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The Effects of Physician Comportment on Patient Satisfaction

by

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requirements for the Honors Diploma

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of

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Abstract

There are many factors which may influence the satisfaction level of a patient during a health care visit. Due to a variety of components, it is quite common for patients to be highly dissatisfied with their healthcare experience. However, a negative experience may lead to further healthcare problems later on. For instance, if a patient feels that the doctor is rushed, they may hesitate to fully express their symptoms and concerns, and therefore not receive the full and proper diagnosis and care.

This experiment was designed to discover the relationship between several components which influence a patient's perception of their physician visit and their overall satisfaction with their diagnosis and treatment plan. It was hypothesized that if a physician appears hurried, stressed, disinterested, etc. it would have a largely detrimental effect on the patient's experience. This being said, if an experience is negative, there may be more long-lasting effects such as incorrect diagnosis, delayed healing, and possibly malpractice lawsuits. These hypotheses were examined by asking participants to complete a survey about the general nature of their recent doctor's visits, including their opinion of the physician's comportment during the visit. These data were analyzed using correlational analyses. From these results, it was determined that the effectiveness of the visit proved to be the most crucial factor in patient satisfaction. These results can be useful in the future improvement of medical care as a whole.

Introduction

Patient satisfaction has become increasingly more important in the minds of health care personnel. There are four main areas which are commonly associated with patient satisfaction:

1. Physician stress
2. Physician personality
3. Effectiveness of the visit
4. Efficiency of the visit

Twenty percent of physicians in a recent study reported they felt as though their position was in danger due to patient satisfaction ratings (Zgierska, Rabago, & Miller, 2014). This being said, the satisfaction of patients may play a large role in the lives of physicians by ensuring their positions as health care providers.

Physician Stress

The stress of physicians is at an all-time high. This was determined by a survey which showed that two thirds of the physicians questioned reported that they felt stressed most of the time in their jobs (Lowinger, 1989). Rosenstein conducted a study which was concerned with the overall stress and job longevity for physicians. In this study, 2,000 physicians were questioned concerning their personal views on stress in the workplace. The results showed that the top two causes of job stress for physicians were large quantities of paperwork and rigorous scheduling expectations. The negative influences of stress dramatically decrease the job satisfaction felt overall by physicians by 51%. It was also concluded from this study that only 16% of medical facilities provided stress support options for physicians (Rosenstein, 2012).

Physician Personality

The personality of the physician plays a large role in the overall satisfaction of the patients. It has been discovered that the regulation of emotional responses can be very useful in communication with patients. This meaning, if a patient is emotionally involved in their treatment process, it has been advised that the physician take a similar approach. Therefore, the level of emotional investment of the patient must be perceived and matched by that of the physician (Yagil & Moran, 2016).

In addition, the overall personality of all medical staff must be carefully monitored in order to obtain the best possible patient satisfaction results. This is due to a study which reported that the communication between a physician and the patient may be influenced by prior care received from other personnel during the visit (Weiss, 2006).

Effectiveness of the Visit

Gilkison (2016), states that physicians have become “complacent” in their work and therefore there has been a decline in the effectiveness of health care. He said that there was minimal focus on forming a valuable relationship with a patient. This may be where care and trust would be formed. Without the thoroughness needed to accomplish the basic needs of a medical visit, patients may be left unsatisfied.

In order to obtain improved patient satisfaction ratings, often physicians have felt it was necessary to administer unnecessary pharmaceuticals or treatment. This study showed that while doctors have been forced to improve the *perceived* competency, they have approached it inappropriately. This meaning, physicians have reported giving treatment which they did not find necessary. However, the patient felt as though it was important. Therefore, the physician simply satisfied the craving of the patient in order to

receive a better review. An example of this would be prescribing medicine for a common cold or other ailment that may not require any medication (Zgierska et al., 2014).

Efficiency of the Visit

The average time spent with the doctors themselves during a visit has been recorded at 15.7 minutes. During this time, approximately 5-6 topics may be discussed. This time schedule has been set in place in order to see patients in the most efficient way possible (Tai-Seale et al., 2007). However, this short amount of time allocated to spend with a patient has been reported to cause stress and anxiety in patients. The average physician interrupts their patient within 18 seconds of hearing the medical issue which is being presented (Weiss, 2006).

The balance between seeing all patients and also making them feel as though their time is valuable has proven to be difficult to achieve. Patients reported that they expected to spend approximately 20 minutes with a physician during their medical visit. A study found that if the time spent was less than 20 minutes, the patient felt dissatisfied with the visit. However, if the 20-minute expectation was met or even surpassed, the patient found themselves to be pleased with the visit (Lin et al., 2001).

Method

This experiment was designed as an online questionnaire which was constructed using Qualtrics, a survey administering software. The survey was administered to 106 undergraduate students at the University of Alabama in Huntsville. The survey consisted of questions concerning the participants' overall perception of physicians, their opinions based off of their last doctor's visit and general demographic questions.

The survey population consisted of 71.7% females with an age range of 18-46 years of age. The majority (89.6%) of participants were of white ethnicity. This study did not include the investigation of the correlation between participant demographics and their responses.

The survey was designed in two key parts, the first of which was concerned with the participants' general impression of their doctor and the healthcare system as a whole. The second section of the survey consisted of demographic questions. The complete survey may be accessed in Appendix A. Participants' responses were analyzed by correlational analyses using SPSS software as well as Excel. The correlation results were critical in providing key patterns which may influence health care as a whole.

Results

The results from the experiment were first analyzed based on the results of 9 core questions. These questions were concerned with the patients' reported level of satisfaction achieved as well as the correlation between reported satisfaction and their perception of doctors' stress, personality, effectiveness, and time usage (i.e., efficiency). Of the 106 participants in this experiment, 15% reported that they were not satisfied with their visit. The group of satisfied individuals may be referred to as Group 1 and the unsatisfied individuals as Group 2. Within these two main groups, several subgroups have been established and defined in the figure below.

Group 1: Satisfied		Group 2: Unsatisfied	
Group 1A	Believe stress is important	Group 2A	Believe stress is important
Group 1B	Do NOT believe stress is important	Group 2B	Do NOT believe stress is important
Group 1C	Believe personality is important	Group 2C	Believe personality is important
Group 1D	Do NOT believe personality is important	Group 2D	Do NOT believe personality is important
Group 1E	Believe their visit was thorough	Group 2E	Believe their visit was thorough
Group 1F	Do NOT believe their visit was thorough	Group 2F	Do NOT believe their visit was thorough
Group 1G	Found their physician hurried	Group 2G	Found their physician hurried
Group 1H	Did NOT find their physician hurried	Group 2H	Did NOT find their physician hurried

Figure 1: Participant Subgroups

The first factor analyzed was the relationship between the dissatisfied patients (Group 2) and the effect of doctor stress. Two specific questions were chosen from the given survey in order to determine the impact. First, Question 5 was analyzed. This question asked if the participant thought that stress of the physician played a role in the

overall visit satisfaction rate. From the overall satisfied patients (Group 1), 63% said yes which formed Group 1A. In addition, 56% of the unsatisfied patients (Group 2) said yes, therefore forming Group 2A. The remainder for each of these questions subsequently formed Groups 1B and 2B. The second question regarding physician stress was Question 40.6 which asked if the doctor from the patient's last visit was stressed. First looking at the satisfied patients, Group 1A, 89% stated that there was little to no stress involved with their visit. In addition, from Group 1B, 97% still stated that there was minimal stress involved. By comparing this to the overall unsatisfied patients (Group 2), 44% fell into Group 2B which said that stress levels of their physician did not influence their visit satisfaction. Within Group 2B, 100% stated there was minimal stress involved with their visit. The figure below shows how the beliefs of stress were distributed across the sample.

