

What makes a good doctor in the 21st century?

A qualitative study

Society wants and expects good doctors. The definition of a good doctor is difficult to characterize. This study aims to identify those features considered by patients and health-care professionals to be important in making a good doctor.

Introduction

Society wants and expects good doctors. However, the definition of a good doctor has changed with the passage of time. Hippocrates defined a 'good doctor' in the Hippocratic Oath in 400 BC. This definition has been continuously updated to fit with society's current needs and expectations.

Over the past two decades there has been a dramatic shift in medical education from the dogmatic approach of learning anatomy, physiology and pathology by rote to a problem-based approach. As part of this shift more emphasis has been placed on the broader elements of medical training that include better communication skills as well as the ability to empathize with the patient. These changes have in part been induced by pressure from a well-informed society that demands higher quality from its service industries. As 'customers' of the NHS, the public expects its doctors to be empathic with their needs (Wensing et

al, 1998). However, Leahy et al (2003) found that cognitive characteristics were just as important for a doctor to possess as interpersonal characteristics.

It must also be remembered, however, that as doctors our customers also include medical students and trainees. In different studies, Wright et al (Wright, 1996; Wright et al, 1997, 1998) assessed what junior doctors considered to be important features among those physicians seen as good role models and found that the most important qualities in role models were a positive attitude to junior colleagues, compassion for patients, and integrity. In the same studies, Wright et al also found that clinical competence, enthusiasm for their subject and teaching ability were also important, but research achievement and academic status were much less so.

What makes a good doctor? Good doctors combine individual clinical expertise and evidence-based practice; they should be thoughtful, combining clinical excellence with 'intangible personal skills' in the care of their patients as suggested by Sackett et al (1996) and Oxman et al (2001). The aim of this study was to identify features that were considered by health-care professionals and patients to be essential in making a good doctor.

Methods

A total of 375 participants completed a standard questionnaire. Five groups of interviewees were identified: patients, nurses, physicians, surgeons and medical students.

The questionnaire was divided into two parts. First participants were asked to identify attributes considered to be important in being a good doctor, including their top three attributes from which a score out of the total number of participants was calculated. The answers were on a Likert scale in order to reduce bias. Second, interviewees were questioned about gender preference and doctors' dress code.

The Student *t*-test, one way analysis of variance (ANOVA) and χ -squared tests was used to analyse any significant differences between the groups questioned. Results were considered significant when a 2-tail *P*-value was <0.05.

Results

Participants' demographics are represented in Table 1. The groups have significantly different ages (ANOVA, $P < 0.001$) – of note patients tended to be older ($P < 0.0001$) than the other groups interviewed. Furthermore, 85% of nursing staff were female compared to 33% of physicians

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Table 1. Participant demographics

Participants	Characteristics of groups						
	Number	Men	Women	Mean age (years)	SD (years)	% Men	% Women
Overall	375	163	239	37	11	43.3	63.7
Patients	85	42	43	55	19	49.4	50.6
Nurses	108	16	92	36	10	14.8	85.2
Medical students	95	43	52	23	1.9	45.3	54.7
Physicians	60	35	25	37	11	58.3	41.7
Surgeons	41	33	8	38	11	80.5	19.5

SD = standard deviation

Table 2. Breakdown of answers for each group questioned

Factor	Patients		Nurses		Medical students		Physicians		Surgeons	
	Score	%	Score	%	Score	%	Score	%	Score	%
Approachable	39	46	52	48	12	13	14	23	7	17
Bedside manner	6	7	12	11	24	25	9	15	4	10
Considerate	5	6	2	2	6	6	4	7	0	0
Clinical ability	33	39	55	51	66	69	39	65	26	63
Caring	13	15	9	8	14	15	6	10	4	10
Confident	11	13	5	5	4	4	6	10	2	5
Compassionate	3	4	9	8	10	11	5	8	5	12
Dedicated	10	12	6	6	7	7	6	10	5	12
Empathy	3	4	4	4	16	17	2	3	2	5
Enjoyment of job	6	7	5	5	0	0	4	7	4	10
Honest	16	19	9	8	16	17	8	13	7	17
Knowing their limits	18	21	32	30	31	33	25	42	15	37
Knowledge	28	33	23	21	34	36	16	27	9	22
Listening skills	27	32	24	22	8	8	11	18	4	10
Organization	1	1	5	5	1	1	4	7	2	5
Patience	3	4	4	4	1	1	0	0	1	2
Professionalism	17	20	30	28	15	16	5	8	8	20
Respect	5	6	10	9	7	7	1	2	3	7
Teamwork	2	2	27	25	1	1	9	15	11	27
Trustworthy	8	9	1	1	12	13	7	12	4	10
Total participants	85		108		95		60		41	

