

Conference Paper

The Relationship Between Consultation Length and Patient Satisfaction: A Systematic Review

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Abstract

The doctor–patient communication is an important clinical function in building the doctor–patient relationship that becomes the heart and art of the medicine. There are many doctors who have no effective doctor–patient communication and no longer have consultation time that creates complaints and dissatisfaction for the patient. Patient satisfaction is strongly influenced by the quality of communication between him and the doctor. This is a systematic review showing PRISMA flowchart using online databases such as ProQuest and Google Scholar with *Doctor–Patient Communication, Patient Satisfaction, and Consultation Length* as the keywords, restricting the academic journals and articles published between 2002 and 2016. Research showed that the average consultation length of doctor–patient communication appears to be positively related to the patient satisfaction. The length of consultation time was on average 6.9–12.4 minutes. Increasing effective communication is generally associated with increased patient satisfaction with consultation time. It is essential that doctors spend time with patients to communicate adequately in relation to their illness.

Keywords: doctor–patient communication, patient satisfaction, consultation length

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1. Introduction

The doctor–patient relationship (DPR) is one of the most important subjects in medical sociology and health policy. Due to mutual understanding, undistorted DPRs not only result in satisfaction of both doctors and patients, but also help to reduce financial burdens for patients and the health care system [1].

Effective communication enables doctor to be better clinically, effective communication also improves patient care and disease outcome. The three main goals of doctor–patient communication are creating a good interpersonal relationship, facilitating exchange of information and including patient in decision-making. The benefits

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of effective communication for patients are (1) patients problem can be identified more accurately; (2) helping patients to recall information and comply with treatment instruction; thereby, providing patient satisfaction; (3) increasing patients understanding about the treatment; (4) increasing compliance which leads to improve health and better outcomes; (5) promoting better emotional health for resolution and symptoms and pain controls; and (6) improving quality of care by involving patients in decision-making. Effective communication is also beneficial for doctors, it improves doctor patient relationship and enables seeking the relevant information and recognizing the problems of patients by way of interaction and attentively. Good doctor-patient communication has the potential to help regulate patient's emotions and allow for better identification of patient's needs, perception and expectation. Effective communication reliefs doctors of some pressures when dealing with the difficult situation and counters emotional demanding profession and enhance job satisfaction. Last but not least, effective communication can help to reduce the incidence of clinical error [2].

Patient satisfaction is a multi-dimensional healthcare construct affected by many variables. Patient satisfaction is predicted by factors relating to caring, empathy, reliability and responsiveness [3].

2. Methods

2.1. Search strategy

This study used a systematic review based on the PRISMA-P Protocol. Articles were searched by keywords 'Doctor-Patient Communication', 'Patient Satisfaction' and 'Consultation Length' in online database ProQuest and Google Scholar.

2.2. Filtering process

We searched ProQuest, Google Scholar and were limited to articles published between 2002 and 2016, with no language restriction. We identified 6112 articles, which then screened for inclusion.

In ProQuest, we searched the following keyword 'Doctor-Patient Communication' and no year restriction, actually we found 6112 articles. First restriction we choose academic journals because a scientific articles present research results and is written by researcher and aimed for academic reader. The articles must have been reviewed

by experts within the same subject area before publication. From the first, we found 2372 articles.

After that, we restrict only 2002–2016 journals and found 1987 articles, we take the last 14 years to limit the time span of study. Next we restrict only English journal only found 1958 articles. For eligibility we add second keyword into 'Doctor–Patient Communication' AND 'Patient Satisfaction' to filter all the journals thus getting closer to the title and research purpose, so the author get 725 articles. Then we add third keyword into "Doctor–Patient Communication' AND 'Patient Satisfaction' AND 'Consultation Length' to filter all the journals thus getting closer to the title and research purpose, so we get 37 articles. And then, for the final article we found 5 articles searched by hand. Figure 1 shows the selection process of this research.

3. Results

The variation in consultation length between countries was finding of this study. The six countries could be divided into three pairs that differed significantly from each other with respect to total consultation time. Belgium and Switzerland had the longer consultation time, Germany and Spain had the shortest consultation times, and consultation times for Netherland and United Kingdom were in between. The mean length of consultation for all consultation was 10.7 minutes [4].

Psychosocial problems in the consultation was an important factor influencing the length of consultation. When doctors perceived a psychosocial problem, the duration of the consultation was increased.

From this journal also found that consultation time was longer in city based practices than in rural practices. Consultation length in city practices lasted 1,5 minutes longer than rural practices.

4. Discussion

From several journals, it is found that there is direct relationship between patients satisfaction and consultation time. According to Wilson & Child, 2002, doctors with 9 minutes or more consultation length were more likely than doctors of less than 7 minutes. In Gorgan City, Islamic of Iran, doctors with longer consultation time more precisely, prescribe fewer drugs and present better health advice to the patients. The total mean consultation was 6.9 minutes, and mean consultations time for GP's in the city were shorter than those in village (6.7 versus 7.5) minutes [5].