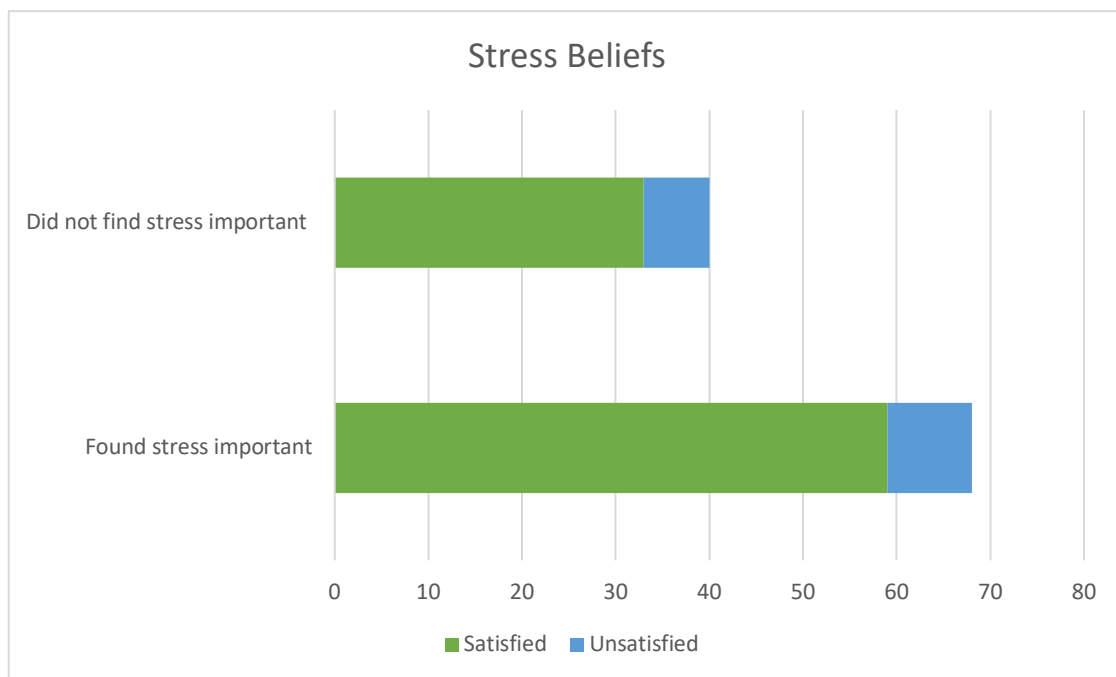


Figure 2: Results from stress related questions

Next, the personality of the physician was evaluated. Question 40.5 asked participants if they found personality to be a primary influencer on their satisfaction. Seventy-six percent of the satisfied group (Group 1) stated that it was a prime influencer; this formed Group 1C. As well as 81% from the unsatisfied group (Group 2), which formed Group 2C. The second question in this bracket asked if the physician they last visited took a personal interest in them. Analyzing Group 1C first, 16% stated that they received no interest from their physician while 29% of Group 1D reported no interest from their physician. By contrasting this to Group 2, it can be seen that Groups 2C and 2D both have a higher percent of patients who felt no interest with values of 54% and 67%, respectively. The relationship drawn between personality and personal interest was chosen because the degree with which a physician relates to their patient, the more likely they were to have had a likeable, nurturing demeanor.

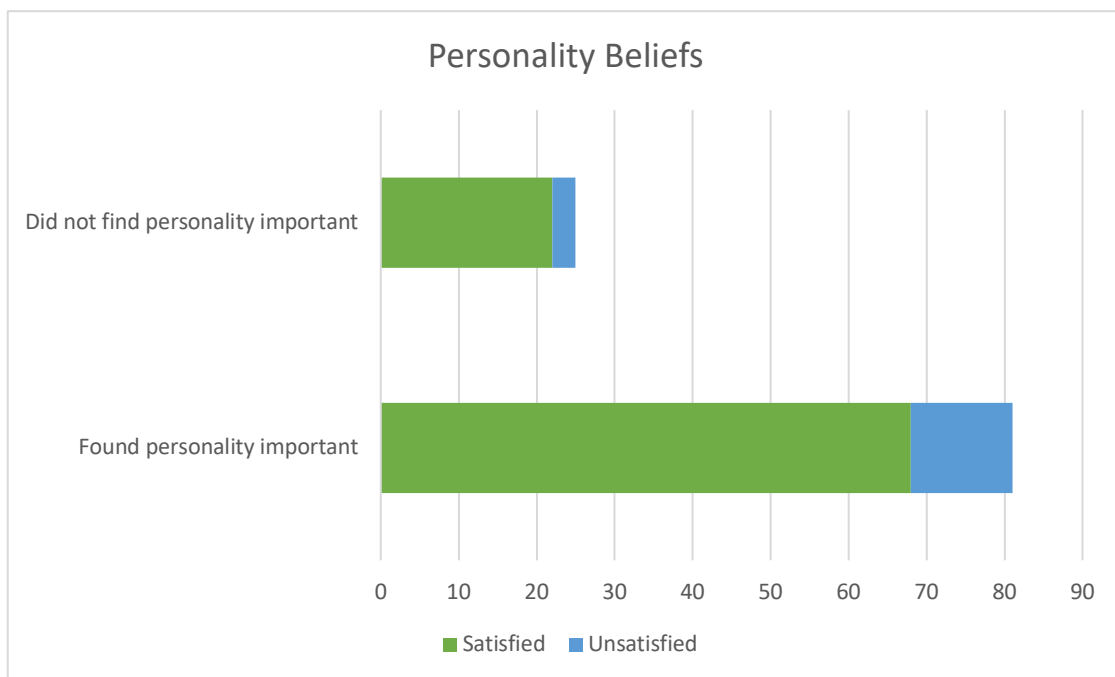


Figure 3: Results from personality related questions

Third, the effectiveness of a visit was tested by first looking at Question 4, which asked if the visit seemed to be thorough. From Group 1, 79% reported thoroughness in

their visit. By contrasting to Group 2, only 19% reported that their visits were adequately thorough. The second question in this section asked the participants if their questions were adequately answered throughout their visit. All responses from Group 1 (100%), regardless of their opinion on Question 4, stated that all or most of their questions had been answered. The same results occurred for Group 2E, those that were unsatisfied and found the thoroughness of the visit to be poor. However, looking at unsatisfied patients that stated the effectiveness was adequate, 15% of participants said that their questions were never answered at all.

