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The Doctor-Patient Relationship in the Context of Cardiology: An Integrative Review

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Abstract

This article proposes an integrative review of the doctor-patient relationship in the cardiology setting. A search was conducted in the international databases Scopus and Web of Science. After refining the initial collection, which contained 214 articles, the analytical corpus resulted in 10 research articles, described in terms of general features and submitted to thematic content analysis. These articles were published between 2003 and 2013 in health sciences and multidisciplinary journals. Five of the papers were qualitative and the other five based on a quantitative approach. The content analysis showed the perception of limited time for meetings between the cardiologist and the patient; difficulties in the communication process between the members of the dyad; and the listening and engagement as ideal in this relationship. The findings illustrate the relationship between the cardiologist and the patient as asymmetrical, set in a complex system of negotiations and mediations. The results indicate the need to understand the interaction process between cardiologist-patient, in order to build health care practices consonant with humanization policies.

Keywords: doctor-patient relationship, communication barriers, cardiology.

Introduction

In epidemiological terms, cardiovascular diseases represent the first cause of death in the world and in Brazil. In this country, in 2011, the specific mortality rate (deaths per 100,000 population) for ischemic heart disease reached 53.8 corresponding to the absolute number of 103,486 deaths (Brasil, 2012a). Considering the rate of hospitalization for ischemic heart disease, in Brazil in 2012, 242,858 hospitalizations were reached, resulting in high costs for the public health system (Brasil, 2012b).

The epidemiological relevance of cardiovascular disease emphasizes the need to address health care actions, in this context. On one hand, the care practices within the cardiology need the use of advanced technological features, such as diagnostic tests and invasive interventions such as the "hard technologies" of care (Merhy, 2002). On the other hand, in parallel and in order to counteract this perspective, understanding the health-disease process and the current health actions require an integrated look, in which the objective conception of health and disease is questioned and the illness and health process is understood as productions rooted in social, economic, political and religious contexts (Machado, Monteiro, Queiroz, Vieira, & Barroso, 2007).

The comprehensive and integrated understanding of the illness and health process advocates the principle of integrality, a guideline from the Brazilian Unified Health System, which values the reception of different explanatory models of health and disease, promoting dialogue between formal and informal knowledge and including the popular practices of care and treatment (Machado et al., 2007). In this perspective, the patient' needs are prioritized, and the act of caring is recognized by its uniqueness as an encounter between the caregiver and the patient's subjectivities. The act of caring is therefore a construction, in which the autonomy of the patient and the accountability of the caregiver are assumed (Malta & Merhy, 2010). Under this view, the "light technologies" of care - relational technologies for the health care are emphasized, in particular, the bond, the active listening, and the accountability (Malta & Merhy, 2010; Merhy, 2002). In this context, there is a demand for care practices, where patients are considered co-responsible for the decisions related to the therapeutic process, in order to plan actions jointly, based on the history and the singular

context they present (Brasil, 2009). In this sense, the relational techniques involved in care, must be necessarily taken in consideration, involving practices where the flow of affection and the bond that characterize the dialogic processes, are the focus (Barros & Gomes, 2011). Psychology, as an area of know-how, can support important considerations in this direction, contributing to humanized health practices.

Given that perspective on health care, scientific literature brings up the discussion on the relations between the actors directly involved in the health care process: patients and doctors, focusing predominantly in the general clinical scope (Ballester, Zuccolotto, Ganman, & Escobar, 2010; Costa, & Azevedo, 2010; Goff, Mazor, Meterko, Dodd, & Sabin, 2008; Grosseman, & Stoll, 2008; Ishikawa, Eto, Kitamura, & Kiuchi, 2014; Kelley, Kraft-Todd, Schapira, Kossowsky, & Riess, 2014; Matusitz, & Spear, 2014; Ribeiro, & Amaral, 2008; Riva et al., 2014; Suartz, Quintana, Lucchese, & De Marco, 2013). Among these studies, there are some that address the relevance of the doctor-patient relationship in adherence to treatment, referring the impact of the doctor-patient relationship regarding adherence to prescribed medication (Rosser, McCracken, Velleman, Boichatt, & Eccleston, 2011; Stravopoulou, 2011), or the abandonment of the medical follow-up (Duarte, Cyrino, Cerqueira, Nemes, & Iyda, 2010). Complementing these findings, Sluzki (1995) discussed the role of social networks established with and by the patient in the disease process, highlighting their protective role towards illnesses, as a healing accelerator and health enhancer.

