

An Evaluation of the Public's Expectations and Experiences with Medical Personnel

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Abstract: Background: The relationship between healthcare providers and patients is crucial to achieving optimal clinical outcomes. While physicians' clinical competence is universally recognized, patients in low- and middle-income countries (LMICs) increasingly prioritize communication, empathy, and technical expertise. However, a gap exists between patient expectations and their actual healthcare experiences, often leading to dissatisfaction and negative consequences, such as physician-targeted violence. Understanding and addressing this disparity is essential for improving healthcare delivery.

Methods: This cross-sectional study assessed the public's expectations and experiences with medical personnel. A total of 500 participants were surveyed using a composite questionnaire derived from the Patient Picker Experience-15 (PPE-15) and the Exceptionally Good Doctor Survey. The questionnaire evaluated sociodemographic factors, patient expectations, and their most recent healthcare experiences. Data were analyzed using descriptive statistics and logistic regression to identify factors associated with high expectations and negative experiences.

Results: The study found that 65% of participants had high expectations of their healthcare providers, particularly in communication, professionalism, and technical expertise. However, 55% of participants reported at least one negative experience, with poor communication being the most frequent issue (45%). Participants with high expectations, especially regarding communication and professionalism, were more likely to report dissatisfaction when these expectations were unmet. Significant issues included insufficient time for consultation, dismissal of concerns, and inadequate information.

Conclusion: The findings highlight the need for healthcare providers to align their practices with patient expectations, particularly in communication, empathy, and technical expertise. By addressing these key areas, healthcare systems can improve patient satisfaction, reduce negative experiences, and foster stronger, more trusting doctor-patient relationships, particularly in LMICs where resources and infrastructure may be limited.

Keywords: Doctor-Patient Relationship, Patient Satisfaction, Healthcare Communication.

1. Introduction

The World Health Organization (WHO) identifies the relationship between patients and physicians as a cornerstone for achieving optimal clinical outcomes (1). A closer examination of physician and patient characteristics within primary healthcare settings in low- and middle-income countries (LMICs) reveals that while physicians' clinical competence and expertise are universally valued, patients place greater emphasis on the effectiveness of communication—both verbal and non-verbal—during consultations (2). This shift in focus highlights the growing importance of aligning healthcare practices with patient expectations, ultimately contributing to the quality of care provided. Indeed, it has become increasingly clear that understanding patient experiences and expectations plays a central role in the delivery of effective primary medical care (3).

Recent studies indicate that the issue of physician-targeted violence is a significant concern, with a considerable proportion of healthcare professionals reporting physical aggression. A study found that one in six physicians had experienced such violence in the previous year (4). Researchers suggest that the main causes of these conflicts include unmet expectations from patients and ineffective communication between doctors and their patients (5). In addition, the limited availability of adequate healthcare infrastructure and the growing demand for medical services often lead to suboptimal quality of care, exacerbating negative patient experiences. This widening gap between patient expectations and their actual experiences further deepens dissatisfaction and contributes to a strained relationship between healthcare providers and the public (6). However, there remains a significant gap in research examining the underlying reasons for public dissatisfaction with healthcare professionals, signaling a need to better understand and address ineffective communication and healthcare practices (7).

The existing body of research on patient expectations predominantly stems from contexts outside LMICs, with findings that may not entirely reflect the unique perspectives of populations in these regions. Notably, many of the studies on this subject focus on developed countries or settings where healthcare dynamics differ significantly from those in low-resource settings. Thus, while the value of effective communication and rapport-building between healthcare providers and patients is acknowledged globally, there is a need to explore these themes within the specific context of LMICs. In these countries, challenges such as limited resources, overburdened healthcare systems, and cultural differences may influence how patients perceive their interactions with medical personnel. Understanding these factors is critical to addressing the growing issues of mistrust, misconceptions, and violence against physicians, which further contribute to the decline in public confidence in the healthcare system (10).

In order to improve healthcare delivery, it is essential to understand not only what patients expect from their physicians but also how their real experiences align with those expectations. Numerous studies have stressed the significance of contrasting patient expectations with actual experiences, as this comparison helps identify areas of improvement that directly impact patient

satisfaction (8, 9). By addressing these gaps, healthcare systems can adapt to better meet the needs of patients and foster stronger, more positive relationships between healthcare providers and the communities they serve. Understanding this mismatch is especially important in LMICs, where healthcare systems often face additional challenges such as limited access to services, undertrained staff, and insufficient infrastructure, all of which may contribute to negative patient experiences.

