Personality Traits, Patient- Doctor Relationship and Health-Related Quality of Life among Patients of Chronic Medical Illness

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Abstract

The aim of present study was to explore the relationship between personality traits, patient doctor relationship and HRQOL among patients of chronic medical illness. Further, also measure the differences between personality traits, doctor patient relationship and HRQOL in relation to demographic variables. A cross-sectional study design was used. 300 chronic patients (asthma, diabetes and cardiovascular) were included from both public and private hospitals through purposive sampling technique. Ten Item Personality Inventory (Gosling et al., 2003), Doctor Patient Depth Relationship Scale (Ridd et al., 2009) and World Health Organization Health Related Quality of Life Brief (WHO, 1995) were used for data collection. Data were examined by using descriptive statistics, correlation, Hierarchical regression analysis, t-test and ANCOVA. Findings revealed that there is significant positive relationship between personality traits, patient doctor relations and HRQOL among patients of chronic medical illness ($p < 0.00$). Furthermore, hierarchical regression showed that personality traits and patient doctor relationship significant positive predictor of HRQOL ($p< 0.00$). Whereas, results revealed that demographic variables like gender, family system, socioeconomic status have significant role in personality traits, doctor patient relationship and HRQOL while category of chronic illness have no substantial role among variables. The present study concluded that personality traits and doctor patient relationship satisfaction had a negative impact on all domains of HRQOL.

OBJECTIVES OF THE STUDY

Objectives of the current study are to:

> Examine the relationship among personality trait, patient doctor relationship and health related quality of life among patients of chronic medical illness.

> Measure the differences in personality trait, patient doctor relationship and health related quality of life among patients of chronic medical illness in relation to demographic variables of the participants.

Hypotheses of the Study

i. Personality traits and doctor patient's relationship would be significant predictor of health related quality among patient of chronic medical illness
ii. There would be significant differences in personality traits, doctor patient relationships and health related quality of life among chronic patients of male and female.

METHOD

Sample

Sample consisted of 500 patients of chronic medical illness with asthma, diabetes, and heart diseases. Sample of patients of chronic medical illness was collected from the hospitals of Gujranwala. Purposive sampling technique was used to collect data from patients with chronic medical illness.

Measures

Three measure were used to assessed the constructs of present study:

(i) **Ten Item Personality Inventory (TIPI)**
It is a 10-item self-report measure each of the Big-Five personality dimension (extraversion, agreeableness, conscientiousness, emotional stability and openness to experience) on 7- point Likert scale.

(ii) **Patient-Doctor Depth Relationship Scale (PDDR)**
It is an 8-item self-report measure the patient doctor relationship relational depth on 4 point Likert scale.

(iii) **World Health Organization of Quality of life Brief (WHOQOL-BREF)**
It is 26- point self-report measure the perception of an individual's position in life in the context of the culture and value systems on 5-point ordinal scale.

Procedure

After getting permission from Medical Superintendent, the participants were informed about the purpose and procedure of the research. They were also guided about the ethical principal of confidentiality. Respondents were asked to fill the informed consent. Then the purpose and objective of study were completely described to the participants that they were assured that the confidentiality of information obtained through participants were maintained and used for research purpose only. On average 10-15 minutes were required to complete the questionnaires. In the end, participants were thanked f0r their participati0n in the study.

RESULTS

Personality traits has a significant positive relation with patient doctor relationship and health related quality of life in patients of chronic medical illness. In Step 1, personality traits significant positively predicted health related quality of life ($p \le .001$). In Step 2, personality traits and doctor patient relationship significant positively predicted health related quality of life ($p \le .001$).Personality traits, patient doctor relationship and health related quality of life are found to be greater in male than female. Patients of chronic illness living in joint family system scored high on personality traits as well as patient doctor relationship and health related quality of life scores higher in nuclear family system. Patients of chronic illness socioeconomic status in lower class scored high on personality traits as well as patient doctor relationship and health related quality of life scores higher in lower class. Patients of chronic illness category of chronic illness in asthma scored high on personality traits, patient doctor relationship and health related quality of life as compared to diabetes and cardiovascular diseases

CONCLUSION

The current study provided valuable information about the personality traits, doctor patient relationship and health related quality of life. It provides an evidence that there is a link among personality traits, doctor patient relationship and health related quality of life. Furthermore, different factors including patients age, gender, socioeconomic status and category of chronic illness are contributing.

IMPLICATIONS

On the basis of current findings, suggestions and recommendations can be given to the government health department to increase the budgets of medical departments, hire the doctors in government hospitals with training the workshops how they can better treat the patients according to their personality traits. It can be helpful for behavioral health practitioners to conduct researches using different behavioral approaches like CBT in practical setting for the benefits of improving the health quality of life and improve the patient's relationship with order.

LIMITATIONS

The findings cannot be generalized to other cities population of chronic patients of asthma, diabetes and cardiovascular diseases because the sample was restricted for chronic patients in Gujranwala. Due to the cross-sectional nature of the data, the causal relationship between socioeconomic parameters or chronic conditions and HRQOL cannot be determined. Many chronic conditions (respiratory, locomotors, cancer and others) were not included in the current study.

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