The doctor-patient relationship in contexts of medical specialties are also worthy of attention. Such questioning is anchored in a cultural and historical context: in the western world, for a long time, medicine has been focused in the training and valorization of experts, towards "parts" of the body over the "whole" (Helman, 2009). Therefore, as a starting point for this study, it was postulated that medical specialists such as cardiologists, work in a paradoxical scenario in which they are required to use technical knowledge about the physiopathology of specific organs, and at the same time need to have an enlarged vision of the ill individual who is seeking medical attention.

Psychology has a significant knowledge production in relation to chronic diseases and institutional relations, in general, and may contribute to an

understanding of the relationships established in health care settings. From this perspective, in order to promote reflection on the health care process, acknowledging the paradoxical demands and considering that the doctor-patient relationship has a decisive impact on the patient's therapeutic adherence, the focus of this paper is to describe the existing literature on this topic. An integrative review of the literature was chosen over a systematic review since the purpose was to summarize results obtained in research, systematically and in a comprehensive manner. Such design of literature review allows the simultaneous inclusion of qualitative, quasi-experimental and experimental research, combining data from theoretical and empirical literature, providing more complete understanding of the topic of interest (Mendes, Silveira, Galvão, 2008). The systematic review, unlike the integrative review is a thorough overview of all research related to a specific question about causes, diagnosis and prognosis of a health problem, but often involves the effectiveness of an intervention to solve this problem and often the studies included have the design of experimental research because they have methodological rigor (Rother, 2007).

Method

This study presents an integrative literature review on the doctor-patient relationship in the cardiology context. To operationalize this goal, the work was carried out in six stages: 1) Issue identification and selection of the research question; 2) Establishment of criteria for inclusion and exclusion of studies; 3) Definition of information to be extracted from studies for categorization; 4) Assessment of included studies; 5) Interpretation of the results; and 6) Review presentation (Mendes, Silveira, & Galvão, 2008).

The research questions that guided this study were: What are the general characteristics of the existing research on the doctor-patient relationship in the context of cardiology? What are the topics covered by these studies?

Within the framework of these questions, the search was conducted through the Scopus and Web of Science (main collection) databases that include papers published in journals of several fields of knowledge, enabling the access to an extensive range of existing publications on this topic. For search purposes in the Scopus database, combinations were used by the following descriptors and related two by

two: physician-patient relationship AND cardiology (resulting 29 documents); doctor-patient relationship AND cardiology (resulting in 41 papers), physician-patient communication AND cardiology (resulting in 51 papers), doctor-patient communication AND cardiology (resulting in 60 papers). For search purposes in the Web of Science (main collection) database, the advanced search mode was used, with the following slogan TS = (physician-patient relation * OR doctor-patient relationship * OR physician-patient communication OR doctor-patient communication OR physician-patient interaction OR doctor-patient interaction) AND TS = (cardiology OR heart disorder), resulting initially in 33 records. There was no defining period for the search, which included only articles. The initial search in both databases totalized 214 papers which was later refined.

Through the reading of the publication and the abstract, full available online articles, accessible for download, using the institutional database resources of the universities where the authors were affiliated, that were in English, Portuguese and Spanish languages, that addressed the doctor-patient relationship in the cardiology context, resulting in 69 articles. After exclusion of duplicate papers, articles that addressed cardiopediatry, or other medical specialties, and the construction of instruments on the doctor-patient relationship were also excluded. This second refinement brought together 10 articles, whose analysis took place in two steps: 1) Characterization of publications as the title, author, publication year, journal, journal knowledge area, conducting context of the study, objectives and method; 2) thematic content analysis, seeking to uncover the units or cores of the meanings underlined (Bardin, 1977/2008; Gomes, 2012).

