


Treating Patients As People: What Do Hospital Patients Want Clinicians to Know About Them As a Person?

Journal of Patient Experience
2020, Vol. 7(2) 270-274
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DOI: 10.1177/2374373519826244
journals.sagepub.com/home/jpx


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Abstract

Background: There is little understanding or focus on the patient's personal communicative perspective during their experience of clinical treatment. An exploratory study and a follow-up study were conducted at a large safety net hospital to determine whether and what patients wanted clinicians to know more about them as a person. **Study Design:** A convenience sample of 230 patients was selected from 9 different clinical units within the hospital for exploratory interviews to determine whether patients wanted their clinical team to know about them as a person. Based on these findings, additional personal preference data of patients were collected from a census sample of 387 patients selected from 2 intensive care unit units and 2 medical–surgical units. **Findings:** The majority of patients in the exploratory study reported they wanted to tell their doctors/nurses some personal information about themselves, thought doctors/nurses could provide better care to them if they knew more about them as a person, and that communication between themselves and their doctors/nurses would improve if they knew more about them as a person. The follow-up study found that a majority of patients preferred that their clinicians call them by their first name and identified specific personal information they wanted to share with the clinical care team. The data also showed a meaningful number of patients who did not want to share this information with others. This split in patient preferences is an important reminder that being aware of personal preferences of patients does not necessarily mean an invitation to increase intimacy in all clinician–patient communications.

Keywords

patient communication, patient experience, patient preferences, patient–clinician relationship

Background

Good communication between clinicians and their patients is a cornerstone of quality health care (1-5). Despite the recognized importance of high-quality communication between patient and provider, there is little understanding or focus on the patient's personal communicative perspective during their experience of clinical treatment (6).

Recent literature concerning the role of the clinician and patient in an episode of clinical communication has emphasized that effectiveness of medical treatment depends on the quality of the patient–clinician relationship (7). This relationship has been examined from a number of different perspectives including differential health literacy (8), cultural competency (9), the development of a personal communication repertoire (10), communication gaps in the perception of disease (11), empathy (12), race and gender (13), and the centrality of clinical awareness of patient

treatment preferences to a shared decision-making model of medical care (14).

Although each of these lines of research has illuminated a number of important dimensions of the clinician–patient communicative relationship, there appears to be little empirical study of what the patient actually wants the

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clinician to know about them, not just as a patient, but as a person seeking care.

In response to this gap in knowledge, the research team was initially concerned over whether or not they were making a number of implicit and potentially incorrect assumptions about the type of relationship patients really wanted with their clinical team. For example, given the cultural diversity of the population served by a regional, academic, safety net hospital, a major concern was raised about how potentially unrecognized social privilege within the research team might cloud and bias the team's overall perspective on the patient's experience of the clinical experience (15).

In order to address this potential bias, an exploratory pre-study was conducted to see whether patients actually wanted to share personal information with their doctor/nurses while they were a patient. This study involved the use of a short, anonymous questionnaire, verbally administered to patients selected from the hospital's 2 intensive care units (ICUs), 5 medical-surgical units, clinics, oncology department, and emergency department. A total of 230 usable questionnaires were completed over a 2-week period.

Of all sampled patients, 69.43% (159/229) reported they wanted to tell their doctors/nurses some personal information about themselves, 74.12% (169/228) said that they thought doctors/nurses could provide better care to them if they knew more about them as a person, and 65.64% (149/227) answered that they thought that communication between themselves and their doctors/nurses would improve if they knew more about them as a person. Of particular importance was that 69.95% (126/183) reported a particular preference for their name used by the clinical team when communicating with them.

Study Design

Based on the findings of the exploratory study, the research team then designed a second study that asked patients about their preferred name and what they specifically wanted the clinical team to know about them as a person. All research protocols were reviewed and approved by the institutional review boards of the University of New Orleans and the School of Medicine, Louisiana State University.

