

Review: Interventions for health care providers improve provider–patient interactions and patient satisfaction

Lewin SA, Skea ZC, Entwistle V, Zwarenstein M, Dick J. Interventions for providers to promote a patient-centred approach in clinical consultations. *Cochrane Database Syst Rev.* 2001;(4):CD003267 (latest version 2 Aug 2001).

QUESTION

In clinical consultations, do interventions for health care providers that aim to promote patient-centered approaches improve provider–patient interactions, patient satisfaction, health care behaviors, and patients' health and well-being?

DATA SOURCES

Studies were identified by searching MEDLINE (1966 to December 1999), Health Star (1975 to 1999), PsycLit (1987 to 1999), CINAHL (1982 to 1999), and EMBASE/Excerpta Medica (1985 to 1999) and by reviewing bibliographies of relevant articles.

STUDY SELECTION

Studies were selected if they were randomized controlled trials (RCTs), controlled clinical trials, controlled before-and-after studies, or interrupted time series (with ≥ 3 data points before and after the intervention) of interventions directed at health care providers to promote patient-centered care during clinical consultations.

DATA EXTRACTION

2 reviewers independently extracted data on participants, setting, key components of the intervention, sample size, study quality, and

outcomes. Outcomes included effects on provider–patient interactions (consultation processes), health care behaviors (including health service utilization), patients' health and well-being, and patients' satisfaction with care.

MAIN RESULTS

15 RCTs met the selection criteria. All RCTs used training for health care providers (primary care physicians and nurses) as an element of the intervention. Four types of comparisons were used.

1) Patient-centered training for providers compared with no training (9 RCTs). The results favored the intervention groups for ≥ 1 feature of the outcome measure in 5 of 8 RCTs that assessed consultation processes and in 2 of 6 RCTs that assessed patient satisfaction.

2) Patient-centered training for providers and patient-centered training or materials for patients compared with no intervention or with condition-specific materials for provider and patient (3 RCTs). The results favored the intervention groups in all 3 RCTs for consultation processes and in 2 of the 3 RCTs for patient satisfaction. The results favored the control group in 1 of the 3 RCTs for patients' health status and well-being.

3) Patient-centered training for providers plus condition or behavior-specific training or materials for both providers and patients compared with no training or with behavior-specific material only for providers (2 RCTs). The results favored the intervention group in 1 RCT that assessed consultation processes and in 1 of the 2 RCTs for health care behaviors and health status and well-being.

4) Patient-centered training for providers, patient-centered materials for patients, and condition or behavior-specific materials for both providers and patients compared with condition or behavior-specific materials for both providers and patients (1 RCT). The results favored the intervention group for consultation processes and patient satisfaction.

CONCLUSION

Interventions for health care providers that aim to promote patient-centered approaches in clinical consultations improve provider–patient interactions and patient satisfaction.

Sources of funding: 5 funding agencies.

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COMMENTARY

It has long been recognized that difficulties in the effective delivery of health care can arise from problems in communication between patient and provider rather than from any failing in the technical aspects of medical care. Improvements in provider–patient communication can have beneficial effects on health outcomes (1). Patient-centered care is a broader concept than provider–patient communication and encompasses such additional requirements as involving patients in decisions and seeing the problem from the patient's perspective. Patient-centered care is advocated on the ethical grounds of respecting patient autonomy and on the practical grounds that it may improve adherence and other outcomes.

The review by Lewin and colleagues examined studies on the effect of training health professionals in patient-centered approaches. The number of studies deemed adequate to review was small (only 15 RCTs), and they were extremely heterogeneous in patients and providers studied, interventions undertaken, outcomes measured, and even their definition of patient-centered care. Although the effects on patient satisfaction and quality of provider–patient interactions were

generally positive, effects on health status and well-being were, when measured, variable and, in one case, negative (2).

The moral case for paying greater attention to the patient's perspective in health care is strong, but how to align this moral imperative with the requirement to obtain the best clinical result remains to be determined. Policymakers and practitioners will be informed by this review, but more work on the underlying concept of patient-centered care is needed (3).

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