Initially, all the articles were read searching for their general focus and understanding of the topic. A second step followed that included the identification of the main ideas (cores of meaning) related to the physician-patient relationship and cardiology. Common groups of themes originated thematic categories about the content of the analysis. Finally, interpretative summaries of each category were prepared. It should be emphasized that the objective of this analysis was the interpretation of the communication and not the frequency of words but rather the understanding of the meanings, in the context (Minayo, 2012).

Results

Table 1 provides the characterization of the papers under review. Five articles were published in health sciences and the other five, in multidisciplinary journals, which indicates the interest and the contribution of various areas of knowledge to the understanding of "human relations" in health care settings. In this sense, the articles emphasize the recognition that the understanding of health and disease should be subsidized by a multi and interdisciplinary perspective, bringing together knowledge both from the "hard" as well as the social and human sciences.

Table 1. *Information of Selected Articles in Terms of Title, Author, Publication Year, Journal, Knowledge Area, Context of Realization of Study, Objectives and Method* (N = 10)

Title of article/ author/ year	Journal/knowledge area/context	Objectives	Method
Cardiovascular medicine at face value: a qualitative pilot study on clinical axiology/ De Hoyos et al./ 2013	Ethics and Humanities in Medicine/ Multidisciplinary/ Mexico	To analyze the axiological foundations of cardiologists	Qualitative study. Data collection carried out through interviews, analyzed in order to generate categories
Discussing sexual function in cardiology practice/ Nicolai et al./2013	Clinical Research in Cardiology/ Health Science/ Netherlands	To assess the attitudes and standards of practice of cardiologists regarding questioning about the sexual activities of men and women in their practices	Quantitative research, a questionnaire was sent to cardiologists. Data was statistically analyzed
Content and distribution of discursive space in consultations with patients with atrial fibrillation and	European Journal of Cardiovascular Nursing/ Health Science / Sweden	To describe the topics that cardiologists and nurses approach, the use of discursive space in consultations with	Qualitative research. Data collected through videotaped consultations in which cardiologists, nurses and patients with AF participated. The data was subjected to content

healthcare professionals/ Siouta et al./2013		patients with atrial fibrillation (AF), and the frequency with which patients and professionals introduce topics	analysis
Patient-physicians' information exchange in outpatient cardiac care: Time for a heart to heart?/ Sarkar et al./2011	Patient Education and Counseling/ Multidisciplinary/ United States of America	To evaluate the extent of agreement between patient and doctor about the elicitation of the health status of the patient, the medication and psychosocial barriers and explanation of the treatment plan	Quantitative research. Data collected through surveys to patients and cardiologists, with parallel items on the functional heart status, barriers to self-management, diagnosis and treatment. Data was subjected to statistical analysis
Shared decision-making in cardiology: do patients want it and do doctors provide it?/ Burton et al./2010	Patient Education and Counseling/ Multidisciplinary/United Kingdom	To assess the preferences of patients with heart problems for shared decision-making and the characteristics that predict the shared decision-making.	Quantitative study. Patients who performed angiography were evaluated using scales. Data was statistically analyzed
Degree and correlates of patient trust in their cardiologist/ Kayaniyil et al./2009	Journal of Evaluation in Clinical Practice/ Health Sciences/ Canada	To assess the level and the variables associated with the patients' confidence in the cardiologist	Quantitative study. Patients were assessed using scales. Data was statistically analyzed
Understanding respect: learning from patients/ Dickert e Kass/2009	Journal of Medical Ethics/Health Sciences/ United States of America	To understand the concept of patients regarding respect and what it means to be respected by care providers	Qualitative study. Interviews were conducted with survivors of sudden heart attack and spouses. Data was subjected to thematic analysis

