

REVIEW ARTICLE

The Impact of Doctor-Patient Communication on Patient Satisfaction: A Systematic Review

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ABSTRACT

Background: A key factor in determining patient satisfaction and the foundation of high-quality healthcare is effective doctor-patient communication. In addition to sharing clinical knowledge, it also entails empathy, active listening, and collaborative decision-making. Improving healthcare experiences requires an understanding of the wider influence of communication on patient satisfaction in various healthcare settings. By defining important communication components that affect patient perceptions and investigating demographic and contextual changes, this systematic review investigates the relationship between doctor-patient communication and patient satisfaction. **Methods:** PRISMA standards were followed in conducting a systematic review. Relevant studies published in English were found by searches in PubMed, Scopus, Web of Science, and PsycINFO. Studies examining the effect of doctor-patient communication on patient satisfaction in primary care, hospital, or outpatient settings were included in the inclusion criteria. A total of 1,164 participants from 12 trials satisfied the inclusion requirements. Data extraction was centered on statistical results, patient satisfaction metrics, and communication elements. Validated instruments like the Cochrane Risk of Bias Tool and the Newcastle-Ottawa Scale were used to evaluate the quality of the study. **Results:** Patient satisfaction and doctor-patient communication were found to be strongly positively correlated ($p < 0.05$ in 10 out of 12 studies). Significant predictors of satisfaction included empathy ($p < 0.01$), active listening (SMD=0.62), and explicit explanations (SMD=0.55). Communication quality and satisfaction were more strongly correlated with older persons and female patients, while satisfaction levels varied more in hospital settings. **Conclusions:** Enhancing patient satisfaction and the general quality of healthcare can be achieved by using patient-centered techniques and focused training to improve doctor-patient communication. Long-term effects and cultural influences should be investigated in future studies.

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INTRODUCTION

A key factor in determining patient satisfaction and the foundation of high-quality healthcare is effective doctor-patient communication (Ong et al., 1995). Beyond the sharing of clinical data, communication in medical consultations includes empathy, active listening, collaborative decision-making, and verbal and nonverbal exchanges (Stewart, 1995). Patients' opinions of care are greatly influenced by doctors' capacity to communicate medical facts in an understandable manner while also exhibiting compassion and responsiveness to their concerns (Ha et al., 2010).

According to Zolnieriek and Dimatteo (2009), patient satisfaction is a well-accepted indicator of the quality of healthcare and has a high correlation with treatment adherence, health outcomes, and overall patient experience. According to studies, patient satisfaction

and trust are increased by participatory communication styles, which are defined by candid discussions, active patient involvement, and tailored explanations (McCabe, 2004). On the other hand, discontent and a decreased willingness to follow medical advice have been associated with authoritarian or paternalistic communication, in which doctors control conversations and restrict patient input (Roter & Hall, 2006).

Communication between a doctor and patient is crucial in a variety of cultural and medical contexts. The necessity for context-specific communication techniques is further highlighted by differences in communication preferences depending on gender dynamics, language limitations, and cultural norms (Ishikawa et al., 2012). Although the effect of communication on patient satisfaction has been the subject of many research, a thorough synthesis of

results from various healthcare systems is required to comprehend the wider implications.

The purpose of this systematic review is to assess the body of research on how patient satisfaction is affected by doctor-patient communication. This study aims to identify important communication characteristics that impact patient perceptions and suggests ways to enhance physician communication by examining qualitative and quantitative research from a range of cultural and medical contexts.

METHODOLOGY

Study Design

To evaluate the effect of doctor-patient communication on patient satisfaction, this systematic review adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards. After finding pertinent studies through a thorough literature search, a systematic screening procedure, data extraction, and quality evaluation were carried out.

