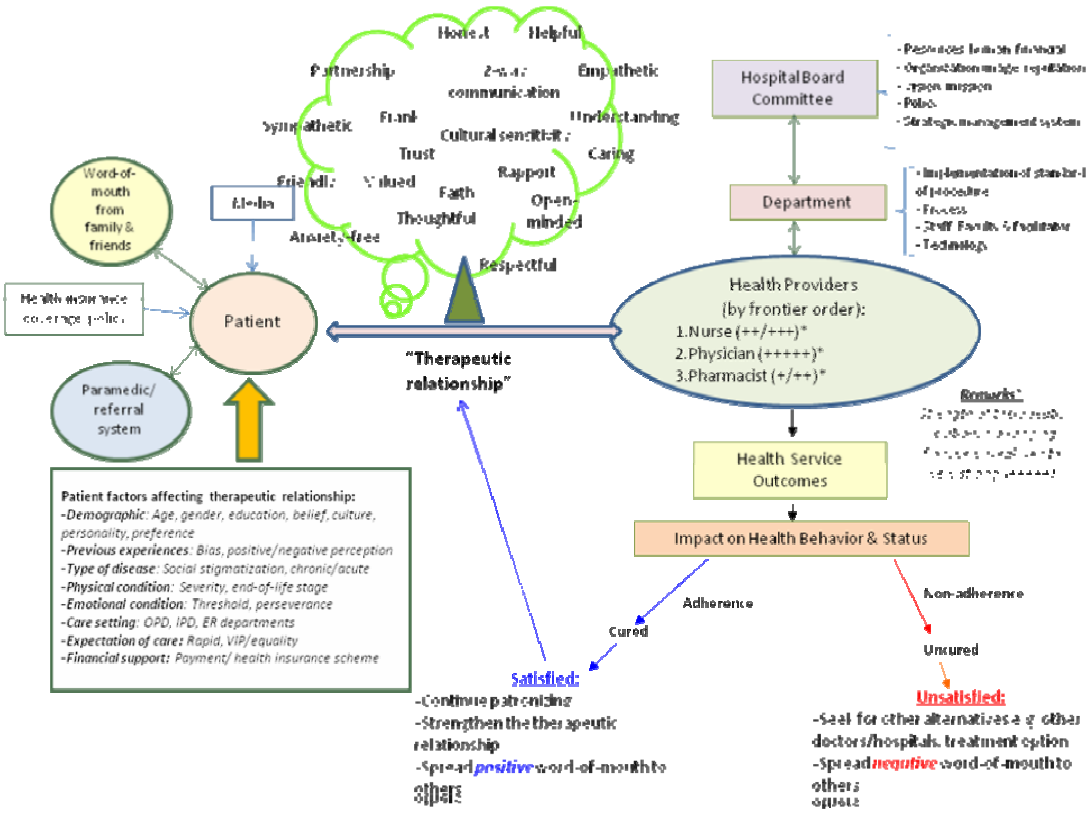

Figure 1 Factors affecting patient's preference on hospital service

Reasons for patient patronizing

The reasons for patronizing at Srinagarind Hospital (SH) – the affiliated hospital of the Faculty of Medicine, Khon Kaen University (KKU), included the information reflecting a good image of being a teaching or research-based facility which was presented through various media, word-of-mouth recommendation from friends and family - who heard or had positive experience visiting this hospital before. Many of them also came to this hospital because it was a convenient location since they worked or studied at KKU so it was their designated health facility as part of their fringe benefits. Some patients also were referred to see the specialists at SH by their primary doctors at either community or provincial hospitals. For those who lived with some specific disease such as HIV/AIDS, they preferred to be treated at SH as it is a center in the northeast region and also located a long way from their acquaintance or community. In addition, some respondents revealed that the patients were sent to SH through the emergency paramedic system because they could request for their preferred hospital as well. Nevertheless, a few patients revealed their unpleasant experience with the health service at SH, which shunned them away and they eventually moved to patronize other hospitals.

"I work for KKU so it's convenient for me to use the service here."(Inf18)

"It's paid through my tuition fee as a KKU student but only when I have more serious health problem. Otherwise, I have to use health service at the Student Primary Care Unit where I don't like it that much."(Inf32)

"I prefer to be here since I have this kind of socially unpleasant disease…I want to avoid the people who may know me."(Inf01)

"When I got a motorcycle accident in downtown, I told the rescuer to take me to this hospital. I felt more secure here."(Inf33)

"I do not want to change my hospital anymore because I like the doctors here. They are very professional. Although I have to travel a long way to this hospital, I am willing to do so."(Inf20)

"After we got some pretty bad experience with the nurse and doctor team at ICU here (SH), we immediately transferred our mother to a well known university hospital in Bangkok right away. But it was a bit too late…The doctor told us that the patient got a lot of infection while being previously hospitalized at SH."(Inf28)

"I got a bad impression with the healthcare providers here – both nurses and doctors. So, I decided to seek for other care elsewhere. I do not want to come back here again!"(Inf43)

"According to my home address I have to use the service here but I would rather go some where else. Because I came here for so many years but the doctor never cured me…And the doctor treated me like I am not a human. Very rude and disrespectful…The nurses are nicer so I prefer talking to nurses than doctors." (Inf23)

Characteristics of health care facility

After being unsatisfied with previous service at other hospitals, the patients were concerned with the unmet needs regarding the improper treatment which may cause the lingering symptoms of chronic diseases. In fact, several patients reported that, at other hospitals they were frustrated with some inappropriate behavior of healthcare professionals as well as what they perceived as incompetent health facility for their illness. While the patients were seeking for other alternative hospitals, friends or family members encouraged them to visit SH – a tertiary hospital where the medical and research hub in the northeast region is located. The patients perceived that they had better hope for recovery at SH due to a researched-based and clinical teaching team under supervision of senior doctors who had years of experience. In addition, they believed there were more advanced technologies, equipment and medicines available to diagnose or treat their unresolved health problems. Thus, the patients were willing to come to SH even if they had to travel in a long distance.

"Compared to the previous hospital in my home town, I prefer coming here even though I have to travel quite a long way. That's because it is cleaner here and they have more experienced health professionals and advanced technology. The doctors here are more caring and respecting me as a person although I am an HIV infected patient. Thanks to my brother who told me about his good experience with the doctors at this hospital." (Inf10)

"My parents encouraged me to see the specialists here because the doctor at the hospital near my home could not help me." (Inf12)

"I like to come here because, unlike other hospital that I experienced before, as a team they treat patients with an academic treatment approach with updated knowledge…" (Inf02)

Physical environment of the health care facility

In general, most of the patients viewed that the physical environment i.e. the interior and exterior facility was acceptable in terms of cleanliness and orderliness of the hospital environment compared to their previous experience at other public hospitals. In fact, the patients also viewed the hospital environment as one of the essential components of the preferred service quality. Nevertheless, there were some spots that need better improvement in hygiene, especially the toilets around the OPD. In addition, there was no rail or toilet designed for handicapped patients at the hospital which could cause a lot of trouble to those individuals.

"In fact, the facility is much nicer here than at my previous hospital. That one is very dirty and unorganized, especially at the IPD ward….Very awful!" (Inf12)

"I did not know how difficult it is for a handicap person until I broke my ankle. And this hospital is not a handicap-friendly at all because you won't find any rail or toilet for a handicap patient. And those walk ways were either have steps or too steep of a slope for using my walker!" (Inf14)

Health service encounter process

In the patients' perspectives, health service process seemed to be one of the main factors that affected their satisfaction. Several problems could be identified as common phenomena at the out-patient, emergency, and in-patient departments below.