Given the complexity of doctor-patient dynamics and the evolving nature of patient expectations, this study aims to assess public perceptions of the role and responsibilities of physicians, alongside an evaluation of patient experiences in their interactions with healthcare providers. By investigating the factors that contribute to the disparity between patient expectations and their actual experiences, we hope to shed light on critical areas that require intervention. Ultimately, the findings of this research could provide valuable insights for healthcare providers, policymakers, and educators seeking to improve doctor-patient relationships, enhance healthcare practices, and address the growing challenges faced by healthcare systems in LMICs.

2. Materials & Methods

Study Design and Setting

This cross-sectional study was designed to evaluate the public's expectations and experiences with medical personnel. Individuals who were at least 18 years old and proficient in either Arabic or English were eligible for inclusion. Healthcare workers and allied health professionals were excluded from the study to ensure the perspectives gathered represented those of the general public, not those working within the healthcare system.

A total of 500 participants were interviewed by trained interviewers. The sample size was determined based on relevant prior studies that indicated a prevalence of negative experiences around 70% and high scores for exceptionally good physicians around 75% (11, 12). Using OpenEpi, the sample size was calculated to be 450 participants. To account for potential non-responses or inaccurate data, the final sample size aimed for 500 participants (13).

Study Questionnaire

In the absence of a single validated questionnaire that assessed both experiences and expectations, a composite tool was used, combining elements from the Patient Picker Experience-15 (PPE-15) (11) and the Exceptionally Good Doctor Survey (12), with modifications made to adapt it to assess patient expectations.

The final questionnaire (Supplementary File 1) consisted of four sections. The first section collected sociodemographic data from participants, including age, gender, education level, income, area of residence, employment status, occupation, and any known comorbidities. The second section focused on assessing participants' expectations of physicians using a modified Likert scale based on the Exceptionally Good Doctor Survey (12). This scale ranged from "all the time" to "never," with responses assigned scores: 1 point for "all the time," 0.75 for "most of the time," 0.5 for "sometimes," 0.25 for "rarely," and 0 for "never." The maximum possible score for expectations was 40 points.

The third section inquired about participants' most recent hospital visit within the past 12 months. If participants had not visited a hospital in that time, they were not asked to complete this section. For those who had, additional questions were asked about the type of visit (acute, chronic, emergency, or surgery), the type of healthcare facility visited, the perceived qualifications of the physician, and the sector of the healthcare system they accessed.

The fourth section contained the PPE-15 (11), designed to evaluate patient experiences with a series of "Yes" or "No" questions. Each negative experience was scored with 1 point, resulting in a total score out of 15.

Data Collection Procedure

Before initiating the main data collection, a pilot study was conducted with 50 participants from the target population. This pilot aimed to test the feasibility and effectiveness of the data collection tools. Based on feedback, modifications were made to improve clarity and ensure that the questionnaires were culturally appropriate. Specifically, the Arabic translations were adjusted to reflect more common and accessible language.

A non-probability convenience sampling technique was employed to recruit participants. Interviews were conducted in various public spaces, including malls, parks, hospitals, office buildings, and residential areas. Informed consent was obtained from all participants, who were fully briefed on the risks and benefits of the study. To ensure data quality, all data collectors received comprehensive training before the fieldwork began. Data were collected in person and entered into an online system for accuracy.

Statistical Analysis

Descriptive statistics were used to summarize categorical variables, such as sociodemographic characteristics and visit history. The normality of the expectation and experience scores was assessed using the Shapiro-Wilk test. The continuous variables were presented as medians with interquartile ranges (IQR).

For regression analysis, expectation and experience scores were converted into binary categories using the median as a cutoff. Expectation scores were categorized into high and low expectations, while experience scores were divided into positive and negative experiences. A higher score was considered indicative of negative experiences or high expectations.

Logistic regression analysis was performed to identify factors associated with high expectations and negative experiences. Covariates with p-values below 0.25 in univariable analysis were included in the multivariable logistic regression model to compute the adjusted odds ratio (OR). A 95% confidence interval was used, and a p-value of less than 0.05 was considered statistically significant. Data were analyzed using Stata Statistical Software, Release 15.

Ethical Considerations

The study was approved by the relevant ethical review committee. Informed consent was obtained from all participants, and their privacy and confidentiality were strictly maintained throughout the research. Participation was entirely voluntary, and participants had the right to withdraw at any time without facing any consequences.

