

ORIGINAL PAPER  
ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

**Long-term doctor-patient relationship  
in rheumatology  
A qualitative study**

**OBJECTIVE** A better understanding of the doctor-patient relationship in rheumatology and whether a long-term relationship can be an essential factor for the success of treatment and of a better quality of life in the dimension of physical role and the dimension of social functioning. **METHOD** A qualitative study with the structured interview as the method for data collection. The questions used were 10 open questions, which allowed the interviewees to express their thoughts and feelings, written in understandable language and in a specific order each. In this study the sample consisted of 15 patients with chronic rheumatic disease. Further analysis of the interview transcripts separated responses of doctor-patient's relationship duration into 0–10 years, 2–5 years, 10 years and above. The subsequent analysis investigated the existence of statistically significant differences between the categories of duration of relationship with the doctor of the patients participating in the study, for physical functioning, physical role, emotional role, and social functioning. **RESULTS** Patients, regardless of the length of their relationship with their doctor, believed that the doctor-patient relationship affects their health status. The main results that came out of the analysis of the interview data were that patients with a longer relationship with their doctor believed that (a) this relationship had a positive effect on their therapeutic effect, (b) the doctor-patient relationship was a factor in their quality of life, (c) the relationship with their doctor influenced medication and (d) the relationship with their doctor contributed positively to the symptoms of their disease and to their daily lives. **CONCLUSIONS** The analysis showed that the long-term relationship with the doctor positively influences health status, treatment outcome, quality of life, outcome of medication and symptoms of rheumatic diseases.

Scientific advances and the achievement of a stronger doctor-patient collaboration over time have played a key role in better understanding of rheumatic diseases and their treatment. Through the search for new therapeutic aspects, it became clear how important it is to develop a good relationship between a rheumatologist and a rheumatic patient to improve the therapeutic outcome and achieve a better quality of life.

In recent decades, there has been an increasing interest among researchers and health professionals in the effects of chronic diseases on quality of life. Patients with chronic diseases are interested both in their chances of surviving their disease and their quality of life.<sup>1,2</sup> Studies show that the health-related quality of life of patients with rheumatic

diseases is poorer compared to the general population.<sup>3,4</sup> In these patients, quality of life is affected by states of reduced functionality, states of dependence on assistive devices and side-effects of medication.

The doctor-patient relationship is based on communication and information transfer. In the case of chronic diseases, and rheumatic diseases in particular, this information is fundamental for compliance, but also for better management of the disease by the patient. Patients with chronic illnesses desire more information and a greater role in decision-making.<sup>5</sup> Greater involvement of patients in their care can lead to a deeper understanding of the necessity of taking medicines and their side-effects and a better understanding of the disease itself.<sup>6</sup> Also, patients with rheumatic

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Η μακροχρόνια σχέση ιατρού-  
ασθενούς στη Ρευματολογία.  
Αποτελέσματα ποιοτικής έρευνας

Περίληψη στο τέλος του άρθρου

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diseases need the doctor to understand how much they are suffering because of their disease. Understanding provides them with emotional support, especially in a situation of intense stress, and can lead them to follow their treatment more consistently.<sup>7-10</sup> Rheumatic patients feel understood when they actively participate in communication during medical meetings. This communication is a key means of bridging the doctor-patient "gap".<sup>11</sup>

According to a study, physicians who expressed sensitivity to patients with rheumatoid arthritis and systemic lupus erythematosus (by providing adequate information and being patient-centered) achieve better overall health for the patient with less side-effects from medication.<sup>12</sup> In addition, patients seem more willing to disclose their concerns to their physician.

A recent study,<sup>13</sup> which examined the factors that correlate with the quality of the doctor-patient relationship, revealed that trust in the doctor develops over time, characterizes their long-term relationship and influences the patients' satisfaction, as well. It was also found that there is a correlation between the degree of experience of rheumatologists and the doctor-patient relationship. Experienced rheumatologists can be seen by patients as reliable and fatherly figures who in turn develop respect and trust towards them, creating a stable and long-lasting relationship.

The aim of the study was the better understanding of the doctor-patient relationship in rheumatology and whether a long-term relationship can be an essential factor for the success of treatment and of a better quality of life in the dimension of physical role and the dimension of social functioning.

## MATERIAL AND METHOD

### Data collection

In this research, qualitative research and structured interview were chosen for data collection.<sup>14-17</sup> An interview protocol was created followed by the development of the interview questions<sup>18-21</sup> (tab. 1). The interview process was conducted without the occurrence of any problems and all participants seemed to participate willingly and with interest to contribute to the results of the research.

