



The Perceptions of Patients and Their Families About a Good Physician: A Qualitative Content Analysis

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Abstract

Background: A universal challenge in the development of medical training methods is the description and characteristics of a good physician. It is essential to collect the information of hospitalized patients and their families in order to revise the curricula of medical departments.

Objectives: The present study aimed to explain the viewpoints of patients and their families about the key characteristics of a good physician.

Methods: The present study was carried out using inductive content analysis in 2017. The study sample consisted of patients admitted to different wards of Imam Khomeini Hospital (Tehran, Iran), as well as family members accompanying the patients. Data were collected via purposeful sampling (maximum variation sampling) by conducting semi-structured interviews until reaching data saturation. After the recorded interviews were transcribed, they were reviewed several times and analyzed using Elo and Kyngas coding system.

Results: A total of 19 participants, including 13 patients and six accompanying family members, were recruited in the present study (11 males and 8 females). The analysis of interviews with the participants indicated seven major categories: "Positive personality traits"; "academic and clinical proficiency"; "professionalism"; "effective communication skills"; "fairness and altruism"; "spirituality"; and "continuous professional development".

Conclusions: The definition of a good physician by patients and their families has different implications in educational programs, as future physicians not only can benefit from education about the medical needs of their patients, but also should be familiar with the needs, fears, and concerns of their patients.

Keywords: Patient's Viewpoint, Good Physician, Physician-Patient, Qualitative Content Analysis

1. Background

For many years, medical instructors have discussed and studied the key characteristics of a good physician in order to revise the student selection process and improve the educational curricula of medical schools. In addition, researchers need to understand if physicians meet the expectations of the healthcare system and the community. Such questions need to be addressed in the realms of medical education, medical professionalism, and healthcare system.

Generally, a good physician embodies medical professionalism. Professionalism is described as a controversial multidimensional phenomenon, involving a combination of qualities. This context-dependent phenomenon (1-3) is influenced by cultural and social characteristics and

competencies (4). Today, professionalism is regarded as a core component of medical education (5). Every individual equipped with three faculties, including the intellect, will, and imagination, which are naturally balanced and contribute to professionalism. In other words, professionalism provides a new framework for organizing experiences (6).

Overall, it is important to understand the truth about the patient's health condition, to prioritize his/her interests, and to consider his/her condition in the clinical decision (6). Many scholars argue that professionalism education is possible not only through formal educational programs (7), but also through "hidden curriculum" (8). In this regard, Martin in a study entitled, "What is a good doctor? Patient perspectives", reported that patients attribute

three characteristics to a good physician, which include competence, concern (for patient), and communication, he names these three features as “3C” (9).

In another study, Bendapudi et al. evaluated the behaviors of an ideal physician from the patients’ perspectives and reported seven ideal behavioral themes (i.e., confident, empathetic, humane, personal, forthright, respectful, and thorough) (10). In addition, Luthy et al. evaluated the patients’ perspectives about “good” and “bad” doctors. They used qualitative content analysis to extract eight characteristics for a good doctor, i.e., scientific proficiency, sensitivity to patient emotions, positive personality characteristics, coping with each individual patient, availability, skillful communication, truthfulness, and lack of interest in financial aspects (11).

Moreover, Miratashi Yazdi et al. in a study on the features of a good physician described the patients and physicians’ perspectives. This study consisted of two qualitative and quantitative phases. Nineteen themes emerged from the thematic analysis, which were categorized into five major groups: Physician-patient relationship; diagnosis and treatment; ethics; accountability; and appearance and personal characteristics (12).

In addition, Moein and Seyed Mortaz evaluated the characteristics of a good physician from the patients’ viewpoint. In their study, the patients attributed the following characteristics to a qualified physician: Good temper and good behavior; high level of medical knowledge; patience; being ethical and responsible; being a good listener; providing patients with useful and adequate information about the disease; humanity; overlooking financial issues; spirituality; and understanding and empathizing with patients (13).

Recently, patients’ perceptions of the characteristics of a good physician have attracted the researchers’ attention, and various structured questionnaires have been developed for this purpose (14). However, there is limited knowledge about the viewpoints of hospitalized patients and their accompanying family members about the concept of a good physician.

2. Objectives

The present study aimed to explain the viewpoints of patients and their families about the key characteristics of a good physician.