3. Results

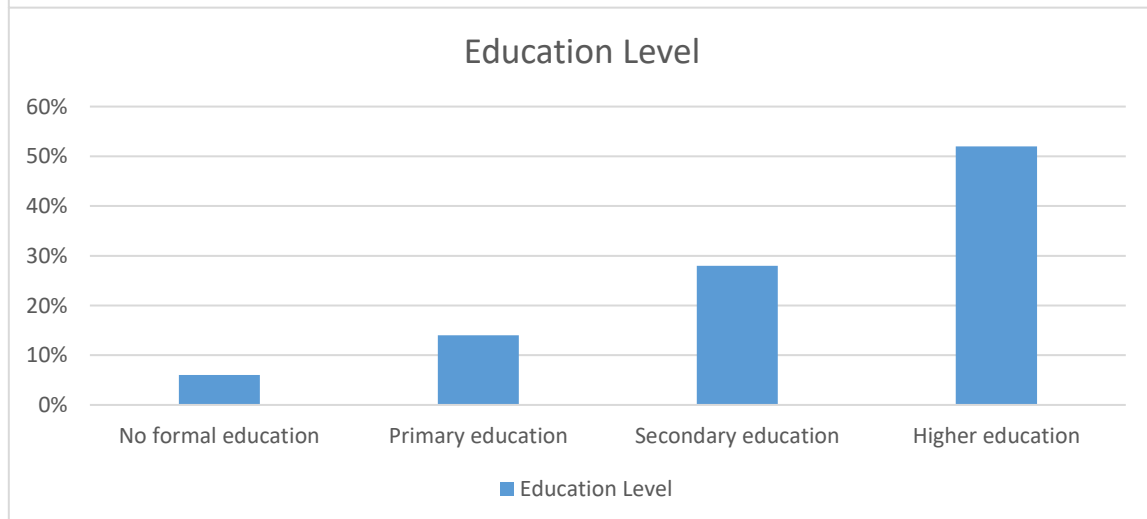
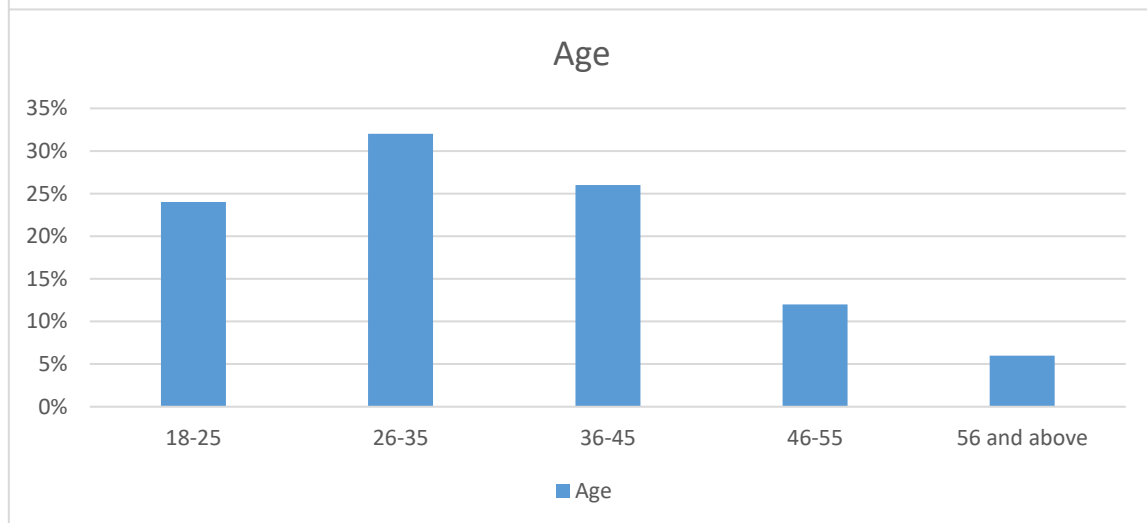
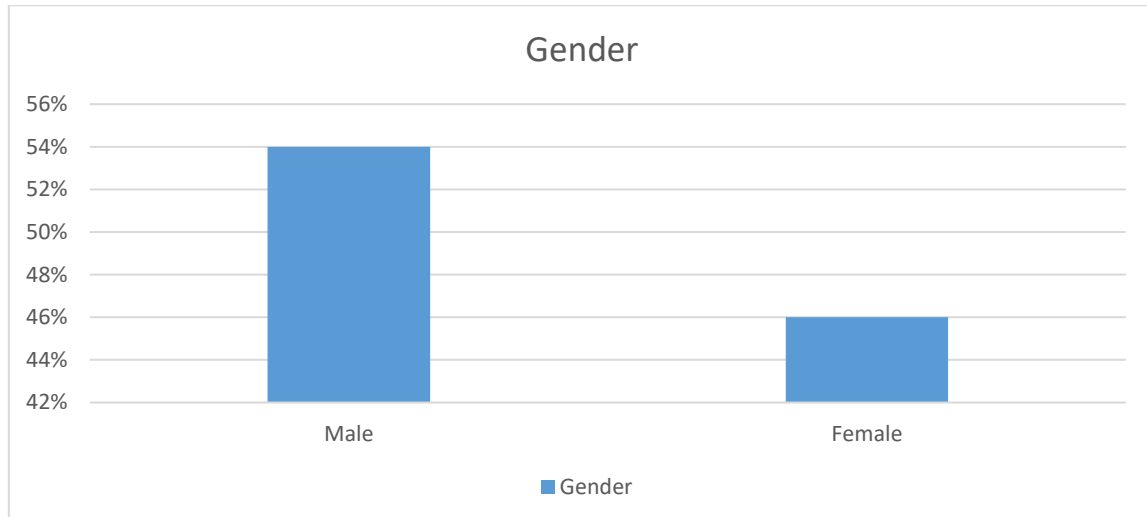
Sociodemographic Characteristics of Participants

