

# 性別、病人權利與病人滿意度-中部大學生的調查研究

## Gender, Patients' Rights and Patients' Satisfaction - Investigation of College Students in Central Taiwan

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### 摘要

本研究旨在探索性別、病人權利意識和病人滿意度的關係並比較就醫經驗和對病人知情權態度的性別差異，我們隨機抽樣 9 所中部大專院校中上通識課程的大學生，共有 1,218 名學生完成這項調查。我們發現男性和女性的就醫經驗有諸多的差異，比起男性，女性比較有知情權的意識，看病時會注意到醫師的姓名、經歷，也比較會主動詢問醫師與病情有關的問題和治療方式。不過，醫師對訊息傳遞的冷漠卻沒有性別上的差異。儘管男性在病人知情權態度上較為消極，但卻對這樣的醫療品質有較多的包容。另就醫經驗和病人滿意度的關係探討中，我們發現對於訊息的掌握愈多，對醫療品質就愈感到滿意，但當中仍然有性別的差異-女性對醫療品質的感受較男性負面，例如 69.2% 就醫時知道醫師姓名的男性(63.7% 的女性)對該次看病感到滿意或非常滿意，而就醫時不知醫師姓名中只有 48.8% 的男性(女性更低到 36.2%)對該次的醫療品質感到滿意或非常滿意。除了知道關於醫師的訊息會影響醫療滿意度，得到關於病情的訊息對病人滿意度的影響更大，例如被醫師告知病情的男性中有 72% 對該次看病品質感到滿意或非常滿意，未被醫師告知病情的男性中則有 26.5% 對該次看病品質感到滿意或非常滿意，兩者差異達 45%。

關鍵字:性別、病人權利、病人滿意度、知情權



## Abstract

**Objective.** This study explores the relationship of gender, awareness of patients' rights and patients' satisfaction and compares gender differences in care-seeking experience and attitudes towards patients' rights among college students in central Taiwan. The results of this study may be used to improve clinical services and serve as a basis for future studies on the determinants of patients' satisfaction.

**Design.** The survey instrument was a self-administered questionnaire employing closed-ended response options and standard demographic self-reported categorical variables. A total of 1218 students from 9 different schools in the Taichung, Taiwan metropolitan area completed the survey. Contingency-table analysis chi-square test was used to analyze the data.

**Results.** Gender differences existed in care-seeking experience. Females were more likely to have information about physicians and less likely to be satisfied with health services than males. On the other hand, male and female patients were equally successful at obtaining information from their physicians about the condition of their health. Both males and females thought the physician should explain his or her diagnosis to the patient. The quality of information the patient received was positively related to the patient's level of satisfaction. In conclusion, whether the physician explained the diagnosis and treatment or not determined the level the patients were satisfied with their medical treatment.

Keyword: gender, patients' rights, patients' satisfaction, information disclosure



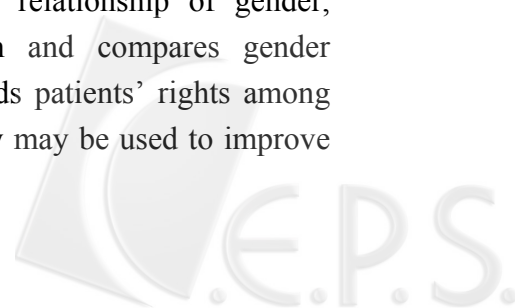
## Introduction

The Advisory Commission on Consumer Protection and Quality in the Health Care Industry (1998) in the U.S. has clearly depicted information disclosure as part of a patient's rights. According to the Patient's Bill of Rights, patients have the right to obtain information regarding their diagnosis and treatment and health care professionals [1, 2]. In Taiwan, both physicians and patients often disregard such patients' rights. That is, patients are frequently not well-informed during their visits partly because patients are not aware of their right to know the information related to their medical condition [3]. Thus, it is advocated to make the hospitals and clinics patient-centered [4]. Recently, a greater public awareness of their rights of patients is increasing the number of disputes the medical service they receive [5].