3. Methods

In this qualitative study, the content analysis method, proposed by Elo and Kyngas, was applied, which comprises

of three main stages: Preparation, organization, and reporting (Figure 1). Generally, qualitative content analysis is a systematic and purposeful approach for describing a phenomenon (15). In a qualitative content analysis, raw data are interpreted and summarized, and subclasses and themes are extracted (16).

The study sample consisted of patients admitted to different wards of Imam Khomeini Hospital (Tehran, Iran), as well as their accompanying family members. Patients, who were hospitalized for more than one week and accompanied by family members, were recruited in the study. On the other hand, patients who were admitted to the emergency unit, intensive care unit (ICU), or coronary care unit (CCU), or hospitalized for less than one week were excluded.

Data were collected using purposive sampling. Sampling to achieve representativeness or comparability is described as a purposive sampling method. This method is used by researchers, who aim to find a suitable representative sample for a larger group of samples or seek comparison between different groups of items (17). It is classified into six major types, including typical case sampling, extreme or deviant case sampling, intensity sampling, maximum variation sampling, homogeneous sampling, and reputational case sampling (18).

In the present study, maximum variation method was selected considering the diversity of samples, including male and female patients, patients from different wards, age groups, and cultures, in addition to their accompanying family members. The purpose of this method is to ensure that all variables related to the subject are examined and to represent the main themes extracted from the participants (19). Sampling continued until data saturation.

Data were collected using semi-structured interviews. The main question of the interview was: “In your opinion, what are the characteristics of a good doctor?” the time of each interview was 15 to 20 minutes on average, depending on the participant’s condition. The interviews were conducted by two people (male and female) with Master’s degree in sociology and PhD in medical education, respectively. Considering the ethical considerations, the study objectives were explained to the participants, and the participants’ permission was obtained to record the interviews. In addition, information confidentiality and anonymity were respected, and the participants were allowed to withdraw from the study at any time.

After making arrangements and requesting appointments, interviews were conducted with patients in a setting where they felt most comfortable (a quiet room or hospital environment) in the presence of one of the patient’s family members. The interviews were recorded on an MP3 device. All the recorded interviews were transcribed