Patients' perspectives of the doctor-patient relationship and information giving across a range of literacy levels/ Shaw et al./2009	Patient Education and Counseling/ Multidisciplinary/ United Kingdom	To explore the patient's experience of the doctor-patient relationship and the written and oral information regarding the care provided, considering the patient's level of education	Qualitative study. Health literacy of cardiac patients was accessed through a structured instrument and open questions assessed the communication with health professionals. Data was submitted to thematic analysis
Perception of consultation length in cardiology and its ethical complications / Doval et al./2008	Revista Panamericana de Salud Pública/ Multidisciplinary/ Argentina	To gather information on the extent of medical consultations in Argentina and opinions of cardiologists on the appropriateness of the time spent as well as ethical implications	Quantitative study. A survey type questionnaire was sent to cardiologists by mail. Data was statistically analyzed
Impact of angina burden and other factors on treatment satisfaction after acute coronary syndromes/ Beinart et al./2003	American Heart Journal/ Health Sciences/United States of America	To identify potential modifiable factors associated with satisfaction with treatment seven months after Acute Coronary Syndrome (ACS)	Quantitative study. ACS patients completed a structured instrument that assessed satisfaction with treatment, base characteristics, communicational aspects regarding the relationship with the doctor and frequency of angina. Data was statistically analyzed

The collection of the articles under review were published between 2003 and 2013, a recent temporal period. As for the location of the research sites, there is a diversity of countries where the studies were conducted, allowing a comprehensive contextual understanding of the doctor-patient relationship in cardiology settings. It should be noted, in that time frame, the lack of Brazilian or Portuguese studies in the studies under review, which leads to a lack of knowledge on the subject, in this context.

Still, it is noteworthy that none of the authors had a direct link with the training and psychological intervention, highlighting a potential space for reflection and contribution to psychology as a field of know-how. In relation to the methodological approach, there is a balance (five articles using quantitative methods and five using qualitative methods), showing an interest on the topic under different theoretical /epistemological and methodological perspectives.

Thematic analysis

The thematic analysis unveiled three main categories, with unfolding of cores of meanings showed in table 2.

Table 2. *Thematic Content Analysis Results*

Thematic category	Units of meaning
1) Characterization of meetings between doctor and patient	1.1) The duration of consultations with the doctor 1.2) Use of language
2) Attributes expected for the doctor-patient relationship	2.1) The Listening 2.2) Patient's involvement in the decision-making process
3) Values underlying the doctor-patient relationship	3.1) Doctor's perspective 3.2) Patient's perspective

With regard to the *Characterization of the meetings between doctor and patient* in the cardiology scenario, *the duration of consultations with the doctor* brings together two perspectives: the time available for appointments and the division of the discursive space in meetings between doctors and patients. The time available for appointment is referred to as an important factor regarding the impact on the quality of the doctor-patient relationship and is considered insufficient, both in the opinion of doctors (Doval, Borracci, Daru, Giorgi & Samarelli, 2008; Nicolai et al., 2013), and patients (Shaw, Ibrahim, Reid, Ussher, & Rowlands, 2009).

In cardiologists' view, the duration of consultations is perceived as insufficient by 60% of the respondents, being dependent on several factors, not only focused on the physician availability, but also related to the health care system pressures (Doval et al.,

2008). For cardiologists, restricting contact time with the patient is also an element that explains the difficulty of introducing more sensitive topics in the consultation such as the patient's sexual life within the impact of the illness and its treatment (Nicolai et al., 2013). From the perspective of patients, longer duration of meetings with cardiologists implies the possibility to obtain detailed explanations of the treatment and being able to place questions (Shaw et al., 2009) resulting in a higher level of trust related to the choice treatment (Burton, Blundell, Jones, Fraser, & Elwyn, 2010).

For a broader understanding of the issue "time doctor-patient encounter", the analysis under a comprehensive perspective is valid. In this sense, in research that addresses the division of the discursive space of medical appointments, there is the predominance of the doctor figure regarding the use of space, in terms of the total time of the consultation, being also the protagonist regarding the introduction of topics. These data show the emphasis on a "medicine agenda" in meetings with patients, making restricted the space available for patients' display of their interests and concerns about the everyday experiences related to illness (Siouta, Broström, & Hedberg , 2013).