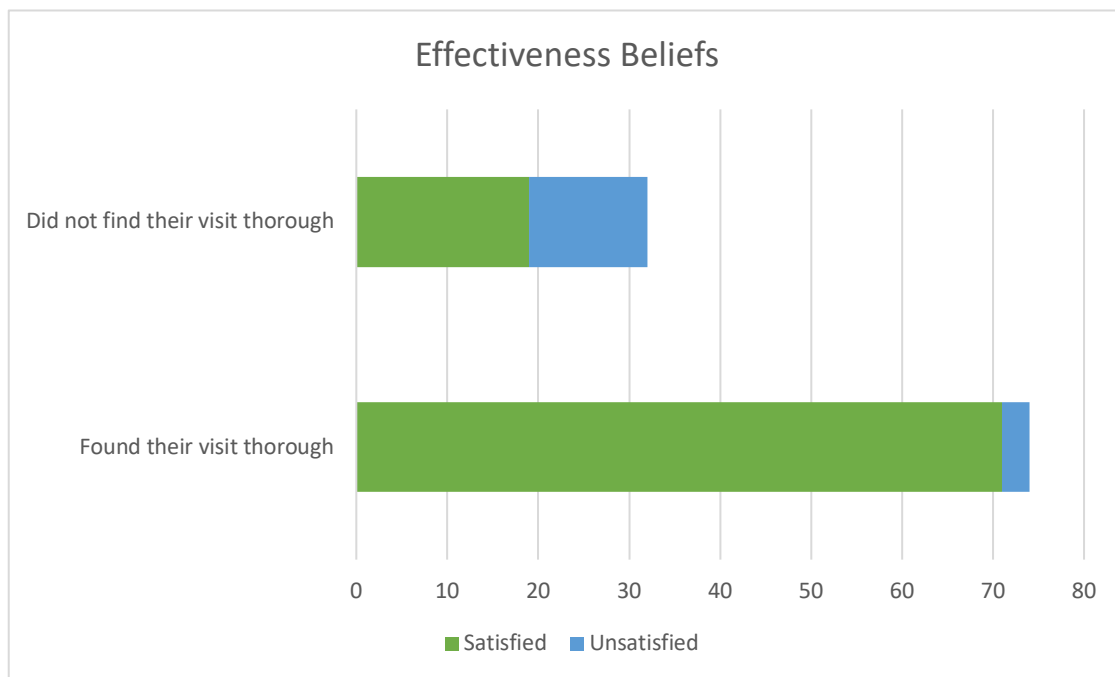


Figure 4: Results from effectiveness related questions

Finally, the efficiency of a visit was analyzed by Question 8 which asked if the participant found their physician to be in a hurry. From Group 1, 65% said their physician was hurried. Contrasting this to Group 2, 88% said that their physician was hurried. When analyzing these groups further, it may be noted that within Group 2, 50% also felt hurried themselves. This is much higher than the comparative value of both Groups 1G and 1H which had values of 24% and 6% respectively.

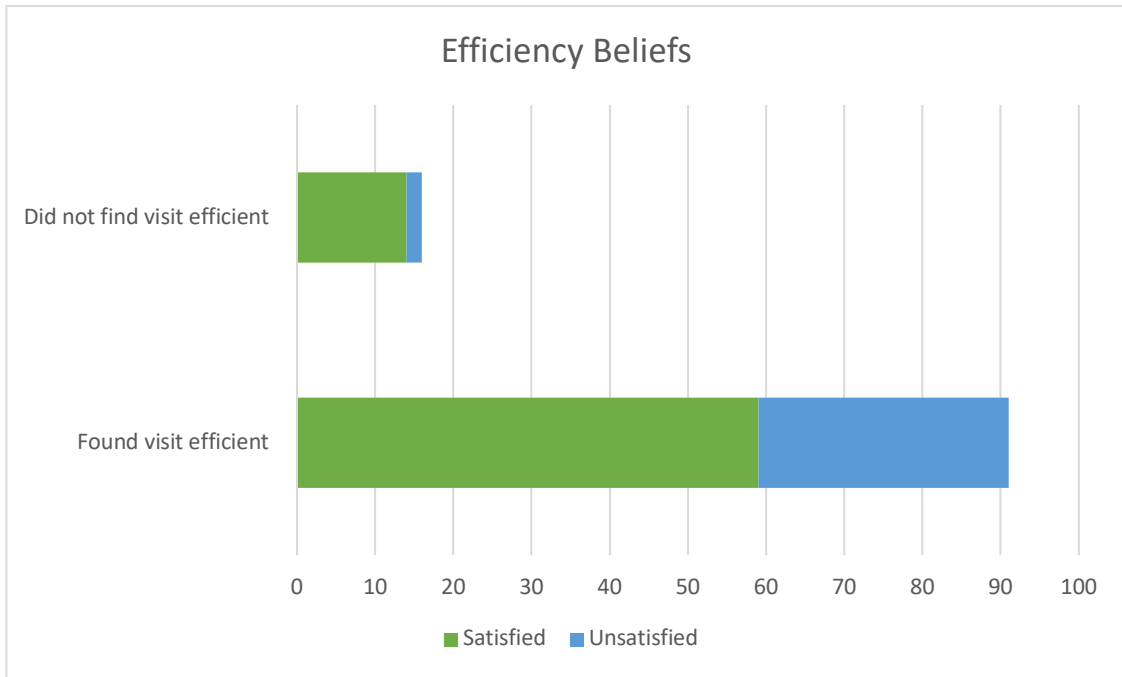


Figure 5: Results from the efficiency related questions

Figure 6 shows how the complete results from the questionnaire were distributed among the population. The values represent the percentages of the participants who answered the questions.