All available patients in 4 clinical units of the hospital, the Oncology and Cardiology Medical-Surgical units, the trauma ICU, and the medical ICU, who were admitted over a 6-week study period, were invited to participate through a scripted presentation by a designated member of the clinical care team (typically, the intake nurse). No effort was made to convince a patient choosing nonparticipation to change their decision.

Preferred personal salutations and personal information were collected through direct interviews and documented on a "More about Me" form (supplementary material) created for the purpose of this project. Preferred salutation data did not include any documentation of the patient's actual name, but rather their preference to be called by their first name,

Table 1. Distribution of Respondents by Site of Care.

Site of Care	Respondents	Percent
TICU	36	9.3
MICU	96	24.8
Cardiology	169	43.7
Oncology	86	22.2
Total respondents	387	100.0

Abbreviations: TICU, Trauma Intensive Care Unit; MICU: Medical Intensive Care Unit.

Table 2. Frequency and Percentage of Patients by Gender, Age, and Race.

Gender	n	%	Age	n	%	Race	n	%
Male	193	49.9	18-24	16	4.1	White	101	26.1
Female	145	37.5	25-44	73	18.9	Hispanic	20	5.2
Other	2	.5	45-64	192	49.6	African-American	209	54.0
None	47	12.0	65-84	61	15.8	Asian	6	1.6
			85+	1	.3	Other	4	1.0
			None	44	11.4	None	47	12.1
Total	387			387			387	

last name, nick name, or no preference. Space was provided on the form for collecting up to 5 specific pieces of personal information the patient wanted the clinical team to know about them.

The nurse documenting these data also collected basic descriptive data about each patient's gender, race, or age on a corresponding form using US census categories. The patient's unit of care was also noted as "site of care." There were no personal patient identifiers collected throughout the entire study.

Once the More about Me form was completed, it was then posted on the outside door of each participating patient's room. All attending clinicians and support personnel were encouraged to use the patient's personal preferences when interacting with the patient.

A series of in-service training sessions were conducted by members of the research team with nursing staff regarding the standardized data collection protocols at the start and over the course of the project as needed. In addition, floor audits were conducted by the research team throughout the data collection period to monitor compliance with protocols and address any questions related to the study's data collection processes.

Patient Sample

A total of 387 patients from the 4 units of care provided information for the More about Me form. Table 1 shows the frequency and percentage of patients who participated from each of the 4 clinical sites of care.

The overall distribution of patients by key demographic characteristics is presented in Table 2. It is important to note that the percentage distribution of the core demographic

Table 3. Preferred Salutation.

Preferred Name	Frequency	Percent
First	239	61.8
Last	73	18.9
Other (nickname)	29	7.5
No preference	46	11.9
Total	387	100

characteristics of the patient sample reflected similar numbers of unknown/missing data for each demographic category. An analysis of the proportion of participants with missing data revealed potential interaction effects with gender, $\chi^2(4) = 181.87$; $P < .001$, and race, $\chi^2(5) = 163.80$; $P < .001$, indicating a potential systematic relationship between the propensity of missing data and the other key variables of interest. Further analysis showed that this interaction was simply driven by the portion of the demographic data that we were unable to match with the individual patient and did not reflect any significant nonresponse error in the data set.

Results

Analysis of the More about Me data focused on addressing 3 questions. These were (1) What personal salutations did patients prefer when addressed by attending clinicians? (2) What, if anything, did patients want attending clinicians and staff to know about them as a person? and (3) Were there any significant variations in the preferred salutations of patients or the type of information patients want clinicians to know that are associated with the independent variables of site of care, gender, race, or age?

In answer to the first question, Table 3 presents the frequency and percentage distribution of preferred patient names. Of the 387 patients sampled, 341 (88.1%) chose a preferred name they wished to be called by members of their clinical team compared to 46 (11.9%) with no preference (note 1). Of those having a preference, a clear majority (61.8%) asked to be called by their first name. The proportion of patients who preferred to be called by their first name was significantly greater than all other responses combined (61.8% compared to 38.2%; $z = 4.78$; $P < .001$).