### Study population

The sample consisted of 15 patients with chronic rheumatic disease and had the characteristic and the will to provide comprehensive and in-depth answers.<sup>22-26</sup> Five patients had a diagnosis of rheumatoid arthritis, two of systemic lupus erythematosus, three

**Table 1.** Questionnaire.

1. You are a chronic patient who, because of your illness, regularly contacts your doctor. The relationship that you have developed, do you feel that it affects positively or negatively the state of your health? In what way?
2. Do you think that the doctor-patient relationship affects the therapeutic outcome? In what way?
3. Do you think that a good doctor-patient relationship is a factor for a good quality of life in chronic patients or not? Why?
4. Do you think that the outcome of medication is influenced by the doctor-patient relationship or is the outcome independent of this relationship? Give reasons for your answer.
5. As a chronic patient, would you remain in a doctor who does not listen to your concerns and makes you nervous?
6. What role does the time your doctor spends examining and listening to you, as well as the place where he/she examines you, play for you?
7. The understanding of the doctor's instructions and the development of trust is considered by some to be influenced by the educational level of patients. What do you think about this?
8. Do you believe that a long-term doctor-patient relationship, with open communication and dialogue, has a positive impact on improving symptoms (pain, fatigue, stiffness) and managing daily activities (personal hygiene, dressing, walking) or all the above are not affected by this relationship?
9. It is believed by some that chronic patients over time increase their demands on their physician and the doctor-patient relationship becomes increasingly difficult. What do you think? Do you agree or disagree with the above statement, and why?
10. During the medical visit, what else do you expect from the doctor apart from his medical services?

of ankylosing spondylitis, one of giant cell arteritis, one of Sjögren's syndrome and three of psoriatic arthritis. It involved people of different gender, age, disease duration and length of relationship with the doctor. The duration of relationship with the doctor was divided into subgroups.

All patients were informed that participation was voluntary, that the information they would give would be solely used for research purposes and that their anonymity would be preserved. Permission was received from each patient before the interview.

### Data analysis

The analysis of data included the diligent study of the interview texts. The above-mentioned procedure aimed at identifying the structure of the studied subject and discovering the recurrent elements that would facilitate the study of the lived experiences of each participant. Then, the points where the participants described their experiences were indicated.

Patients were divided into two subcategories. The first subcategory was patients whose duration of relationship with the doctor was be-

tween 0–10 years and the second subcategory included patients with a duration of relationship with the doctor being 10 years or more. For further analysis and to widen the range of the difference of years of the doctor-patient relationship, a subcategory of 2–5 years was created and compared with the subcategory 10 years and above.

## RESULTS

The analysis of the results indicated that patients, regardless of the length of their relationship with their doctor, believe that the doctor-patient relationship affects their health status. For example, two patients responded that *“the confidence and stability which has developed has a positive impact on the health status”* and *“it positively affects my psychology, helps me to accept that I will have this disease for my whole life and with close cooperation and trust in my doctor my health will improve.”* Another patient claimed that *“a good relationship with the doctor makes him feel more optimistic about the progression of his health.”*

Patients with a longer relationship with their doctor believed that this relationship has a positive effect on their therapeutic effect. For instance, a patient claimed that *“a relationship of trust and good communication helps me to comply with the treatment and thus get the best therapeutic result.”* Others interviewees' answers in this unit were the following: *“He is the person I trust, who gives me hope, informs me about new therapeutic developments and strengthens me psychologically”*, *“I do not believe that it affects the therapeutic effect”*, *“Talking about treatment leads the patient to ask questions, express their fears, dispel doubts and understand the purpose of the treatment”*.

Patients with a longer relationship with their doctor (10 or more years) believed in a high percentage that the doctor-patient relationship is a factor in their quality of life.

As a patient claimed: *“Good quality of life is a function of correct diagnosis, correct medication and patient adherence to instructions.”* The perceptions of other patients were the following: *“... with communication and advice in difficult situations, the patient feels better and therefore his quality of life improves”*, *“the doctor is the person who influences the patient to view his condition positively, with courage, strength and determination”*, *“immediate evaluations and interventions by the doctor maintain the quality of life at the best possible level”*, *“quality depends not so much on the doctor but on the character of the patient (determination, perseverance) and a good supportive environment (friends, relatives)”*.

Patients in a longer relationship with their doctor (10 years or above) believed that the relationship they have developed influences their medication, while the same

proportion of patients with a shorter duration of relationship (0–10 years) believed that it does not affect it. As a patient stated: *“...a better relationship with my doctor means that I have confidence in the medication he/she gives me, which will significantly improve my health.”* Other patients believed that: *“If there is no confidence, it is possible that the patient will stop the medication if he does not see the desired results”*, *“the result is irrelevant to the doctor-patient relationship”*, *“in cases where the stress factor affects the course of medication then a good relationship certainly reduces this stress and therefore leads to a better pharmaceutical result”*.