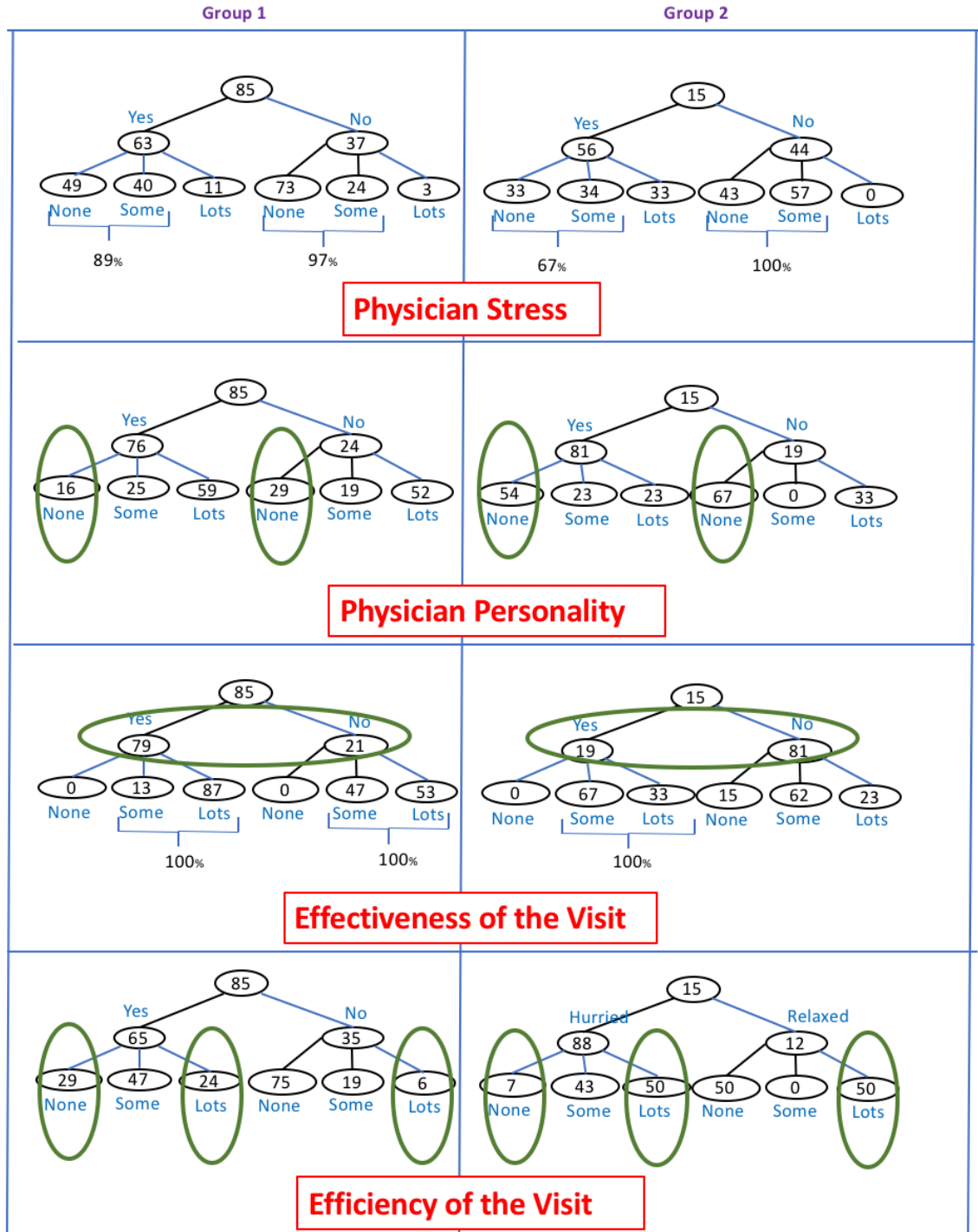


Figure 6: The compiled results from the experiment.

Discussion

This survey used four basic areas of a health care experience which are commonly perceived as negative or inefficient in order to see their correlation with the overall satisfaction of a patient. The first concept to be discussed is the overall satisfaction, 85% of participants stated that they were in fact satisfied with their health care experience. This being said, when participants were asked if they thought any improvements could be made for future appointments, 41% said that there were either a lot or a great deal of improvements which could be made. Only 15% reported that there were no improvements which could be made whatsoever. The correlation between question 40.7 (“were there any improvements which could be made?”), and the overall satisfaction was $r(104)=-0.64, p=0.001$. Thus, the more improvements that could be made, the less satisfied patients reported being with their doctor. In addition to this reported room for improvement, only 39% stated that they would recommend this physician to someone they know.

Physician Stress

Group 1: Satisfied		Group 2: Unsatisfied	
Group 1A	Believe stress is important	Group 2A	Believe stress is important
Group 1B	Do NOT believe stress is important	Group 2B	Do NOT believe stress is important

Figure 7: Physician stress subgroups

Stress was the first area in the survey to be compared to the overall satisfaction of the participants. In order to study this effect, Groups 1A and 1B as well as Groups 2A and 2B were analyzed.

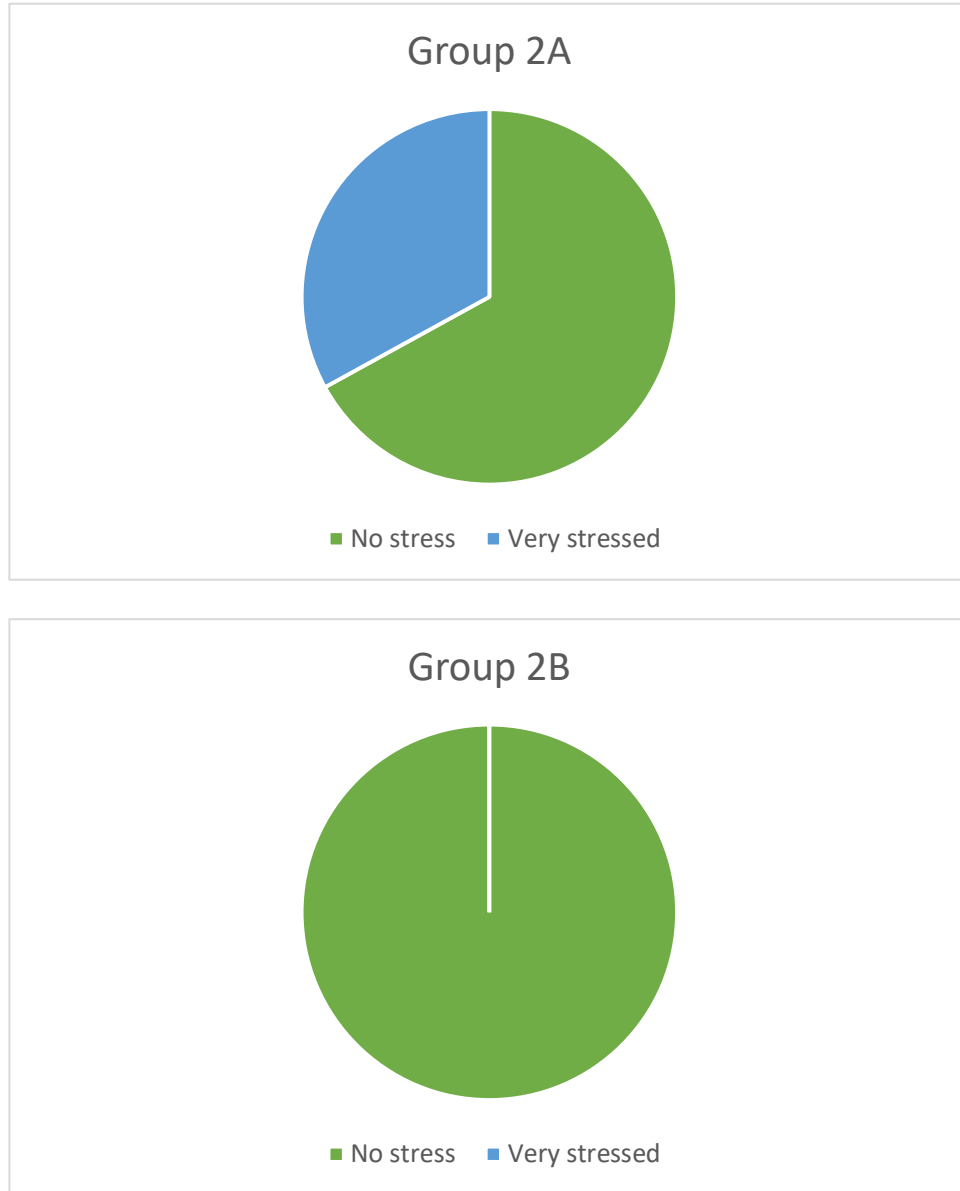
Group 1 was divided into subgroups 1A and 1B depending on whether or not they found stress to be an important contributor to their overall satisfaction. This was

determined by Question 5 of the survey which resulted in 63% falling into Group 1A and 37% in Group 1B. Next, the participants were asked if they found their physician to be stressed during their last visit in question 40.6. From Group 1A, 89% said that there was minimal to no stress which they were able to perceive during their visit. Only 11% said that they felt a great deal of stress during their visit. This may be compared to Group 1B, those that said stress did not play a role in satisfaction. Group 1B reported that 97% found negligible amounts of stress to be present throughout their experience. Despite these results there was no significant correlation between the amount of stress and their overall satisfaction. The figure below represents these two samples with their opinions on stress.



Figures 8 & 9: Satisfied patients opinions on physician stress

Next, the analysis of the unsatisfied patients, Groups 2A and 2B must be considered. When asked Question 5, 56% of unsatisfied participants reported that they found stress to be an important component of their satisfaction. The other 44% reported that it did not influence their satisfaction. This was the process of determining subgroups 2A and 2B. Sixty-seven percent of Group 2A, stated that there was no stress involved in the visit. This was slightly less than that of Group 1A which was to be expected. However, from Group 2B, 100% reported minimal stress on their visit.



