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Communication between Patients and Nurses, Midwives and Doctors Using Focus Group Discussions

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

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ABSTRACT

Background: In the everyday understanding of communication between patients and health professionals, emphasis should be on effective communication in providing effective health care. This, therefore, leads to a special relationship in the health setting. The nature of the relationship depends on how the two parties understand the communication sequence. Communication skills training has been found to improve doctor-patient communication. Some methods used in studying doctor-patient communication are self-report measures, interviews, observational studies, randomised controlled studies, and focus group discussions.
Researchers have defined focus group discussions (FGDs) as a procedure used in gathering data moderated by a researcher, and it is usually focused on ideas, knowledge, and thinking of participants. In Ghana, nurses, midwives, and doctors do not provide information to patients on their diseases. Therefore, the objective of this study was to explore Tamale Teaching Hospital nurses, midwives, and doctors' descriptions of the information needs of Tamale Teaching Hospital patients.
Methods: The design was semi-structured discussions with three groups. A convenient sample of doctors and a random sample of nurses and midwives from Tamale Teaching Hospital were

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participants. The researcher (MA) developed questions, which were used in stimulating the focus group discussions. MA facilitated the discussions and the research assistant (AAM) took notes and did the tape recording. To ensure reliable results, there was involvement of colleagues who had good knowledge of FG methods and participants for their viewpoints and confirmation. Excel database was used in the compilation, analyses, and syntheses. Data were collected in May 2013.

Results: The results of the FG discussion showed that the name/nature of proposed treatment, the advantages and disadvantages of the proposed treatment, alternative treatment procedures, advantages and disadvantages of alternative treatment were of concern to patients and needs special attention.

Conclusions: These findings are consistent with earlier studies that patients were not given adequate information on their diseases. The findings from this study showed that patients in Tamale Teaching Hospital need a lot more information on their treatment.

Keywords: Patients; treatments; diseases; nurses; midwives; doctors; focus group; communication; Tamale Teaching Hospital.

ABBREVIATIONS

8QIRT - Eight questions on information regarding treatment
FG - Focus group

1. BACKGROUND

In the everyday understanding of communication between patients and health professionals, emphasis should be on effective communication in providing effective health care. This, therefore, leads to a special relationship in the health setting. The nature of the relationship depends on how the two parties understand the communication sequence [1]. Communication skills training has been found to improve doctor-patient communication [1–3]. Effective communication requires an understanding of the patient and the experiences they express [1,4]. Communication is the means by which the patient's symptoms are elicited, how diagnosis is made, delivered, and treatment is recommended and monitored [5].

Various methods have been used to demonstrate and understand the nature of communication between patients and doctors. Some of such methods are self-report measures, interviews, observational studies, randomised controlled studies and focus group discussions.

Focus group discussions (FGDs) have been defined by researchers as a procedure used in gathering data moderated by a researcher and it is usually focused on ideas, knowledge, and thinking of participants [6,7]. The number of participants varies from one researcher to the other and the availability of participants. However, Morgan [8] suggested 6 to 10 homogeneous people in a group.

Focus group discussions can be used during an explorative, post-, and follow-up study. It has been extensively used in health research in recent years to explore the perceptions of patients and other groups in the health care system [7,9–11]. In focus group discussions, researchers play the role of a "facilitator" or a "moderator". The researcher facilitates or moderates a group discussion between participants and not between the researcher and the participants. Contrasting it with interviews, the researcher takes a peripheral, rather than a centre-stage role in a focus group discussions [12–17].

The advantages of focus group discussions are: it is relatively inexpensive, respondents are likely to provide candid responses, it builds on respondents ideas and that is what allows researchers to look beyond the facts and numbers that might be obtained through survey methodology [12,18–20]. This study, therefore, sought to explore Tamale Teaching Hospital nurses, midwives, and doctors' descriptions of the information needs of Tamale Teaching Hospital patients.

2. METHODS

2.1 Design

The design was semi-structured discussions with three groups.

2.2 Sample

A convenient sample of doctors and a random sample of nurses and midwives from Tamale Teaching Hospital took part in these focus group discussions. This is because Tamale Teaching Hospital is one of the three largest teaching and referral hospitals in Ghana.

2.3 Ethical Approval

The Research and Monitoring Department of Tamale Teaching Hospital, Tamale – Ghana, gave Ethical Approval for this study on 5th May 2013. The approval number is TTH/R6M/SR/13/12.

2.4 Outcome Measure

The researcher (MA) developed questions, which were used in stimulating the discussions. Questions that were used to stimulate the discussions are presented in Table 1.