The second core of meaning related to the *Characterization of the meetings between doctor and patient* refers to the *Use of language*. The use of medical jargon, as opposed to common sense language, may be a difficult factor for the mutual understanding and the building of a consistent relationship between the cardiologist and the patient. In particular, regarding the providing of information, patients appreciate when the information is mediated by a conversation with the doctor, and not just in a written format (Shaw et al., 2009). In terms of the understanding of information, patients report increased level of anxiety when the information offered is not understandable (Shaw et al., 2009), as well as reduction in the level of satisfaction with the treatment, when confusing information is offered (Beinart et al., 2003), highlighting the need for an adequate supply of information to the patient's demands (Dickert, & Kass, 2009).

Within this context, the category *Expected attributes for the doctor-patient relationship* emerged, with the core meanings *Active Listening to* and also *Patient involvement in the decision-making process.*

Active Listening is one of the most emphasized features in the studies (Burton et

al., 2010; Dickert & Kass, 2009; Sarkar et al., 2011; Shaw et al., 2009). "Feeling listened to" in the relationship with the cardiologist was reported as an important element for the patient to feel at ease to expose health concerns and questions, encouraging a more active role in the treatment (Shaw et al., 2009). Active listening implies the patient to be taken seriously, included, and recognized as part of the conversations about him or herself (Burton et al, 2010; Dickert & Kass, 2009).

Also, for effective communication, physicians and patients need to listen to each other and seek mutual understanding. This fact is shown, in a negative way, in a study by Sarkar et al. (2011), in which the disagreement between cardiologists and patient's reports were related to topics of medical appointments and treatment, showing consistent communication barriers in the relationship. Such barriers may cause serious consequences in the patient's treatment adherence since they involved communication dissonance in topics of fundamental importance, such as the diagnosis and prescribed medication. Complementing this perspective, when the topic is intimate, such as sexuality, communication attributes become even more complex. In a study by Nicolai et al. (2013), the results showed the existence of ambiguity in doctors regarding who should be responsible to approach the "sexuality" topic in the consultation, if the doctor or the patient.

Hinged to the core meaning of active listening and as a possible result of this posture, is *The patient's involvement in decision-making processes* related to treatment which is encouraged and / or allowed by the doctor through the relationship built with the patient. On this theme, a study found that when there is a decision to be made about treatment, cardiologists are more likely to offer space for questioning patients (Burton et al., 2010) and when the patient felt involved in the treatment decision, confidence in the choice made was higher.

Thus, providing an overview of the doctor's role regarding the decision-making, cardiologists mention that being an advisor was crucial to promote a close relationship with patients, allowing shared decisions about treatments (De Hoyos et al., 2013). In this perspective, trust in medical care, as a relationship attribute, was positively correlated with personal control regarding heart disease, and negatively with the patient's perception of the disease as something that developed in a cyclical and

unpredictable manner (Kayaniyil et al., 2009).

Despite the benefits described regarding the involvement of the patient, one of the studies' findings was the poor performance of doctors in relation to questioning patients about their preferences for receiving information and their position in the treatment decision process (Burton et al., 2010). The study by Siouta et al. (2013) also reinforces the idea that even when cardiologists offer space for patient involvement at some point of the consultation, it may occur in a very limited form, showing the predominance of a biomedical perspective. According to the authors' conclusions, to effectively engage patients, it is necessary that the consultation includes questions about how the disease affects the daily life of the patient. In light of this characterization, we may question the assumptions that guide the know-how of the medical professional in their interaction with the patient.

As a result, *Values underlying the doctor-patient relationship* emerge as the last thematic category that contribute to the building of the relationships with patients. De Hoyos et al. (2013) findings show *The doctor's perspective*, about the issue, according to which the values that encompass and support the professional construction of the cardiologist, among other factors, is the life story of the professionals. From this perspective, openness to change, characterized by values such as self-direction and motivation, enable a welcoming posture regarding challenges. On the other hand, more conservative values such as compliance, security and tradition, were also identified in the life story of doctors. These doctors emphasized professional virtues such as patience, justice, prudence and self-effacement. Patience refers to the ability to wait and be tolerant; justice implies an equal medical care provision towards the population; prudence concerns the identification and implementation of correct clinical management in difficult situations; and self-effacement is conceived as modesty and consideration of one's limitations (De Hoyos et al., 2013). It is noteworthy that this perspective was mentioned in an ideal context of clinical practice, for cardiologists.