- *Miserable out-patient service frontier*

As described in Figure 1, the sequence of health professional providing care, especially at the out-patient department (OPD) was normally started first by contacting a nurse at the health screening and registration counter followed by waiting in line to see a doctor, and then dropping by the pharmacy to get a prescription filled afterward. Different departments would have their own OPD patient queuing system. Many patients complained about the unorganized queuing system, which the patients' hospital profiles were often missing because of the entangling piles of files over the nurse counter. Sometimes, the running numbers for patient queuing did not mean anything as they were sent out with no ranking order. Most patients were able to cope with the long waiting time factor as they had already expected the entire day off whenever they came to use a public hospital service. Nevertheless, for those patients who were affiliated with KKU, they would get to see the doctor faster as, according to the policy, they were on the hospital's high priority list. Sometimes, if patients were some kind of very-important-person (VIP) or knew someone at the hospital, they would expect an express or VIP line and that made prior waiting patients very upset.

"I like the queuing system at the Psychiatry Department because the appointment time is quite punctual. When they tell me to arrive at 10:00 am, I can

expect that I will see the doctor approximately between 10:00-10:15. While at the OB-GYN department, I have to wait forever because it is very unpredictable about their running numbers as there was no such thing like lining system! They just gave number at a random fashion – no meaning of any expected time at all. What kind of system is that?" (Inf21)

"The appointment was scheduled at 8:30 but then it was spread over the whole day due to the bottle neck of patients' influx…I got about 5 minutes consultation with the doctor and 1 minute with the pharmacist but about 4 hours wasted on the long OPD and the pharmacy queues. "(Inf29)

"The nurse told me to come to the appointment at about 11:00. I was very surprised when they called me in at 10:55 – very impressive, indeed! Unlike other department, I guess the providers at this unit (psychiatry) know that the patient has a very thin threshold…."(Inf14)

"I know it will take me a whole day off from work every time I come to see my doctor. So, I won't go back to work but spend the entire day here."(Inf01)

"I hate it when I see those VIP patients jumping in front of me. I mean… I had been waiting patiently for a long while and this person, coming from no where, just walked in to see the doctor right away… I don't think it's right."(Inf15)

- *Wasting time at the waiting area*

While the patients had to spend a lot of time waiting to see their doctors or getting their prescriptions filled at the pharmacy, there was nothing or interesting to do in the waiting area except watching a small and malfunction television hanging from the ceiling. There were some patient educational activities that were provided by the hospital, for instance, exhibition boards on health scare H1N1 and other diseases including some leaflets about suggestions on the patient care. Nevertheless, most of the times these information pamphlets were either out-of-stock or kept hidden out of reach by patients. Moreover, compared to the printed materials made by the private sector, the quality of these pamphlets made by the hospital department was not so attractive i.e. printed in black/white color, on a cheap paper, and folded in a haphazard way. Other general reading materials such as newspapers and magazines were hardly available for patients to kill their time intellectually and effectively.

> *"I like to read and seek for updates on diseases and treatment because I can apply that knowledge to take care of my health. So, I usually walk around to see those bulletin boards or read patient information pamphlets. But there are not many available at the waiting area. So, we just have to bring our own reading materials or watch programs from a beat-up TV…not so good quality of its sound or picture. In fact, the TV is so small compared to a big crowd at the waiting area."(Inf03)*

> *"The content of the patient information is quite good but it will be better if they put it in the vicinity where patients can reach. They need to refill the pamphlet box often, too as many of them are gone now."(Inf14)*

"Unlike the educational materials provided by drug companies or private hospitals, the quality of the printed materials is quite low for the patient educational information produced by the hospital. They look so boring with black and white color on a so-so kind of paper and not so neatly folded for a presentation."(Inf30)

- *Further depressing conditions toward the last stop*

After a long waiting time at the OPD before seeing their doctor, still the patients had to wait further to get their prescription filled. Therefore, it seemed that the patients could lose their temper very easily at this very last service station – the pharmacy. Particularly, it could aggravate the patients a great deal when the pharmacy clerk told them that there was some problem with the prescription and they needed to go back to their doctor again to change or clarify the drugs prescribed otherwise they could not get their medicines. Moreover, some patients also noticed that the pharmacy waiting line was very long because not all the pharmacy windows at the counter open even though there were influxes of prescriptions during the rush hour at the OPD.

"Oh, I couldn't believe that I myself had to go back and forth between the pharmacy and doctor's office to solve this problem about my prescription paper work. That's a nuisance."(Inf14)

"They built 10 pharmacy windows for patients to get medicines but there are only 4-5 windows operated. Why couldn't they open all counters during the rush hour time?"(Inf07)

- *Errors of the service operation process*

Some patients complained about the technical error during the health service operation process, for instance, at the x-ray and pharmacy departments. Those technical and human-related errors caused the patients to doubt on the quality of healthcare service. Thus, the consequence of those errors varied from a nuisance to detrimental impact to their health.

"I heard the man (who took my x-ray) murmuring as he was not sure whether the film was used already or not. That made me doubt about their service operation system. Being a hospital center in this region, should they have a better way to know which film is used, which one is not used?"(Inf30)

"They told me that the x-ray process was done and I could go back to the doctor's office. But the doctor could not find my x-ray images. After we waited for a long while, the doctor called the nurse to contact the x-ray department. Sure enough, they asked me (the patient) to go and take another image. I wonder why they couldn't look at the film before they released the patient from the x-ray department… And when I went back and complained to them, they did not even apologize for what they caused the patient inconvenient. In fact, the patient just recovered from a broken leg! "(Inf14)

"It's somewhat surprising that they are trained dispensing pharmacists but, twice I've had a medication error experience at this hospital. Once I was told by the pharmacist to take one tablet but when I looked at the instruction on the package, I

knew it should be half as much because I just discussed with the doctor what the dose would be. So, I knew it was written incorrectly on the package. And when I asked about it the pharmacist told me incorrectly as well. I queried it again regarding the dose, and then she went and checked and eventually corrected it. What if I hadn't asked, I would have been taking a wrong dose, - double dose of an antihypertensive drug!! …." (Inf29)

"On the very first day at the ward, I had told both the doctor and the nurses that I already had my previous medication with me so I didn't want any extra. They were expensive medicines, you know. But they did not listen to me. So, when the doctor discharged me, I had to deal with the returning process by myself. And, of course, when you returned it to the pharmacy, they're very kind and patient about doing it but it's just time consuming and it was an unnecessary nuisance!" (Inf32)

- *Burden at the Emergency Unit*

All of the patients who came to the emergency care unit were not pleased with the service there as they expected the health provider to fix their health problem faster as its name held – *emergency (ER).* Most of the time, there were a few doctors available at the ER, and they were likely a lot of medical students with on-training young doctors attending there. Perhaps due to a heavy workload at the ER, some health practitioners were so worn out, consequently, they talked to patients in a moody state-of-mind. Thus, if possible, the patient would avoid coming to the unit on the shift that the particular doctor would likely be on duty. Some of the patients

reported that after they informed health providers on duty at the ER about their affiliation as part of a healthcare team, the providers seemed to treat them better. Moreover, some felt that patients at the ER deserved a deep respect because the patient dignity could be lost in front of the general public as he/she was in intense pain. Therefore, a private corner should have been arranged for those patients waiting for a specialist to investigate.

