

What Do Patients Expect of Health Care Providers?

Patient Perceptions and Expectations of Professionalism in Optometry Practice in KwaZulu-Natal, South Africa

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Abstract

Background: Professionalism, which includes factors such as attire, hygiene, communication skills, compassion and empathy; has not been previously investigated in the discipline of Optometry and yet is known to be influential in building patient-practitioner relationships.

Methods: This study was conducted at public and private eye care facilities in KwaZulu-Natal (KZN), South Africa. Convenience sampling was used to select 600 participants and data collected with a self-administered questionnaire. Data was analyzed using SPSS version 25.

Results: Attire was considered a competency indicator by the majority of participants (70.1%). Practitioners who exercised good hygiene were regarded as being more competent (73.3%). More than half (57.4%) of the respondents perceived an optometrist who wears glasses as more professional and likely to better understand their condition. A practitioner who smelled of cigarette smoke was considered unprofessional (67.3%). The use of simple terms was preferred by 88.5%, while 75.6% respondents felt that an optometrist who introduces themselves and maintained eye contact is more reliable. Most respondents (65%) believed that an optometrist who considers their lifestyle and finance was more trustworthy.

Conclusions: Overall, physical appearance and other factors such as hygienic practices, communication skills and empathy appear to be important contributors to patient perspectives of professionalism in optometrists. Health care practitioners would therefore do well to consider these factors and soft skills in advancing the public's perception of them and apply them to routine practice to build trust with patients.

Keywords: communication, compassion, empathy, health care practitioner, hygiene, perception, professional dress, professionalism

1. Introduction

Professionalism is defined as the aim, conduct or qualities of a profession or professional (Webster, 2007). In recent years, professionalism has been identified as one of the seven expanded core competencies required of health professionals in training and practice (Health Professions Council of South Africa, 2014). However, professionalism is not merely about the competence or skill of a professional. The concept of professionalism inherently encompasses high personal standards of behavior, with conduct and qualities regarded as vital components (Health Professions Council of South Africa, 2014).

Conduct and qualities encompass the additional, often unspoken, expectations that society has developed of health care professionals. These include professional appearance and hygiene, mannerisms, communication, compassion and empathy (Bornman & Black, 2005). These factors all contribute to good bedside manners. While they are often termed soft skills, they are no less important than good clinical skills or technical competency (Sullivan Luallin Group, 2018) and go a long way towards building patient-practitioner relationships. They have also been reported to impact positively on patient outcomes (Au, Khandwala, & Stelfox, 2013) and are therefore crucial in healthcare practice (Bin Riyaz, 2013; Farmer, 2015).

Physical appearance, as a component of professionalism, has been found to be influential in a patient's perception of their healthcare practitioner. A systematic review by Petrilli et al. (2015) found that an appropriate dress code for health professionals was represented by formal attire. A study by Au et al. (2013) in which patients were asked to choose their treating physician based merely on a panel of photographs, also found that patients strongly preferred healthcare professionals who wore formal attire, accompanied by a white clinical coat. Patients perceived these physicians as more knowledgeable and trustworthy. However, context appears to be important in influencing patient perceptions on professionalism, as Petrilli et al. (2015) also found that the age of patients, their geographical location and the context of care influenced perspectives regarding attire.

Effective communication is another essential component of professionalism and clinical competence (Matthews & Gokool, 2018). The Communicator is also one of the seven core competencies adopted in South Africa as a requirement in training and practice. Communication goes beyond speaking in the patient's home language. Effective communication is a skill that can be learned in undergraduate training and continually developed over time. This includes verbal and non-verbal communication. Good verbal communication involves ensuring that your patient understands his/her condition before leaving your consultation room, refraining from using too much medical jargon and lending a listening ear to your patients' questions and concerns. The C.L.E.A.R protocol is a tool developed by a patient experience transformation company (Sullivan Luallin Group, 2018) to provide guidance to healthcare professionals particularly with reference to communication. The acronym C.L.E.A.R encompasses elements for professional service and stands for Connect, Listen, Explain, Ask and Re-connect. Patients need to feel comfortable with attending practitioners responsible for providing health care. It is therefore important to establish good rapport with patients, by using focussed communication skills such as referring to patients by name and actively listening to their questions without interruption. Explaining and describing important information while allowing patients to ask questions has been found to go a long way in gaining a patient's trust. Furthermore, practicing effective communication with patients supports a patient-centred approach to health care. Choudhary and Gupta (2015) therefore asserted that inculcating good communication skills in formative years is essential.