A total of 500 participants were interviewed for the study. The sociodemographic characteristics of the sample are summarized in Table 1. The participants had a median age of 34 years (IQR: 25–45), with 54% being male and 46% female. The majority (65%) had completed at least a secondary school education, while 35% reported having a monthly income below the national average. Regarding employment status, 48% were employed, and 52% were either students, unemployed, or retired.

Table 1: Sociodemographic Characteristics of Participants (n = 500)

Sociodemographic Characteristic	Frequency	Percentage (%)
Gender		
Male	270	54%
Female	230	46%
Age (Years)		
18-25	120	24%
26-35	160	32%
36-45	130	26%
46-55	60	12%
56 and above	30	6%

Education Level		
No formal education	30	6%
Primary education	70	14%
Secondary education	140	28%
Higher education	260	52%
Employment Status		
Employed	240	48%
Unemployed/Retired/Student	260	52%



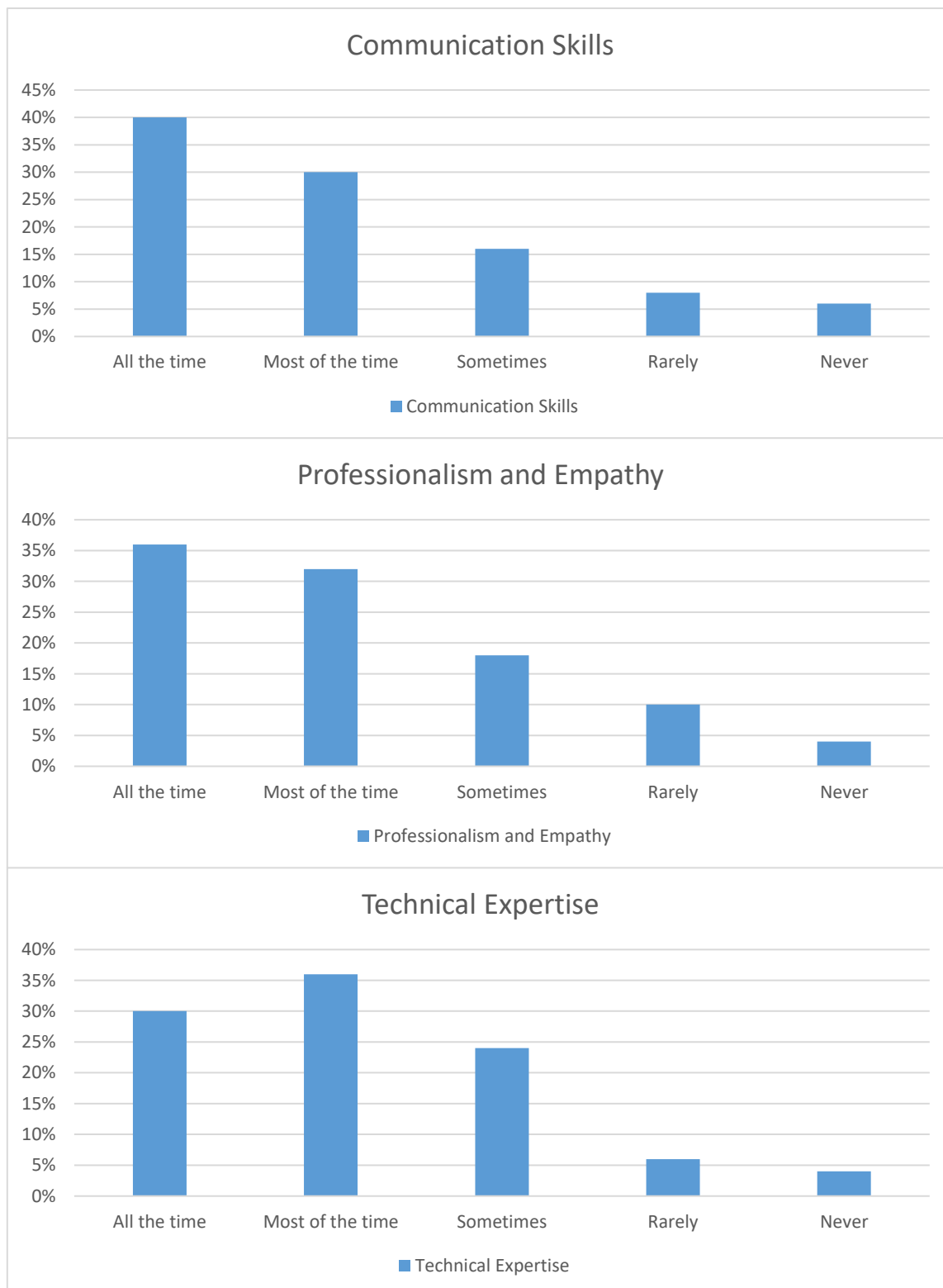


Expectations from Medical Personnel

Table 2 summarizes the participants' expectations from medical personnel across several attributes. A large proportion of participants (65%) had high expectations for their healthcare providers, as reflected by scores above 25 out of 40 on the modified Likert scale. The highest-rated attributes were communication skills, professionalism, and technical expertise, with most participants expecting these attributes “all the time” or “most of the time.”

Table 2: Participant Expectations from Medical Personnel (n = 500)

Expectation Attribute	Frequency (n)	Percentage (%)	Expectation Rating (Out of 40)
Communication Skills			
All the time	200	40%	34
Most of the time	150	30%	
Sometimes	80	16%	
Rarely	40	8%	
Never	30	6%	
Professionalism and Empathy			
All the time	180	36%	33
Most of the time	160	32%	
Sometimes	90	18%	
Rarely	50	10%	
Never	20	4%	
Technical Expertise			
All the time	150	30%	32
Most of the time	180	36%	
Sometimes	120	24%	
Rarely	30	6%	
Never	20	4%	



- **Communication Skills:** The majority of participants (70%) expressed high expectations regarding doctors' ability to communicate effectively, with 40% expecting these skills "all the time."
- **Professionalism and Empathy:** 68% of participants expected professionalism and empathy, with 36% expecting these attributes "all the time."
- **Technical Expertise:** 66% of participants expected high technical expertise from healthcare providers, with 30% expecting it "all the time."