"It does not seem to be any faster service like its name –Emergency. Sometimes I just gave up because I had to go to class."(Inf34)

"I came to ER at around 8:30 am and lines of medical students came to investigate me. They would take turn to ask me the same questions and perform some physical examination over and over again. It was so painful and miserable for those nuisance acts as I did not get any relief and yet I needed to be their live learning object. By the time that I could see a real senior faculty doctor it was about 4:30 pm!"(Inf14)

"The nurse on that day was very nasty. She was talking to patients very unkindly…But when I revealed that I am a pharmacy student, I got a better service as the nurse changed her attitude and behavior a little bit."(Inf38)

"I swear I will never come back here again if this doctor is on duty. He's horrible! He looked at us from head-to-toe…kind of saying in his eyes to us 'YOU GET OUT!'. That's very rude."(Inf39)

"There is no private corner for the observed patient at the ER. They should respect the suffering patient more than this, because the patient dignity can be lost in front of the general public as he/she is in intense pain while waiting for a specialist to come …."(Inf29)

- *Needy sufferers at the hospital wards*

The majority of patients got a mixed experience of both positive and negative during hospitalization depending on the shift, individual provider, and ward. Many patients were complaining about the inconsiderate health provider who had to provide service at the time that they did not expect, for instance, in the middle of the night. Some patients observed the incidents of communication problem among healthcare team which could make patient insecure. In addition, several patients were highly upset because some health providers did not take a full responsibility or lack of psychosocial support when the patients were in a needy state.

"The nurse team at the ward was quite nice but the doctor did not seem to talk with patient. He just talked to his students while rounding on the ward. Also, there was always some confusion in the interdisciplinary line of communication, especially during the discharging process. They just tossed the patient around, leaving me in doubts all the time. Nobody could answer my question regarding when I could definitely go home."(Inf31)

"I wonder why they need to take temperature every 1-2 hours even in the middle of the night. They loved to wake me up by turning the bright ceiling light on while I was sleeping." (Inf24)

"During my stay at the hospital for 3 weeks, I noticed that there were always some communication problems among health team i.e. nurse, doctor, physiotherapist. That surely made me worry about any possible mistakes could happen to me…" (Inf40)

"I was hospitalized for 23 days due to some post-op complication but could you believe that I never saw the doctor who operated on me? Even though I was asking to see him, he never showed up. What's wrong with him? He meant that he finished his responsibility and he did not care about how I was doing after the surgery. It made me wonder if he had done something wrong and could not dare to face me." (Inf14)

"I don't understand why the staff doctor never paid my mother (patient) any visit. My mom was critically ill but they let the junior doctors took turn to take care of her. She was quite angry about that. Worse than that, the nurse was so mean to my mother. She could not talk at that time due to the respiratory supporting tube so she drew a picture to let me know what the nurse did to her when nobody was around. It's sad that we paid for this special nursing care, too…" (Inf28)

"I was at the ICU ward and witnessed the cruel conduct that one of the attending nurses did to and old patient nearby my bed. And while they were injecting some IV fluid to the patients, they were talking real loudly and joking around rather

than paying careful attention to the procedure. That's really made me so upset and scared that I would like to get out of that ward…" (Inf43)

II. Micro-analysis of patient-provider communication

The micro-analysis of communication components in our findings included different characteristics of both patients and health providers that affected individual patient view on his/her health provider's communication behavioral conduct, with particular attention given to technical and interpersonal skills that established a therapeutic relationship as previously illustrated in Figure 1.

Expected roles of providers in the therapeutic relationship

The key characteristics that could help establish a good therapeutic relationship between patient and provider during communication process at a service encounter included partnership building, sympathy, empathy, rapport, honesty, helpfulness, 2-way communication, understanding, frankness, open-mindedness, caring, culturally sensitive communication, trust, faithfulness, friendliness, anxiety-free, respectful, thoughtful, and valued. At the same time, the patient factors that could affect the therapeutic relationship comprised demographic variables; patient's previous experience with health service; type of disease; physical and emotional condition; care setting; expectation of cares; and financial support. The strength of the founded therapeutic relationship could thereby enhance the adherence to treatment and thus led to a cured state of disease. At the same time, the existing relationship could be strengthened even more after the satisfactory service was perceived by the patient. Undoubtedly, in the patient's general view, the

strength of therapeutic relationship bonded between patient and physician was likely the strongest (+++++) followed by the bond with nurse (+++/++) and pharmacist (++/+), respectively.

"I think the doctor is more familiar with patient after seeing each other for years so he knows what the patient would like to know about his/her treatment. He can give a more specific answer appropriately than the pharmacist." (Inf21)

"I can fully trust in my doctor. I will tell her everything and I felt we should have a commitment toward each other as a treatment partnership. So whatever she says, I will follow her direction accordingly." (Inf03)

"If we (patient and healthcare provider) are honest to each other, a rapport relationship can be established and vice versa. I felt upset when I found out from a community pharmacist that the doctor lied about the medicines he prescribed and dispensed at his private clinic. It was probably for his commercial gain as a business doctor. It's very disappointing, so I avoid seeing this doctor again when I came to SH where he also practices." (Inf40)

"I prefer talking to the nurse and she gets order from the doctor so she should know about my medicine. She can help facilitate things when I have any problem. I don't like to talk to the doctor as he usually gets moody if I have any question. I like talking to the community pharmacist, too. She can explain well about my medicines

and in a kind manner. But I don't remember any experience with the hospital pharmacist, though." (Inf23)

Perceived responsibilities of healthcare providers

From the list of themes regarding expected roles and responsibility of healthcare providers in the patients' perspectives (Table 3), there was a variety of perceived roles which may be overlapping among the interdisciplinary team of health providers i.e. *physician, nurse and hospital pharmacist*. Compared with other health providers, the physician seemed to have the most prominent role in treating patients as well as a resource person regarding treatment option and medication. In fact, most of the patients perceived that physicians knew best about the medicines that were suitable for the individual patient need while hospital pharmacist only explained about the drug information in general but not so specific details. Moreover, pharmacist at the hospital was viewed as a person with a more passive role behind the scene in acquiring drug products and dispensing medication to patients on a routine basis.

Table 3 Patients' perception toward roles and responsibilities among healthcare providers

Physician	Nurse	Hospital Pharmacist
Recruiter for research participant enrollees - Contact person in research project - Burden of drug cost reliever - Comforter - Lie catcher (regarding adherence or health behavior) - Endorser - Encourager	- Facilitator for research participant enrollees - Facilitator for health insurance policy - Facilitator of communication between patient and physician or pharmacist - Contact person in research project - Comforter - Lie catcher (regarding	- Facilitator at special clinic to expedite the prescription process - Facilitator for any problem with prescription - Administrator of hospital drug list - Gatekeeper of drug use - Purchaser of medicines - Inventory controller of medicines - Dispenser of prescribed medicines

- Curer - Forewarner about side effects and other negative treatment outcomes - Health/treatment advisor - Health educator - Prosecutor - Decision maker - Consultant - Hope enhancer - Informer - Symptomatic reliever - Prescriber of medicines - Reporter of disease status/progress - Life saver - Life extender - Drug monitor - Medicines authorizer - Lab tests authorizer - Lab tests reader/interpreter - X-ray authorizer - Expert in treatment and medicine - Explaining of relevant questions regarding health	adherence or health behavior) - Encourager - Follow-up reminder - Health educator - Hope enhancer - Informer - Symptomatic reliever e.g. IV injection - Reporter of disease status/progress - Explainer of relevant questions regarding health - Appointment arranger - Queuing manager	- Knowledgeable person of drug (for general information) - Explaining of relevant questions regarding drug(for general information) - Patient educator for specific disease management

"I am confident with getting information from the doctor as she is my main source of drug information. She will explain everything I need to know when she prescribed any medicine for me or when I have questions about the drug. I will also consult with her about taking some dietary supplements." (Inf03)

