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A Study On Patient-Physician Relations With The Framework Of Agency Theory: The Sample Of Isparta Province Center Hospitals*

Elif AKKAŞ¹ Ramazan ERDEM²

¹ Süleyman Demirel Üniversitesi/Turkey/ elif.akkas88@hotmail.com

² Süleyman Demirel Üniversitesi/Turkey / raerdem@yahoo.com

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Abstract

In the markets which information asymmetry exists, relationship of power of attorney occurs when the seller use this information on behalf of the association. In healthcare market, which is one of the the knowledge-intensive markets, relationship at power of attorney appears in the relationship of patient and physician. Physicians, who have one of the most important tasks to protect and upgrade the health of society, are competent at making decisions on behalf of patients by using their knowledge of medicine. Time to time ethical violations and abuse of authority occurs by using this competency and the moral hazard raise. Within the imperfect agency relationship, medical errors, unnecessary demand-creation behavior of physicians and efforts to obtain financial benefit, which are known as a kind of

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market failure, thought to be the reason of the decrease in confidence to physicians.

In this study, it is aimed to investigate the reasons of negative perceptions towards the physicians within the framework of agency theory. For this purpose, perceptions of patients and their physicians under these problems were evaluated.

Population of the research, composed of physicians who are working in hospitals in Isparta province center, and patients in these hospitals. In this context, 124 physicians and 303 patients were reached. As a data collection tool the questionnaire namely "Patient-Physician Relationship in the Framework of the Agency Theory" is used which is developed by the researcher. In questionnaire, there are 43 statements to measure the dimensions such as "lack of confidence to the physician", "ethical problems", "financial benefit", "unnecessary demand", "bad medical practice."

According to the survey results, there is a significant difference between the physicians' perspective to their colleagues and the view of patients to the physicians. It is found that, patients' confidence to their physicians is lower than the physicians' confidence to their colleagues. Negative perceptions of patients about the physicians based on the behavior of physicians to obtain financial benefit, tendencies to take informal payments, being source of ethical problems and bad medical practices. Also, perception of physician-patient relationship differs according to age, education and income level of the patients; and seniority and income level of physicians and the ownership of the hospital in which the physician works.

1. Introduction

In health care services the physician is in the leading position as determiner thanks to the information he/she has and can often takes unquestionable decisions within the frame of clinical independence. Agency theory, in the market in which there is information asymmetry, is a theory which explains the relationship between the principal and the agent who makes a decision on behalf of principal. In this concept, Mooney and Ryan, define agency theory as a relationship that is characterized by two people, one is representative and the other is represented, both of whom try to maximize their own independent benefit function [Şahin, 2004]. The relation between patient and physician is principal-agent relation and includes asymmetric information problem.

2. Conceptual Framework

Clinic is a place where physician and patient meet willingly [Foucault, 2002]. This willing is a result of agency theory. Most health economists examined the topic of patient relations in health sector under the theory of agency. physician-patient relation is based upon the relation of agent-client in health services [Scott, 1999]. Agency theory in the relationship between parties is fictionalized to make the best decision for servers in the name of service claimers. Nevertheless, as the servers do not perform this ethical behaviour, there are problems in agency theory. Most of the problems generated during agency relation are associated to asymmetric information between physician and patient. This is fairly efficient in terms of patient-physician relationship and the maintenance of health service organizations [Vick, 1997; Adams, 1994].

Agency theory thinks to do the best treatment for the patient of physician. But in real the physician does not always

behave like this. Perfect physician is a physician who puts himself/herself in patient's shoes and chooses the best choice for the patient. This, as a medical ethic means that the physician focuses on patient's health, mainly benefit of patient. In this case if there was any conflict, this conflict would be due to patient's own choice [Kan, 1998].

This theory appears in two kinds, one is perfect agency relationship and the other is imperfect agency relationship. However, agency theory argues a perfect relationship would not be between physician and patient; a perfect relationship would be in theory. As Mooney and Ryan [Şahin, 2004] defined perfect agency relationship is a relationship which the physician in forms the patient completely and a relationship when the patient joins decision making process as well. However, as a more widely appearing model the most common output of imperfect agency is moral hazard which results in the patient's guidance of unnecessary demand.

3. RESEARCH

3.1. Population, Sample and Method

The patients and physicians who are principal and agency part of agency theory are determined to be applied as a population for the research. The population of research consists of 6 hospital's physician from governmental and private sectors operated in Isparta city centre and mature patients who take health service from these hospitals. The population of research, according to data taken from

3.2. Findings

Table 1: Psychometric Characteristics of physician and patient questionnaire in terms of perception of physicians

Ministry of Health, is 606 for physicians and 195 000 (Isparta city centre population) for the patients. Fault tolerance for population is %5, and if the reliability considered %95, a population of approximately 424 patients and 281 physicians can be sufficient [Kan, 1998]. For the research mentioned above, the permission is received and we reached 124 physicians and 303 patients with the convenience sampling method.