We then explored what patients wanted attending clinicians and staff to know about them as a person. The majority of patients sampled (56.33%) provided personal information about themselves when asked. The most common types of information were personal hobbies (16.9%), information about their family (14.4%), and medical status and care issues of particular importance to them (13.1%). The number and percentage of all types of personal information provided by patients are presented in Table 4.

Although there may be several of factors at work, it is important to note that a substantial number of sampled patients (169 of 387 patients; 43.67%) did not provide personal information about themselves when asked.

Table 4. List of Personal Information Provided by Patient.

Personal Information	Frequency	Percent
Hobbies	79	16.9
Family	67	14.4
Medical status/care	61	13.1
Food	34	7.3
TV/movies	30	6.4
Job	30	6.4
Sports	17	3.6
Religion	16	3.4
Geographic reference	15	3.2
Pets	9	1.9
Other answers <5	7	1.5
Unknown (translation, slang, transcription errors, etc)	39	8.7
Total responses (individuals could provide multiple responses)	466	100.0
Total respondents from sample	218	56.33

The possibility of nonresponse error was of particular interest over the course of this study due to an ongoing observation from the research team that the use of the More about Me form might be artificially inferring with the natural flow of care expected by those patients who didn't want to be bothered or otherwise share any information about themselves to the clinical staff. For example, concerns were raised that some patients may simply want "peace and quiet" and others may be uncomfortable with breaking traditional roles or definition of sharing personal details about themselves to clinicians. In a small number of cases, individual patients misunderstood the purpose of the study and became aggressively taciturn due to fear of legal consequences of sharing personal information about themselves.

In response to such concerns, an analysis of nonresponse error was conducted. The analysis found the proportion of participants who did not provide More About Me data did not vary systematically with regard to age ($P > .22$), gender ($P > .89$), and race ($P > .72$), alleviating the concern for nonresponse error across different demographic groupings.

We then turned to the third research question and examined whether or not there were any significant variations in the preferred salutations of patients or the type of information patients wanted clinicians to know that was associated with the site of care, gender, race, or age.

A series of cross tabulations were constructed to examine variations in personal salutations by the independent variables of site of care, gender, race, and age. Due to sample size limitations, the resulting analysis combined the 2 ICUs (Trauma and Medical ICUs) and the 2 medical-surgical units (cardiology and oncology) into 2 aggregates of ICU and Med-Surg, respectively. In addition, in order to retain as much usable site of care data as possible from patient files, pairwise deletion was implemented for the treatment of missing data when applicable. The procedure excluded a particular variable when it had a missing value but included

Table 5. Frequency and Percentage Distribution of Name Preference by Site of Care.^a

Site of Care	Greeting			Total
	First Name	Last Name	Other	
TICU/MICU				
Count	87	12	16	115
Percent	75.7%	10.4%	13.9%	100.0%
Medical-surgical				
Count	113	54	10	177
Percent	63.8%	30.5%	5.6%	100.0%
Total				
Count	200	66	26	292
Percent	68.5%	22.6%	8.9%	100.0%

^aSignificance level: $\chi^2 (2) = 19.19; P < .001$.

the case when analyzing other variables with nonmissing values (16).

The resulting analysis presented in Table 5 revealed a statistically significant effect of site of care on preferred salutations, with patients preferring to be addressed by first name more often in TICU/MICU than in medical-surgical units, $\chi^2 (2) = 19.19; P < .001$. Table 5 reflects the distribution of personal name preference across the 2 different types (ICU and Med-Surg) of site of care.

In contrast, we found a nonsignificant effect of "age" on preferred salutations, $\chi^2 (8) = 10.79; P > .21$; a nonsignificant effect of "race" on preferred salutations, $\chi^2 (8) = 9.99; P > .26$; and a nonsignificant effect of "gender" on preferred salutations, $\chi^2 (4) = 2.01; P > .73$.

A series of cross tabulations were further constructed to examine possible covariations in the type of information patients wanted clinicians to know by the independent variables of site of care, gender, race, and age.