Non-verbal communication, which encompasses factors such as eye contact and social touch, is an aspect of communication in healthcare delivery that has been underexplored (Schoenfelder, Klewer, & Kugler, 2011). There is, however, a positive correlation between nonverbal communication and patient satisfaction (Bin Riyaz, 2013). Patients see practitioners, who employ appropriate nonverbal or behavioural attributes as being more empathetic and connected to their patients (Schoenfelder et al., 2011). Schoenfelder et al. (2011) reported that in an ophthalmology setting, patient satisfaction requires the clinician's communicative behaviour, psychosocial support and therapeutic listening. These skills are often dependant on the emotional intelligence of the practitioner, which is difficult to train (Schoenfelder et al., 2011). However, developing good rapport with a patient is extremely important and may simply begin with a pleasant and welcoming attitude such as greeting your patient with a smile.

Empathy is the ability of a person to see things from another's perspective. In healthcare practice, it forms the basis for a positive patient-practitioner relationship and patient satisfaction (Bin Riyaz, 2013; Schoenfelder et al., 2011). Empathy requires strong communication skills in order for a person to understand another's perspective, and demands an equally strong imagination to authentically, view one in another's position. Managing patients within the health care context therefore goes beyond providing them with the optimum care they need. It requires the provision of holistic care, where the health care provider takes cognisance of the psychological and social needs of patients in any management strategy. Health care professionals therefore also have a social responsibility towards their patients and need to consider individual preferences, lifestyle and financial circumstances when making clinical management decisions. Patients tend to be more compliant if they perceive their doctors as being supportive and respectful in addition to clinical competency (Petrilli et al., 2015). Factors like gender have also been found to be influential on patient satisfaction (Kerrsens, Bensing, & Andela, 1997), though age preferences have not been fully explored. Kerrsens et al. (1997) revealed an unspecified gender preference by female patients, and in professions requiring a humane approach.

Previous studies relating to non-clinical skills of health care practitioners have focused on the medical profession with none focused on allied health care professionals. Research in the area of professionalism in optometry has until now, remained unexplored both globally and within a South African context, which differs from that of developed nations especially in terms of cultural diversity and social dynamics. In South Africa, optometry has had a longstanding presence in the private sector since the inception of the profession. However, involvement of optometry within the public sector is growing, exposing practitioners to a more diverse, previously underserved population who may have had little prior exposure to eye care services provided by optometrists. Therefore, the aim of this study was to determine South African patients' perspectives and expectations of professionalism from

optometry practitioners in both the public and private sectors.

2. Methodology

2.1 Research Design and Setting

The research followed a descriptive, quantitative design. The study setting included public sector hospitals in KwaZulu-Natal where optometry services were offered, as well as, private practices within the province. Convenience sampling was used to identify study participants.

2.2 Study Population and Sample

The study population included adult patients who had previously visited an optometrist, and excluded health care practitioners as potential participants. A sample size of 600 was determined and stratified to include 200 participants from the private sector and 400 participants from the public sector given the larger volume of patients who accessed public sector services.

2.3 Study Procedure

Data was collected by means of a structured, close-ended questionnaire, using a five-point Likert scale. The self-administered questionnaire was available in isiZulu and English as these are the dominant languages in the province of KwaZulu-Natal. Questions included demographic information and questions investigating patients' perspectives of professionalism in optometrists. Specific areas of interest included dress code, hygiene, communication, compassion and empathy. An exploratory, quantitative, cross-sectional study design was employed.

2.4 Data Analysis

The Statistical Package for Social Sciences (SPSS) version 25.0 was used for statistical analysis, using both descriptive and inferential statistics. Crosstabs allowed for investigation of associations between demographics and participants' responses, with the Fischer exact test being used to report on the significance of the associations.

3. Results

Of the 600 participants who completed the questionnaire, 58.8% were female and 41.2% were male. The average age of the respondents was 40.15 ± 16.70 years with a median age of 38 years. The age of the participants ranged from 18–97 years with the majority being Black (61.5%), and having high school as their highest level of education (53%). The results that follow are presented according to the four main aspects of professionalism assessed in this study including professional dress, hygiene, communication (non-verbal and verbal) plus compassion and empathy. Where significant associations were found, the chi-square results are reported.

3.1 Professional Dress

Figure 1 shows the participants' responses to statements on professional dress. The majority of participants (74.7%), agreed that a well-dressed optometrist is able to provide better care for them, with a higher level of education ($\chi^2 = 50.436$; $p = 0.007$) and the private sector ($\chi^2 = 10.050$; $p = 0.038$) influencing this result. Approximately 60% of participants felt that better care is provided by an optometrist who wears a white clinic coat. This finding was associated with race ($\chi^2 = 57.979$; $p = 0.000$), level of education ($\chi^2 = 44.324$; $p = 0.027$) and site ($\chi^2 = 31.033$; $p = 0.000$).