Figures 10 & 11: Unsatisfied opinions on physician stress

All this being said, patients' reported overall satisfaction did *not* correlate with the stress inflicted by the medical personnel with which they may be involved during a doctor's visit.

To further pursue the relationship of stress and satisfaction, the remaining questions in this section may be individually analyzed. Question 2 asked whether or not the patients expected their doctors' appointments to be of a stressful nature and 46% reported that they did. This may account for the high levels of satisfied patients who still

found their doctors to be stressed. As a follow up question, question 11 asked whether or not participants found doctors to be overbooked. A total of 71% found that they did find doctors to be overbooked. Finally, two questions were asked in order to determine the nature of the stress of the physicians. Question 41.2 asked if the doctor seemed calm and 86% said yes as well as question 41.3 asked if the doctor seemed composed and 92% said yes. Therefore, despite the large amounts of stress which may have been perceived from the patients, they still found their physicians to be calm, composed, and confident enough to properly administer medical care. These questions were analyzed in the hopes that calm and composed attributes would be antagonistic of stress. However, due to this discrepancy in data, it may be concluded that there were different opinions of the term “stress” between the participants who took the study. This therefore causes this correlation to be uninterpretable.

Physician Personality

Group 1: Satisfied		Group 2: Unsatisfied	
Group 1C	Believe personality is important	Group 2C	Believe personality is important
Group 1D	Do NOT believe personality is important	Group 2D	Do NOT believe personality is important

Figure 12: Physician personality subgroups

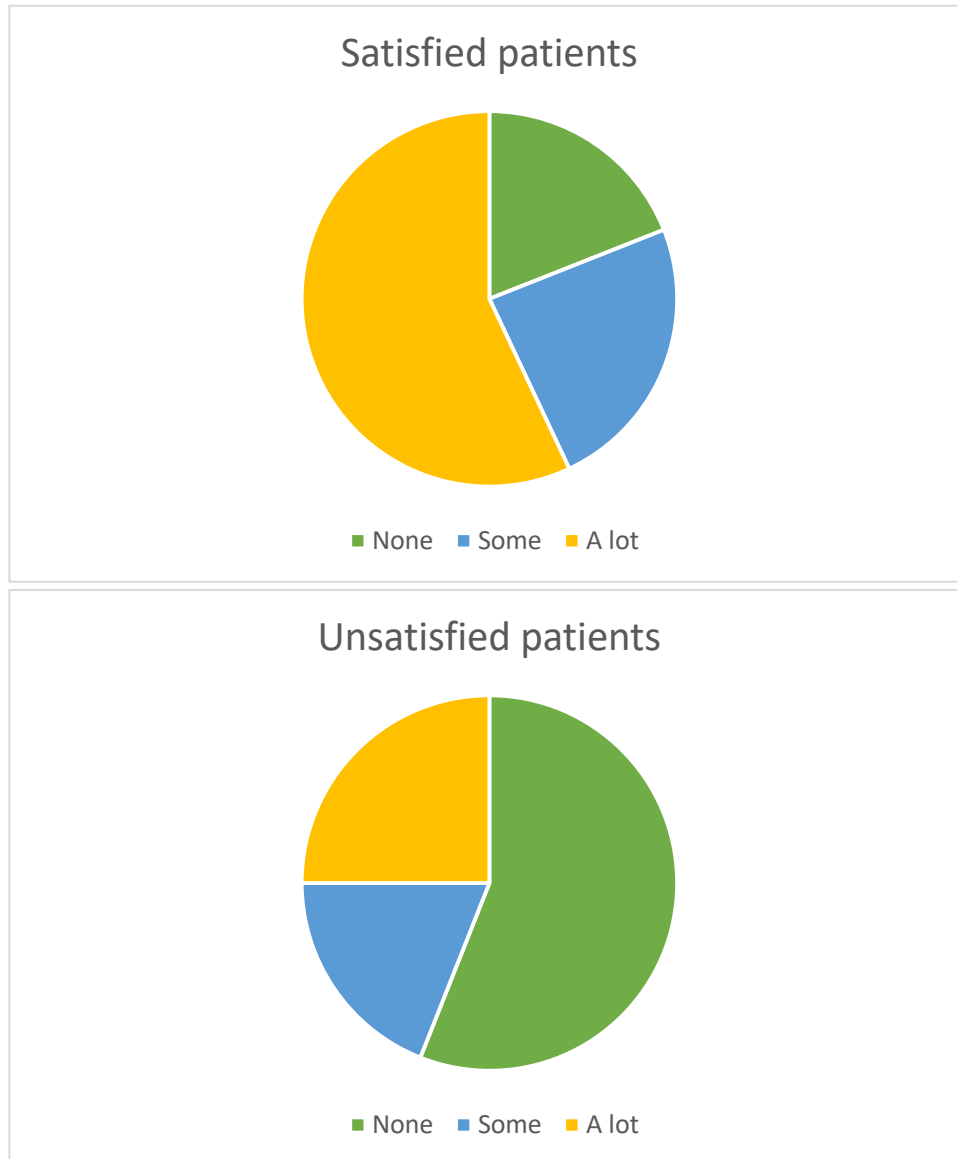
Next, the component of personality may be analyzed. Question 40.5 asked whether or not participants found the personality of their provider to be a factor in their overall satisfaction of their visits. This was the determining factor for the formation of subgroups 1C and 1D as well as 2C and 2D. Next, in order to determine if this component of personality specifically played a role in their satisfaction during the specified visit, Question 50 was asked. This question measured the degree to which a physician took interest in their patient.

Of Group 1, the overall satisfied patients, 76% stated that personality is crucial to satisfaction. From this 76%, only 16% stated that they found that their doctor had little to no interest in them. The remaining 24% which made up Group 1D, found that 29% felt little to no interest from their physician.

In contrast, 81% of Group 2 found that the provider's personality was important, with a much larger percentage of participants who found no interest taken in them. This number had increased up to 54%. Finally, Group 2D found that 67% of patients reported their physician felt no interest in them during the visit. There was a strong correlation between the amount of interest taken in one's personal life by their doctor and patients' visit satisfaction, $r(104)=0.60$, $p=0.008$.

Based on these results, it can be seen that a much larger percentage of patients who were dissatisfied with their visit overall found minimal personal interest taken in them. There was a dramatic decrease between this and the percentage of satisfied patients who felt no interest was taken in them. This portion of the experiment proves that a certain amount of personality and engagement of a physician is necessary to please patients.

The figure below shows the relationship between the satisfied patients (Groups 1C and 1D) as well as those of the unsatisfied patients (Groups 2C and 2D). This figure shows the correlation between the satisfaction and the amount of interest which was taken in the patient to be strong.



Figures 13 & 14: Amount of interest (some, none, a lot) which was perceived by patients from both satisfied and unsatisfied groups.

It is clear that participants believed the personality of their physician was an important factor in their overall satisfaction, which was supported based off the amount of engagement experienced. While these factors are important, 24% of Group 1 (Satisfied participants) stated that they received no special interest whatsoever from their physician. This meaning, the interest of a physician is not crucial to the overall rating of the health care experience.

A number of additional questions concerning personality were asked in the survey which may now be analyzed. Question 6 asked if the personality of the physician caused a change in confidence level from the patient and 93% said that it did in fact influence them. Questions 41.4 and 41.7 asked if the doctor facilitated open conversation and felt generally interested in the topics discussed. For both of these questions, 72% of the population stated that they found this to be the case. Question 41.4 resulted in a correlation of $r(104)=0.66$, $p=0.000$ and question 41.7, $r(104)=0.63$, $p=0.004$. Thus, the more conversation and interest the doctor had or showed with patients, the more satisfied the patients were.