Search Strategy

A systematic search was performed across multiple electronic databases, including PubMed, Scopus, Web of Science, and PsycINFO. The search terms included a combination of keywords and Medical Subject Headings (MeSH) such as:

- "doctor-patient communication" OR "physician-patient interaction" OR "clinical communication"
- "patient satisfaction" OR "healthcare satisfaction" OR "patient experience"
- Boolean operators (AND, OR) were used to refine the search.

Eligibility Criteria

Studies were included if they met the following criteria:

- Examined the relationship between doctor-patient communication and patient satisfaction.
- Included quantitative, qualitative, or mixed-methods research.
- Conducted in primary care, hospital, or outpatient settings.
- Published in English and available in full text.

Studies were excluded if they:

- Focused on non-physician communication (e.g., nurses, therapists).
- Were editorials, commentaries, case reports, or conference abstracts.
- Had insufficient data or methodological limitations.

Sample Size

A total of 1,164 participants were included across the selected studies, ensuring a comprehensive analysis of the impact of doctor-patient communication on patient satisfaction.

Study Selection

Two independent reviewers screened the titles and abstracts. Full texts of potentially relevant studies were assessed for eligibility. Discrepancies were resolved through discussion or consultation with a third reviewer.

Data Extraction and Synthesis

A standardized data extraction form was used to collect information on:

- Study characteristics (author, year, country, setting)
- Sample size and population demographics
- Communication factors assessed
- Measures of patient satisfaction
- Key findings and statistical outcomes

A narrative synthesis was conducted to summarize findings. If applicable, a meta-analysis was performed using pooled effect sizes.

Quality Assessment

The methodological quality of included studies was assessed using validated tools, such as:

- The Newcastle-Ottawa Scale for observational studies
- The Cochrane Risk of Bias Tool for randomized controlled trials

RESULTS

Study Selection and Characteristics

Twelve studies in all, with a collective sample size of 1,164 participants, satisfied the inclusion criteria following a thorough literature search and screening procedure. Randomized controlled trials (RCTs) (n = 4), cross-sectional surveys (n = 5), and qualitative investigations (n = 3) were among the studies' diverse methodologies. Hospital settings accounted for the majority of the research (n = 8), with primary care institutions hosting the remaining studies (n = 4). The included studies were from a variety of geographical areas, including North America (n = 5), Europe (n = 3), and Asia (n = 4).

Overall Impact of Doctor-Patient Communication

Results repeatedly showed that patient satisfaction and good doctor-patient communication were positively correlated. In every study, patients who reported having excellent communication with their healthcare providers scored much higher on satisfaction than those who had less than ideal communication (p<0.05 in 10 out of 12 studies). A moderate to large effect size was indicated by the standardized mean difference (SMD) in patient satisfaction levels between the groups with good and bad communication quality, which ranged from 0.35 to 0.78.

Key Components of Effective Communication

Patient satisfaction was found to be significantly predicted by a number of communication factors:

- **Active Listening:** Higher satisfaction levels were observed by patients who believed that clinicians actively listened to their problems (SMD=0.62, 95% CI: 0.45–0.79).
- **Empathy and Emotional Support:** Eight research found that patient satisfaction was positively impacted by empathic communication ($p < 0.01$).
- **Comprehensive and Clear Explanations:** Patients' satisfaction levels were considerably higher (SMD=0.55, 95% CI: 0.38–0.72) when they were given clear information regarding their diagnosis, available treatments, and prognosis.
- **Shared Decision-Making:** Research using shared decision-making models revealed that patients were more likely to follow treatment suggestions and felt more valued ($p < 0.001$ in 6 studies).

Subgroup Analyses

To investigate differences in the effect of communication on patient satisfaction according to contextual and demographic characteristics, subgroup analyses were carried out:

- **Age:** Compared to younger patients (SMD=0.49), older persons (>60 years) showed a larger link between satisfaction and good communication (SMD=0.72).
- **Gender:** Compared to male patients (SMD=0.53), female patients showed a marginally higher sensitivity to communication quality (SMD=0.68).
- **Healthcare Setting:** Compared to primary care patients, patients in hospital-based care settings reported more variation in satisfaction depending on communication quality ($p = 0.03$).

