

## Referencing details:

Ratanawongsa, N, Wright, SM, Vargo, EM & Carrese, JA 2011, 'Challenges in primary care relationships: seeing it from both sides', *Patient education and counseling*, vol. 85, no. 1, pp. 40-45.

## Introduction

Although provider frustration is identified as common in primary care, some recent research is reporting that physicians who care for difficult patients resulted in elevated likelihood of doctors leaving the medical profession. The article ‘challenges in primary care relationships: seeing it from both sides’ by Ratanawongsa et al. (2011) conducts a social science study into patient-provider communication to probe perspectives from providers of primary care and patients in challenging relationships. The authors relies on statistical data gathered from twelve divisions of clinical practices that interviews 17 dyad participants to measure challenges providers face in the workplace and to see whether this affects recruitment of doctors and retention rates in the profession.

Experts in the field of patient education and counseling carry out the study in 2007 that has a close affiliation with a Mid-Atlantic U.S. based teaching institute in Baltimore, MD. Approval of the study came from John Hopkins School of Medicine. Providers included in the study-included internists, family physicians, and nurse practitioners from 12 clinics in Baltimore. Findings show that patients regard their relationships leaning more to a positive numerical scale 1-10 than primary providers do. Both primary care providers and their patients discuss difficulties, but further provide plans that lead future research protocols to enhance medical management of patient outcomes, which strengthen relationship-centered care. The literature of the article is informative with clear strategies to close the gap between barriers to communication in occupational health settings.

## Summary

The article informs professionals working in primary healthcare to rethink their attitudes, perceptions, and assumptions made around medical generalizations. By highlighting the issue, it informs health personnel to overcome barriers and to make continuing decisions about treatment of medical conditions for the patients in their care. As well as to equip doctors and nurses the protocols in place for quality focused management of a patient(s) medication adherence.

The article also explains that clinicians who are presenting burnout on the job tend to be because of stress, long training hours, or other on the job factors. Therefore, the authors of the article address the issue to instruct the need for more education around patient and clinician wellbeing through a set of key recommendations (Ratanawongsa et al. 2011, p. 40).

Primary research methodology for this study is qualitative .The authors identifies with besides a lack of research into perspectives of both the patient-provider challenging relationships, the methodology-included emergence of themes that is specific to the health care system. Because there is an upper limit to patients with chronic conditions, no more new samples were found and this is why the upper limit could not go beyond the limit of ‘thematic saturation’(Ratanawongsa et al. 2011, p. 41).

Ratanawongsa et al. (2011) addresses a number of patient-provider relationship issues by identifying themes derived from the data obtained. The investigation sought three themes that were consistent with the qualitative study. Both the patients and providers gave quotes to represent each theme. During the interviewing process, both sides gave a median rating of the quality of relationship shared between the two-way dyad characteristics.

From the study, three leading themes appeared in the data that led insight into patient and provider communication. These applied to provider characteristics, patient characteristics and to relationships. Research showed that:-

- 1) Patients opinion about relationships in health care are more positive than the primary-care providers
  - 2) The challenges encountered in health oriented occupational settings are in protecting the individual(s) need for private feelings
  - 3) Faith in the expert(s) are important when there are challenging interactions
- (Ratanawongsa et al. 2011, p. 42)

The author's reports patients who have chronic conditions are frustrated of their progress; however, the patients still have trust in the clinical team. Mutual trust is key to resolving potential barriers from both perspectives (patients and providers) .Thus the article concludes also that accredited practices have to acknowledge patients emotions and how patients choose to disclose them (Ratanawongsa et al. 2011, p. 43-44).

## **Critique**

A number of strengths and weaknesses are present in the design of the paper. The authors use key findings to outline suggestions, which are outlined in the discussion section to provide providers in primary care necessary strategies to alleviate provider frustration.

The text is well planned and the research methods are exploratory. Design of the paper has a discussion of results that show distinct qualities seen typically in a peer-reviewed paper. Essential structure of the article is layed out so important elements are shown. The paper contains critical components; the many sections are Introduction to primary care relationships, methods of how the study and sample is conducted, the results and analysis, plus the discussion and conclusion section. The article is intended for experts and academic audiences in the area of patient education. Primarily it is intended for researchers, physicians, and nurses and other healthcare providers.

Three investigators worked independently and compared transcripts and statements to make sure there are no discrepancies in the data. Two code developers were also recruited to eliminate bias in the data collection and analysis phase of the interviewing process (Ratanawongsa et al. 2011, p. 41).

The authors also examines those patient sampling questionnaires' to measure and evaluate provider difficulties and strengths in the two way provider-patient dyad model. In the process of information gathering, providers kept patient confidentiality and were inclusive to the participant (patient).

Because the study is relatively small scale, statistical data gathered to calculate and measure characteristics of relationships such as who views relationship more positive, trust, and guarding emotions in therapeutic relationships that is then tabled into a sociodemographic

table (Table 1.) may need not needed to be broken down. This study may not be a full representation of the global issues of non-adherence to medications and management of health related conditions in other countries. Whether or not the relationship ratings are the same.

The validity of the research is slightly weakened due to not including a section on the 'limitations of the study' at the end of the paper. A section on the limitations could prove whether or not the same findings are transferrable to other scholarly papers worldwide.

The authors also include other expert opinion on strategies in the discussion section (Ratanawongsa et al. 2011, pp. 44-45). However, consulting more elaboration on strategies and key recommendations from theorists could also provide a clearer pathway.

Some enhanced investigation by consulting research into communication pathways of the patient-provider alliance could provide insight. Provider workforce can better treat patients in their care when they are informed of all the direct and indirect lines of communication that can help authenticate their clients (patients) psychological and emotional wellbeing. This way the patients' needs and continuity of care is ensured (Street et al. 2009, p. 297).

Finally, this research article has to be commended because no previous studies that look into both patients' and providers ongoing challenging relationships have been examined (Ratanawongsa et al. 2011, p. 40).

## **Conclusion**

Overall, the article's level of inquiry into seeing both sides of patient level care is structured inclusive with the patients' dignity kept in mind. A broader scope of study perhaps international perspectives into the topic would add onto the current knowledge of communicative dialogs between the providers of healthcare and their patients'. As well as

further studies that look into challenges in primary care relationships, it could seek to find communication models that can promote better health outcomes for the patient.

## References

Ratanawongsa, N, Wright, SM, Vargo, EM & Carrese, JA 2011, 'Challenges in primary care relationships: seeing it from both sides', *Patient education and counseling*, vol. 85, no. 1, pp. 40-45.

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