Patients with duration of relationship with the doctor (10 years or more) believed that the relationship with their doctor contributes positively to the symptoms of their disease and to their daily lives. Most patients in a long-term relationship with their doctor (10 or more years) believed that such a relationship had a positive impact on pain, fatigue, and stiffness, which are the main symptoms of rheumatic diseases and in their daily activities (personal hygiene, dressing, walking). For example, a patient claimed that *“... affected because it has a positive impact on psychology and acceptance of symptoms and management of daily activities”*. Other patients stated that *“long-term relationship means developing trust and therefore more faithful implementation of the doctor's instructions”*, *“the doctor is in frequent communication with the patient regarding the symptoms, whether the patient's condition is in remission or flare and if a treatment modification is required”*, *“I can say anything to my doctor without being afraid or ashamed”*, *“because the patient is often frustrated, the doctor is always by his side to support him”*.

## DISCUSSION

From the above analysis, it was concluded that the long-term relationship between the patients with rheumatic diseases and their doctors influenced their general health status, quality of life, symptoms, and the impact on their daily activities, thus creating a positive background for the action of the drug and being an essential factor for the success of the treatment. In particular, patients whose relationship duration with the doctor was more than 10 years had a better quality of health in the dimension of the physical role and in the dimension of social functioning compared to people whose relationship with the doctor was 2–5 years.

In the qualitative survey and through the answers given, it was found that chronic patients believed that through the creation of a climate of security, trust, stability, optimism, calmness, good communication and positive psychology,

the doctor-patient relationship had a positive impact on their health status and the therapeutic outcome, in general. Also, in the question *“why a good doctor-patient relationship is a factor for a good quality of life in chronic patients”*, it also appeared that the development of a good psychology helps the patient to get rid of anxiety and stress while trust is developed and comply with the doctor’s instructions. As the years go by, a relationship of trust is built between the two parties, which seems to have a positive influence on the outcome of the medication.

As it is known, rheumatic diseases mainly affect the joints, causing pain, and inflammation. At the same time, they cause stiffness, easy fatigue, and a generalized malaise. They are characterized by frequent flares and remissions. Over time, the joints become permanently deformed and lose their functionality. The loss of functionality is likely to result in permanent disability, with the patient losing the ability to care for themselves.<sup>28</sup>

All studies concur on the fact that the problems that most burden the patients’ psyche are pain, functional disability and the unknown or unpredictability of disease progression.<sup>29,30</sup> In a study examining the wide range of problems caused by rheumatic diseases, the majority of patients reported as the greatest concern the possible future worsening of the disease. This concern was most pronounced even more than the fear of pain and disability.<sup>30</sup> It seems, therefore, that the anxiety resulting from the unpredictable nature and progression of the disease burdens the patient more psychologically even than the physical effects of rheumatic diseases. In another study,<sup>31</sup> it was found that patients in pain had low functional ability which affected their mental state and this resulted in low levels of quality of life. In addition, researchers<sup>32</sup> found that people in poor health reported lower levels of trust in the rheumatologist than those in better health. Through such studies, the doctor knows what the needs and what the expectations of the patient are, which he must take seriously into account to achieve the therapeutic goal.

The study<sup>33</sup> highlights the importance of doctor-patient communication in systemic lupus erythematosus based on a patient-centered model of care. The findings of this study emphasize that physicians need to involve the patient in treatment decisions, set goals with their patients, and discuss the day-to-day implications of systemic lupus erythematosus during the medical visit. This type of ap-

proach can favorably influence patients’ perceptions of their disease, increase hope, and reduce depression.

As in all chronic diseases, one of the main issues in rheumatology is the patient’s non-compliance with treatment. The risk of adverse reactions from medication is a common concern of patients with rheumatic diseases and a frequent reason for non-compliance with treatment. Another reason that often affects them is the route of administration of medications. Rheumatology drugs are often injectable, which increases anxiety and leads to refusal to take them. At the same time, treatment regimens are complex and naturally long-term since the rheumatic patient is required to take medication for life.<sup>34</sup> Doctors need to talk to patients and adjust treatments so that they can follow and comply.