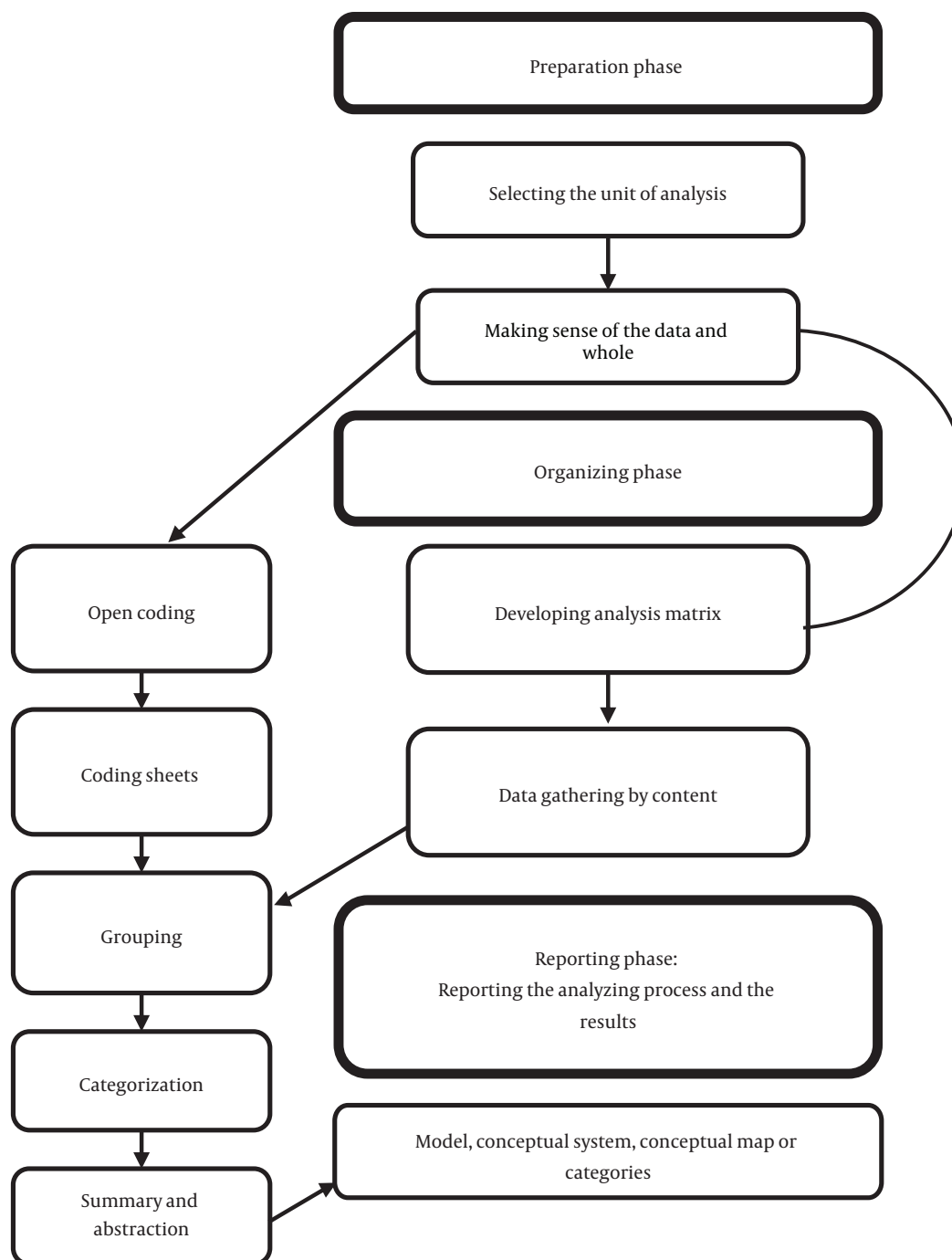


Figure 1. Processes of preparation, organization, and reporting in the inductive content analysis approach (15)

word-by-word by the researcher after each session. Two experts were responsible for the extraction and categorization of data, while one examiner analyzed the data. In the next step, semantic units were extracted and coded. The

units were classified in categories based on their similarities (subcategories), and then, the main categories were formed by combining these subcategories (Table 1).

One of the personality traits of a good physician de-

Table 1. Subcategories and Main Categories Extracted from the Participants' Description of a Good Physician

Main Themes	Subthemes
Positive personality traits	1. A good doctor is good-tempered and well-behaved
	2. A good doctor is smiling
	3. A good doctor acts like a friend (intimacy and kindness)
Academic and clinical proficiency	1. A good doctor has professional and scientific proficiency
	2. A good doctor is clinically competent
	3. A good doctor makes accurate diagnoses
	4. A good doctor presents a scientifically detailed explanation of the disease for the patient or accompanying family
Professionalism	1. A good doctor is flexible in meeting the needs of each patient and devotes adequate time to each patient
	2. A good doctor is reliable
	3. A good doctor tells the truth
	4. A good doctor does not care about the financial aspects and understands the financial problems of patients and their families
Effective communication skills	1. A good doctor establishes a respectful relationship with the patient and his/her accompanying family members
	2. A good doctor is empathetic and sympathetic to the patient and his/her family
Fairness and altruism	1. A good doctor does not discriminate patients
	2. A good doctor follows-up chronic patients after discharge via phone calls or other communication methods.
Spirituality	1. A good doctor gives hope to patients and their families.
	2. A good doctor has a God-centered and spiritualistic approach in patient interactions.
	3. A good doctor has Patience & forbearance.
Continuous professional development	1. A good doctor is aware of the latest medical treatments (being up-to-date).

scribed by the participants was being smiling. In this context, patient No. 9 said:

"I have never seen my doctor come to my room in a bad or angry mood! This makes me feel relaxed."

The participants believed that professional and scientific proficiency is another characteristic of a good physician. In this regard, patient No. 2 stated:

"A good doctor is the one who knows about the patient's illness and can recognize the problems based on the patient's signs and symptoms!"

The participants also believed that a good doctor adapts to the needs of patients. In this context, patient No. 12 stated:

"I am 71 years old, I have hearing difficulties, but my doctor is very considerate of me. When he talks to me or examines me, he speaks loudly and stands close to me; this is very pleasant for me."

Attention to the financial problems of patients and their families was another characteristic of a good physician. In this regard, one of the companions of patient No. 2 said:

"One of my good experiences is when my brother told his doctor that he had financial problems, and the doctor helped him by giving me the money without letting him

know. I am really grateful to him, because we were short of money and needed help for my brother."

