|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Working or hospitalization setting at the time of this study** | **Working or hospitalization characteristics**  | **Number of participants in each ethnicity group****( Fars/Turks/ Kurds /Lors/Arabs)** | **Age (range)** | **Number (Male/Female)** | **Type of participant** |
| **Inpatient ward**  | **Outpatient setting or****Emergency ward** |
| 25 | 7 | Working experience:21 months – 17 years | 8/20/ 3/1/0 | 31 – 57 | 32 (11/21) | Faculty members |
| 8 | 13 | Year of residency (number of residents)PGY1(9)PGY2(4) PGY3(5)PGY4(3) | 6/ 9/4/1/1 | 27 - 37 | 21 (7/14) | Residents |
| 11 | 16 | The month of internship: 3 – 18  | 4/15/4/1/3 | 24 - 27 | 27 (10/17) | Interns |
| 5 | 8 | Duration of hospitalization : 2 days – 1 week | 1/8/4/0/0 | 18 - 63 | 13 (6/7) | Patients |

 Table 1: Baseline characteristics of participants in a study to analyze the status of effective patient-physician relationship at TUoMS\* in 2018

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Table 2: The emergent categories, semantic labels and supporting condensed meaning units defining factors£ influencing patient-physician relationship at TUoMS∞ in 2018, from the interviews with participants\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Semantic labels to define factors influencing PPRs** | **Tips for improving PPRs based on supporting condensed meaning units**  | **The code of the participants group☑** |
| Physician-related factors | Time allotted for a visit | Spending enough time for visiting patients | 1,2,3,4 |
| Personal characteristics | Having a calm and confident appearance | 1,5 |
| Reputation for being a good person and being experienced | 1,2,3,4 |
| Wearing appropriate and clean clothes at work | 1 |
| Communication competencies | Having ability to establish a systematic and interactive relationship with patients | 2 |
| Paying attention to the role of body language in effective communication with patients | 2,4 |
| Adopting gestures and postures indicating care and compassion | 1, 2,5 |
| Patient-centered practice | Paying attention to the patient's feelings and concerns | 1,2,5 |
| Involving patients in decision making when necessary | 1,2 |
| Examining patient's understanding of his/her responsibilities | 2,5 |
| Empathizing with patients | 1,2,4,5 |
| Using simple and understandable phrases for patients  | 1, 2 |
| Professional collaboration | Respecting professional values and adherence to them | 2,3 |
| Communicating effectively with other team members in care provision | 2,4 |
| Not referring patients to laboratories or other medical offices to perform unnecessary tests and visits | 1 |
| Patient-related factors | Personal attributes | Appropriateness of the patient's age and gender with the treating physician | 1,3,4 |
| Fitness of the patient's language and culture with the treating physician | 1,2, 3,5 |
| Having acceptable health literacy | 1,2 |
| Trust-supported attitude | Trusting in the treatment team and not having stress due to being in the hospital | 1,3 |
| Putting aside previous unpleasant experiences and feelings about treating physicians  | 1 |
| Tendency to being visited by the same physicians for a long time | 1 |
| Health system- related factors | Context-related factors | Providing the opportunity to communicate with patients in a quiet environment  | 1,3,4,5 |
| Absence of companions and other patients during the visit | 1,3,5 |
| Building a supportive environment for constructive criticism | 2,3 |
| Not performing time-consuming and tedious administrative bureaucracies by physicians | 2,4,5 |
| Socio-cultural factors | Working or living in a society with appropriate social propaganda and beliefs about physicians | 2 |
| Paying attention to specific religious do's and don'ts about illness and health in society | 1,2 |
| The reputation of the medical center as a good caring center, not as a slaughterhouse or a place for certain death. | 1,2,3,4 |
| Organizational factors | Not forcing physicians to visit a large number of patients per shift | 2,3,4 |
| Defining the process of stress management in urgent decision making conditions | 3 |
| Being supportive and flexible against physicians' risk-takings | 2,4 |
| Institutionalization the ability to provide and receive constructive feedback on communication skills in the system | 2,4 |
| Not giving the priorities to earning more money in medical centers by the authorities | 2 |
| Paying special attention to the quality communications of physicians and encouraging the high quality communications | 2,4 |
| Defining criteria for effective communication in physicians' work evaluation checklists | 2,4 |
| Valuing quality communications by physicians in physicians’ annual performance evaluation | 2 |

£ Factors in each group are listed according to the frequency of repetition by participants. The most frequently cited factors by the participants are listed upper in the list.

☑Factors mentioned by patients, faculty members, interns or residents have been presented by codes of 1, 2, 3 and 4 respectively. The factors obtained based on the researcher's observations in the field are introduced with code 5.

\*13 patients, 32 faculty members, 27medical interns and 21 residents

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