($P < 0.0001$). Table 2 shows the results of the answers for each individual question from the questionnaire.

This information is correlated in Table 3, where the three most important attributes in descending order are presented. Results from the 'top three' section of the questionnaire yielded the most statistically significant preferences. All groups, except patients, considered 'clinical ability' to be paramount. Patients' preference was primarily for 'approachability' (46%) followed closely by clinical ability (39%). Furthermore, all health-care professionals placed 'appreciation of limitations' high in the ranking order while physicians and medical students also emphasized 'knowledge' as being of importance. Surgeons, however, considered 'team work' to be of more importance than knowledge per se.

Nursing staff placed approachability as their second preference to clinical ability. Similarly listening skills were highly appreciated by both patients and nurses; however, this was less evident among the

medical professionals. While no medical students rated job satisfaction as of high importance there is actually no difference between groups in their low ranking of this aspect ($P = 0.0824$).

There was no significant difference in gender preference with all groups questioned stating that men and women made equally capable doctors. Interestingly all

groups questioned, except nurses, stated that they preferred male doctors to wear a shirt and tie rather than the traditional white coat (Figure 1).

Discussion

There is much debate about the characteristics that make a good doctor. Poor communication skills are cited as a trait too

Table 3. Most important attributes for being a good doctor (in descending order)

Group	Attribute 1	Score	%	Attribute 2	Score	%	Attribute 3	Score	%
Patients	Approachable	39	46	Clinical ability	33	39	Knowledge	28	33
Nurses	Clinical ability	55	51	Approachable	52	48	Appreciates limitations	32	30
Medical students	Clinical ability	66	69	Knowledge	34	36	Appreciates limitations	31	33
Physicians	Clinical ability	39	65	Appreciates limitations	25	42	Knowledge	16	27
Surgeons	Clinical ability	26	63	Appreciates limitations	15	37	Team worker	11	27

often seen within the medical profession and patients may leave hospital with a negative experience. Therefore the objective of this study was to investigate this area in more depth. The aim was to identify those features considered by patients and health-care professionals to make a good doctor.

The opinions of the different subgroups within this study were also compared. All groups considered clinical ability to be of importance. However, patients considered approachability as the most important factor in being a good doctor. This can in part be explained by the fact that patients are often in a vulnerable condition and the reassurance provided by a good bedside manner is paramount. An alternative explanation for patients ranking approachability as most important is that patients may assume all doctors to have a certain level of knowledge and skill. With that basic level of competence taken as read, the interpersonal skills then take precedence.

This study did not categorize patients according to their disease process, but it would have been interesting to see if any differences existed between those with chronic disease states and those with elective short stay admissions. Furthermore, using members of the general public as a baseline would have been useful in exploring any changes in attitude incurred as a result of interaction of the individual with the health service.

Health-care professionals on the whole seemed to concur on the factors important in being a good doctor with clinical ability and an appreciation of limitations rating

highly among both physicians and surgeons. Meanwhile nursing staff preferred approachability, a factor that is important in the smooth running of busy hospital wards. Furthermore listening skills, considered a very important feature by both patients and nurses, were not highly rated by doctors and medical students. Doctors may have many commitments and issues to address during their working day, but busy service commitments should not be used to justify a lack of regard for a characteristic so highly rated by nurses and patients.