"The doctor knows everything. He just reads the lab test and then he can tell whether I have been adhering to the treatment or not. I cannot lie, can I?" (Inf36)

"The doctor will consider which patient should be eligible in a research project. If she knows that the patient needs financial support, she can help enrolling that patient in the study and that can alleviate the financial burden a lot." (Inf10)

"The hospital pharmacists seem to work kind of 'behind the scene' a lot even though they are supposed to be an expert in medication. Honestly, I didn't know about this profession until my daughter works for the Faculty of Pharmaceutical Sciences." (Inf20)

"The hospital pharmacist can explain briefly about general drug information but not deep. On the other hand, the doctor can explain more relevant and explicitly about what I would like to know as he will relate both the diagnosis and medicines for me. So, I feel more confident talking about medication with the doctor rather than the pharmacist." (Inf21)

"Well, I am kind of tired to hear the hospital pharmacist saying the same old stuff every time. I have spent a lot of time waiting for the doctor and he already told me about the medicine. So, I just want to get my prescription filled and go home as soon as possible." (Inf22)

International competency of health providers

Most patients from the western countries were quite satisfied with the quality of health service at SH as they perceived that it met the international standard of care.

However, there were some cultural barriers that the foreign patients viewed them inappropriate. For instance, they were highly concerned about their privacy and confidentiality while Thai patients in general were unlikely consider it a serious issue, perhaps due to their *"open and sharing"* culture. However, among those who had any diseases associated with stigmatization such as HIV/AIDS they were quite worried about being disclosed regarding their health status. Also, the administrative issues regarding time factor, work flow design, sign and direction at the service counter were considered necessary for catering the international health service.

> *"I think the quality and know-how of the care given here is quite good in terms of meeting the international level of standard of care. The only thing that I have problem is that why the nurse got to tell other patients at the ward about the reason I was hospitalized. I don't mind if the peer patient asked me directly but the nurse did not have a right to disclose about my illness. But I guess she did not know that I can understand Thai as well. Also, perhaps it is the way Thai culture norm here as they tend to open and share things with others" (Inf24)*

> *"Why did the hospital officer allow my ex-girl friend to check my diagnosis of HIV? I don't understand."(Inf05)*

> *"They expect me to know Thai by putting no sign in English and giving every direction in Thai. Also, they can improve their service and save a lot of time by designing work stations more ergonomically and practically."(Inf29)*

Table 4. Taxonomy of barriers and facilitators of patient-provider communication in the patients' perspectives

Characteristics	Barriers – Negative impact	Facilitators – Positive impact
Provider's personality:	- High ego - Overconfident - Stubborn/ argumentative - Harsh/cold - Lack of human touch - Lack of social etiquette - Lack of updated knowledge - Lack of commonsense - Lack of confidence - Lack of enthusiasm - Lack of time - Late for work at OPD - Early stop working at OPD - Irresponsible - Disrespectful - Unfriendly - Unhelpful - Unprofessional - Clumsy/sloppy - Moody - Stressful/worn out - Inconsiderate - Indecisive - Inexperienced - Commercial-oriented - Aggressive	- Practical - Rational - Kind - Gentle - Humorous - Warm/mild/nice - Caring - Sweet/thoughtful - Seriously concerned - Sincere - Firm - Punctual - Open-minded - Sacrificing - Devoted - Responsible - Proactive - Determined - Well-intended - Well-organized - Well-trained - Assertive - Confident - With conviction - Energetic/ Enthusiastic - Empathetic

Communicative behavior:		
Verbal	- Pejorative/criticism - Ordering/dictatorial - Impolite language - Nagging/stabbing with words - Scolding/shouting hurtful words - Cold/lifeless saying - Outspoken/unthinkable words - Improper use of terminology - Dishonest/untruthful fact - Misleading information for business gain	- Truthful fact - Commending /encouraging words - Explicit explanation - Direct/straightforward - Two-way communication - Commitment - Humorous words
Non-verbal	- Insulting manner - Looking at the patient's chart but never looking at his/her face - Pointing index finger at the patient's face - Improper dressing/grooming - Avoid eye contact when talking with patients - Use eye contact to chase people away - Unwilling to treat if the patient disagrees with the doctor's opinion - Reaction of feeling disgusted when being near the patient - Unfriendly tone of voice	- Listening - Smiling - Mellow - Rapport - Eye contact during a conversation with patient - Understanding - Nodding with respect on the patient's ideas/comments - Respecting the individual's belief or background - Consoling touch

Content & access of drug information:		
Frequency	- Provide in a routine basis, repetition	- Provide information at the patient's pace, depending on the patient's circumstance/time
Quality	- Talk too slow or too fast	- Give a specific, updated, & well-rounded information
Credibility	- Boringly read the drug label to the patients (pharmacist) - Misleading information for the provider's business gain (doctor)	- Research-based answers to the patient's question
Usefulness	- Too common/basic a knowledge	- Diagnosis, treatment, side effect, cost/risk vs. benefit, time to see any difference, duration of treatment
Timeliness	- Lost interest/concentration after a long series of waiting time at the hospital	- 24 hrs. hotline, after-office hours

Do's and don'ts in patient-provider communication

Patients' perception toward the healthcare providers' communicative behavior and content of information in terms of the frequency, quality, credibility, usefulness, and timeliness can be categorized as barriers and facilitators of patient-provider communication in Table 4. The characteristics of health provider's personality, attitude, and behavior could affect either positively or negatively toward the patient-provider communication process. In addition, the degree that the patient viewed the doctor in a bad manner also depended on how critical the patient's health status was, especially at the end stage of life. In fact, there was a dynamic shift of impact on the

therapeutic relationship from time to time depending on patient factors as discussed in Figure 1.

"It will be better if all doctors can have fewer egos when dealing with people. But that's probably next to impossible because that's how doctor is." (Inf33)

"I like Dr. X because he is humorous and he made me feel relax during the knee operation." (Inf36)

"I observed how the doctor was operating on my knee. He did as if he was a butcher – chopping like I was a bull or buffalo with no kindness or gentleness." (Inf23)

"I believe my daughter (patient) had a deep respect toward the doctor. In fact, we used to admire the doctor very much because she seemed to be a very devoted and very eager to help a lot of poor patients. But then, when my daughter eventually got into the end-of-life stage, the doctor just gave up and left us abruptly…. She deliberately ignored to rescue the patient on the day that we rushed my daughter to the hospital. It's very hurtful when she said to us 'Even the angel cannot help anything at this time!' and she just walked away….I don't understand how she could say something awful like that to someone who was once a long-time acquainted patient of hers." (Inf27)

"The radiologist never looked at my face, just looking on my OPD chart. Then she said some hurtful things like 'Why did you come late? Don't you know that you got cancer? Now, it's too late to do any chemotherapy. That would not help anything.' …

I was shockingly angry with her unkind words and acts because no one told me directly like that about my health status before… The previous doctors just implied that I needed chemotherapy for this disease which I could accept the bad news better that way. In fact, it was the error of the nurse who scheduled my appointment – not my fault. " (Inf43)

III. Other issues and suggestion on health service

Emerging needs regarding patient's right

In this consumer empowerment era patients took an active role in their own health education and were acutely aware of their rights. While foreigners and higher-educated Thai patients - who had exposed to western culture before, were generally more aware of their patient right than normal Thais, many times the health providers viewed these individuals as difficult patients. In fact, they shared a common expectation of quality care regardless of their background. Their expectation nowadays included not only time and listening ears for their trouble health but also prompt service responding to the degree of severity or suffering; well-informed of alternatives of care and medicine choices; involvement of the patient in the decision making process; talking with respect as an individual; respecting on patient's right on medical treatment decision based on his/her belief or religious background. In fact, patients would actively seek for second opinion if they considered it was necessary for making wise decision about their health.

