

**Patient-Practitioner Relationship at Out-Patient
Department of Traditional Hospital, Mandalay
City, Myanmar**

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Four Main Parts of the Presentation

- **Why we choose this study**
- **Research methodology**
- **Findings**
- **Conclusion**

INTRODUCTION

The previous studies reveal that there are many different ideas on diseases between patients and medical doctors.

It has been mentioned that the social and cultural factors of patients can affect their satisfaction levels in the provision of health care services.

Rationale of the Study

- **Most of the health care service problems are related to the patient-practitioner relationship. Ineffective consultation can cause the low rate of patients' compliance.**
- **They will not take the medication as they are advised and change their lifestyles to prevent the consequences of the diseases.**

Research Objectives

To examine the pattern of the relationship between patients and practitioner.

To explore how and why the social and cultural conditions of patients are affecting their relations with respect to satisfaction levels on health care provision.

There are three aspects of communication in the relationship.

(a) Emotional aspect

(b) Cultural aspect

(c) Intellectual aspect

The health care provider who can communicate with his patients on these aspects is bound to give maximum satisfaction to his patients.

Components of the Physician-Patient Relationship

(1) Trust and confidence

(2) Instillation of hope and minimization of fear and doubt

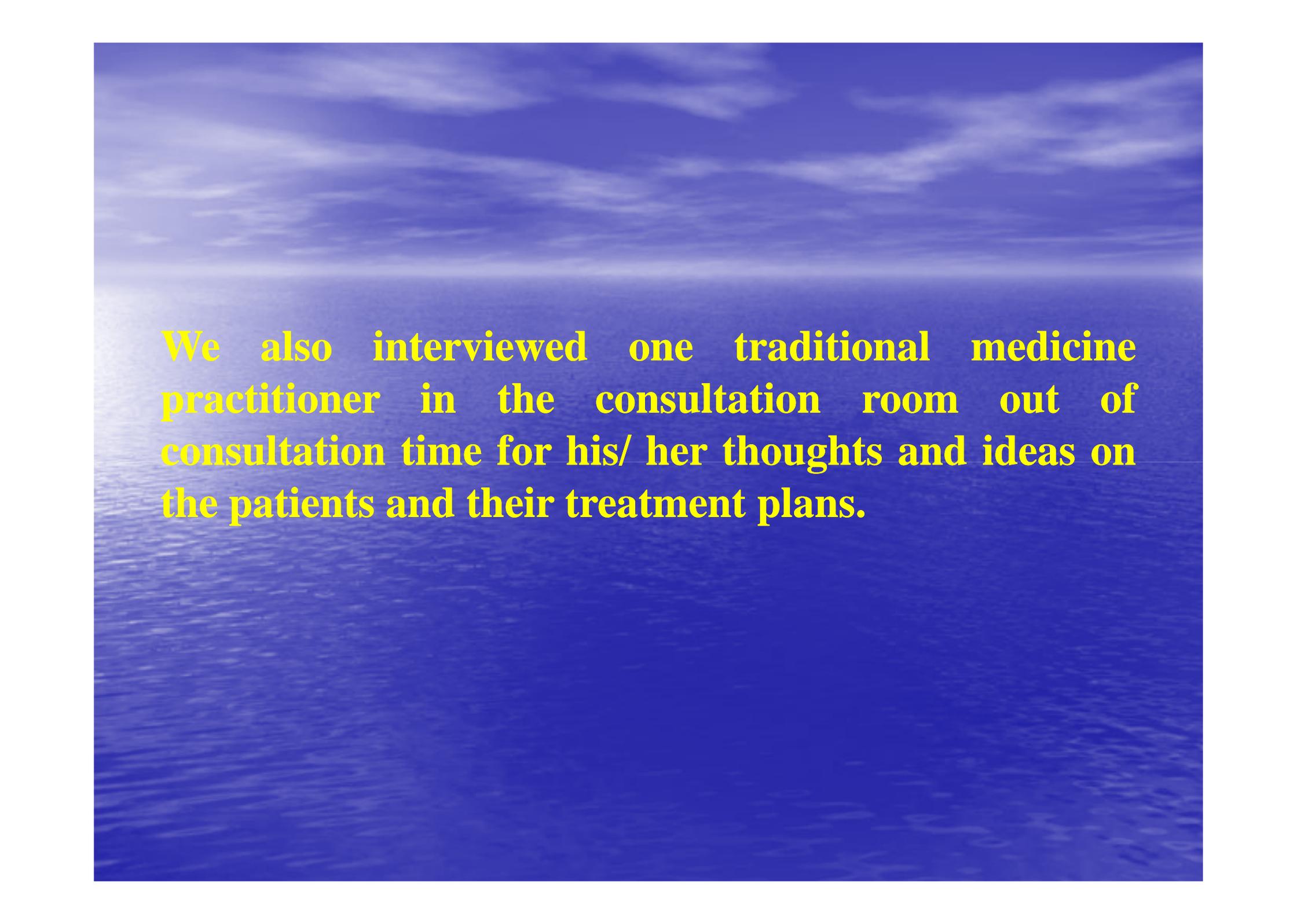
(3) Empathy

(4) A personal relationship based on concern

Research Methodology

Based on a qualitative research design, we interviewed six patients who are undergoing medical consultation and receiving treatment from the out-patients department of the University traditional hospital.

- **These six patients, who differ in terms of their ages and socio-economic statuses, were interviewed at a teashop which is near the hospital at one time for about half an hour to know their thoughts and ideas on the practitioner and the treatment they have received.**



We also interviewed one traditional medicine practitioner in the consultation room out of consultation time for his/ her thoughts and ideas on the patients and their treatment plans.

- **In order to understand the interactions taking place between the patients and the traditional medicine practitioner during their consultations, observations were also used as a part of this study's data collection activities.**

ANALYSIS

After each observation and interview, we recorded the stories and data instantly on papers. Then by using the themes of the events and interview data we analyze to understand the pattern of the relationship between patients and practitioner ,and try to find out the socio- cultural factors of the patients.

- **And we also analyze how and why the social and cultural conditions of patients are affecting their relations with respect to satisfaction levels on health care provision.**

COMMUNICATION BETWEEN PATIENTS AND PRACTITIONER

- **Practitioner communicated with sympathy and with good emotion towards the patients.**
- **But two patients complained of practitioner's intellectual level.**
- **Others showed their satisfaction on the practitioner's communication with emotional and cultural aspects.**