By analyzing all these results, it may be concluded that the interest of the physician is not necessarily critical to the satisfaction of the patient. However, factors such as communication did prove to influence the overall patient satisfaction.

Effectiveness of the Visit

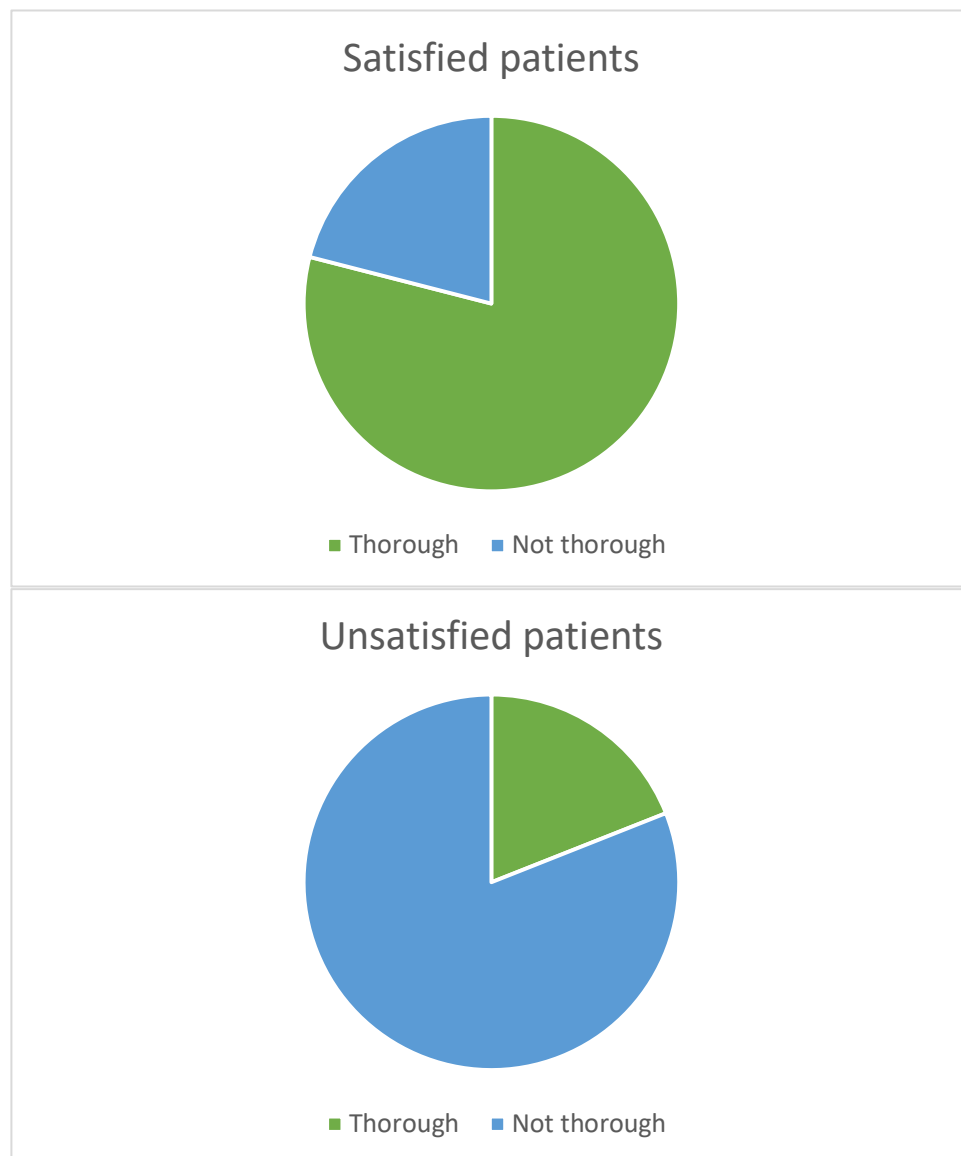
Group 1: Satisfied		Group 2: Unsatisfied	
Group 1E	Believe their visit was thorough	Group 2E	Believe their visit was thorough
Group 1F	Do NOT believe their visit was thorough	Group 2F	Do NOT believe their visit was thorough

Figure 15: Effectiveness of the visit subgroups

For the effectiveness of the visit, two main factors were considered: if the visit was thorough and if all the questions and concerns of the patient were addressed. First, Question 4 was asked in order to establish groups which found their visits to be thorough or not thorough. Therefore, subgroups 1E and 1F as well as 2E and 2F were determined by the overall satisfaction as well as the thoroughness of their visit. From this, it can be seen that there is a $r(104)=0.63$, $p=0.002$ correlation between the overall satisfaction and

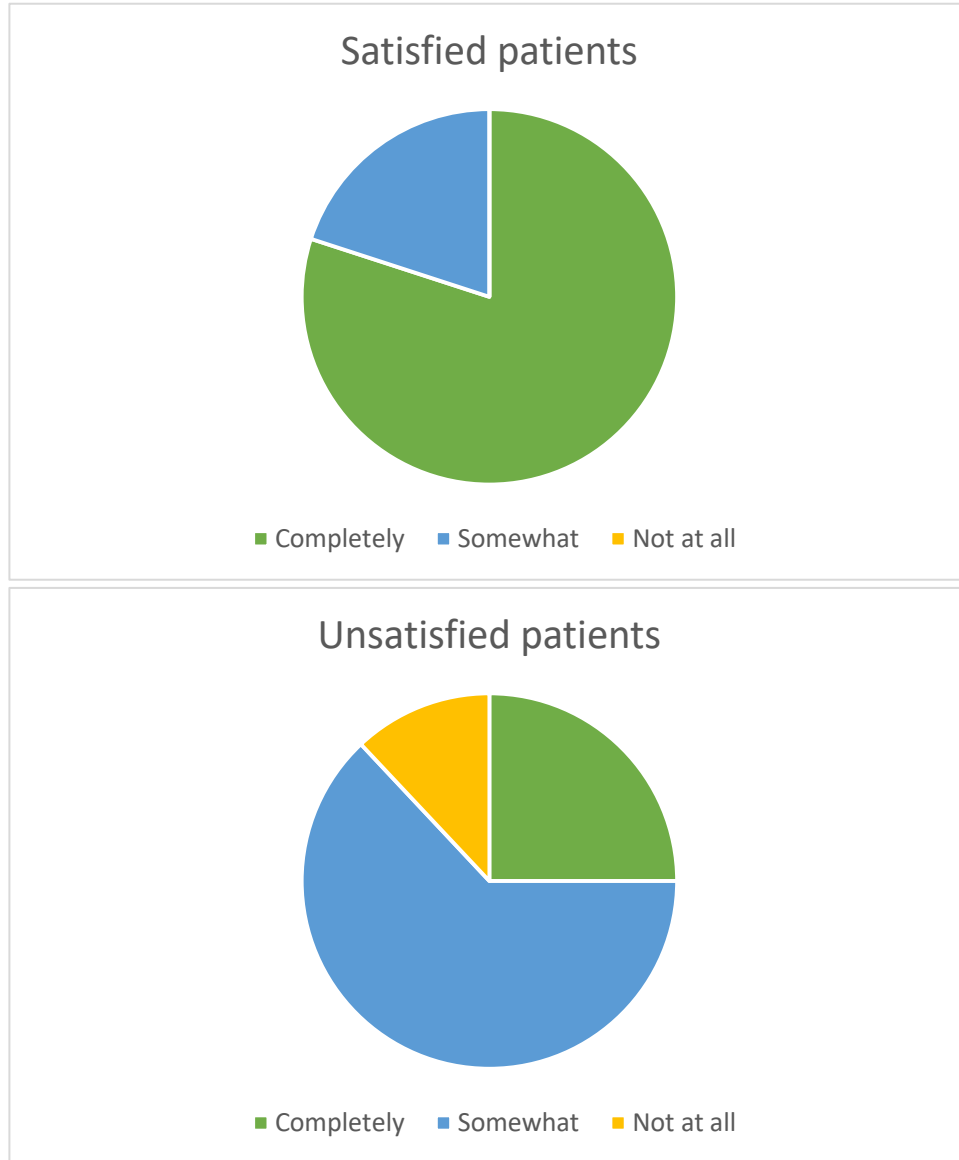
visit thoroughness. Thus, the more thorough the doctors were, the more satisfied patients reported being with the visit.