Empathy and sympathy with the patient and his/her family are among other qualities of a good physician. One of the patients' companions (No. 1) stated:

"About a year ago, my brother was in a car accident on Khavaran Road and was in a very bad position; I took him to the hospital in a helicopter, and he was admitted to the intensive care unit. The doctor asked me to stay in the room and accompanied the patient during resuscitation. His behavior lifted my spirit; he was a really good doctor, because he understood my situation."

Another characteristic of a good physician is having a comprehensive and all-inclusive view of the patient's situation rather than only focusing on the disease. In this context, patient No. 13 stated:

"A good doctor defies ethnic or cultural discrimination towards patients and considers all patients to be equal."

According to the participants, good physicians can bring hope and peace to patients and their families. Patient No. 11 said:

"When I asked my doctor about my disease, he gave me a detailed explanation. I was really worried about my condition and had no hope in treatment! But he kindly told

me not to worry about it and trust in God and then him! I felt very hopeful after hearing that.”

Another feature that patients described for a good physician was knowledge of advanced therapies. In this context, patient No. 6 said:

“I think a bad doctor is the one who uses therapeutic methods and procedures, which were considered standard five, six, or even seven years ago. Now, you can guess what it means to be a good doctor! In other words, a good doctor is familiar with the most recent advances in the world of medicine.”

The results of data analysis indicated that the descriptions of patients and their families about a good physician were similar in five categories, including “academic and clinical proficiency”, “professionalism”, “effective communication skills”, “fairness and altruism”, and “spirituality”. On the other hand, their definition of a good physician differed in two categories of “positive personality traits” and “continuous professional development” (Figure 2). In general, data analysis of interviews with patients and their families about the characteristics of a good physician can be presented as in Figure 2.

4. Results and Discussion

In this qualitative study, the viewpoints of patients and their families about the characteristics of a good physician were investigated. Based on the analysis of interviews, seven characteristics, including academic and clinical proficiency, professionalism, effective communication skills, fairness and altruism, spirituality, and continuous professional development, were extracted.

As presented in Figure 2, definitions of patients and their families of a good physician overlap, and only two categories of positive personality traits and continuous professional development were different. In other words, the patients’ families in their definition of a good physician did not describe two categories of positive personality traits and continuous professional development. This difference can be attributed to diversities in the viewpoints of patients and their families about a good physician, as well as the quality of physician-patient relationship.

From the patients’ point of view (not families), positive personality traits are one of the key characteristics of a good physician. This finding is consistent with the results reported by Luthy et al. (11). In their study, they found that positive personality traits (such as friendliness, kindness, and amiability) are among the key characteristics of a good physician (11). The present findings are partly consistent with the results reported by Miratashi Yazdi and colleagues, as patients in their study highlighted the appearance and personality characteristics of a good physician

(12). On the other hand, the findings of our study are inconsistent with the study by Miratashi Yazdi et al. as physicians described appearance and personality traits as the least important traits of a good doctor (12).

With regard to the category of positive personality traits, the findings of the present study are consistent with a quantitative study by Moein and Seyed Mortaz, which defined friendliness and good temperedness as the key features of a good physician (13). Also, the findings of our study are in agreement with the results reported by Bendapudi et al., who noted kindness and compassion as the key attributes of a good physician (10).

From the viewpoint of patients and their families, another key characteristic of a good physician is academic and clinical proficiency. The findings of the present study are similar to the results reported in the quantitative study by Moein and Seyed Mortaz, as they also described scientific level, experience, and skillfulness of a good physician (13). In this regard, Luthy et al. concluded that academic skill is a positive feature of a good physician (11), which is in line with our findings. In addition, our findings are consistent with the results reported by Cuesta-Briand et al. as they attributed knowledge-based clinical competence to a good physician (20).

In addition, our findings are consistent with the results of a study by Martin, which introduced competence as a key characteristic of a good physician (9). Moreover, Bendapudi et al. reported similar results to our study, as they suggested clear disease-related explanations to patients as an ideal medical practice (10). On the other hand, some of our findings are contradictory with some results reported by Bendapudi et al. as they discarded scientific and clinical competence as the key characteristics of a good physician (10).