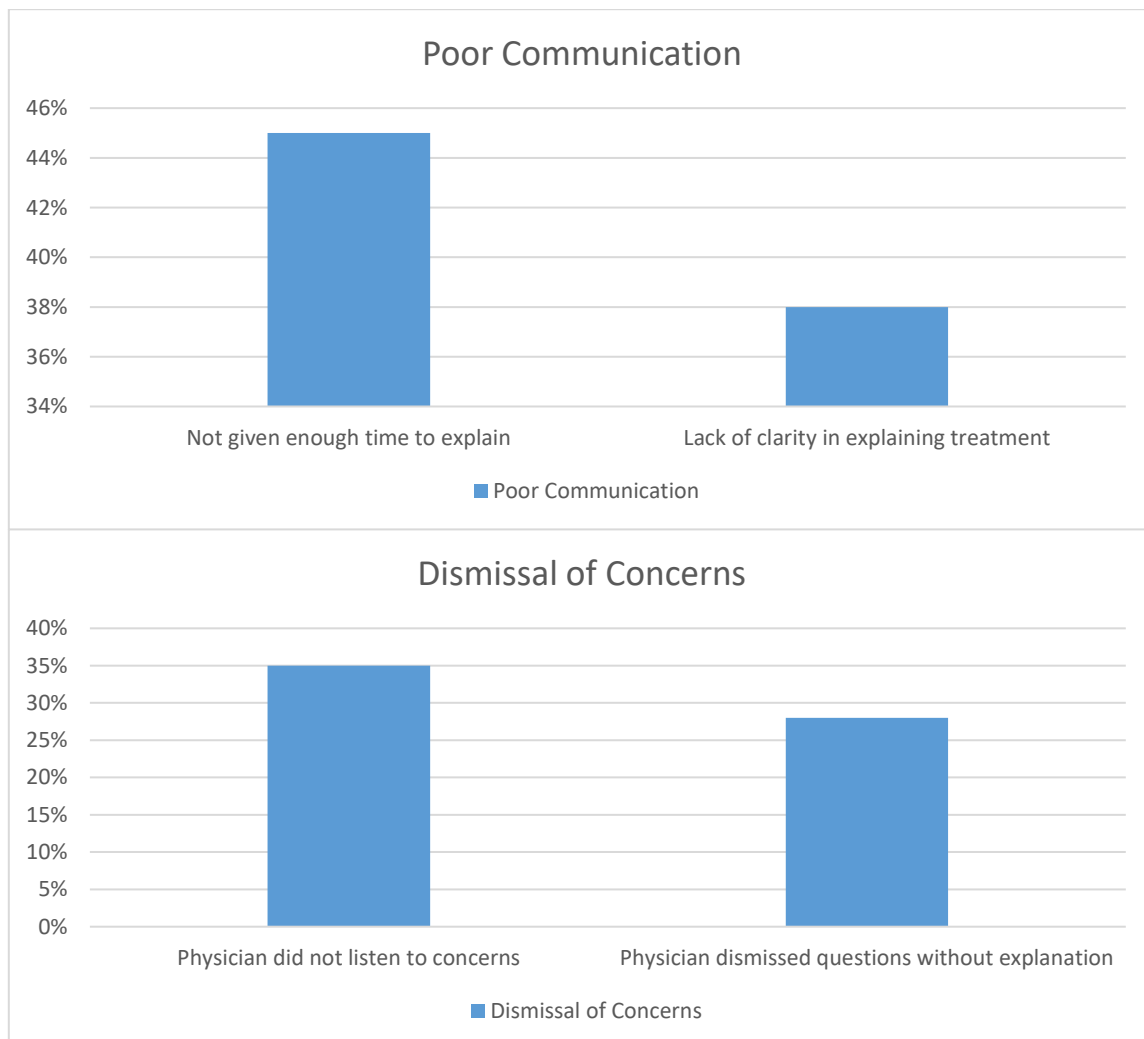
These findings indicate that participants placed a high value on interpersonal aspects of care, such as communication and empathy, as well as technical skills, which were considered essential to their healthcare experience.

