

# **PARENTAL PREFERENCES FOR PEDIATRIC INTERVIEW IN DIFFERENT CULTURES**

*THESIS SUBMITTED FOR FULLFILMENT OF MASTER DEGREE IN  
PEDIATRICS*

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## Abstract

In this study we found that spatial environment is the most influential to determine the parental preferences regarding the interview and communication with the pediatrician; the higher cultural context the more the parental requirements. It has been found that the occupational and the nationality differences are not influential the same. showed that parents in Egypt concerned with attention of the doctor with the health situation of the children than formal matters regarding doctor's appearance, waiting time or area.

**Keyword:** aburish children hospital- preferences- parents' satisfaction in pediatric field- parental expectations- world health organization

بسم الله الرحمن الرحيم

"قالوا سبحانك لا علم لنا الا ما علمتنا

انك انت العليم الحكيم"

صدق الله العظيم

اية(32)سورة البقرة

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### **List of abbreviations**

**AAP:** American Academy of pediatrics

**AJOG:** American journal of obstetrics and gynecology

**BBN:** breaking bad news

**GMC:** General medical council

**IOM:** Institution of medicine

**SCHS:** Saudi commission for health specialists

**WHO:** World health organization

# **INTRODUCTION AND AIM OF WORK**

## INTRODUCTION

Communication is not an 'add on'- it is at the heart of patient care. Good communication is difficult: few can master it without special tuition and constant attention to its effectiveness (**Margaret Lloyd, 2005**). Clinician-patient communication is essential to good health care. Talking with patients is not a skill reserved for such specialists as psychiatrists, psychologists and social workers. Medical interviewing is a basic clinical skill essential for radiologists as well as internists, ophthalmologists and pediatrician. Interviewing skills are not matter of a common sense nor do they necessarily develop with experience, these skills can be broken down into component parts, and they can be learned (**John L coulehan, 2006**).

In recent years, it has become evident that doctor's explanation and the patient's understanding of this explanation have been shown to influence patient satisfaction and adherence to medical regimen (**Zebine et al., 2004**). Along with an increase in the number of medical malpractice litigations in recent years, factors potentially responsible for the incidence of medical disputes have been explored and poor communication skills with patients by physicians are considered one of the main causes of medical disputes (**Levinson et al., 1997**). Thus, we can safely say that doctors' communication skills

with patients are extremely important for the prevention of medical disputes, as well as for patient satisfaction (**Tomoko et al., 2008**).

Understanding and fulfilling the patients' needs and preferences is an inherent goal of medical practice. Research in this area has increased over the past few years, yet it is still scarce and faces some obstacles (**Kravitz , 2001**) the first difficulty one comes across regarding them is their great diversity and nature (**Peck et al., 2004**) where very different variables have an effect, These variables have to do with the following factors: the patients themselves—their age, studies, or ethnic group (**Bell et al., 2001**); how worried they are about their health; how vulnerable they feel they are; and their experience and previous knowledge (**Jackson and Kroenke, 2001**); the number and types of problems or symptoms, the health service and the doctor and the patients' relationship with him or her. Moreover, the latter influences patients to voice their agenda. The expectations can be general ideas about what they want from a consultation or be related to their specific problem or symptoms, too, they can be directly related to the patient's agenda or arise during consultation (**Peltenburg et al., 2004**).

As for the fulfillment of expectations and the connection of this achievement with consultation outcomes, at present the majority of studies agree that patients' unmet requests and expectations relate to less patient satisfaction ( **Zebiene et al.,2004** ) . However, other

studies do not associate the fulfillment of expectations with greater satisfaction. Something similar happens to the relationship between the fulfillment of expectations and other consultation outcomes such as adherence seeking further health care and other health related issues about which there are fewer studies available ( **Roger Ruiz et al. ,2007**).

Understanding and respecting patients' values, preferences, and expressed needs is central to first-class practice .It enriches the patient and clinician interaction.

Although disease processes may be described in physiological terms, illness and the experience of illness can only be described as a social and cultural phenomenon. Culture, in the broad sense of the word that includes not only ethnicity but also class, gender, and other social attributes, affects how patients understand their illness, respond to it, communicate about it, and how it affects their lives. Even when patient and provider come from similar social backgrounds, the disparity in their respective understanding of an illness can be enormous; it is all the more so when the social or cultural distance between them is larger. The development of appropriate and effective therapeutic strategies entails a negotiated understanding between the culture of biomedicine, within which health care providers work, and the patient's cultural experience of illness (**Thomas and Margaret, 2011**).

### **Aim of work**

The present work aimed at identifying needs of parents from pediatricians to reach patient satisfaction and influence of different cultures on such needs. This was achieved through a structured questionnaire.

## **REVIEW OF LITRATURE**