From the participants’ points of view, another key characteristic of a good physician is professionalism. In this regard, the findings of our study are partly contradictory with a study by Cuesta-Briand et al. as they separated two categories of “good physicians” and “professional physicians”, although they were somewhat overlapping (20). Concerning the issue of professionalism, the findings of the present study are consistent with the results reported by Luthy et al. as they described characteristics, such as coping with each patient, sincerity, and disregard for financial aspects. Nevertheless, Luthy et al. did not consider confidentiality (11).

The present results are in line with the findings reported by Miratashi Yazdi et al., highlighting the importance of good behavior and good temper in physicians (12). In addition, Moein and Seyed Mortaz reported consistent results with our study in terms of the importance of being diligent, responsible, and less money-oriented (13). On

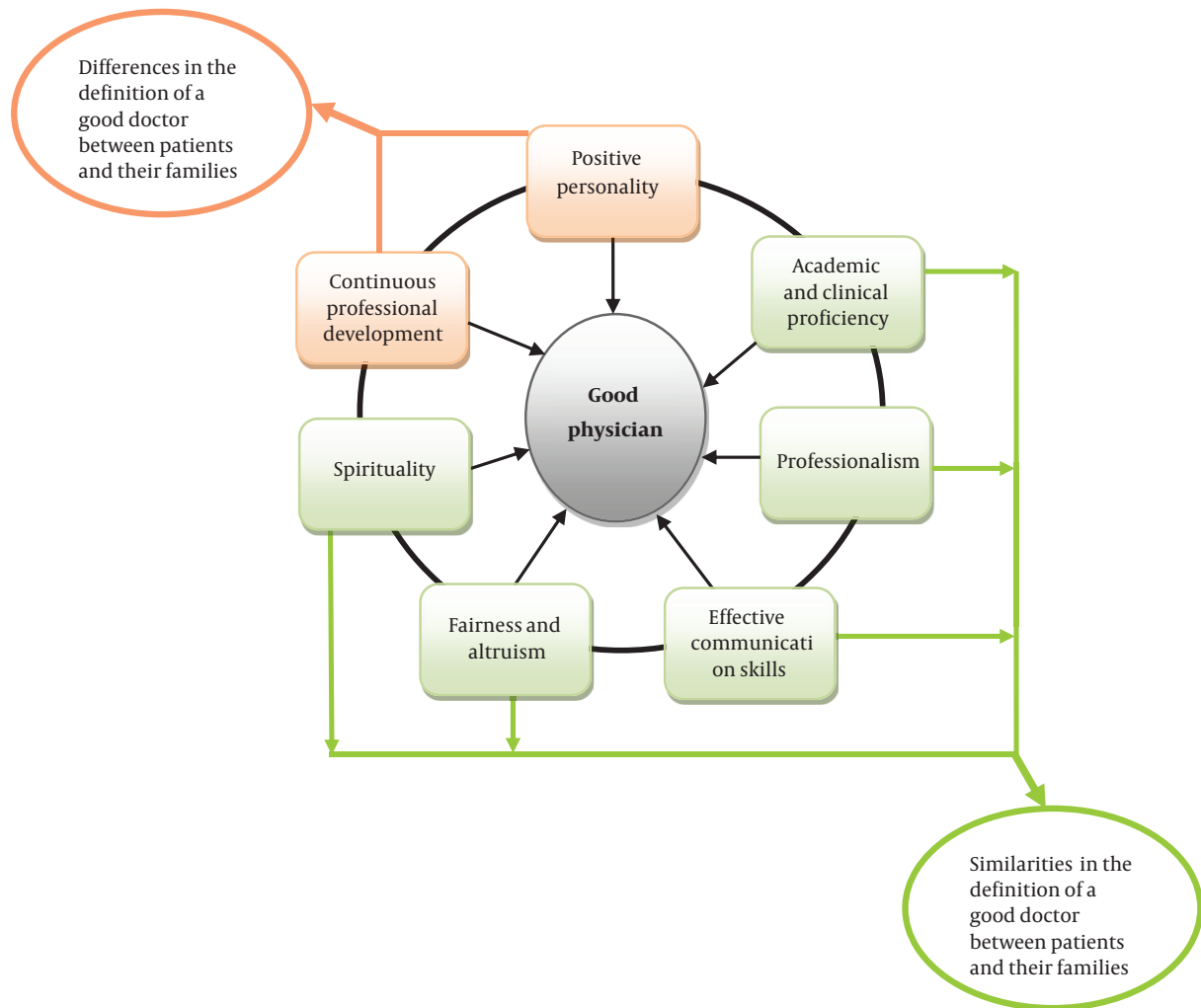


Figure 2. The characteristics of a good physician from the perspective of patients and their families

the other hand, the present study is inconsistent with the study by Moein and Seyed Mortaz, as they failed to consider truthfulness and secrecy (13). The findings of the present study are also consistent with the results reported by Martin, as they considered the physician's concerns about the patient as one of the important features of a good physician (9).