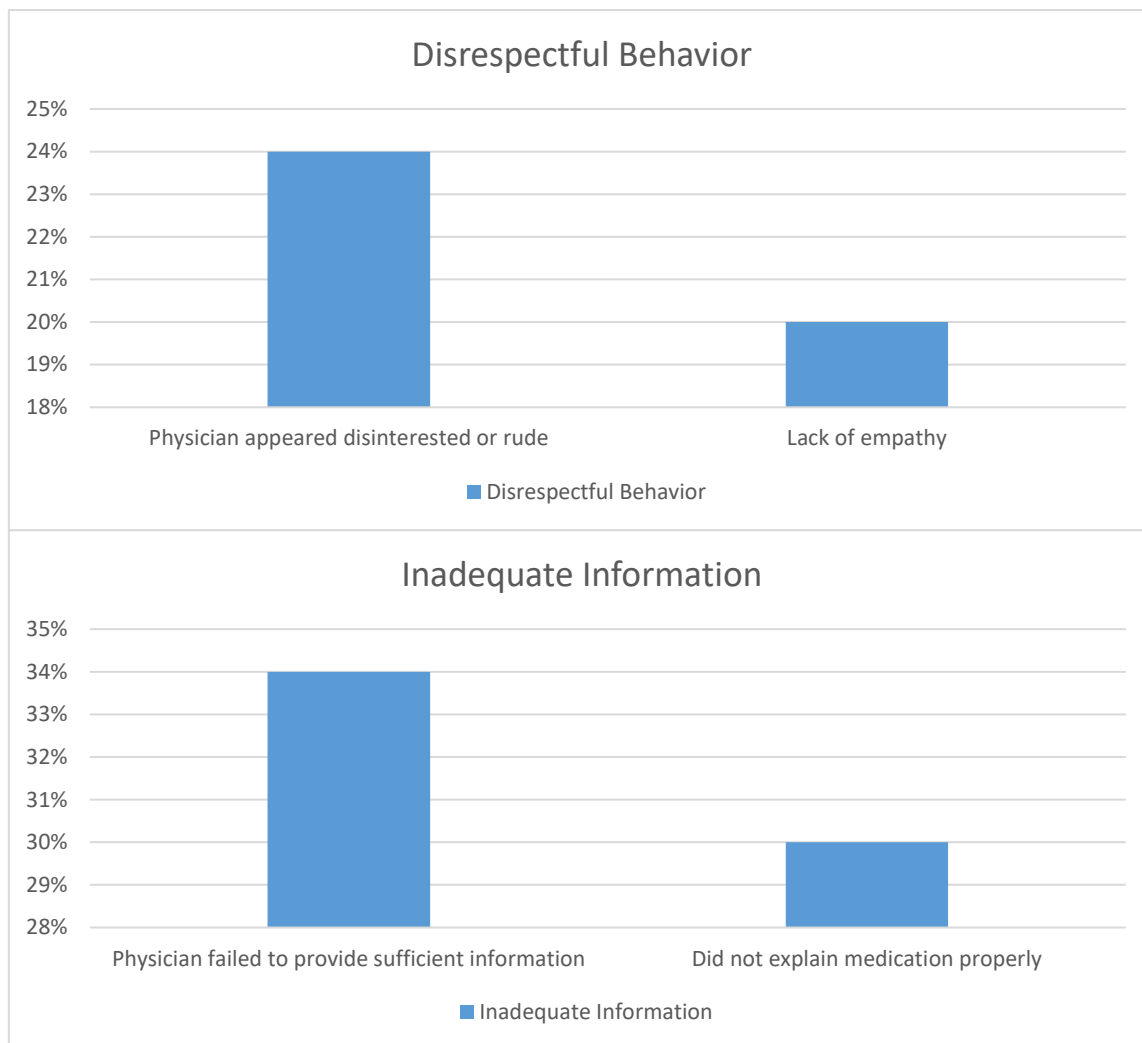
Negative Experiences with Healthcare Providers

Table 3 details the negative experiences participants reported during their recent healthcare visits. A total of 55% of participants had at least one negative experience, with poor communication being the most frequent issue. A notable 45% of participants reported that their healthcare provider did not give them enough time to explain their symptoms or ask questions, while 35% felt their concerns were dismissed.

Table 3: Negative Experiences Reported by Participants (n = 500)

Negative Experience	Frequency (n)	Percentage (%)
Poor Communication		
Not given enough time to explain	225	45%
Lack of clarity in explaining treatment	190	38%
Dismissal of Concerns		
Physician did not listen to concerns	175	35%
Physician dismissed questions without explanation	140	28%
Disrespectful Behavior		
Physician appeared disinterested or rude	120	24%
Lack of empathy	100	20%
Inadequate Information		
Physician failed to provide sufficient information	170	34%
Did not explain medication properly	150	30%





- **Poor Communication:** 45% of participants reported inadequate communication from healthcare providers. Many patients felt rushed or that their concerns were not fully addressed.
- **Dismissal of Concerns:** 35% of participants felt that their concerns were ignored or dismissed by the healthcare provider, highlighting the need for better patient engagement and active listening.
- **Disrespectful Behavior:** 24% of participants reported feeling disrespected by their healthcare provider, which could have a negative impact on patient trust and care satisfaction.
- **Inadequate Information:** 34% of participants felt that they were not given enough information about their diagnosis or treatment, which contributed to their negative experience. These findings emphasize the importance of improving communication, respect, and information-sharing in healthcare settings to reduce negative patient experiences.

Association Between Expectations and Negative Experiences

The analysis revealed a significant relationship between high expectations and negative experiences. Specifically, participants who reported higher expectations for communication and professionalism were more likely to report dissatisfaction when those expectations were unmet ($p < 0.05$). This suggests that aligning patient expectations with healthcare practices can help mitigate negative experiences.

The results highlight the importance of managing patient expectations and ensuring that healthcare providers meet or exceed those expectations, especially in areas of communication, empathy, and technical expertise. Ensuring that patients feel heard, respected, and well-informed may help improve their overall satisfaction with healthcare services.