More than half of the participants (58.7%) agreed with the statement that an optometrist who wears spectacles would better understand their condition. Public sector respondents were more likely to agree with this statement ($\chi^2 = 30.754$; $p = 0.000$), as were Black and Caucasian patients ($\chi^2 = 39.717$; $p = 0.000$). However, piercings and tattoos did not seem to have a significant influence on patient perspectives of professional care and competency. Male respondents ($\chi^2 = 14.364$; $p = 0.035$), patients with a lower level of education ($\chi^2 = 47.441$; $p = 0.011$) and those at the public sector ($\chi^2 = 18.269$; $p = 0.000$) were more likely to agree with this statement.

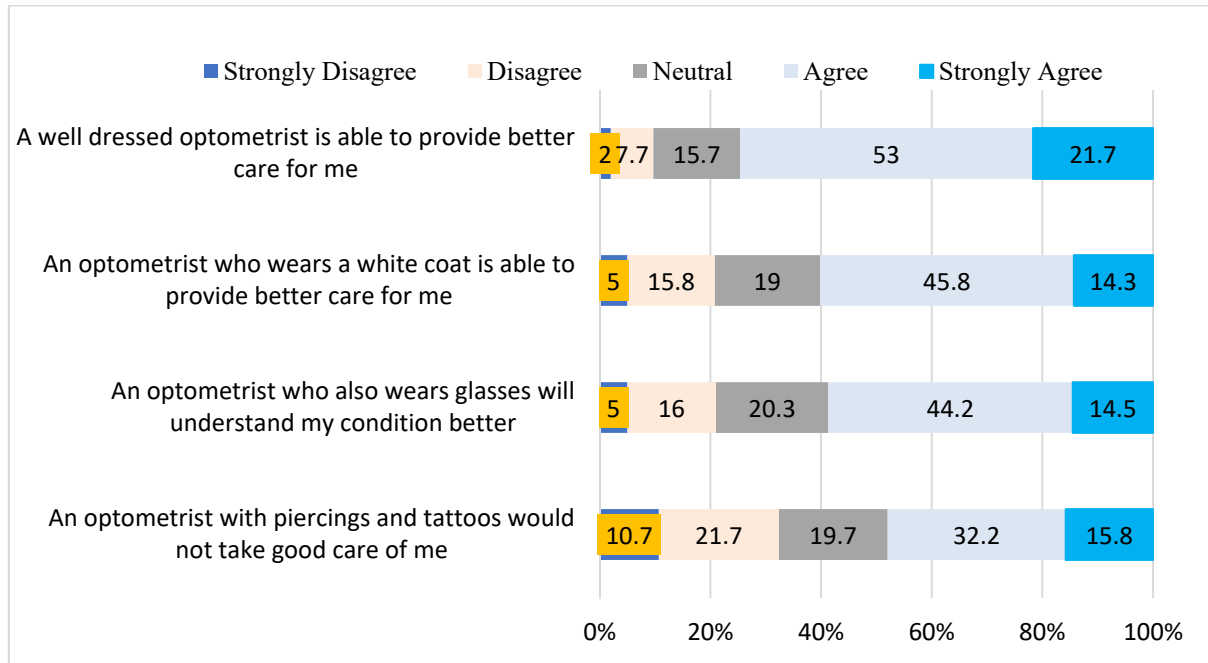


Figure 1. Perceptions on professional dress

3.2 Hygiene

The responses related to hygiene are shown in Figure 2. The majority of respondents (76%) believed that an optometrist who cleans clinical equipment in front of them would provide them with better care. Older patients were more likely to agree with this statement ($\chi^2 = 252.205$; $p = 0.046$), while Blacks were more likely to disagree with this statement ($\chi^2 = 25.579$; $p = 0.034$).

The majority of respondents (72.3%) also agreed that a well-groomed optometrist would provide better care for them, favoured by respondents who were older ($\chi^2 = 256.176$; $p = 0.029$) and having a higher level of education ($\chi^2 = 46.142$; $p = 0.021$). A total of 60.6% of respondents agreed with the statement that the smell of cigarette odour implied an unhygienic practitioner, with public sector patients ($\chi^2 = 18.901$; $p = 0.001$) more inclined to agree with this statement.