The World Health Organization (WHO) argues that *“higher adherence to treatment may have a more positive impact on population health than any improvement in treatments”*.<sup>35</sup> Based on this, the EULAR developed the T2T (Treat to Target) Connect program to transmit the principles of motivational interviewing to rheumatologists. According to the basic principles of T2T, treatment of rheumatoid arthritis is based on a joint decision between the patient and the rheumatologist.<sup>36</sup> To achieve this, the patient should be fully informed about his illness.

The present study is subject to certain limitations. Due to the relatively small sample, a reconsideration of the findings in a further study would be advisable. In addition, the study sample had certain rheumatological syndromes. A broader qualitative research, including other rheumatological syndromes as well, would be interesting.

In conclusion, announcing the patient that he/she has a chronic disease creates a difficult situation. To make this as painless as possible there should be a strong humane relationship between the patient and the therapist. With the diagnosis of a chronic disease, such as rheumatological diseases, a strong bond is created between the doctor and the patient. The role of the rheumatologist is particularly important in helping the patient to accept the diagnosis, comply with medical instructions, manage negative emotions, and set goals for the future. The doctor should listen to the patient’s needs and expectations, respect the patient’s individuality and, through his/her behavior, help the patient to feel confident and comfortable. The aim is to help the patient to manage their condition and have a better quality of life.

## ΠΕΡΙΛΗΨΗ

## Η μακροχρόνια σχέση ιατρού-ασθενούς στη Ρευματολογία. Αποτελέσματα ποιοτικής έρευνας

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**ΣΚΟΠΟΣ** Η καλύτερη κατανόηση της σχέσης ιατρού-ασθενούς στη Ρευματολογία, και κατά πόσο μια μακροχρόνια σχέση με τον ιατρό μπορεί να αποτελέσει παράγοντα για την επιτυχία της θεραπείας και για μια καλύτερη ποιότητα ζωής στη διάσταση του φυσικού ρόλου και στη διάσταση της κοινωνικής λειτουργικότητας. **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Ποιοτική έρευνα με τη χρήση της δομημένης συνέντευξης για τη συλλογή δεδομένων. Οι ερωτήσεις που χρησιμοποιήθηκαν ήταν 10 ανοικτές ερωτήσεις, οι οποίες επέτρεπαν στον ερωτώμενο να εκφράσει τις σκέψεις και τα συναισθήματά του με πλήρη ελευθερία, γραμμένες σε κατανοητή γλώσσα και με συγκεκριμένη σειρά. Το δείγμα αποτέλεσαν 15 ασθενείς με χρόνια ρευματική νόσο. Περαιτέρω ανάλυση των απομαγνητοφωνήσεων της συνέντευξης διαχώρισε τις απαντήσεις ανά διάρκεια σχέσης ιατρού-ασθενούς σε 0–10 έτη, 2–5 έτη, 10 έτη και άνω. Η ανάλυση που ακολούθησε διερεύνησε την ύπαρξη στατιστικά σημαντικών διαφορών μεταξύ των κατηγοριών διάρκειας της σχέσης με τον ιατρό, των ασθενών που συμμετείχαν στη μελέτη, για τη σωματική λειτουργικότητα, τον σωματικό ρόλο, τον συναισθηματικό ρόλο και την κοινωνική λειτουργικότητα. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Οι ασθενείς, ανεξάρτητα από τη διάρκεια της σχέσης τους με τον ιατρό τους, πίστευαν ότι η σχέση ιατρού-ασθενούς επηρεάζει την κατάσταση της υγείας τους. Τα κύρια αποτελέσματα που προέκυψαν από την ανάλυση των δεδομένων της συνέντευξης ήταν ότι οι ασθενείς με μακροχρόνια σχέση με τον ιατρό τους πίστευαν ότι (α) η εν λόγω σχέση έχει θετική επίδραση στο θεραπευτικό τους αποτέλεσμα, (β) η σχέση ιατρού-ασθενούς συνιστά παράγοντα στην ποιότητα ζωής τους, (γ) η σχέση τους με τον ιατρό επηρεάζει τη φαρμακευτική αγωγή, (δ) η σχέση με τον ιατρό τους συμβάλλει θετικά στα συμπτώματα της νόσου τους και στην καθημερινότητά τους. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Η ανάλυση έδειξε ότι η μακροχρόνια σχέση με τον ιατρό επηρεάζει θετικά την κατάσταση υγείας, το αποτέλεσμα της θεραπείας, την ποιότητα ζωής, την έκβαση της φαρμακευτικής αγωγής και τα συμπτώματα των ρευματικών παθήσεων.

**Λέξεις ευρετηρίου:** Έκβαση της θεραπείας, Κατάσταση υγείας, Μακροχρόνια σχέση, Ποιότητα ζωής, Συμπτώματα

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