Research has linked a patient's getting information about his or her medical condition from medical providers to patient satisfaction with health care [6]. Additionally, social class has been associated with the satisfaction of medical services and information received though results have not been consistent [7,8]. Middle-class patients have been found to be more active than working-class patients in presenting their ideas to their physician and in seeking further explanation of his/her views; though they hardly benefited more from the information they receive, due to misunderstanding the information they received. That is, similar proportions of working-class and middle-class patients received explanations from their physicians and similar proportions misunderstood [8].

Research from South Africa has related social class to level of satisfaction with health care [9]. However, when social class is further divided into different indices (i.e., education and income), the direction of influence diverges. People with lower levels of education tend to be more satisfied with consultations from physicians than people with higher levels of education [10]. In contrast, affluent patients are more satisfied with health services than poor patients partly because the affluent can afford better medical services [11].

In addition to socioeconomic characteristics, demographic characteristics have been associated with patients' satisfaction with health care[12]. For example, older patients are more likely to be content with health services than young and middle-aged patients [13]. Studies on gender differences and level of satisfaction with health care have been inconsistent. Although one study found gender to be unrelated to patients' satisfaction [14], others have found men to be more satisfied than women with their physician visit [15] [16]. Based on the limited research, patients' knowledge of their rights may also be closely related to their level of satisfaction with the medical care they receive. This study explores the relationship of gender, awareness of patients' rights and patients' satisfaction and compares gender differences in care-seeking experience and attitudes towards patients' rights among college students in central Taiwan. The results of this study may be used to improve



clinical services and serve as a basis for future studies on the determinants of patients' satisfaction.

## Data and Method

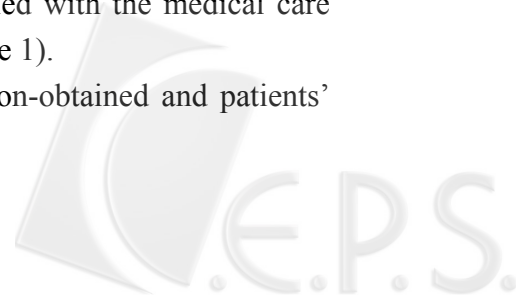
This study recruited 1295 students from 9 schools randomly selected from the 17 college-level schools in the metropolitan area of Taichung, Taiwan to take a self-administered survey. To ensure our sampling included a mix of different majors and year-levels, questionnaires were distributed in general studies courses.

The survey instrument was a self-administered questionnaire consisting of closed-ended response options and standard demographic categorical variables. Among the patients' rights, the study only focused on the right of information of disclosure. The questionnaire was examined and approved by two medical sociology professors. The questionnaire items mainly covered information about the patients' attending physicians and the patients' illnesses and asked for dichotomous responses. The items, included in the former part, asked whether the participants know the name of the physician they last visited and whether they were aware of that physician's professional experience. The items, included in the latter part, asked whether the physician had explained the diagnosis to them and whether that physician had explained the prescribed treatment strategy to them as well. Then, the following item was whether the participants had asked the physicians about the diagnosis to them and the prescribed treatment strategy. Another item was whether the participant had been satisfied with the experience of that last visit. This question was answered using a five-point scale: very satisfied, satisfied, average, dissatisfied, and very dissatisfied. The cronbach alpha was 0.6. Data was analyzed using contingency-table analysis and chi-square test.

## Results

There were significant gender differences in the participants health care visit experience, except for the way they were treated by their physicians (see the top part of Table 1). More young women than men knew the names of their physicians (71.3% vs. 65.8%). The young men were more interested than the women in the physician's professional experience (51.2% vs. 45.7%). The women were more active than the men when asking about their health conditions (79.7% vs. 73.6%). A much greater number of women than men asked their physicians to explain the prescribed treatment (51.7% vs. 39.1%). With regard to patients' attitudes toward their care rights, more women than men thought that patients should know physicians' names (83.0% vs. 73.9%), professional experience (78.0% vs. 64.7%), the nature of their illness (99.0% vs. 95.9%), and reasoning behind the treatment strategy (95.9% vs. 90.8%). Generally, more men than women were either satisfied or very satisfied with the medical care they received (62.1% vs. 55.5%)(see the bottom part of Table 1).