2.5 Procedure

A convenient sample of doctors from the general surgery, gynaecology, accident and emergency, and ear-nose-throat units were included in the first group because they were the only doctors available. The second group were from the emergency, nutrition and dietetics, pharmacology, and neurology units because they were the only doctors available. The third group included nurses from general surgery, gynaecology, accident and emergency, ear-nose-throat, and pharmacy units. The third group were randomly selected from nurses and midwives in those departments. The researcher (MA) facilitated the discussions and the research assistant (AAM) took notes and did the tape recording. Questions that were used to stimulate the discussions are presented below (Table 1).

2.6 Data Analyses

The data were analysed by transcribing all tapes and inserting relevant notes into the transcribed material where appropriate. Transcripts were analysed, and non-essential words removed. The responses were grouped according to each question. After that, the responses were organised and classified according to categories. The ideas that occurred in the responses were then noted for each question. The main ideas to identify themes which occur repeatedly were reviewed. Themes were then identified, and quotations were made to illustrate each theme. Thereafter, descriptions of the themes were made, and quotations included. Excel database was used to assign participants contributions. From the Excel database compilation, analyses, and syntheses were conducted.

2.7 Rigour

To ensure reliable results, there were two groups of medical doctors and a third group of nurses and midwives. Colleagues who had very good knowledge of qualitative studies using FG discussions methods were involved to ensure trustworthiness. Participants were involved to confirm the discussions that took place by sending the transcribed data to them for their comments. In addition, the audio recordings were repeatedly listened to (at least three times) by the researcher and his colleagues to ensure its accuracy and validity. In the end, a summary of the discussions was returned to participants for their viewpoints and confirmation.

Table 1. Questions used in stimulating the FG discussions

	Questions
1	*As a medical doctor or nurse what are the very interesting information needs of your interaction with patients?
2	What are the challenges with patients about their information needs?
3	*What are the common problems patients have with doctors or nurses about information needs?
4	What do you think could be the causes of these problems?
5	Which group of patients do you think are particularly affected by these problems?
6	What in your opinion could be done to alleviate these problems as mentioned?
7	From your opinions listed has anything been done so far to solve it?
8	How do you feel when these problems are being faced by patients?
9	Is there anything else you would like to share common information needs of patients?

**In question 1 and in question 3, the use of a medical doctor or nurse or midwife depended on the FG*

3. RESULTS

All participants who were asked to participate agreed to participation (N = 13). There were three groups (two groups of 4 doctors each and the third group with 5 nurses and midwives). Their age ranged from 30 to 45 years. Table 2 below shows the demographic data of participants.

Each FG took about 45-90 minutes to complete their discussion. The discussions took place at the Tamale Teaching Hospital Meeting room. All the three FGs met at different times in May 2013.

3.1 Proposed Treatment

Examples of some of the views on how proposed treatment were handled are:
Respondent 4 Focus Group (FG) 3: *"I feel doctors think patients should have a right to know their sickness"*

Respondent 5 Focus Group 1: *"Doctors think that when patients get to know their condition, it may get worse".*

Respondent 3 Focus Group 2: "*In serious cases like cancer the doctor should not inform the patient".*

Respondent 1 Focus Group 1: "*It looks like when a doctor gets to know that the patient is well educated they are given preferential treatment like provision of sideward where they are alone and giving them more information about their illness".*

3.2 Alternative Treatment Procedures

Some responses about alternative treatment were:

Respondent 2 Focus Group 3: *"Doctors are always looking forward to providing drugs that are approved by the National Health insurance scheme".*

Respondent 3 Focus Group 1: "*Doctors sometimes inform patients of alternative treatment by referring them to their private clinics in town. So that they can make money".*

Respondent 3 Focus Group 3: "*where patients want to use an alternative treatment like herbal medication and prayers they are discouraged. Sometimes they even ask Pastors to leave the ward because they feel they are a nuisance".*

3.3 Advantages and Disadvantages of Alternative Treatment

Some responses to the advantages and disadvantages of alternative treatment are:

Respondent 1 Focus Group 2: *"Patients are sometimes not informed of alternative treatment due to the cost involved. Sometimes those alternative treatments are not covered by National Health Insurance".*

Table 2. Demographic data of participants in the Focus group

Age		Gender	Specialty	Type of practice	Duration of practice
Focus Group 1					
1	40	M	General	General surgery	12
2	45	M	Gynaecology	Gynaecology	15
3	30	M	General	Accident/emergency	3
4	34	M	Otorhinolaryngology	Ear nose and throat	3
Focus Group 2					
1	43	M	General	Emergency	14
2	31	M	Nutrition	Nutrition and dietetics	4
3	37	M	General	Pharmacology	6
4	50	M	General	Neurology	18
Focus Group 3					
1	39	F	Nursing	General surgery	17
2	44	F	Nursing	Gynaecology	20
3	36	F	Nursing	Accident/emergency	8
4	43	F	Midwifery	ear nose and throat	22
5	33	M	Nursing	Pharmacy	9

Legend: M = male; F = Female

3.4 Summary of Findings

The results of the FG discussion showed that the name/nature of proposed treatment, advantages and disadvantages of proposed treatment, alternative treatment procedures, advantages and disadvantages of alternative treatment were of concern to patients and needs to be addressed. Based on the FG discussions results, the researcher (MA) developed eight questions on information regarding treatment (8QIRT) to be used for an explorative study. The 8QIRT are presented below in Table 3.