TABLE 1: Results of study selection.

No.	JOURNAL TITLE	AUTHORS	METHODS	VARIABLE	ANALYSIS	RESULT
1	Consultation length in general practice: cross-sectional in six European countries	Deveugele et al., 2002	Cross-sectional	Consultation length of general practitioners	Consultation length is determined by variables related to the doctor and the doctor's country as well as by those related to patients. Women consulting in an urban practice with problems perceived as psychosocial have longer consultations than other patients.	The mean length of consultations was 10.7 minutes
2	The relationship between consultation length, process and outcomes in general practice: A systematic review	Wilson & Childs, 2002	Observational	Consultation length	There were consistent differences in several elements of process and outcome between general practitioners who consult at different rates. Although average consultation length may be a marker of other doctor attributes, the evidence suggest that patients seeking help from a doctor who spends more time with them are more likely to have a consultation that includes important elements of care	Doctors with an average consultation length of less than 7 minutes, were less likely than doctors with an average consultation length of 9 minutes or more, to recognize and deal with long term problems and psychosocial problems, even when controlled for individual consultation length.
3	Relationship between consultation length and prescribing of drugs in Gorgan city, Islamic Republic of Iran	Khori V et al., 2012	Cross-sectional study	Consultation length	Patient factors that were significantly associated with a longer mean duration of consultation time were: higher number of health problems, older age and fewer items of previously used drugs. Physician factors that were significantly associated with a longer mean consultation time were: younger age, higher numbers of items prescribed and injectable drugs prescribed, frequency of interruption and higher workload	The total mean consultation time was 6.9 minutes. The mean consultation length for female patients was significantly longer than for male patients: 7.5 minutes versus 6.3 minutes.

No.	JOURNAL TITLE	AUTHORS	METHODS	VARIABLE	ANALYSIS	RESULT
4	Consultation length, patient-estimated consultation length, and satisfaction with the consultation	Cape, 2002	Questionnaires	Consultation length	Patient satisfaction with the consultation was related in this study with patients overestimating the length of their consultations, but not with actual measured consultation length.	The mean duration of the consultation was 9,9 minutes; 60% patients overestimated the length of their consultation and 40% underestimated the consultation length. Patient satisfaction was not significantly associated with consultation length, but was associated with patient-estimated consultation length and with patient perception of consultation length relative to its actual length.
5	Outpatient satisfaction and quality of health care in North Indian Medical institute	Puri et al., 2012	Cross-sectional study	Patient satisfaction and consultation time	Patient satisfaction, prescription quality, availability of facilities, signage display and patient-doctor communication were described in this study.	The mean score for patient-doctor interaction was found significantly lower (3.6/5) among dissatisfied patients compared to the satisfied patients (4.7/5) Satisfied patients reported a significantly higher consultation time (12.4 minutes) with a doctor compared to dissatisfied patients (8.5 minutes)