First, looking at Group 1, subgroup 1E comprised 79% of the total group meaning 79% of the satisfied patients found their visit to be thorough. The remaining 21% stated that their visit was not thorough. Next, looking at the unsatisfied patients (Group 2), 81% of this group stated that their visit was *not* thorough. As seen in the personality section, there was a directly opposite result from the satisfied versus unsatisfied patients as seen in the figures below.



Figures 16 & 17: Satisfied versus unsatisfied patients' perceptions of effectiveness

Next, these subgroups were further evaluated by asking question 41.8, which examined if a patient's concerns were addressed during their visit. From the satisfied patients, 100% found their questions and concerns to be all or mostly addressed by their physician. Within this percentage, 87% said that their doctor fully put them at ease and felt as though there were no unresolved issues at the end of their appointment. Below are the results from question 41.8 which show that there was a much higher percentage of somewhat to no address of concerns for that of the unsatisfied patients. In addition, the extent to which a patients concerns were fully addressed yielded a $r(104)=0.72, p=0.001$ correlation proving its significance. In other words, patients emphasized whether their concerns were met when evaluating their satisfaction with their doctor. Those whose questions were addressed reported being more satisfied than those who perceived their questions as remaining unanswered.



Figures 18 & 19: Satisfied versus unsatisfied opinions concerning the amount of questions addressed by their physician

To summarize, the thoroughness of a health care visit had a strong, direct correlation with the overall satisfaction of the patient for said visit. The extremely high number of unsatisfied patients who reported that their visit was not thorough is cause to consider this the most crucial component to the health care experience. In addition, the 21% of satisfied patients who claimed their visit was not thorough may have attended for a routine visit, such as getting a flu shot, in which there was not a need to be thorough. If this was the case, it would conclude that since 100% of satisfied patients felt as though

their questions were addressed, the 21% that found their visit not to be thorough may have placed emphasis on other aspects of their health care visit.

Question 46 asked if patients found their doctors competency aided in their overall recovery process and 68% reported that they did feel as though the influence of their doctor positively influenced this experience.

Efficiency of the Visit

Group 1: Satisfied		Group 2: Unsatisfied	
Group 1G	Found their physician hurried	Group 2G	Found their physician hurried
Group 1H	Did NOT find their physician hurried	Group 2H	Did NOT find their physician hurried

Figure 20: Efficiency of the visit subgroups

Finally, the time usage of the visit may be discussed. As with the other sections, two questions were specifically evaluated to determine if patients found doctors to be in a hurry. From Group 1, 65% of the patients found their doctor to be in a hurry while only 35% did not. However, 45% reported that they felt no rush during their visit. This being said, only 18% found themselves to feel a great amount of rush during their visit.

In comparison, Group 2 reported that 88% found time usage to be a large factor in their satisfaction. Within that 88%, 50% of the population found themselves to feel consistently rushed during the duration of their visit.

Due to these results, it can be seen that most of the population found doctors to be stressed but did not think this has any direct correlation to the satisfaction itself. The component which *did* influence the satisfaction was that of the rush felt by the patient themselves. A patient who felt rushed throughout the entirety of their visit was *significantly* more likely to be dissatisfied with their visit altogether.

In contrast to these two questions which were concerned with the amount of rush which may have been felt during the visit, question 3 asked whether or not participants found their visits to be efficient and 73% said that they did. Combined with previous results of the stress component section which said patients found their doctors to be overbooked, this question summarizes the fact that many patients go into a visit expecting a certain amount of stress and rush. However, without this rush, the visit would then be considered to be vastly inefficient. Only 59% of participants specified that they felt doctors should schedule more time to spend per visit.

In contrast, question 24 asked if the distribution of time spent at a visit (i.e., in waiting room, with doctor, etc.) was efficient. Fifty-four percent of the sample reported that they did not find this breakup of time to be efficient in any manner. Ten percent held a neutral opinion concerning the matter while 36% found it efficient.

Conclusion

To summarize, there are many components which must be satisfied to have a well-rounded health care visit as this is one of the most selective and crucial appointments which may be experienced. Therefore, it has become more important for physicians to fine tune their appointment skills to attract and satisfy more patients as the ongoing demand increases.

This experiment focused on analyzing four behavioral categories which may influence the overall satisfaction ranking: physician stress, personality of the physician, effectiveness of the visit, and efficiency during the visit itself. Each of these factors had varying degrees of correlation with the satisfaction of the participants.

The first section to be analyzed was the physician stress. This component revealed that there is a certain amount of stress which has come to be expected from a doctor's visit. The majority of participants reported that they were satisfied with their visit despite feeling that the physician may have been stressed throughout some or all of their visit. Therefore, the component of physician stress was *not* crucial to the satisfaction ratings from participants.

Next, the component of physician personality was examined. The majority of participants reported that they thought the personality of the physician was important in their experience. It was also reported that the personality and confidence of the physician dramatically increased the confidence felt by the patients. There was a significant correlation between the satisfaction and the amount of interest which the physician took with a patient. This meaning, the less interest a physician had in their patients, the less satisfied they were. Finally, this section concluded that the *more* open the communication between the physician and the patient, the *more* trusting the patient was in the capability of the physician.

Third, the effectiveness of the visit was considered as compared to the overall satisfaction. **This component proved to have the highest level of influence on a health care visit.** Eighty-one percent of the patients who were dissatisfied with their visit also reported that they felt their visit was not thorough or effective. Sixty-eight percent of the participants in this study also reported that they felt the care of the physician aided in their recovery process. Therefore, this major lack of competency perceived by the patients plays a major role in the healing process felt by those individuals.

Finally, the time usage, or efficiency, was evaluated. This component showed that most patients expected and found their physicians to be hurried. However, they *did not* consider this to be a major element in their satisfaction.

All of this being said, the most important factor in the overall satisfaction of a patient during a health care visit proved to be the effectiveness. This meaning, competence and thoroughness are the two most important skills which a physician must possess in order to satisfy his or her patients.

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Appendix A

Patient Attitudes Survey

Consent Form

Dr. Jodi Price
Lifelong Learning Lab
(256) 824-4590

The University of Alabama in Huntsville
Department of Psychology
Huntsville, Alabama 35899

Contact Information:
Dr. Jodi Price: (256) 824-3321

Purpose of Study

The primary goal of this study is to examine your attitudes regarding how medical doctors interact with their patients as well as your views regarding the quality of medical health care you receive. You are being asked to commit 30 minutes or less of your time for this study. You will be given 1 research activity point for your participation.