The analysis revealed the following findings that are statistically significant or marginally significant ($P < .10$):

- Patients in the ICUs were more likely to provide clinicians with information about their job (17.5%) than in Med-Surg, 8.4%; $\chi^2 (1) = 3.23; P = .07$.
- Female patients were more likely to provide clinicians with information about their family (31.6%) than male (18.0%) and other patients, 0%; $\chi^2 (2) = 5.01; P = .08$.
- Male patients were more likely to provide clinicians with information about sports (10.8%) than female (2.5%) and other patients, 0%; $\chi^2 (2) = 4.74; P = .09$.
- Hispanic/Latino patients were more likely to provide clinicians with information about their family (72.7%), followed by African American patients (26.5%), Asian patients (20.0%), white patients (10.3%), and other patients, 0%; $\chi^2 (4) = 21.83; P < .001$.
- Hispanic/Latino patients were more likely to provide clinicians with information about their religion (27.3%), followed by Asian patients (20.0%), African

American patients (7.1%), white patients (1.7%), and other patients, 0%; $\chi^2 (4) = 11.18; P < .05$.

- Patients' age 45 to 64 were more likely (marginally significant) to provide clinicians with information about their personal characteristics (30.4%), followed by patients' age 25 to 44 (29.4%), patients' age 18 to 24 (28.6%), and patients' age 65 to 84, 10.3%; $\chi^2 (3) = 6.35; P = .10$.

Discussion

Preliminary research found strong evidence that a majority of patients wanted to tell their doctors/nurses some personal information about themselves, thought that doctors/nurses could provide better care to them if they knew more about them as a person, concluded that communication between themselves and their doctors/nurses would improve if they knew more about them as a person, and expressed a preferred name that they wanted to be used by the clinical team when providers communicated with them.

The subsequent More about Me study also found evidence supporting name preference, with 61.8% of all patients sampled reporting they wished to be called by their first name. Of particular interest was the association between name preference and site of care. While more study is needed, there is preliminary evidence that patients in the ICU may have a higher preference to be called by their first name than those in the medical-surgical care unit. By extension, additional inquiry is also warranted to see if the type of personal information patients wanted their clinicians to know about them differed based on the severity of illness or perception of prognosis. Similarly, length of stay and elective versus urgent/emergent admits may have some differences that could be included in further studies.

In a direct examination of what patients wanted their clinicians to know about them as a person, the majority of patients choose to provide personal information about themselves. The type of information provided was highly variable, with information about a patient's hobbies and family being the most common. Further analysis of these data provided preliminary evidence that the type of information patients want to share with clinicians may covary by the patient's site of care, gender, race, and age. Although this analysis is suggestive of such relationships, we recommend an abundance of caution in generalizing these findings to practice. Indeed, they may be best left alone in order to avoid any potential for stereotyping patient preferences by any such external category. Further research is warranted to better understand how the patient's gender, race, and age (and likely many additional variables) may influence the type and content of the relationship a patient desires with a given clinical team.

Finally, it is important to note that, in general, the data support the notion that the majority of patients wanted clinicians to know more about them as a person. The data also suggested a split between those who wished to share

personal information and those who did not. This was an unexpected finding and is worth noting as an important reminder that being aware of the importance of personal preferences does not necessarily mean an invitation to increase intimacy in all clinician–patient relationship. Indeed, there was clear anecdotal evidence during the data collection phase of this study that some patients preferred to keep their personal information to themselves and, in some cases, were adamant about their privacy due to external concerns with the law and other variables affecting their privacy and identity. This variation in patient interests in sharing personal information with their clinicians should not be viewed as evidence against a more person-focused and centered-approach to clinical care (17). Rather, it should be used to confirm the need to affirm, respect, and better understand the diversity of the personal experiences and perspectives of the people who end up as hospital patients being cared for by clinicians.

Authors' Note

Peter DeBlieux is also a Clinical Professor of Surgery at Tulane University, LA, USA.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Supplemental Material

Supplemental material for this article is available online.

Note

1. If one assumed that the 10 (2.6%) missing data points might also reflect no preference, then the total would be 46 responses or 11.9% of the total.

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