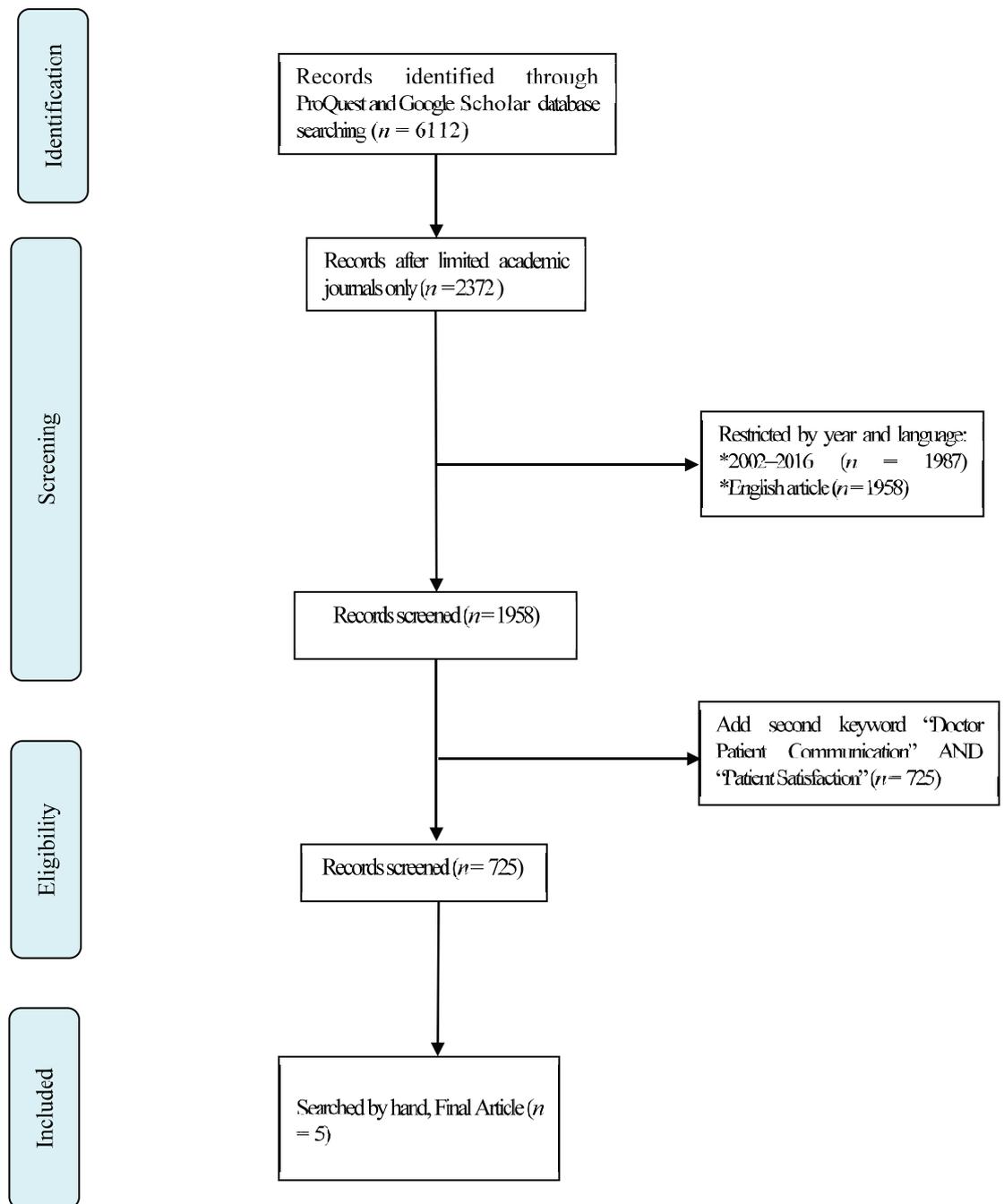


Figure 1: Flow chart of study selection.

A research by Cape found that the mean durations of the consultations was 9.9 minutes; 60% patients over-estimated the length of their consultations and 40% patients under-estimated the length of consultations. In this study, patient’s satisfaction was not significantly associated with consultations length [6].

In North Indian medical institute, a research by Puri et al. found that the mean score for availability of patients convenience facilities and for doctor's patients interaction was above 90% of the maximum score. Mean quality scores for prescription quality, facilities availability, signage display, and total quality scores of satisfied patients was not significantly difference from that of the dissatisfied patients. However, the man quality score for doctor patients interaction was found to be significantly lower (3.6/5) among the dissatisfied patients compared to the satisfied patients (4.7/5). It was found that the factors such as sex, age, education, monthly income and occupation had no significant influence on the mean quality score [3]. Satisfied patients reported a significantly higher consultation time (12.4 minutes) with a doctor compared to dissatisfied patients (8.5 minutes) [3].

Consultation time for rural GPs was longer than those practicing in urban areas. It is perhaps because of the presence of more psychosocial problems, self-therapy and delay in submission, complicated patients with several diseases and lower workload (as measured in the waiting room) caused longer consultation times among rural patients this study.

While actual consultation time is undoubtedly important to patients and outcomes, how the time is used to best help patients feel listened to, understood, and helped is also important [6].

4.1. Gender differences

There were differences between woman patients and men patients. From several journals, consultation times were longer for woman patients than men patients. Women patients are often described as more talkative than men, and they are more likely to discuss psychosocial problems. It is also found that female doctors have longer consultation time than male doctors.

4.2. Patient satisfaction

Patient satisfaction score is high in the previous as well as in the current visit. Despite of long waiting times of two and a half hours and difficulties securing consultation, patient satisfaction is high. This may be due to patients perceiving the doctor-patient interaction as good and it can be argued that it met their expectations. Overall satisfied patients had higher doctor-patient interaction scores than dissatisfied patients. The

time spent with the physician may be strongly associated with patient satisfaction than the waiting time [7].

Another research indicates that patient satisfaction may be enhanced when doctors spend time explaining things to patients and professional experience of doctors may also affect satisfaction. Patients prefer doctor with longer consultation time than doctor with shorter consultation time. In addition, patients who completed the written communication form reported higher doctor-patient communication score in understanding their health, communicating their health concerns, and feeling that they were partners with their physician.

5. Conclusion

Many things could influence the patient satisfaction, including waiting time, hospital facilities, and doctor-patient communication or interaction. Doctor-patient communication is one of the important things to increase patient satisfaction. Many things could be assessed from communication between doctor and patient, including patient satisfaction. Length of consultation is one of the things to increased patient satisfaction.

Increasing consultation length is generally associated with increased patient satisfaction with consultation time. To run satisfactory outpatient departments it is important, not only to reduce waiting times, but also to ensure a good doctor-patient communication process.

In five journals were obtained, the length of time the consultation was average 6.9–12.4 minutes. From that score, we can assumed that is essential for doctors spending time with patients to communicate adequately in relation to their illness. For the summary at all, responsiveness, friendliness, and attentiveness are things that assessed patient of a doctor. So, doctors with a warm and friendly style are more effective than doctors with rigid style.

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