We also examined the relationship between information-obtained and patients'



satisfaction while controlling for gender (Table 2). In general, patients who believed that they had received relevant information were more likely to be satisfied with their visits, and those who believed they had not generally assessed their visit as average. We separated the information received into information about the professionals and information about the illness and treatment, and found that information about the illness and treatment exerted a greater influence on patients' satisfaction. It is true for both men and women. For example, of the men that received such information, 72% (12.7% plus 59.3%) reported either satisfied or extremely satisfied with their visit. Of the men who did not receive such information, only 26.5% (5.7% plus 20.8%) reported the same levels of satisfaction. The gap also appeared widely among female participants. Of the women that received such information, 65.8% (14.6% plus 51.2%) reported either satisfied or extremely satisfied with their visit. Of the women who did not receive such information, only 23.4% (2.2% plus 21.2%) reported the same levels of satisfaction.

Knowing something about the physicians' backgrounds also influenced level of satisfaction, though this was truer for the women than the men. For example, among the male participants, 69.2% (15.0% plus 54.2%) of those knew their physicians' names considered their visits satisfactory or very satisfactory, and only 48.8% (3.7% plus 45.1%) of those who did not consider them to be satisfactory or very satisfactory. Concerning the female participants, 63.7% (14.2% plus 49.5%) of those knew their physicians' names considered their visits satisfactory or very satisfactory, and only 36.2% (5.4% plus 30.8%) of those who did not consider them to be satisfactory or very satisfactory.

Although actively asking physicians to answer health and treatment questions improved the level of satisfaction generally, the difference was relatively small among the men (less than 10%). In general, males were more easily satisfied with their physician, with a striking difference found in those who knew and did not know the physicians' names. More of those who knew their physicians' names reported being satisfied or extremely satisfied (men, 69.2%; women, 63.7%). Fewer of those who did not know their physicians' names reported the same level of satisfaction (men, 48.8%; women, 36.2%).

## Discussion

The findings above indicate that both gender and information given during a visit to the physician play roles in patients' satisfaction. The women in this study were more active than men in terms of interaction with physicians. They were also more likely to concur with the information disclosure offered by patients' rights. There are other health disparities between men and women reported in the literature, one being the well-known difference in life expectancy [17]. Women visit physicians more often than men [18]. Therefore, based on our findings, in addition to being disadvantaged with regard to physical health and being less likely to visit physicians, women are

more likely to pay attention to their rights as patients.

Our study found women to be more critical of medical services than men. One study has found that some male physicians treat women patients and health workers as inferiors because of their sex [19]. If this were the case in our study, then it could possibly explain in part the greater dissatisfaction reported by the women in our study.

Although more women than men in our study considered information disclosure necessary, we found a large proportion of male and female participants agreed that physicians need to provide an explanation of health condition. We also found that while gender differences existed in many aspects of our sample's care-seeking experience, there was little difference in how successfully men and women were able to get health information from their physicians, suggesting that the doctor-patient relationship in Taiwan is still paternal [20, 21]. This may have affected patients' satisfaction levels in our study. Dominant styles have been found to negatively affect patients' satisfaction [22]. From the physicians' standpoint, the most trouble-free way to improve patients' satisfaction is to provide patients with information about their own health. In addition to this kind of disclosure, the physician-patient relationship in Taiwan should move from the paternal or authoritative style toward a style involving mutual participation, getting the patients involved in the control of their disease [23]. Apparently, unawareness of patients' rights is pervasive in Taiwan. The problem will probably become worse if the patients are ignorant of their rights and do not ask for the information.

As discussed earlier, social class has been associated with patients' satisfaction, and it can influence doctor-patient relationship as well [7,8]. Patients who come from the same social class as the physicians are more likely to share similar communication styles and benefit from the improved communication. Those with inferior class backgrounds may find communication more difficult. Medical education reform has been a hot issue lately in Taiwan. In fact, medical students will be at the top part of social stratification after completing their training and practicing medicine, however, their patients come from all walks of life. To effectively help such patients, sympathy and patience are particularly important for physicians. That is, curriculum improving patient-physician relationship should be greatly considered in medical education.



Table 1: Distributions of care-seeking experience, attitudes toward patients' rights, and patients' satisfaction.