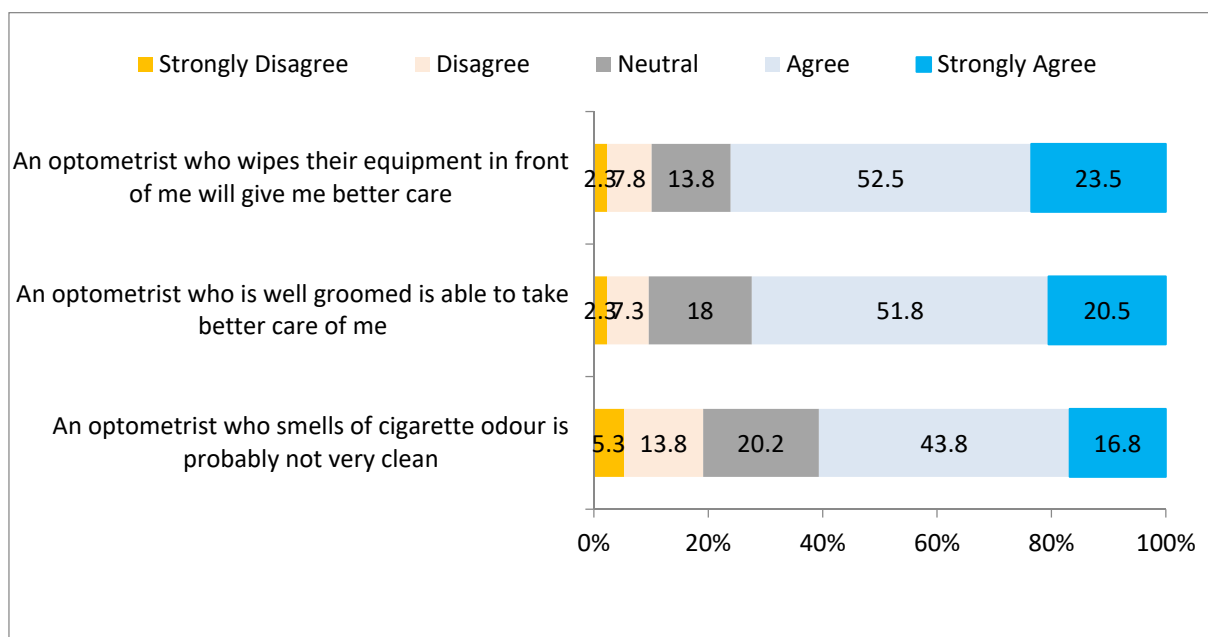


Figure 2. Perceptions on hygiene

3.3 Communication (verbal)

The participants’ responses to statements relating to verbal communication are illustrated in Figure 3. Almost all of the participants (90%) agreed that being greeted by their optometrist was important to them, with a large proportion (90.5%) preferring an optometrist who smiled and spoke politely. These findings were also associated with a higher level of education ($\chi^2 = 53.375, p = 0.005$) and the private sector ($\chi^2 = 12.717, p = 0.011$).

Respondents seemed indifferent as to whether an optometrist should be able to speak their home language in order to help them, with 42.4% agreeing that it was and 40.9% disagreeing with this sentiment. It was noted that Caucasians were more likely to agree ($\chi^2 = 39.379, p = 0.000$) as was the case with participants with a lower level of education ($\chi^2 = 55.608, p = 0.001$).

Most respondents (88.5%) preferred an optometrist who explained in simple terms and avoided the use of medical jargon. This preference was associated with younger patients ($\chi^2 = 297.359, p = 0.026$) and a higher level of education ($\chi^2 = 55.608, p = 0.001$).