4. DISCUSSION

This study explored Tamale Teaching Hospital nurses, midwives, and doctors' descriptions of the information needs of Tamale Teaching Hospital patients. The main findings were that the name/nature of proposed treatment, advantages and disadvantages of proposed treatment, alternative treatment procedures, advantages and disadvantages of alternative treatment were of concern to patients and needs to be addressed.

The findings from this study were that the name/nature of the proposed treatment was not made known to patients. This finding is consistent with a study by Akande [21] who found that 53% of outpatients were not given adequate information on their diseases. Other researchers have found the poor information given by doctors [22–27]. Researchers have stated that a patient's level of satisfaction is improved by better recognition and understanding of their ailment and the treatment available [28–30]. In addition, Turkson [31] found that the percentage of respondents who were told their diagnosis was low (43%) and this is consistent with this study. This could be because of the paternalistic nature of the relationship between a doctor and their patients which has been inherited over a long period of time. Ranjan et al. [29] reported that it is important to formulate and discuss a future plan of treatment with patients and/or attendants by involving them in the decision making.

Patients reporting good communication with their doctor are more likely to be satisfied with their care, and especially to share pertinent information for accurate diagnosis of their problems, follow advice, and adhere to the prescribed treatment [32–35]. This is especially the case because the anxiety of patients would be reduced due to the information they have about their illness. It has also been reported that patients' agreement with their doctors about the nature of the treatment and need for follow-up is strongly associated with their recovery [36].

A study by Butalid et al. [37] indicated that consultations in which doctors provided alternative options also received positive remarks by patient observers. This is consistent with this study which found alternative treatment procedures were of concern to patients.

In this study, it was found that doctors do not inform patients of alternative treatment. It has been reported by researchers that doctors who share with their patients the relevant risks, benefits, and information on all reasonable treatment alternatives and the patient also sharing with the doctor all relevant personal information leads to good treatment outcomes [38,39]. This change in communication may be a departure from the traditional doctor-centred model of communication. Shared decision making can increase patient engagement and reduce risk with resultantly improved outcomes, satisfaction, and treatment adherence [40].

Table 3. Eight questions on information regarding treatment (8QIRT)

Question	Details
1	Was the name/nature of the proposed treatment or procedure explained to you?
2	Were the advantages of proposed treatment made known to you?
3	Were the disadvantages of proposed treatment explained to you?
4	Were alternative treatment procedures (regardless of costs or extent covered by insurance) explained to you?
5	Were the advantages of alternative treatment also explained?
6	Were the disadvantages of alternative treatment also explained?
7	Were the advantages of not receiving treatments explained to you?
8	Were the disadvantages of not receiving treatments explained to you?

5. LIMITATIONS AND SCOPE

Limitations of these FG discussions are that only the researcher and the assistant handled the facilitation, discussions, writing of memoranda, and all records. The convenient nature of the sample of doctors can be a problem because randomisation could have enhanced the FG discussions. This study cannot be generalised beyond the sample because the sample was small (N = 13). The findings obtained in this study, related to the information needs of patients who attended Tamale Teaching Hospital, and this may be similar in the inhabitants of cities and towns of similar contexts (cultural, historical and social).

6. CONCLUSIONS

The findings from this study showed that patients in Tamale Teaching Hospital need a lot more information on their treatment. The 8QIRT developed by the researcher will be used in the future in an explorative study on Ghanaian patients' perception of how nurses, midwives and doctors communicate with patients. The suggestion is for further research using FG discussions for all healthcare professionals.

CONSENT TO PARTICIPATE

Participants provided written consent to participation. Copies of participants written consent forms are available for review by the Editor of this journal.

ETHICS APPROVAL

The Research and Monitoring Department of Tamale Teaching Hospital, Tamale – Ghana, gave Ethical approval for this study on 5th May 2013. The approval number is TTH/R6M/SR/13/12.

AVAILABILITY OF DATA AND MATERIALS

The datasets supporting the conclusions of this article are included within the article (and its additional files).

COMPETING INTERESTS

Author has declared that no competing interests exist.

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