"Nowadays, I think every patient should have a right to accept or not accept the doctor's idea on the treatment. When dealing with a critical decision, I went to consult with other expert in Bangkok to see the best available option for treating my case. I felt

better when the doctor in Bangkok confirmed that I was on the right treatment plan at the moment."(Inf14)

"The doctor took time to explain about the pros vs. cons for the procedure. He respected me that I need to involve in the decision making process. It made me happy with his service" (Inf37)

"We arranged a private emergency plane to take my mom from SH Critical Care Unit to see another expert in Bangkok. It cost us about 280,000 Baht but it's worth to do that. Just to make sure that the doctor here (SH) knew what they were talking about. And sad to say, we should have referred to the expert in Bangkok sooner otherwise my mother should have probably still lived." (Inf28)

"I told the doctor that, according to my belief in the bible, I could not accept any blood transfusion. But the doctor was very disrespectful…He nagged my religious stance by saying 'How can you believe the thing that you cannot see? Well, why don't you let your God heal you, then?' But after the bloodless transfusion surgery, the health team was very surprised that I got recuperated so fast. They thought I should have been dead, so they said my God performed a miracle!"(Inf23)

More asserting role for hospital pharmacists

For drug safety issues, the patient also suggested a more asserting role for hospital pharmacist whenever dispensing medicine was involved. Moreover, some

activities could be arranged to use the time more productively, especially while patients were waiting for their queue for health or pharmacy service as well.

"I never saw any pharmacist at the Primary Care Unit (PCU) of SH. The nurse will be the one who dispenses the medicine. I just learned from a pharmacist that the medicine (Aspirin enteric coated tablet) should not be cut into half but I had been given by the nurse for a long time. So, it will be good if they have pharmacist on duty at the PCU for our safety sake." (Inf25)

"Time is long when you are sick or in pain. So, it may be a good idea to create some activity for patient to do while waiting for the doctor." (Inf30)

Pros vs. cons of health service at a teaching hospital

As SH is a teaching hospital, there are a lot of medical students handled patients at the emergency, OPD and IPD. According to the interviewees, there were pros and cons for being a teaching hospital. The benefits that the patients liked to come to a university hospital included the expert health care team with advanced research-based knowledge, new medicines and well-equipped medical technology to combat with various diseases - which their primary care hospitals would not be able to provide that kind of service. However, the patients disliked the fact that there were flocks of medical students trying to use the patients to learn from their pain and sickness.

"They drew a whole lot of my blood for running so many tests. I think they took like gallons of my blood but the other hospital did not take this much!" (Inf23)

"I was having a bad stomach ache but those medical students or junior trainee doctors …tons of them in hierarchy years of practice…they just popped in and out knocking on my stomach time after time, groups after groups. Finally, I got tired and mad so I told them to get the staff doctor to see me – no more students playing on my suffering!"(Inf14)

International customers' views on health service in Thailand

During the past decade Khon Kaen has become a hub of education and business as well as trans-cultural marriages in the Northeast of Thailand, many foreign patients visited or lived in this city. Therefore, it was not uncommon to have more patients from overseas using health service at SH. The patients revealed a lot of advantages of the health setting here in Thailand compared to their home countries, for instance economic value, convenience, technology and expertise.

"I would say the treatment and care here are excellent and the time factor is getting better, too." (Inf24)

"In Thailand you can meet with specialist very easily although you need to wait for many hours. But in Europe, we won't be able to see specialists as we wish to. It can take probably about 6 months before the appointment can be available for you. How can you wait that long when you are in pain? So, a lot of Europeans would like to come to Thailand – a Land of smiles… for both pleasure as well as for our physical check-up and dental fix-up because it is less expensive, no waiting list to see a specialist and with a good standard of practice."(Inf30)

Talking about other use of dietary supplement or alternative remedies

Most of the patients did not tell their doctors that they were using other dietary supplement or alternative remedies because they thought it may not be relevant. Some were afraid of the doctors' negative response toward their choice.

"I will also consult with my doctor before taking some dietary supplements and she will say whether it is OK or not with my current medication." (Inf03)

"I have been consulting the doctor regarding my chronic health problems and I did not get better. So, I decided to use other alternatives like physiotherapy, traditional massage, acupuncture, herbs, etc. I have to pay out-of-pocket but I am willing to buy my well-being. But I did not tell my doctor about this, though. She may laugh at me like one doctor used to do to me…." (Inf14)

Discussion

The key findings from this study are unique and worthwhile for further application and development of strategies in improving health service delivery in Thailand as they reflect the views of patients. Some important domains can be emphasized in *Figure 1* including enabling factors that can enhance patient's satisfaction on hospital service. Especially, if a strong therapeutic relationship in the patient-provider communication process is established, this can eventually affect patient's satisfaction and health outcomes. The holistic view regarding patient-centered communication comprise four main factors, namely, *place, provider, patient, and peripheral factors as shown in the Holistic P – Communication Model* (*Figure 2*).

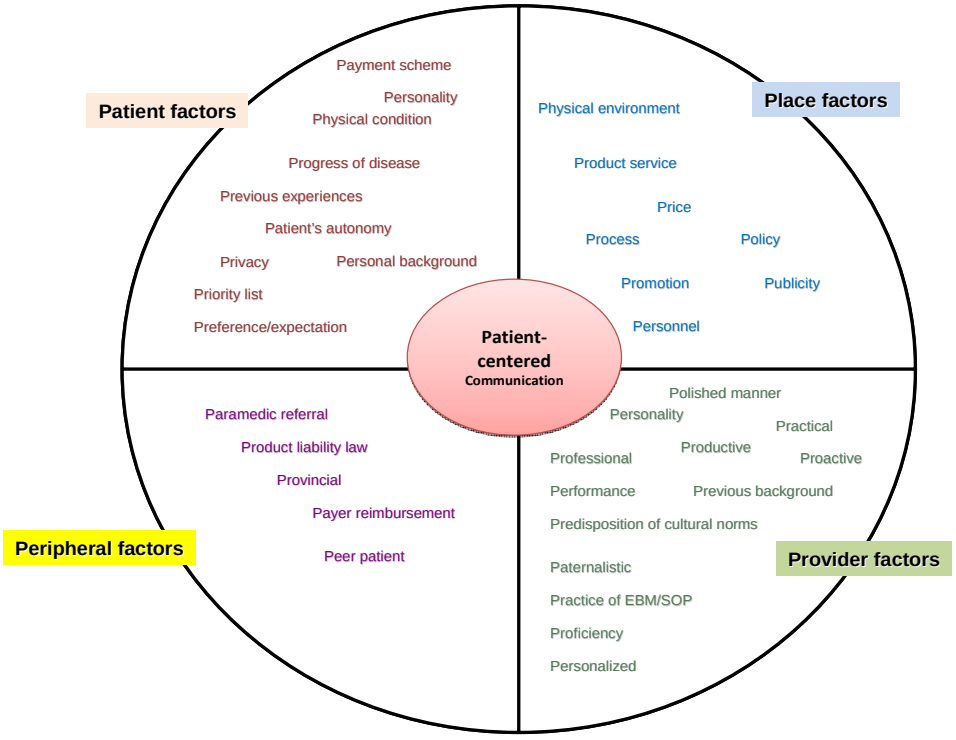

Figure 2 The Holistic P Model – The components of patient-centered communication

In fact, all four factors interact with one another and could influence individual patient to form a positive or negative perception toward the service provided during the hospital service encounter. Although these four factors interplay with one another, the patient and the provider factors are evidently the key components in the patient-centered communication phenomenon that could likely surpass the other two components – *place and peripheral factors*. The description of each factor can be summarized as follows.