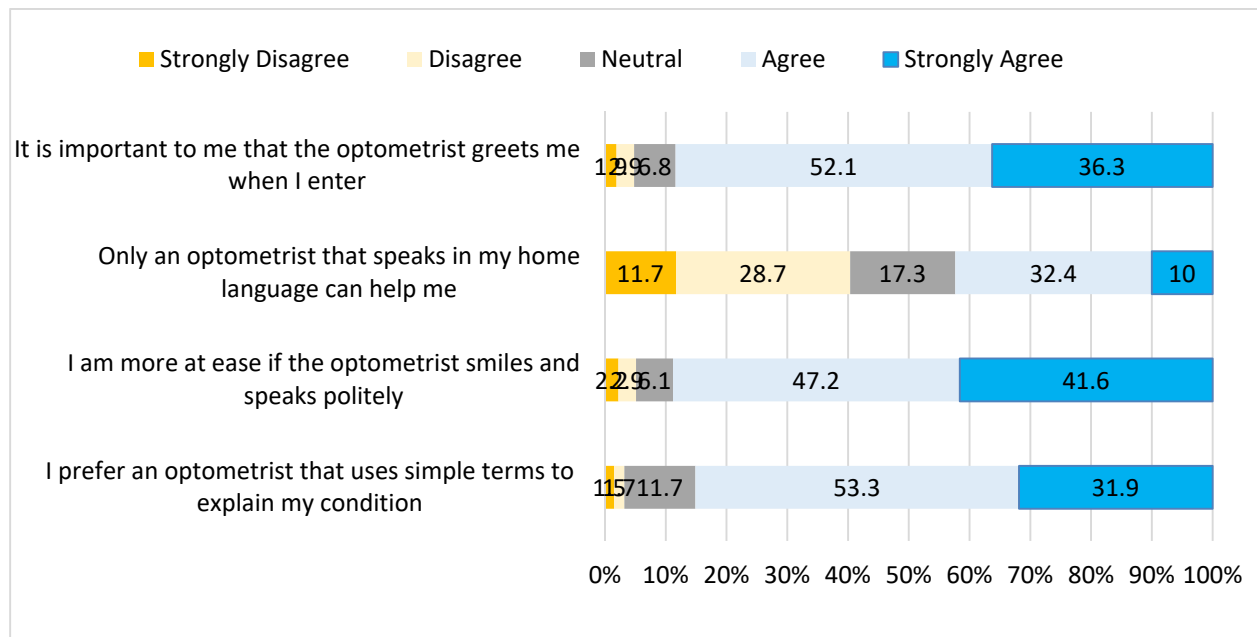


Figure 3. Perceptions on verbal communication

3.4 Communication (non-verbal)

Figure 4 shows the responses to questions regarding nonverbal communication. The majority of respondents (75.6%) felt that eye contact is necessary during patient-examiner interaction. Even more (86%) expressed that they would like to know the name of their attending optometrist. This was again more likely the response of respondents with higher levels of education ($\chi^2 = 68.612, p = 0.000$) and predominately respondents from the private sector ($\chi^2 = 10.073, p = 0.035$).

Many participants (64.6%), particularly from private sector ($\chi^2 = 15.114, p = 0.005$), believed that a longer consultation implied better quality care. Of note was that 63.3% of respondents reported feeling uncomfortable with an optometrist working too close to them without forewarning, mostly associated with respondents from the private sector ($\chi^2 = 9.543, p = 0.000$).

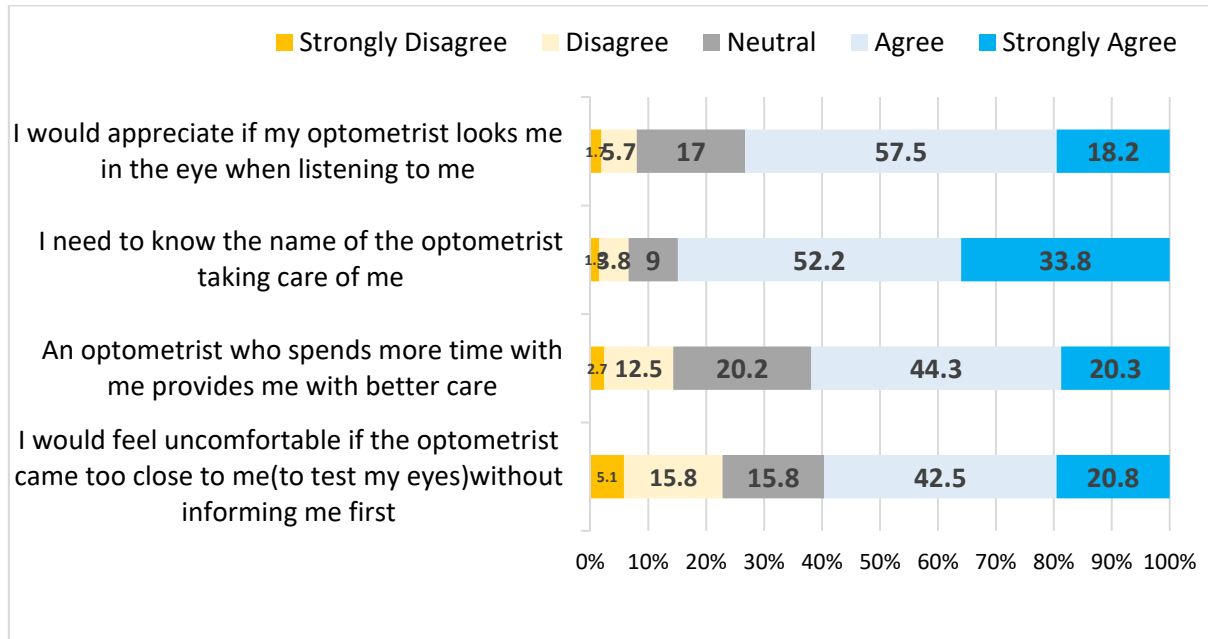


Figure 4. Perceptions on non-verbal communication

3.5 Compassion and Empathy

Figure 5 displays participants’ responses to a statement associated with the attributes of compassion and empathy. Approximately two out of every three participants (65%) perceived an optometrist who considered their lifestyle and financial circumstances as more trustworthy. Black and Indian respondents were more likely to disagree with this statement ($\chi^2 = 31.235, p = 0.005$).