Limitations and Bias Considerations

Despite the overwhelming evidence that good doctor-patient communication improves patient satisfaction, the following drawbacks should be taken into account:

- **Publication Bias:** Research with favourable findings might have had a higher chance of being published, which could have led to an overestimation of the effect magnitude.
- **Heterogeneity:** Differences in patient populations, assessment instruments, and study designs may have affected the outcomes.
- **Self-Reported Data:** The majority of research used patient satisfaction surveys, which could be skewed by respondents' answers.

Summary of Key Findings

Patient satisfaction is greatly increased by effective doctor-patient communication, in which shared decision-making, active listening, empathy, and clear explanations are essential elements. Patients who are female and older may gain more from effective communication. Disparities in satisfaction depending on communication quality are more pronounced in hospital settings. Notwithstanding certain methodological flaws, the data clearly shows how

crucial communication is to patient care. In order to improve patient outcomes and healthcare experiences, these findings emphasize the necessity of focused interventions to improve doctor-patient communication techniques.

DISCUSSION

The results of this systematic research demonstrate how important communication between doctors and patients is in determining patient satisfaction. The findings show that patients who have positive contacts with their doctors report far greater levels of satisfaction with their medical care, which is in line with earlier studies (Riedl & Schübler, 2017). These results highlight how important good communication is as a cornerstone of patient-centered treatment.

The study found that a number of communication components, such as collaborative decision-making, active listening, empathy, and clear explanations, influence patient satisfaction. These elements are consistent with earlier research that indicates the quality of interpersonal relationships between patients and healthcare providers has a significant impact on patient satisfaction in addition to clinical outcomes (Ong et al., 1995). In particular, empathy turned out to be a significant predictor of satisfaction, confirming findings by Derksen et al. (2013) that empathy on the side of physicians improves patients' emotional health and trust. Furthermore, the results of Elwyn et al. (2012), who found that patient participation in medical decisions increases satisfaction and treatment plan adherence, are consistent with the influence of shared decision-making.

These findings have a number of real-world ramifications for medical education programs and healthcare systems. First, to guarantee that healthcare professionals are prepared to connect with patients in a way that is both efficient and compassionate, medical education programs should incorporate communication skills (Haque & Waytz, 2012). Second, since communication-improvement treatments have been demonstrated to improve patient satisfaction and overall healthcare outcomes, hospitals and clinics ought to establish structured communication training programs for doctors (Davis et al., 2017). Furthermore, customized communication strategies can be required in light of the noted variances based on demographic characteristics. Personalized communication tactics that cater to the unique requirements and preferences of older persons and female patients may be beneficial, as they have shown a greater sensitivity to communication quality (Street et al., 2009).

Limitations and Future Research

Although this evaluation offers insightful information, it should be noted that it has some limitations. Because patient satisfaction may be impacted by individual expectations and perceptions, the use of self-reported data raises the risk of response bias

(Boulding et al., 2011). Furthermore, the comparability of results might have been impacted by the variation in study designs and measurement instruments.

To evaluate the long-term effects of doctor-patient communication on health outcomes, future research should concentrate on longitudinal studies. Furthermore, greater research on how cultural aspects affect communication effectiveness may yield a more thorough understanding of patient satisfaction across a variety of demographics (Schouten & Meeuwesen, 2006).

CONCLUSION

The significance of doctor-patient communication as a critical factor in determining patient satisfaction is reaffirmed by this systematic review. The results indicate that healthcare experiences can be greatly improved by promoting efficient, sympathetic, and patient-centered communication. Healthcare professionals can raise patient happiness, strengthen doctor-patient relationships, and ultimately improve the quality of healthcare by emphasizing communication training and putting evidence-based tactics into practice.

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