The data was analyzed by using SPSS 16.0 program. For the defining information and open ended questions, frequency and percentage calculation was made. In the questionnaire, the frequency of measurement in physicians' behaviours size and the importance of these behaviors were calculated with 5 point Likert scale by using arithmetic mean and standard deviation and statistical evaluations were made by average score.

In the cases where there are physicians' behaviours and parametric assumptions, the comparison of demographic variables of these statements' size is carried out, the difference of two average score (t test) is used to make a comparison of two groups; the analysis of variance is used (F test) to compare more than two groups. At the variance analysis result it is commented which group is different by examining Turkey's-b test. If parametric assumptions are not carried out, Mann-Whitney U test is used to compare two groups and Kruskal Wallis variance analysis is used to compare more than two groups. In the group in which it is determined a difference, it is applied Tamhane's T2 test to find the source of this difference.

Perception size	Statement number	Max-Min	Cronbach Alfa		Patient		Physician	
			Patient	Physician	X	S	X	S
1. Unreliability to Physician	12	1-5	0.727	0.851	3.093	0.606	2.382	0.651
2. Ethical Problems	8	1-5	0.726	0.836	2.881	0.729	2.407	0.765
3. Pecuniary Advantage	9	1-5	0.811	0.910	3.039	0.812	2.430	0.902
4. Unnecessary Demand	5	1-5	0.656	0.782	3.055	0.825	2.546	0.837
5. Bad Medical Treatment	9	1-5	0.826	0.879	3.083	0.983	2.416	0.733

The content of statements is not same and it is asked in different ways according to physician and patient. The five dimensions are:

- *The size of Unreliability to physicians:* Each statement is formed to put forward the reliability of patients to physicians and the reliability of physicians to their colleagues. (12 statements)

- *Ethical Problems Size:* It is formed to determine the perceptions of ethical problems of physicians work in Turkey. (8 statements)

- *Pecuniary Advantage Size:* Expressions are for questioning negative trends that show the intention of financial interests of physicians. (9 statements).

- *Unnecessary Demand Size:* It will be for various purposes such as providing material benefits to gain experience or sometimes considered unnecessary demand resulting from the creation of professional incompetence. (5 statements)

- *Bad Medical Treatment:* The perception of physicians and patients towards physicians resulted in medical

faults' prevalence and species. (9 statements)

The statements for physicians and patients are evaluated with 5 Likert scale. Besides it is applied different questionnaire to patient and physicians, the sizes to measure perceptions towards physicians and the statements in these sizes are made up parallel, so that both the physicians' and patients' independent views are determined and it is tried to be understood the difference between the perceptions and the comparison of physicians and patients

Cronbach Alfa values which show the reliability in physician and patient questionnaires size change between 0.656 and 0.910. These results show that there isn't reliability problem in the questionnaire and sub-dimension used in research.

When it is examined the distribution of 124 physician according to their working institution, it is seen more than half of them work in university hospital. When it is examined whether physicians expert on surgical clinic or not, it is confirmed %47,6 of them work in surgical clinic, and %52,4 of them work in other clinics. When it is examined the distribution of physicians in terms of age,

%27,0 of them are 29 years old and younger; % 35,1 of them are between 30-39 ages and %23,1 of them are 40 years old and older. In terms of total working period, the most percentile is about 9 years and less workers of physicians (%39,4). From the physicians of research, %71,8 of them are married and %71,7 is male. Nearly half of them (%49,4) have 3001-5000 income

From the patients which are reached %54,7 of them are female and %45,7 are married. It is seen %26,0 are 40 years old and above. In the research the patients whom the questionnaire applied to, more than half of them (%59,7) are graduated from university. In this concept, it is studied a highly educated patient group. More than half of patients (%55,6) have income below 1000 TL.

The patients, in the perception of physicians, is defined to participate in these size of problems in medium level by getting nearly 3 points from Unreliability to Physicians, Pecuniary Advantage, Unnecessary Demand and Bad Medical Treatment size. The patients only got points below average from Ethical Problems size, they agreed with experiencing ethical problems less other than the other problems.

As to physicians in the perception of their colleagues by getting points below the average 3 from Unreliability to Physicians, Ethical Problems, Pecuniary Advantage, Unnecessary Demand, Bad

Medical Treatment size, they showed a tendency not to join these kind of problems. Physicians got the highest point in Unnecessary Demand Size (2.546±0.837).

4. Results and Suggestions

Points handled in all respects have been compared in terms of patients and physicians, and all differences have been found statistically meaningful. It was determined that perceptions related to the negative situations which appear as part of counsel relation are above at patients compared to physicians.

In research, patients showed reason physical dissatisfaction and drug companies' promotions, but the physicians showed reason lack of experience and professional illiteracy as an excuse for suggestions of unnecessary observation and treatment. It was expressed by patients and physicians that professional abuses are much more in surgical clinics than in other clinics.

It was determined that patients' age and education, but physicians' just income cause differences in perceptions related to the negations in patient-surgeon relations, and apart from that patients' income and the hospital's ownership that physicians work in and the clinic they work in is surgical or not don't cause any differences in perceptions.

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