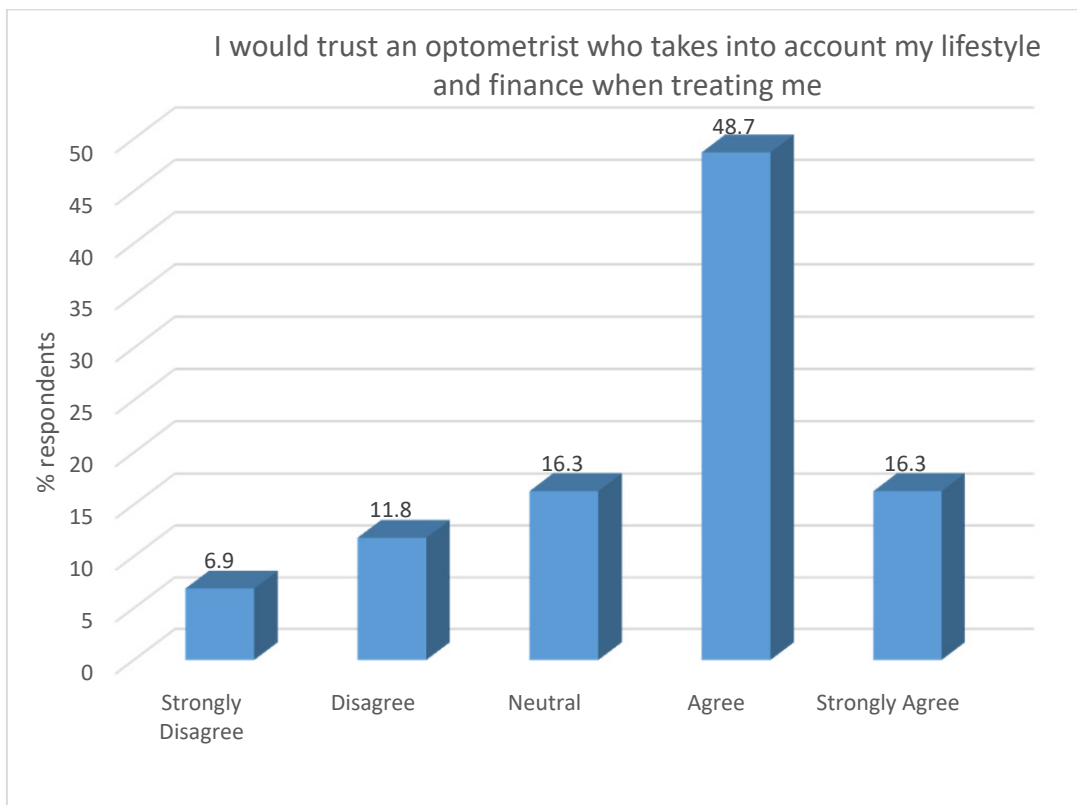


Figure 5. Response to statement on compassion and empathy

3.6 Age and Gender Preferences

Figure 6 shows the responses to statements regarding age and gender preferences. Just over half (54%) of the respondents disagreed with the statement that that a young optometrist could not give the same quality of care as an older, more experienced, optometrist. The response to this statement was associated with lower education level ($\chi^2 = 42.229, p = 0.049$) and race ($\chi^2 = 6.380, p = 0.173$).

Only 16.6% of respondents felt that male optometrists can provide better care than their female counterpart with Caucasians ($\chi^2 = 45.234, p = 0.000$), older participants ($\chi^2 = 254.590, p = 0.039$) and those with lower levels of education ($\chi^2 = 43.535, p = 0.04$) were more likely to agree with the statement. The majority of the respondents (58.6%) also disagreed with the statement that a female optometrist was more understanding than a male optometrist, reflecting no particular gender bias. Participants from the public sector ($\chi^2 = 10.750, p = 0.030$) were more likely to agree.

Cultural beliefs also did not appear to influence gender preference with only 17% indicating that their culture and beliefs influenced their gender preference (Figure 6). Caucasians ($\chi^2 = 36.853, p = 0.001$) older respondents ($\chi^2 = 258.321, p = 0.019$) and those with higher education levels ($\chi^2 = 52.149, p = 0.004$) were more likely to agree with the statement.