Experimental Procedures to be Followed

You will be asked to complete two surveys. The first will ask you to provide some basic demographic information. The second will ask questions assessing your attitudes about medical health care.

Confidentiality

All of your answers to questions and responses will be kept strictly confidential. To protect the confidentiality of this information, we will assign you a code number that will only be known to the members of the research project. All of the information that you provide us today will be marked with the code number, not your name, and the information will be stored in a computer for analyses using only your code number for identification. The only reason we are asking for your name during the consent process is so we may accurately assign you the activity point upon completion.

In order to ensure that this research is being conducted in the proper way, the IRB at The University of Alabama in Huntsville may review the data we collect. However, they are the only people outside of this research study that will have access to these data. Your answers to our questions will not be given to anyone else. We want you to be completely confident that you may feel free to answer all questions without concern that it may affect you in any way.

We are grateful for your willingness to participate in the research project. We need your help, because you and others will help us to accomplish our aims mentioned above. However, your participation is voluntary. You will receive 1 research activity point for participating. We want you to know, however, that you are free to change your mind and withdraw from this research at any time. There will be no penalties for doing so; you will not lose any credit for withdrawing early from a session but will not earn any credit either. If you have questions about the research, please feel free to contact the project director, Dr. Jodi Price (256-824-3321; jodi.price@uah.edu). If you have questions or concerns about your rights as a research participant, you may contact Dr. Bruce Stallsmith, IRB Chair (256-824-6000; irb@uah.edu), at The University of Alabama in Huntsville to discuss the problems. Again, we are grateful for your help and want to make sure that your participation is a pleasant experience. Following your participation, you will be provided with an explanation of why this study was conducted.

Discomfort and Risks

There are no major physical risks involved in this study. There is a minor risk of eyestrain from reading the questionnaires on the computer screen. However, should you feel at any time that you need additional rest, please feel free to take a break before returning to the questionnaires.

Potential Benefits

This study will provide knowledge about factors that affect perceptions of medical health care. This knowledge could be of potential benefit to others through our search for understanding of these processes.

Contact Person

Please feel free to contact Dr. Jodi Price (jodi.price@uah.edu) if you have any questions or concerns about this research study.

Typing your name below indicates that you read the information above and understand it completely. Clicking “Yes” below indicates your willingness to complete the survey questions. If you no longer wish to participate, simply click “no” to exit the survey.





If you agree to participate, please click yes and electronically sign by typing your full name below. If not, click no.

I do not agree

I agree _____

- Q1 Do you think doctors are more stressed than nurses?
 - Q2 Do you find the typical medical experience/doctor's appointment to be stressful?
 - Q3 Do you feel as though your doctor's visits are effecient?
 - Q4 Do you feel as though your doctor's visits are thorough?
 - Q5 Do you feel as though your doctor's level of stress plays a role in your visit satisfaction?
 - Q6 Does the personality of your doctor influence your confidence level in them?
 - Q7 Are you generally satisfied with your doctor's visits?
 - Q8 Do you typically find that doctors seem to be in a hurry?
 - Q10 Do your feel as though doctors spend the appropriate amount of time with a patient?
 - Q11 Do you think doctors are overbooked?
 - Q12 Do you think more time should be scheduled per visit?
 - Q13 Was your time well used during your last doctor's visit?
 - Q14 What type of visit was this?
 - Q15 How many times have you seen this doctor?
 - Q16 Where was your visit?
 - Q17 How long ago was your visit?
 - Q18 How long did your last doctors visit take total?
 - Q19 What percent of your time was spent with a doctor?
- (Please enter a multiple of 10.)

0 10 20 30 40 50 60 70 80 90 100

What percent of your time was spent with a doctor?	
What percent of your time was spent with a nurse?	
What percent of your time was spent in the waiting room?	
What percent of your time was spent waiting in a private room?	

Q24 Do you feel that this distribution of time is as effective as it could be?

Q25 What is your gender?

Q26 What is your age?

Q27 What is your native language?

Q28 What race do you consider yourself to be?

Q29 What is your current marital status?

Q30 Do you have any children?

Q31 What type of dwelling do you live in?

Q32 What is your major?

Q33 In general, would you consider your overall health to be

Q34 Compared to a perfect state of health, I believe my overall health to be

Q35 Compared to other people my age, I believe my overall health to be

Q36 Compared to other people my age, I believe my eye-sight to be

Q37 Compared to other people my age, I believe my hearing to be

Q38 Are you currently seeing a doctor due any medical problems?

Q40 Click to write the question text

	A great deal	A lot	A moderate amount	A little	None at all
How interested in your concerns was your doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was your doctor in a hurry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you have preferred that your doctor spend more time in the room with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you have preferred that your doctor spend more time talking with you during your visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much does the personality of your doctor influence the level of satisfaction you have during your visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your doctor seem stressed out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you believe there are any improvements which could be made for your next doctor's visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any correlation between the amount of time spent waiting on health care professionals and the level of satisfaction you have with your visit?

Had your doctor been stressed, would this have affected the level of openness you felt during your visit?

How redundant is the information asked by your nurses and doctors?

Q41 Click to write the question text

	Always	Most of the time	About half the time	Sometimes	Never
How often were you asked the same questions by multiple medical personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your doctor seem calm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your doctor appear confident and composed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your doctor make you feel as though you could speak your mind?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your doctor put you at ease during your recovery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel rushed at any point of your visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your doctor seem thoroughly interested in your concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your doctor address your concerns adequately and reassuringly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q42 Click to write the question text

	Extremely confident	Moderately confident	Slightly confident	Neither confident nor unconfident	Slightly unconfident
What is your level of confidence in your doctor's diagnosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What is your level of confidence in your doctor's recommended treatment plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What is your level of confidence in your doctor's knowledge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q44 How likely are you to recommend this doctor to a friend?

Q45 Did you feel the need to get a second opinion?

Q46 Do you feel as though your doctor aided in your recovery?

Q47 Did your doctor spend time with you in casual conversation?

Q48 Do you feel as though your doctor's level of concern played a role in your recovery process?

Q49 Was the overall atmosphere of your doctor's visit pleasant?

Q50 Did your doctor take interest in your personal life and wellbeing?

Q51 As you left your visit, did you have any questions that you felt were left unanswered?

Q52 Did your doctor ask a sufficient amount of questions?

Q53 Do you think your doctor's visit was worth the money?

Q54 Are there any further comments you would like to make regarding your overall opinion of doctors, your last doctors visit, etc.?

Q56 Debriefing Form for Patient Attitudes Study

The survey you just completed was designed to examine whether your views about the quality of health care are influenced by perceptions of how rushed or stressed doctors seem when interacting with their patients. We asked general and more specific questions about your perceptions of doctors to examine these issues. We would not be able to answer questions like this without your help. Thus, we appreciate your participation.

Now that you have more information about what the study entailed, please let the

experimenter know if you wish to withdraw your data. Withdrawing your data means that it will not be included in any analyses but will not affect the research activity point you have earned. You will still receive the 1 activity point, whether you choose to withdraw your data or not, given that you completed the experiment. Please notify the experimenter of your decision at this time. Should you have any questions, please feel free to email the director of the Lifelong Learning Lab, Dr. Jodi Price – jodi.price@uah.edu. If you have concerns about how this research was conducted, please feel free to contact Dr. Bruce Stallsmith, IRB Chair, at irb@uah.edu. Thank you again for your time.