In *The patient's perspective*, the above values mentioned, linked to respect, regarding the doctor-patient relationship were: attention to the needs, empathy, care, autonomy, individuality, information and dignity. Attention to the needs was referred to an active listening attitude of the

physician's part to effectively include the patient as part of the consultation. Empathy was referred as the physicians' ability to recognize the effects of their actions in patients, while care was understood as a genuine concern of the medical professional for the patient's physical and mental well-being. Autonomy was related to the appreciation of the patient as an individual, with individual preferences and a unique history. The giving of information was highlighted as being articulated to the value of respect anchored in the patient's demands, concerns and needs. Dignity, in turn, was a value linked to the recognition of the patient as an individual with equal judgment capabilities, when compared to the doctor (Dickert, & Kass, 2009). This category brings together values to be sought in the cardiologist doctor-patient relationship, with the focus on an ideal relationship from the perspective of the different actors involved. Therefore, in contrast to an *Evidence-Based Medicine*, anchored in a positivist perspective, focused on the treatment of the disease, this category highlights the demand for *a Medicine Based on Values* centered in the patient, as the protagonist of his/her story and co-responsible for the choices involving the health and disease process (Fulford, 2011; Kirkpatrick, Fields, & Ferrari, 2010). Given this scenario, the challenges regarding the establishment and strengthening of a coherent doctor-patient relationship within health care practices recommended by a policy of humanization must involve the recognition of the different "voices" in reflection spaces and the appreciation of the meanings assigned to care practices (Batista, & Gonçalves, 2011).

The thematic categories described, reveal a complex articulation of factors involving the establishment of the doctor-patient relationship in the cardiology setting, pointing to consistent difficulties in establishing a relationship that allows the equal role of the actors in question. Such complexity should be considered for the establishment and coordination of health practices that include, in fact, the patient.

Discussion

There has been an incipient production about the doctor-patient relationship in the cardiology setting. Whereas the search occurred in databases that bring together a wide range of research in various areas of knowledge, it is worth noting the small number of research articles found on the topic of this review. The lack of Brazilian or Portuguese studies on the

doctor-patient relationship in cardiology settings indicates the need to conduct research with Brazilian and Portuguese patients.

Regarding the thematic analysis, the studies address the relationship built between the cardiologist and the patient as a process with values, needs and attitudes in tension, stressing the dissonance in the communication process that shapes a different relationship than the one idealized by the individuals. The thematic analysis shows the relationship between cardiologist and patient, a) as an asymmetrical relationship; b) where the doctor primarily owns and/or assumes the knowledge regarding the patient, c) as part of a complex system of negotiations and mediations not always explicit. Therefore, there are no "victims" and "culprits", but there are differences of assumptions in the relationship in which patients and doctors do not seem to have opportunity for expression, even less, reflection.

In sight of these considerations, the results point to challenges, both in the field of knowledge production, as in the establishment of health care practices on this topic. It is understood that psychology may have much to contribute to the construction of actions in this direction, since the psychologist as a "relationships specialist" (Guirado, 1987) has strategies and consistent tools to support possible movements of transformation.

The studies under review were conducted in different situations of cardiovascular illness, permeated by cultural and institutional organization differences in the care provided. This question was not considered in the thematic analysis and is a limitation of the review undertaken. Nonetheless, the present study brings elements to the discussion of the doctor-patient relationship in a medical specialty scenario, with significant impact in epidemiological terms. This review recognizes the role of all involved in the care process in a cardiology setting showing the doctor as a member of the patient's relationship network with an effective impact in the disease and care process.

Future research should broaden this perspective and focus on the difficulties encountered in the relationship process, searching for the nuances in the interaction process within a social, cultural and historically contextualized reading. From this type of perspective, researchers may be able to discuss policies and health care delivery that contribute to humanized practices, in health care.

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