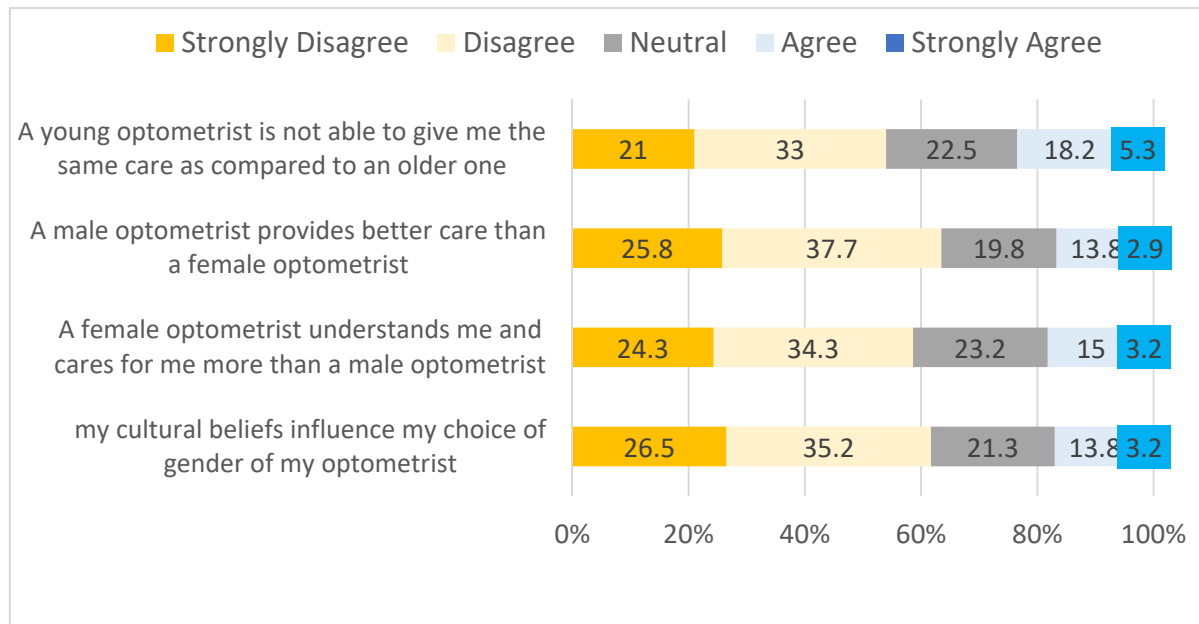


Figure 6. Age and Gender preference

4. Discussion

This study sought to gain an understanding of what patients in KwaZulu-Natal perceived to be important factors in professional optometric care. The results of the study demonstrated that patients perceive clinicians who are professionally dressed as being more clinically competent, in keeping with the findings from Petrilli et al. (2015). In this study, the use of a white clinical coat was preferred by the majority of patients as a form of professional dress for optometry clinicians and was found to be associated with race, level of education and setting. Patients from the private sector had higher expectations in this regard, which is not surprising given the historical private sector bias of the optometry profession in South Africa (van Staden, 2018). Furthermore, the use of spectacles by attending optometrists appears to have a psychological impact on patients, with participants expressing the perception that an optometrist who wears spectacles would be better able to understand the patient’s eye condition. The fact that the majority of participants citing this opinion were from the public sector, could imply an underlying need for attending practitioners to be able to identify with or understand the patient’s eye problem/s. In other studies, the use of spectacles by healthcare practitioners conveyed the impression of clinicians being more trustworthy and/or intelligent (Brown, 2011; Davies et al., 2018).

With regards to hygiene, the finding that patients associated the cleaning of clinical equipment with higher standards of care is important, particularly in optometry where patients come in close contact with equipment, imposing a risk of cross-contamination. Overall, good personal grooming of the optometrist was deemed important to patients, with expectations in this regard increasing with higher levels of education. Patients also associated the smell of cigarette smoke on practitioners with unhygienic practices. It is therefore important for optometrists to be aware of factors which could either positively or negatively impact their ability to build rapport and trust with their patients. Bornman and Black (2005) also asserted that the public expects professionals to maintain high standards of hygiene, in keeping with the findings of this study. Moreover, hygiene in any health profession is important due to its significance in infection control (Mani, Shubangi, & Saini, 2010). A significant number of respondents (60.6%) would perceive cigarette odour to imply an unhygienic practitioner and the health care fraternity needs to be aware of this. Therefore, regardless of attire, a well-groomed practitioner is more important to patients similar to that reported by Petrilli et al. (2015).

Interestingly, even with changing societal norms making tattoos and piercings more common, an earlier study by Yonekura et al. (2013) found that patients did not find these acceptable for healthcare workers. This is slightly different to the findings of the current study where these forms of personal expression did not seem to have a significant influence on patients' perspectives of professional care and competency. Brosky, Keefer, Hodges, Pesun and Cook (2003) also found that hairstyle, jewellery and make-up did not influence patient's opinions of personnel in a study on patients' perceptions on professionalism in dentistry. Age was influential in the acceptance of physicians with tattoos and facial piercings in the systematic review by Petrilli et al. (2015) with the younger patient more accepting of these. In the current study, males, public sector patients and those with lower levels of education were less accepting of these in their attending optometrist. Hence, various demographics, context of care and cultural diversity may be reasons for the difference in findings of studies with respect to the influence of tattoos and jewellery affection patient's perceptions.

