

ALIGNING EXPECTATIONS IN CLINICAL COMMUNICATION: A SOCIAL INNOVATION FOR STRENGTHENING PATIENT-CENTERED HEALTHCARE IN LITHUANIA

Lina Gedrimė, Aelita Bredelytė, Ligita Šimanskienė

Klaipeda University (Lithuania)

linagedrimaite@gmail.com, aelita.bredelyte@ku.lt, ligita.simanskiene@ku.lt

INTRODUCTION

Effective physician-patient communication is widely recognized as a fundamental component of high-quality healthcare delivery, influencing not only patient satisfaction but also adherence to treatment, clinical outcomes, and overall healthcare system performance [1]. In recent years, the focus on communication has expanded from mere information exchange toward fostering relational, empathetic, and patient-centered interactions [2]. This shift reflects broader societal demands for transparency, shared decision-making, and individualized care across healthcare systems. The aim of this research is to explore and align the communication expectations of doctors and patients as a social innovation to enhance healthcare service quality and patient satisfaction.

METHODS

Design: Cross-sectional survey study.

Instruments: Two specifically developed and validated questionnaires based on Tran et al. (2020) model.

- **Patients' Questionnaire:** 27 items covering communication behaviors, consultation satisfaction, COVID-19 communication changes, and demographics.
- **Doctors' Questionnaire:** 24 items on communication practices, future expectations, consultation timeframes, and demographics.

Sample: Patients (N = 585). Doctors (N = 205)

Analysis:

- Descriptive statistics: Means, standard deviations, percentages.
- Comparative analysis of 'performed vs. expected' communication behaviors.
- Stratification by age, gender, setting (urban/rural), and consultation type (in-person/remote).

RESULTS

Expectation-performance gap:

- Patients most valued actions: *listening attentively* (expected by 98%), *empathy* (95%), and *information about diagnosis* (92%).
- Doctors reported regularly performing: *listening* (96%), *providing diagnostic information* (89%), but less frequently *asking if the patient had additional concerns* (only 52%).

Critical discrepancies identified:

- *Doctors' self-introduction* was expected by 78% of patients but regularly done by only 43% of doctors.
- *Discussion of treatment options' pros and cons*: desired by 90% of patients, but only 60% of doctors reported doing so.

Consultation time:

- Patients believed an effective consultation needs ~21 minutes (mean), while doctors reported spending ~13 minutes on average.

Impact of COVID-19:

- Communication perceived as worsened by 35% of patients and 28% of doctors.

CONCLUSIONS

- There is a substantial but addressable mismatch between doctors' behaviors and patients' expectations in Lithuanian healthcare.
- Key areas for improvement: **self-introduction, empathy, shared decision-making, and validating patient concerns.**
- Social innovations in medical education, such as targeted communication training and feedback systems, are essential.
- Future interventions should **co-create communication models** with both healthcare professionals and patients to strengthen trust and improve outcomes.

REFERENCES

1. OHagan, S., Manias, E., Elder, C., Pill, J., Woodward-Kron, R., McNamara, T., Webb, G., & McColl, G. (2014). What counts as effective communication in nursing? Evidence from nurse educators' and clinicians' feedback on nurse interactions with simulated patients. *Journal of advanced nursing*, 70(6), 1344–1355. <https://doi.org/10.1111/jan.12296>
2. Waddell, A., Lennox, A., Spassova, G., Bragge, P. (2021). Barriers and facilitators to shared decision-making in hospitals from policy to practice: a systematic review. *Implementation science: IS*, 16(1), 74. <https://doi.org/10.1186/s13012-021-01142-y>