Place factors

The place factors included the physical environment where the care was provided; the kind of health service, drug products and medical technology equipments available; the range of pricing for health service and products offered; the process involved during the health service delivery; the non-healthcare personnel (for instance, accounting, cleaning, security, IT, hospital registry, lab, purchasing, drug inventory staff who facilitated the health service administration); the promotion and public relations activities that the hospital introduced to reach and gain potential patients to utilize health service at the hospital; and the policy and procedure issued by the hospital committee who governed the organization business. In the patients' views, the most two critical sub-components in the place factors that the public hospitals, in particular, needed to be aware of were the physical environment and process during the health service delivery as they seemed to affect patient satisfaction as mentioned earlier in the factors affecting patient's satisfaction on hospital service.

Peripheral factors

The peripheral factors that could influence the patient-centered communication phenomenon included paramedic referral; product liability law, provincial administrative policy; payer reimbursement policy; and other peer patients during the hospital visit.

Patient Factors

There were many factors which may vary by individual patients but could influence the patient-centered communication phenomenon included the patient's background and personality; physical condition and progress of disease; previous experiences at the hospital; patient's privacy and autonomy; insurance scheme and priority list.

Provider factors

Among the multiple Ps in the model, the most prominent P that likely influenced the patient's decision regarding his or her satisfaction about health service and adherence to treatment was the *provider*, particularly the *'physician'*, regardless of how other Ps may be positive or negative in the patient's eyes. The sub-characteristics of this key P-provider comprised proficiency in communicating including foreign language ability; productivity; practice of evidence-based medicine (EBM) or standard of procedure (SOP); proactive in performing their duty; practicality; personality trait; personalized medical service; professionalism; performance of health care service; paternalistic approach; polished mannerism; and predisposition of cultural norms.

Knowledge of patients' overall view regarding patient-provider communication is important for enhancing the quality of healthcare. At the same time, assessing patient satisfaction with the communication is crucial, since good communication promotes adherence with the treatment. Our findings suggest that trusted therapeutic rapport building can be established with a positive impact on the patient-provider's commitment to care resulting in patient satisfaction and treatment adherence, which are in line with other studies in medical communication (de Haes and Bensing, 2009; Feldman-Stewart and Brundage, 2009; and Street, Makoul, Arora & Epstein, 2009). In fact, the context of our two models in this study (Figures 1 & 2) are similar to the framework of functions and outcomes proposed by de Haes and Bensing, which emphasizes on fostering the relationship, gathering information, providing information, decision making, enabling treatment-related behavior, and responding to the patient's emotional needs.

The interaction between the patient and his or her physician is the first, and, arguably, the most important interaction in ensuring adequate medication adherence. Most of the time, it is the physician who diagnoses a patient and prescribes drug therapy. During this clinical consultation encounter, the physician informs the patient of his or her disease, prescribes appropriate medical therapy, and has the opportunity to counsel the patient regarding the importance of adherence. The patients in our study also view that physician is the very key person during their hospital visit and holds the closest bond compared with other health professionals i.e. nurse and pharmacist. Nevertheless, pharmacists including nurses have the unique opportunity of facilitating in the medical care. Also, pharmacists can provide valuable information on adverse events, side-effects, drug–drug interactions, as well as counseling service to enhance medication adherence.

In addition, the need for health providers to be well equipped to treat patients of diverse social and cultural backgrounds is on the rise, particularly in this globalization era. Betancourt and colleagues have suggested that cultural differences between the physician and patient can serve as a barrier to effective communication, with undesired products of patient dissatisfaction, poor adherence, and adverse health outcomes (Betancourt et al., 2005 and Carrillo et al. , 1999). Therefore, cultural competence education programs in medical schools in the western country have proliferated (Boutin-Foster, Foster and Konopasek, 2008). Patient empowerment and confidentiality are highly important issues in the eyes of foreign patients but it may seem to be more subtle among Thais due to our paternalistic and sharing culture. As Thailand has become well known of a practical medical hub in Asia-Pacific region, health practitioners should also consider the cultural sensitivity issues required by their potential international customers.

Limitations of the study

This exploratory study was limited by its small sample size from only one university hospital in the northeast of Thailand. Therefore, we cannot conclude that the dominant factors that emerged here can be representing the entire hospital service system of the nation. In addition, the main focus of our study was initially on the OPD setting but due to the emerging themes from the patient interviews, we got an opportunity to explore the IPD and emergency care units as well. However, the value of our study derives from the qualitative approach to give the breadth and depth of understanding regarding the patient-provider communication which affected the patient satisfaction and their adherence to drug treatment, which cannot be uncovered from quantitative surveys (Lerttrakarnnon, Boonyaritichaikij, & Utawichai, 2004; Mandokhali, Keiwkarnka, & Ramasoota, 2007; Net, Sermsri, Chompikul, 2007). Moreover, though satisfaction and adherence are important indicators, the most important one when evaluating the effectiveness of communication between patient and provider is the overall clinical health outcome (Williams et al, 2005), which we did not assess in this study.

Conclusion

This study provides a patient perspective framework for investigating issues of patient-provider communication in Thai setting that can affect the patients' satisfaction and medication adherence. By describing taxonomy of barriers and facilitators of patient-provider communication, it can be a useful reflection on the patient perceived health service quality as well as their expected roles of providers. Evidently, in the patients' holistic views, the most important factors that can influence their satisfaction included the

characteristics of provider – particularly physician, process and physical environment at health service encounter. We noted high levels of satisfaction with health care services provided by the hospital. Although health care professionals often choose these professions because they are interested in caring for people, busy schedules and dealing with 'life and death' issues can cause staff to be stressed. A number of patients described negative experiences with the health care system, and these experiences should be viewed positively as an opportunity for quality improvement.

Practice and policy implications

With the key findings on potential barriers of communication, the health professionals may attempt to overcome the obstacles dealing with patients and, thus, increase the patient's satisfaction better. As cross cultural issues can affect the patients' perceived quality of care, training programs for health provider regarding cultural competency need to be addressed if the hospital would like to pursue its excellence as an internationally accepted medical hub in the region. Moreover, as the university hospital, the teaching staff at the study site (i.e. doctors, nurses, and pharmacists) can convey the lessons learned to the next generation of interdisciplinary healthcare providers, through knowledge management network, with the ultimate goal to improve the overall health of patients. Likewise, more attention and exposure to humanistic factors should be emphasized in the allied health curriculum to foster the future practitioners for their sensitivity to psychosocial barriers, awareness of cultural and ethical issues, to satisfy patient demand for communication, accountability and competency.

Recommendation for future research:

Patient-provider communication and therapeutic relationships are essential in supporting patients to deal with their health problems amidst the escalating high cost containment. Hence, it is critically important to continue research this relationship in a patient-centered care to identify the ideal service practices that meet the patient's satisfaction and adherence with the ultimate goal to improve the quality of healthcare service of the nation in an internationally accepted level.