Information Disclosure		Gender		$\chi^2$
		male	female	
<b>Care-seeking experience</b>				
In the last visit, did you know the physician's name?	Yes	320	550	4.22**
		65.8%	71.3%	
Did you know anything about his or her professional experience?	Yes	249	354	3.617**
		51.2%	45.7%	
Did the physician provide explanation of your health condition	Yes	379	589	0.536
		78.0%	76.2%	
Did the physician explain the prescribed treatment strategy to you?	Yes	295	466	0.006
		60.6%	60.4%	
Did you ask the physician about your health condition?	Yes	359	618	6.521***
		73.6%	79.7%	
Did you ask the physician about treatments such as prescribed medicine?	Yes	190	399	18.984***
		39.1%	51.7%	
<b>Patients' attitudes about information disclosure</b>				
Generally speaking, do patients need to know physicians' names?	Yes	363	646	17.473***
		73.9%	83.0%	
Generally speaking, do patients need to know anything about physicians' professional experiences?	Yes	317	607	27.506***
		64.7%	78.0%	
Generally speaking, do physicians need to explain the health condition of patients?	Yes	471	771	13.704***
		95.9%	99.0%	
Generally speaking, do physicians need to explain the prescription to patients?	Yes	446	746	15.537***
		90.8%	95.9%	
<b>Patients' satisfaction</b>				
Are you satisfied with the quality of care you received?	Very satisfied/ satisfied	302	431	7.869*
		62.1%	55.5%	
	Average	168	320	
		34.6%	41.2%	
	Dissatisfied/ Very dissatisfied	16	26	
		3.3%	3.4%	

\*: p&lt;0.1, \*\*: p&lt;0.05, \*\*\*: p&lt;0.01



Table 2: Cross-tabulation of care-seeking experience and patients' satisfaction by gender

<b>Male</b>		Very satisfied	Satisfied	Average	Dis-satisfied	Very dis-satisfied	Total
Did you know the physician's name?	Yes	15.0	54.2	28.2	1.9	0.6	319
	No	3.7	45.1	46.3	4.3	0.6	164
	$\chi^2$	26.975***					
Did you know anything about the physician's professional experience?	Yes	17.8	57.5	23.5	0.4	0.8	247
	No	3.8	44.5	46.2	5.1	0.4	236
	$\chi^2$	53.649***					
Did the physician provide an explanation of your health condition?	Yes	12.7	59.3	27.0	0.8	0.3	378
	No	5.7	20.8	62.3	9.4	1.9	106
	$\chi^2$	84.034***					
Did the physician explain the prescribed treatment strategy to you?	Yes	15.3	57.8	24.5	2.0	0.3	294
	No	4.7	40.5	50.0	3.7	1.1	190
	$\chi^2$	42.195***					
Did you ask the physician questions about your health condition?	Yes	9.8	55.3	32.0	2.0	0.8	356
	No	14.0	39.5	41.9	4.7	0	129
	$\chi^2$	12.376**					
Did you ask the physician questions about the prescribed treatment strategy?	Yes	13.7	57.9	24.2	2.6	1.6	190
	No	9.6	46.4	41.3	2.7	0	293
	$\chi^2$	19.101***					
<b>Female</b>							
Did you know the physician's name?	Yes	14.2	49.5	34.5	1.6	0.2	548
	No	5.4	30.8	57.5	5.9	0.5	221
	$\chi^2$	53.472***					
Did you know anything about the physician's professional experience?	Yes	18.4	51.7	28.5	1.1	0.3	354
	No	6.0	37.1	52.2	4.5	0.2	418
	$\chi^2$	57.808***					
Did the physician provide an explanation of your health condition?	Yes	14.6	51.2	32.5	1.5	0.2	588
	No	2.2	21.2	69.0	7.1	0.5	184
	$\chi^2$	108.510***					
Did the physician explain the prescribed treatment strategy to you?	Yes	15.9	51.2	31.0	1.9	0	465
	No	5.2	32.7	57.2	4.2	0.7	306
	$\chi^2$	69.632***					
Did you ask the physician questions about your health condition?	Yes	13.5	46.1	36.9	3.2	0.3	616
	No	4.5	35.0	59.2	1.3	0	157
	$\chi^2$	29.596***					
Did you ask the physician questions about the prescribed treatment strategy?	Yes	14.1	48.1	34.3	3.5	0	397
	No	9.1	39.7	48.5	2.1	0.5	373
	$\chi^2$	20.128***					

\*: p&lt;0.1, \*\*: p&lt;0.05, \*\*\*: p&lt;0.01





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