Communication on emotional aspect

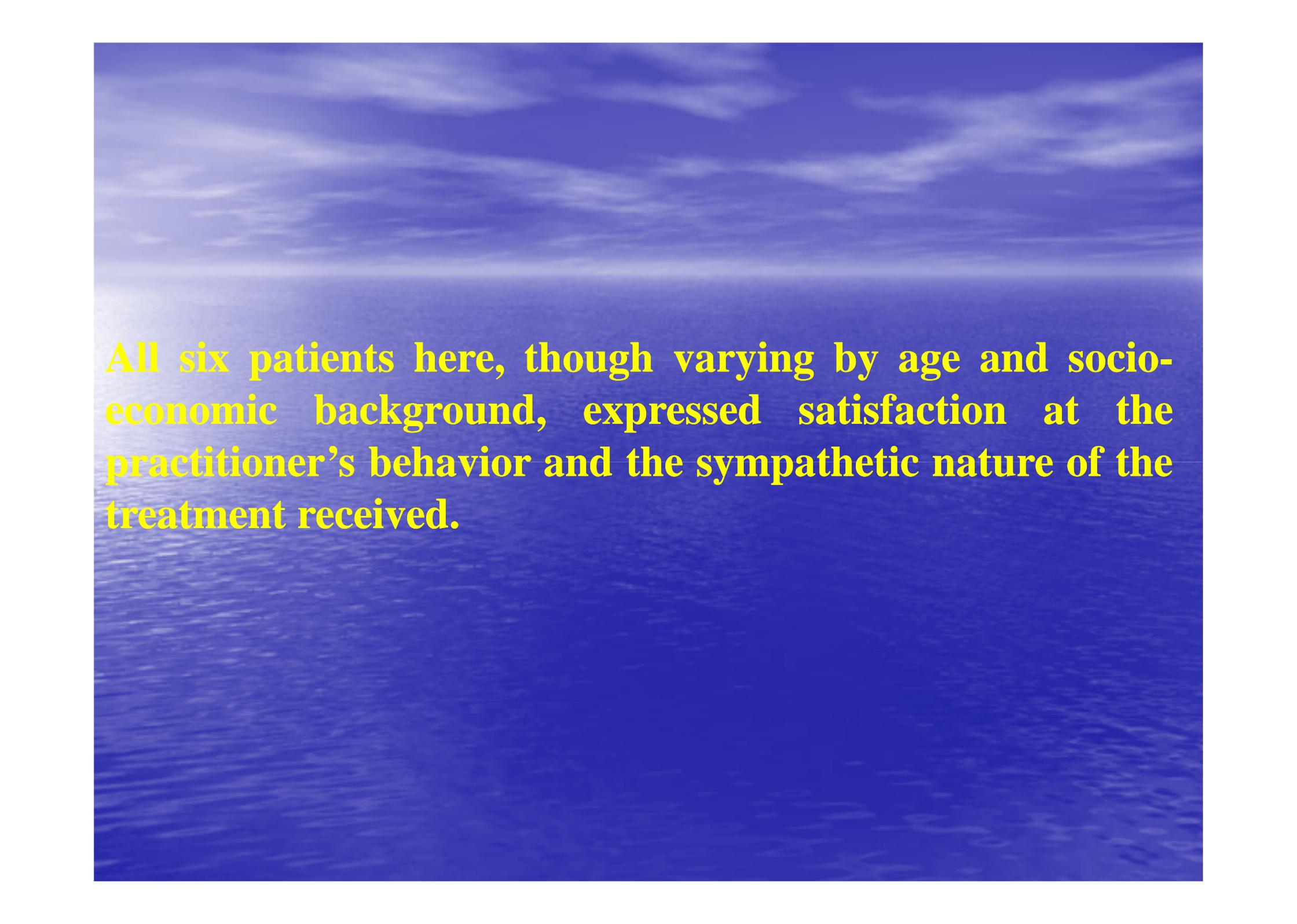
- **All informants reported that the practitioner gave a sympathetic ear to their complaints.**
- **They could talk more freely to the practitioner about their health problems and their worries on their diseases.**

Patients' expressions

- “Good, the consultant listened to what I said patiently.”
- “Good, the consultant gave me a long time for discussion.”