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ภาคผนวก ก

เอกสารคำชี้แจงสำหรับผู้เข้าร่วมโครงการวิจัย และ
หนังสือแสดงความยินยอมเข้าร่วมการศึกษา

ชื่อโครงการ: การสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพ: ในมุมมองของผู้ป่วย

ชื่อผู้ที่สามารถเข้าร่วมโครงการ : ชื่อผู้ป่วย

ทางคณะวิจัยของโครงการฯรู้สึกเป็นเกียรติที่จะเรียนให้ท่านทราบว่า ท่านได้รับเชิญให้เข้าร่วมในการศึกษาวิจัยเชิงคุณภาพเกี่ยวกับปัจจัยต่างๆ ที่มีผลต่อการสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพที่เกี่ยวข้องกับการใช้ยา

ที่มาและจุดมุ่งหมายของการศึกษาวิจัยนี้:

การสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพที่เกี่ยวข้องกับการใช้ยาถือได้ว่าเป็นปัจจัยที่มีความสำคัญอย่างมากที่สามารถส่งผลกระทบต่อการรักษา เพราะหากผู้ป่วยมีความรู้ ความเข้าใจเกี่ยวกับการใช้ยา ตลอดจนมีความตระหนักถึงความสำคัญของการปฏิบัติตามข้อแนะนำที่เกี่ยวข้องกับการรักษา ก็อาจช่วยให้ผู้ป่วยเพิ่มความร่วมมือในการใช้ยา ซึ่งจะส่งผลให้การรักษามีประสิทธิภาพมากยิ่งขึ้น และมีความปลอดภัยในการใช้ยาด้วย

สำหรับการศึกษานี้มีวัตถุประสงค์คือ เพื่อเข้าใจปัจจัยหลากหลายที่อาจมีอิทธิพลต่อการสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพที่เกี่ยวข้องกับการใช้ยา ในบริบทที่ผู้ป่วยเป็นศูนย์กลาง เพื่อให้สามารถตอบสนองต่อความต้องการของผู้ป่วยได้ดียิ่งขึ้นและสอดคล้องตามจุดมุ่งหมายของการพัฒนาระบบบริการสุขภาพที่เน้นผู้ป่วยเป็นศูนย์กลาง (Patient-centered)

ท่านจำเป็นต้องเข้าร่วมหรือไม่:

แม้ว่าการร่วมมือและความคิดเห็นของท่านจะเป็นประโยชน์อย่างมากต่อการพัฒนาระบบสาธารณสุขของประเทศไทย แต่ทั้งนี้ท่านเป็นผู้ตัดสินใจเองว่าจะยินดีเข้าร่วมหรือไม่ หากท่านตัดสินใจที่จะเข้าร่วมท่านก็สามารถถอนตัวออกจากการศึกษาได้ทุกเวลาโดยไม่ต้องบอกเหตุผลแต่อย่างใด

จะมีอะไรเกิดขึ้นบ้างหากท่านเข้าร่วมในโครงการ :

หลังจากท่านตอบรับเข้าร่วมโครงการนี้แล้ว ผู้ทำการสัมภาษณ์จะติดต่อนัดหมายเพื่อขอสัมภาษณ์ท่านโดยใช้เวลา ประมาณ 30 นาที ทั้งนี้จะเป็นสถานที่ที่ท่านสะดวก และในเวลาที่ท่านเห็นว่าเหมาะสม จะมีการขออนุญาตอัดเทประหว่างสัมภาษณ์ทั้งนี้เพื่อความครบถ้วนของข้อมูล (ซึ่งขึ้นอยู่กับดุลพินิจของท่าน) หลังจากนั้นจะมีการนัดหมายอีกครั้งหนึ่ง เพื่อให้ท่านได้พิจารณาข้อมูลที่ได้จากการถอดความบทสัมภาษณ์ก่อนนำไปสรุปรวมในผลการศึกษานี้ต่อไป

ข้อมูลที่ได้จะถูกเก็บเป็นความลับหรือไม่

ข้อมูลที่ได้จากการศึกษานี้จะถูกเก็บในรูปของรหัสที่ไม่สามารถระบุชื่อได้แต่อย่างใด และข้อมูลดิบทุกชนิด เช่นการถอดความบทสัมภาษณ์จากสมุดจดและเทป จะถูกทำลายหลังจากการวิจัยเสร็จสิ้น

บุคคลที่ท่านสามารถติดต่อทราบรายละเอียดเพิ่มเติม

ผศ. ดร. มณีรัตน์ เลย์ตัน
คณะเภสัชศาสตร์ มหาวิทยาลัยขอนแก่น
โทร. 043-362-090, 01-662-4562 แฟ็กซ. 043-202-379

แบบฟอร์มใบยินยอมให้ทำการศึกษา

ชื่อโครงการวิจัย : การสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพ: ในมุมมองของผู้ป่วย
(Patient-Healthcare Provider Communication: The Patients' Perspectives)

ชื่อสถาบันวิจัย:

คณะเภสัชศาสตร์ มหาวิทยาลัยขอนแก่น โดยได้รับการสนับสนุนจาก
สำนักงานคณะกรรมการการอุดมศึกษา และสำนักงานกองทุนสนับสนุนการวิจัย
โครงการวิจัยนี้ได้ผ่านความเห็นชอบของคณะกรรมการจริยธรรม มหาวิทยาลัยขอนแก่น

หัวหน้าคณะผู้วิจัย:

ผศ.. ดร. มณีรัตน์ เลย์ตัน

หมายเลขโทรศัพท์ติดต่อ : 043-362-090, 081-662-4562

ข้าพเจ้า.....
(ชื่อผู้ถูกสัมภาษณ์เขียนตัวบรรจง)

ได้อ่านและเข้าใจข้อมูลทั้งหมดที่ได้ให้แก่ข้าพเจ้าเกี่ยวกับการเข้าร่วมในการศึกษา และข้าพเจ้าได้มีโอกาสพูดคุย และซักถามโดยคำถามทุกข้อได้รับคำตอบ จนเป็นที่พอใจแล้ว และข้าพเจ้าสมัครใจตกลงเข้าร่วมในการศึกษานี้ ข้าพเจ้าเข้าใจว่าข้าพเจ้าจะได้รับสำเนาของหนังสือแสดงความยินยอมเข้าร่วมการศึกษานี้

ทั้งนี้ ผู้สัมภาษณ์ได้อธิบายถึงขั้นตอนการสัมภาษณ์ ซึ่งจะมีการอัดเทป และถอดเทป บทสัมภาษณ์โดยจะไม่มีการเปิดเผยชื่อของผู้ถูกสัมภาษณ์แต่อย่างใด ยกเว้นแต่จะได้รับอนุญาตจากข้าพเจ้าเท่านั้น

ข้าพเจ้าเข้าใจด้วยว่า ข้าพเจ้าสามารถถอนตัวจากการยินยอมเข้าร่วมการศึกษานี้ ในเวลาใดก็ได้ที่ข้าพเจ้าประสงค์โดยไม่ต้องบอกเหตุผล เพียงการแจ้งให้ผู้วิจัยรับทราบเท่านั้น

....

ลายเซ็นต์ผู้ยินยอม

(.....) วันที่ เดือน ปี

ข้าพเจ้าได้อธิบายถึงการศึกษา และวัตถุประสงค์ของการศึกษาแก่ผู้ยินยอมที่มีชื่อดังกล่าวแล้ว

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ลายเซ็นต์หัวหน้าโครงการ

(ผศ. ดร. มณีรัตน์ เลย์ตัน) วันที่ เดือน ปี

ภาคผนวก ข

แนวคำถามสำหรับการสัมภาษณ์ผู้ป่วยเกี่ยวกับการสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพ

วัตถุประสงค์ :

1. เพื่อสำรวจความคิดเห็นของผู้ป่วยที่มารับบริการ ต่อการสื่อสารของบุคลากรทางการแพทย์ที่เกี่ยวข้องกับการใช้ยา ตลอดจนความพึงพอใจในบริการที่ได้รับ

2. เพื่อสำรวจปัจจัยที่อาจมีอิทธิพลเชิงบวกและเชิงลบ ต่อการสื่อสารระหว่างผู้ป่วยและผู้ให้บริการสุขภาพที่เกี่ยวข้องกับการใช้ยา

ช่วงระยะเวลาในการสัมภาษณ์ :

เริ่มสัมภาษณ์เวลา .....