As patients lack the technical expertise to be able to judge the competence of a practitioner, their perception of competence is often based on the quality of communication with their practitioner (Street, 1989). An overwhelming majority of respondents in this study agreed that being greeted, smiled at and spoken to politely, was the preferred mannerism of an optometrist. This is in keeping with South Africa's Patient Rights Charter, which states that patients have the right to be treated by a named healthcare provider (HPCSA, 2008). Mudiyanse, Weerasinghe, Piyasinghe and Jayasundara (2015) also reported findings highlighting patients' expectations around social niceties from health professionals, such as a greeting, smile and the use of simple language as in the findings from the current study. Interestingly in this study, it was found that even patients with a higher level of education expressed preference for the use of simple terms by the optometrist, demonstrating the need for optometrists to be able to communicate at the level of the patient's preference or understanding. However, there was no particular preference for communication in the patient's home language. This is of particular importance considering that in South Africa there are currently 11 official languages with the possibility of healthcare workers needing to provide care to a patient with whom they do not share a common home language (Matthews & Gokool, 2018).

Non-verbal communication, such as making eye contact was found to be equally important to the patients as verbal communication. These results are in accordance with the C.L.E.A.R protocol and findings of other studies (Schoenfelder et al., 2011; Montague et al., 2013; Choudary & Gupta, 2015; DiMatteo, Hays, & Prince, 1986) wherein eye contact, a welcoming attitude and therapeutic listening were identified as components of non-verbal communication. This is an underexplored area (Montague, Chen, Xu, Chewning, & Barrett, 2013) and yet together with verbal communication builds patient-practitioner relationships.

Many of the participants in the current study believed that an optometrist who considers their lifestyle and finance was more trustworthy. This perception may be related to the optometrist exhibiting compassion and empathy towards the patient. Sinclair et al. (2017) found that in health care patients stress the need for empathy and more importantly compassion. Even though Maslen (2013) asserted that it is difficult to be compassionate, Paice, Heard and Moss (2002) reported that young doctors had a good relationship with patients as they exhibited compassion, openness and enthusiasm. This psychosocial support by clinicians has been reported to impact both patient satisfaction (Schoenfelder et al., 2011) and compliance (Petrilli et al., 2015; Nightingale, 2018) and should be a soft skill considered for all health care professions. However, practitioners must be sensitive to issues of personal space when trying to build rapport or show empathy, with a significant percentage of patients in this study reported feeling uncomfortable when the optometrist worked too closely to them. Longer duration of consultation was also associated with improved care, in keeping with the assertion by Aldana, Piechulek and Al-Sabir (2001).

Respondents in the current study did not exhibit a gender preference with respect to the attending optometrist be it in the area of competence or understanding of the clinician. This was in contradiction with Hall, Irish, Roter, Ehrlich, and Lucy (1994) and Bertakis, Helms, Callahan, Azari and Robbins (1995) who found that patients were more comfortable in speaking and consulting with female doctors. Kerrsens et al. (1997) also reported a gender preference by female patients particularly in professions requiring a humane, rather than a technical approach, like optometry. Cultural beliefs also did not influence gender preference of the attending optometrist in the current study despite the diverse cultural and racial dynamics in South Africa. Currently, the present public-sector workforce in KwaZulu Natal comprises mainly young black females (Ramson, 2014) which may just be fortuitous. Age preference of a health care practitioner which has not been studied previously in South Africa, and this study provides new information in this regard even though respondents did not have an age preference of optometrist with the younger optometrist expected to provide the same level of care as an older one. Understanding these demographic factors could aid in the placement of health care professionals.

The results of this study provide new insights into an aspect of the optometric profession not previously studied in South Africa. However, as the study was limited to the KwaZulu-Natal province, it would be interesting to explore whether similar perceptions and expectations existed in other parts of the country as it relates to professionalism in optometry practice. There appears to be differences in perceptions relating to various demographic profiles and sectors served, which is not surprising and would be interesting to investigate further.

5. Conclusion

The results of the study underscore the importance of professionalism in optometry practice as it relates to expectations and perceptions of the public. Patients' perspectives of professionalism in optometry appears to include known factors such as good personal grooming and professional dress, appropriate and effective communication as well as quality of care. Overall, these factors appear to be important contributors to patient perspectives of professionalism and competency in optometry practitioners in KwaZulu-Natal. Other factors such as hygienic practices, communication skills and emotional intelligence need to be inculcated into the training of optometrists in line with the expanded graduate competencies adopted by the Health Professions Council of South Africa. In addition, a welcoming attitude, the use of simple terms, making eye contact when speaking and genuinely listening to patients is recommended in order for optometrists to build rapport with their patients. These skills and expanded competencies appear to inadvertently affects the patient-practitioner relationship. These generic skills and expanded competencies should therefore be included in the undergraduate training of all health professions, including optometrists, in addition to the profession-specific technical skills and knowledge. Practitioners would therefore do well to consider these factors in their clinical practice routine, advancing the public's perception of the profession of optometry. By applying these considerations to routine practice, optometrists can build trust with patients, as well as grow their client base, practice brand and image of the profession in South Africa in the long term.

Competing Interests Statement

The authors declare that there are no competing or potential conflicts of interest.

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