INTELLECTUAL ASPECT

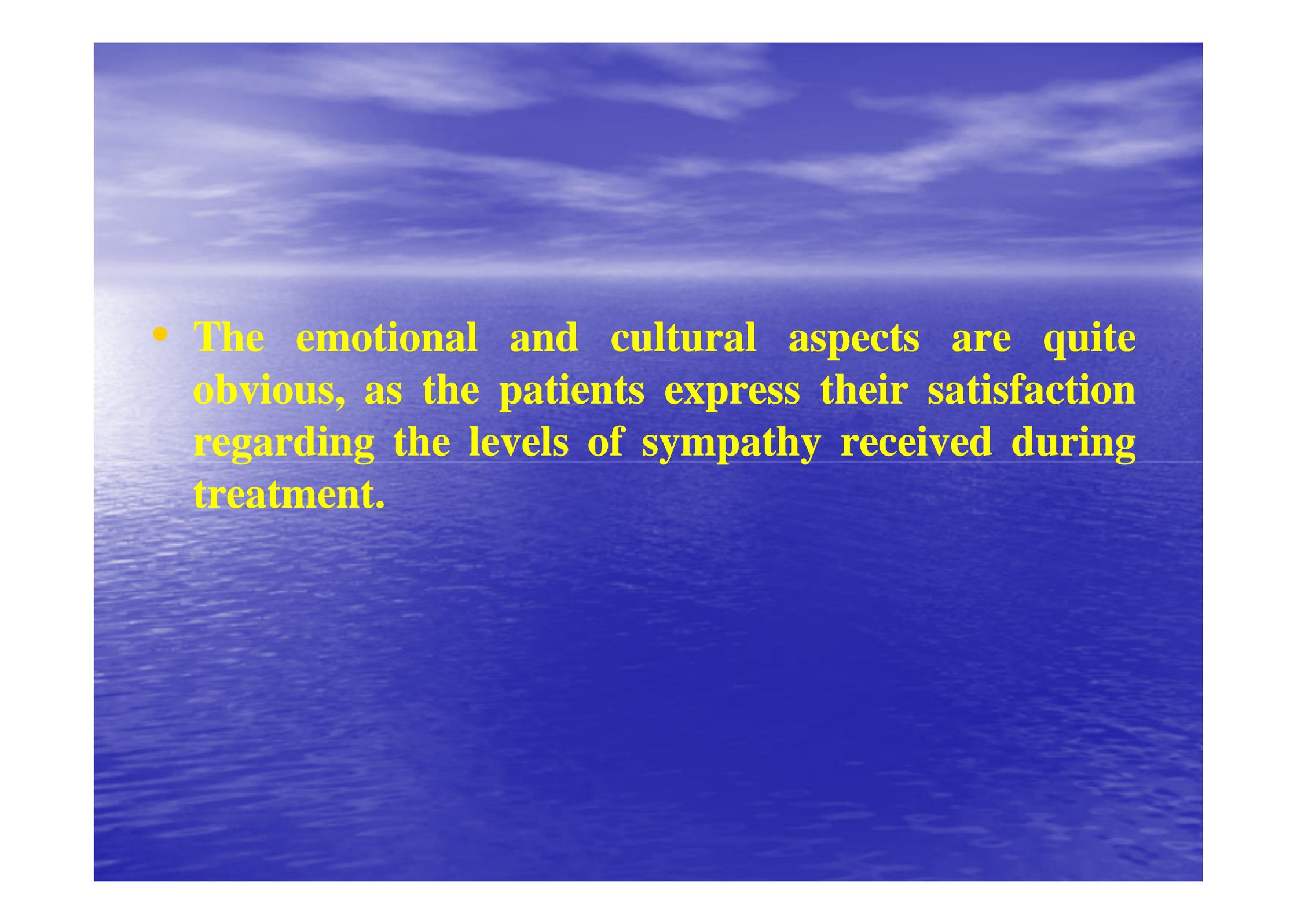
- **The practitioner has not explained the nature of disease and treatment plan to all patients.**
- **“The OPD consultant should order the exact instructions because in today morning I was massaged only for one minute which is very short.”**



All six patients here, though varying by age and socio-economic background, expressed satisfaction at the practitioner's behavior and the sympathetic nature of the treatment received.

Cultural Aspect

- **There is no difference in cultural aspect between the patients and the practitioner.**
- **They all do not have much difference in ideas of health and in the treatment.**

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- **The emotional and cultural aspects are quite obvious, as the patients express their satisfaction regarding the levels of sympathy received during treatment.**

Socio-cultural factors affecting the relationship

- **Economic status**
- **Educational level**
- **The poor all showed their satisfaction on the practitioner and treatment.**
- **But the informants being in higher economic status complained of the practitioner's treatment.**

Education Level

- The educated informants presented unsatisfied with the practitioner's treatment plan.

- **However, most of the patients did not mention that they are worried about their diseases, the practitioner's level of knowledge and the efficacy of the treatment provided. Such views mainly stem from the patients not receiving enough information about the causes of their disease and the treatment plan put in place by the practitioner.**

CONCLUSION

- **Patient-practitioner relationship in traditional hospital, Mandalay, Myanmar is fair at the time of research. The practitioner can create an effective consultation by using the three types of communication. Communications on cultural and emotional plane are good for the practitioner.**

As a result, we suggest improving the intellectual and technical aspects of the communications used within the traditional medicine consultation process, plus believe it is critical to maintain a high level of sympathy within the treatment regime and to strengthen trust during consultation, in order to promote the development of a good, strong relationship between the patients and the traditional medicinal practitioners.

Ideally, the researchers should have enough knowledge and skills in that type of qualitative research and should be free from biased.

The researchers also should have full control over the psychological and social environment of the subjects not to interfere and do anything to modify the impact of their negotiation. Unfortunately, this could not be ensured fully, although they did their best to cooperate in this regard.

Randomization in sample selection and sample number were not fully satisfactory.

For ethical reasons, it was considered desirable to allow the right of the subjects to refuse the cooperation at any time if they so desired.

Long-term observation and more detailed interviews could not be made.

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THANK YOU VERY MUCH.

**YOUR SUGGESTIONS AND QUESTIONS
ARE CORDIALLY INVITED.**