4. Discussion and Conclusion

Our study provides valuable insights into the expectations and experiences of healthcare recipients, contributing to the development of patient-centered care strategies. By examining the expectations and experiences of a diverse sample of 500 participants, we found that a significant portion of the population holds high expectations for their healthcare providers, particularly in areas such as communication, professionalism, and technical expertise. Despite these high expectations, many participants reported negative experiences, with communication issues being the most prevalent. This gap between expectations and experiences presents an opportunity to refine healthcare delivery, ensuring alignment with patient needs.

Our findings revealed that 65% of participants expressed high expectations for healthcare providers, particularly in the realms of communication skills, professionalism, and technical expertise. The majority of participants anticipated that doctors would communicate effectively, demonstrate empathy, and possess the necessary technical skills to address their health concerns. These attributes were rated highly, with 40% of participants expecting communication skills to be evident "all the time," and 36% expecting professionalism and empathy to be present consistently. This highlights the importance of interpersonal communication and empathy as critical aspects of patient care, as these were emphasized as essential by the participants. In line with previous research, such as studies examining public trust in healthcare professionals, these findings underscore the elevated status of healthcare providers in the eyes of patients and the expectation that they meet these high standards (12).

Age and employment status were significant sociodemographic factors influencing participants' expectations. Participants in the older age group (46-55 years) and those with lower monthly incomes exhibited higher expectations from their healthcare providers. This may be attributed to the increased healthcare needs among older adults, who typically have chronic conditions requiring ongoing management, and lower-income households, which may rely more heavily on the healthcare system due to limited access to private healthcare services. This finding is consistent with research that links lower income to higher expectations, possibly as a result of the financial burden placed on lower-income households when accessing healthcare services (21, 22).

Regarding the participants' experiences with healthcare providers, our study found that 55% of participants reported negative experiences, with communication issues being the most common complaint. A substantial proportion (45%) of participants felt that they were not given adequate time to explain their symptoms, while 35% felt that their concerns were dismissed. These findings highlight the critical need for healthcare providers to improve patient engagement by offering sufficient time for consultation and ensuring that patients' concerns are addressed in a respectful and empathetic manner. Moreover, the importance of clear, informative communication cannot be overstated, as 34% of participants reported inadequate information about their diagnosis and treatment, further contributing to negative experiences.

The significant relationship observed between high expectations and negative experiences emphasizes the importance of managing patient expectations effectively. Participants who had higher expectations for communication and professionalism were more likely to report dissatisfaction when these expectations were not met. This suggests that aligning healthcare practices with patient expectations, particularly in communication, empathy, and technical expertise, is essential for improving patient satisfaction. It is crucial for healthcare providers to recognize the importance of clear communication and ensure that patients feel heard, respected, and well-informed throughout their care experience (39, 40).

Interestingly, the study revealed that negative experiences were more common in public healthcare settings, possibly due to higher patient volumes, which may limit the amount of time physicians can devote to each patient. In contrast, private healthcare settings, where patient volumes are typically lower, tended to have better patient experiences. This finding echoes similar studies conducted in other regions, where patients in private settings reported higher

satisfaction due to the more personalized care they received (33, 34). Addressing these disparities in healthcare settings, particularly by improving resources and time management in public healthcare, could contribute to more positive patient experiences across the board.

Although our study provides valuable insights, it is important to note its limitations. As the study was conducted with a diverse sample of participants but without focusing on a specific geographic location, the findings may not fully represent the experiences of individuals in particular regions or healthcare systems. Additionally, the study's reliance on self-reported data means that the results could be subject to biases related to patient perceptions and recall. Future studies should expand to include diverse locations and utilize qualitative methods to capture the nuances of patient experiences and expectations in greater depth. Furthermore, the study's reliance on quantitative measures, while offering valuable generalizability, may not capture the full complexity of patient expectations, which are subjective and multifaceted. Future research could explore the factors influencing patient expectations in more detail, particularly the role of waiting times, consultation fees, and satisfaction with prescribed treatments, which were not fully explored in our study (36).

In conclusion, bridging the gap between patient expectations and experiences is essential for enhancing the quality of healthcare delivery. Our study emphasizes the need for healthcare providers to manage patient expectations, particularly in areas of communication, empathy, and technical expertise, and to ensure that patients feel respected and well-informed during their healthcare encounters. By addressing these areas, healthcare providers can improve patient satisfaction and contribute to the development of patient-centered care that meets the needs and expectations of diverse populations. Effective management of patient expectations, particularly in public healthcare settings, will be crucial for improving overall patient experiences and outcomes in healthcare systems.

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