จบการสัมภาษณ์เวลา .....

วันที่สัมภาษณ์ :.....

สถานที่สัมภาษณ์ :.....

ผู้สัมภาษณ์ :.....

ผู้ถูกสัมภาษณ์ :.....

คำเกริ่นเบื้องต้น :

กล่าวทักทายพร้อมอธิบายโดยสรุปเกี่ยวกับรายละเอียดโครงการวิจัยนี้ ตลอดจนประโยชน์ที่จะได้รับจากผลการศึกษาที่จะพึงมีต่อการพัฒนา ปรับปรุงบริการด้านการให้การดูแลสุขภาพแก่ประชาชน

เน้นเรื่องจริยธรรมในการทำวิจัย ตามเอกสารแสดงความยินยอมในการให้ข้อมูลของผู้ถูกสัมภาษณ์ก่อนให้ผู้ถูกสัมภาษณ์เซ็นต์ในใบแสดงความยินยอม

คำถาม : (พูดเกริ่นแล้วให้ผู้ป่วยเล่าให้ฟัง)

ส่วนที่ 1 (เกี่ยวกับการตัดสินใจก่อนมาใช้บริการที่โรงพยาบาล)

- สาเหตุหรือที่ต้องมาโรงพยาบาลในวันนี้
- ก่อนที่จะมาโรงพยาบาลในวันนี้ มีอาการอะไร เป็นระยะเวลานานเท่าใด
- ได้คุยหรือปรึกษากับใครเกี่ยวกับอาการนี้บ้างก่อนที่จะมาโรงพยาบาลในวันนี้
- ได้ใช้สมุนไพรหรือวิธีรักษาอื่นอะไรร่วมด้วยหรือไม่
- ได้ไปรักษาที่สถานพยาบาลที่ไหนก่อนหรือไม่ เหตุใดจึงเลือกที่จะมาโรงพยาบาลนี้

ส่วนที่ 2 (เกี่ยวกับประวัติการเจ็บป่วยและการใช้ยา)

- หลังพบแพทย์คราวก่อน แพทย์ได้บอกหรือไม่ อย่างไรว่าผู้ป่วยป่วยเป็นโรคอะไร
- ปกติใช้ยาอะไรอยู่ ใช้มานานเท่าใด
- ผู้ป่วยมีวิธีการใช้ยาเช่นไร ใครเป็นผู้แนะนำวิธีการใช้ยาเช่นนั้น
- ผู้ป่วยมีวิธีการปฏิบัติตัวช่วงที่ใช้ยานี้เช่นไร ใครเป็นผู้แนะนำให้ปฏิบัติเช่นนั้น
- อาการดีขึ้นหรือไม่ อย่างไร
- ปกติผู้ป่วยมีวิธีในการหาข้อมูลเกี่ยวกับการใช้ยาจากที่ไหน อย่างไร
- ผู้ป่วยรู้สึกพึงพอใจกับวิธีการหาข้อมูลเกี่ยวกับการใช้ยาเช่นนั้นหรือไม่ อย่างไร

ส่วนที่ 3 (เกี่ยวกับความพึงพอใจในการพบแพทย์)

- ปกติผู้ป่วยต้องรออยู่นานเท่าใดจึงจะได้พบแพทย์ แล้วได้ทำอะไรบ้างช่วงที่รอ
- พยาบาลได้ทำอะไรบ้างที่ทำให้ผู้ป่วยรู้สึกประทับใจ และพึงพอใจ อย่างไร
- พยาบาลไม่ได้ทำอะไรบ้างที่ทำให้ผู้ป่วยรู้สึกประทับใจ และพึงพอใจ อย่างไร
- เมื่อได้พบแพทย์ผู้ป่วยรู้สึกว่าตัวเองได้มีโอกาสพูดคุยกับแพทย์เกี่ยวกับอาการเจ็บป่วยและเรื่องที่เกี่ยวข้องอื่นๆหรือไม่ อย่างไร ได้พูดคุยเป็นระยะเวลานานเท่าใด
- หากมีโอกาสที่จะพบแพทย์อีกในวันนี้ที่ห้องตรวจ ผู้ป่วยมีคำถามหรืออยากจะคุยอะไรเพิ่มเติมกับแพทย์อีกหรือไม่ อย่างไร
- แพทย์ได้ทำอะไรบ้างที่ทำให้ผู้ป่วยรู้สึกประทับใจ และพึงพอใจ อย่างไร
- แพทย์ไม่ได้ทำอะไรบ้างที่ทำให้ผู้ป่วยรู้สึกประทับใจ และพึงพอใจ อย่างไร

ส่วนที่ 4 (เกี่ยวกับความพึงพอใจในบริการของแผนกเภสัชกรรม)

- ปกติผู้ป่วยต้องรออยู่นานเท่าใดจึงจะได้รับยา แล้วทำอะไรบ้างช่วงที่รอ
- ในการพบแพทย์ครั้งล่าสุดนี้ได้รับยาอะไรบ้าง ผู้ป่วยทราบวิธีการใช้ยาหรือไม่ อย่างไรและใครเป็นผู้อธิบายในเรื่องการใช้ยา
- เมื่อได้พบเภสัชกรผู้ป่วยรู้สึกว่าตัวเองได้มีโอกาสพูดคุยเกี่ยวกับการใช้ยาหรือไม่ อย่างไร และได้พูดคุยเป็นระยะเวลานานเท่าใด
- หากมีโอกาสที่จะพบเภสัชกรอีกในวันนี้ที่ห้องจ่ายยา ผู้ป่วยมีคำถามหรืออยากจะคุยอะไรเพิ่มเติมกับเภสัชกรอีกหรือไม่ อย่างไร
- เภสัชกรได้ทำอะไรบ้างที่ทำให้ผู้ป่วยรู้สึกประทับใจ และพึงพอใจ อย่างไร
- เภสัชกรไม่ได้ทำอะไรบ้างที่ทำให้ผู้ป่วยรู้สึกประทับใจ และพึงพอใจ อย่างไร

ส่วนที่ 5 (เกี่ยวกับพึงพอใจในบริการของโรงพยาบาล)

- อะไรบ้างที่ทำให้ผู้ป่วยรู้สึกประทับใจ และพึงพอใจในการมาโรงพยาบาลในวันนี้ หรือครั้งล่าสุดนี้
- อะไรบ้างที่ทำให้ผู้ป่วยรู้สึกไม่ประทับใจ และพึงพอใจในการมาโรงพยาบาลในวันนี้ หรือครั้งล่าสุดนี้
- ผู้ป่วยจะกลับมาใช้บริการที่โรงพยาบาลนี้อีกหรือไม่ เพราะเหตุใด
- ผู้ป่วยจะแนะนำให้ใครมาใช้บริการที่โรงพยาบาลนี้หรือไม่ เพราะเหตุใด
- ผู้ป่วยมีคำแนะนำอะไรบ้างที่จะช่วยให้โรงพยาบาลปรับปรุงคุณภาพการให้บริการสุขภาพแก่ประชาชน

ส่วนที่ 6 (เกี่ยวกับผู้ป่วย)

- อายุ, เพศ, การศึกษา
- สิทธิและวิธีการเบิกจ่ายค่ารักษาพยาบาล
- ที่อยู่และหมายเลขโทรศัพท์ที่ติดต่อได้