Another key feature described by the participants about a good physician was effective communication skills. From this perspective, the results of study by Lambe and Bristow showed that a sociable attitude (empathic and non-judgmental) is a good physician's characteristic (21). Also, the findings of the present study are consistent with studies by Martin (9), Luthy et al. (11), Miratashi Yazdi et al. (12), Moein and Seyed Mortaz (13), and Cuesta-Briand et

al. (20). In all these studies, communication skills, skillful communication, physician-patient relationship, empathy, and good communication are among the characteristics of a good physician.

A study by Bendapudi et al. indicated empathy, politeness, and respect as ideal behaviors of a doctor (10), which is in line with the findings of the present study. Another key feature described by the participants was fairness and altruism. The findings of the present study are almost in line with the results reported by Bendapudi et al. as they considered attention to patient as a human being as an ideal medical behavior (10). In general, ethnic, linguistic, and cultural impartiality has not been described in any of the previous studies; therefore, this could introduce a new insight into the concept of a good physician and medical

education.

From the point of view of the participants, spirituality is another important characteristic of a good physician. These findings are consistent with the results of the research by Moein and Seyed Mortaz, which indicated faithfulness and patience as important qualities of a good physician (13). The results of the present study are in contrast with the results of studies by Luthy et al. (11), Miratashi Yazdi et al. (12), Cuesta-Briand et al. (20), and Lambe and Bristow (21), as none of these studies considered patience or faithfulness in their description of a good doctor.

Finally, the last feature, which was only described by patients for a good physician, was continuous professional development. The findings of the present study are in agreement with the results of the study by Cuesta-Briand et al. which distinguished between the components of good physician and professional physician. In their study, they found that life-long learning is one of the key characteristics of a good physician (20). In this regard, the present results are consistent with the findings of the study by Luthy et al. with the exception that they classified being up-to-date through continuous medical education in the category of academic competence (11). However, our findings are inconsistent with the results reported by Martin (9), Bendapudi et al. (10), Miratashi Yazdi et al. (12), and Moein and Seyed Mortaz (13), as they did not consider continuous professional development as a key characteristic of a good physician.

4.1. Conclusion

This study discussed the viewpoints of patients and their accompanying family members about the key characteristics of a good physician. A major concern in the health-care system is evaluation of the priorities of patients and their families. In addition, description of a good physician by patients and their families should be taken into account in educational programs, since future doctors not only should be familiar with new medical phenomena, but also should be trained to discover the needs, fears, and concerns of patients. Based on the present findings, it is important that the Ministry of Health and National Organization of Educational Testing Recruit Medical Students based on their personality traits. In addition, we can apply outcome-based education to promote characteristics, such as scientific and clinical proficiency, professionalism, and continuous professional development. On the other hand, the hidden curriculum can be highlighted for professionalism. Finally, to promote characteristics, such as effective communication skills, fairness and altruism, and spirituality, training workshops can be integrated in medical education, besides formal education, with an emphasis on behavioral and human sciences.

Supplementary Material

Supplementary material(s) is available [here](#) [To read supplementary materials, please refer to the journal website and open PDF/HTML].

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Footnotes

Authors' Contribution: Soleiman Ahmady, was responsible for the design of the study, interpretation of the data and critical revision of the manuscript. Hamed Khani, contributed to the collection of data, analysis and interpretation of the data and drafting of manuscript. Zohrehsadat Mirmoghtadaie, contributed to the analysis of data and critical revision of the manuscript. Finally, all authors read and approved the final manuscript.

Conflict of Interests: The authors declare no conflict of interests regarding this study.

Ethical Considerations: The current study was approved by the Ethics Committee of Shahid Beheshti University of Medical Sciences. The participants were informed about the study goals and written informed consent was obtained from all of them.

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