Although job satisfaction has been always considered an essential condition for high performance standards, this was not highly rated by the participants, especially medical students. Hopefully the modern lifestyle and the problems of today's doctors do not lead to a profession that is focused only on service commitment ignoring the humanistic contour of love, care and enthusiasm.

Interestingly, all groups except nurses had a preference for a particular type of doctors' dress code with the shirt and tie combination being preferred to the traditional white coat. The fall in popularity of the white coat is a reflection of the changing attitudes towards health care among both patients and professionals. The attitude of nursing staff may represent a desire for easier identification of doctors in the workplace.

Conclusions

This study reviews the opinions of a relatively large number of individuals on what makes a good doctor. It compares

the attitudes of those who receive the services (patients) and those who provide (or will provide) the service (doctors, nurses and medical students). All health-care professionals surveyed regarded clinical ability as being of paramount importance; in contrast, patients preferred approachability.

It would be interesting to assess these attitudes in the future as the impact of changes in medical training filter through to patient care. Maintaining a high standard of clinical ability with an increased focus on 'softer elements' such as empathy, listening skills and professionalism appears essential to reach a new equilibrium to satisfy the standard of care expected by the public from the good doctor in the 21st century. **BJHM**

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Leahy M, Cullen W, Bury G (2003) What makes a good doctor? A cross sectional survey of public opinion. *Ir Med J* **96**(2): 38-41

Oxman AD, Chalmers I, Sackett DL (2001) A practical guide to informed consent to treatment. *BMJ* **323**: 1464-6

Sackett DL, Rosenberg WMC, Muir Gray JA, Hayes RB, Richardson WS (1996) Evidence based medicine: what it is and what it isn't. *BMJ* **312**: 71-2

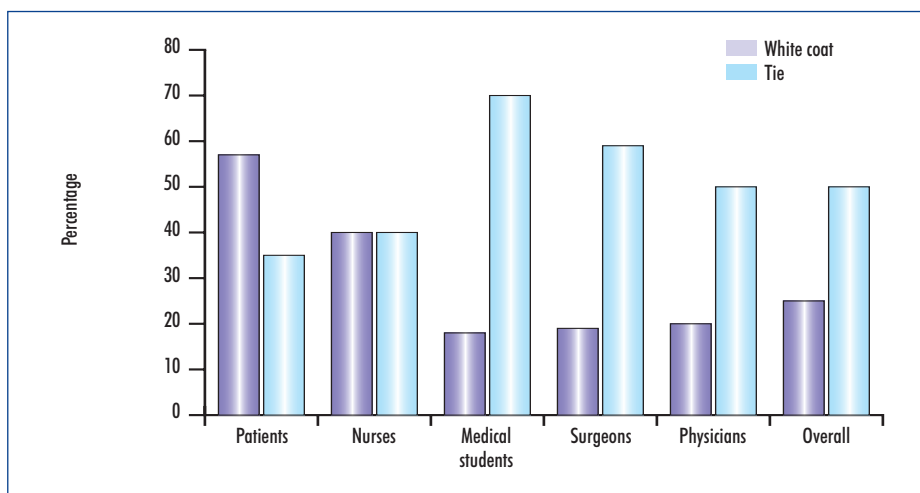
Wensing M, Jung HP, Mainz J, Olesen F, Grol R (1998) A systematic review of the literature on patient priorities for general practice care. Part 1: Description of the research domain. *Soc Sci Med* **47**: 1573-88

Wright S (1996) Examining what residents look for in their role models. *Acad Med* **71**: 290-2

Wright S, Wong A, Newill C (1997) The impact of role models on medical students. *J Gen Intern Med* **12**: 53-6

Wright SM, Kern DE, Kolodner K, Howard DM, Brancati FL (1998) Attributes of excellent attending-physician role models. *N Engl J Med* **339**: 1986-93

Figure 1. Preference for dress code.



KEY POINTS

- A study was undertaken to determine what were considered to be essential features in making a good doctor.
- Approachability and communication skills are highly considered by patients and nurses.
- Softer elements and professionalism as well as clinical skills are essential elements in improving the standard of medical care in the 21st century.