THE PENNSYLVANIA STATE UNIVERSITY
SCHREYER HONORS COLLEGE

DEPARTMENT OF SOCIOLOGY

WHAT QUALITIES DO PATIENTS DESIRE IN THE OB-GYN WHO DELIVERS THEIR CHILD?

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FALL 2018

A thesis
submitted in partial fulfillment
of the requirements
for a baccalaureate degree
in Science
with honors in Letters, Arts, and Sciences

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ABSTRACT

The purpose of this study is to identify which qualities patients desire in the ob-gyn who delivers their child and how these qualities affect patient satisfaction. Previous research examines the dynamics of the doctor-patient relationship looking at particular factors patients desire in physicians such as communication skills, trust, and humaneness (Patterson, 2012). In 2002, however, more hospitals transitioned to what is known as the ob-gyn hospitalist model in order to improve patient safety as well as to reduce physician fatigue (The Obstetric and Gynecologic Hospitalist, 2002). Likewise, the American College of Obstetricians and Gynecologists supports the development and study of the ob-gyn hospitalist model as a means of improving the birthing process (The Obstetric and Gynecologic Hospitalist, 2002). Under this model, there exists different variations, each of which fosters a unique doctor-patient relationship. In my research, I examine how this model impacts the patient's and doctor's birthing experience with regards to the presence or absence of an ob-gyn to whom the patient has developed a previous relationship. Through both surveys and in-depth interviews, I find that patients desire competence and friendliness to establish trust in the ob-gyn who delivers their child. With this knowledge, the hospitalist model could be enhanced to further improve patient satisfaction while also preventing physician fatigue and maximizing patient safety.

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ACKNOWLEDGEMENTS

I would like to thank Dr. David Hutson, Assistant Professor of Sociology. As my thesis supervisor, Dr. Hutson gave me guidance and support from the start to finish of my thesis. His kindness and detailed explanations helped me successfully complete my thesis and gain a fuller understanding of the research process. I would also like to thank my honors adviser, Dr. David Ruth, Associate Professor of History, for always answering any questions I had and providing me with a strong support system at Penn State. I would like to thank Penn State Abington Schreyer Honors College for supplying funds for my data collection. Lastly, I would like to thank my family and friends who have provided me with endless support and encouragement all throughout my time as a Penn State student.

Chapter 1 Literature Review

Hospitalist Model

There are two specific models under the general umbrella of the ob-gyn hospitalist model. The first is called the in-house model in which the hospital uses existing ob-gyn's, who work together in a practice, to cover ob-gyn shifts at the hospital. Using this model, patients are seen by the various physicians in a practice throughout their pregnancy so they can become familiar with all of the doctors who could potentially deliver their child. Then, whichever physician is on call when the patient goes into labor delivers the baby. In the second model, the physician employment model, the hospital directly hires external physicians to cover ob-gyn shifts at the hospital. Using this model, a patient has the chance of delivering with a physician they have never met before. The American College of Obstetrics and Gynecology (ACOG) report that as of 2014 there were around 1,700 physician employment ob-gyn hospitalists—the second model referenced above—working at more than 243 hospitals in the United States. They report that this represents approximately 10% of hospitals that offer obstetric services. In addition, scholars have found that four primary traits often determine patient satisfaction: continuity of care, technical competency, humaneness, and communication.

Continuity of Care and Patient Satisfaction

Related to the hospitalist model is the issue of continuity of care. Patterson (2012) explains that detailed notes and excellent inter-physician, as well as patient-physician, communication facilitate continuity and improve patient satisfaction. Likewise, physicians Saultz and Lochner (2005) found that 51 of 81 reviewed outcomes were significantly improved in relation to interpersonal continuity of care. These researchers reported their findings based on data gathered from 41 research articles published in *Medline* between April 1966 and 2002 regarding interpersonal continuity of care and outcomes. A strength of this study would be the 46-year time span in which the data were collected. This may suggest the long-standing importance of continuity of care in the doctor-patient relationship despite the changes occurring in the practice of medicine, such as the implementation of the ob-gyn hospitalist model.

In another systemic review of 260 *Medline* articles and 18 studies related to sustained continuity of care for primary care patients, Cabana and Lee (2004) concluded that sustained continuity of care in this setting improves patient care. The researchers excluded studies involving hospitalized patients thereby leaving an area for future research. In addition, they used data gathered from primary care specialties like internal medicine and pediatrics. Cabana and Lee (2004) determined physician turnover rate to be a good measure of sustained continuity of care. They further acknowledged that physician turnover rate may also be indicative of patient satisfaction depending on the reason for a patient leaving a practice. In their conclusion, Cabana and Lee reported there exists evidence for the correlation between sustained continuity of care and patient satisfaction. These findings indicate that a similar case may be present in the field of obstetrics and gynecology. However, because both of these sources are systemic reviews of

published articles, both are subject to publication bias- the decision to publish findings or not based on if the results support the researchers' original hypothesis or not.

While experts have noted the clear benefits of continuity of care, achieving such continuity remains challenging. In an article published in the *New York Times*, medical doctor Pauline Chen describes how it is becoming increasingly difficult for physicians to spend time with patients as the amount of required paperwork is increasing. According to a survey of 16,402 internal medicine residents published in the *Journal of the American Medical Association*, residents are spending two times more time documenting and charting as their counterparts did 20 years ago (Oxentenko et al., 2010). Dr. Chen explains that physicians are learning "to doctor" via the computer more so than they are via patient interaction. She notes that while this reduces errors from physician fatigue, physicians are being forced to make decisions based on other doctor's notes which may have lost important information in transfer. This prevents the physician from identifying personalized and complex symptoms, as well developing a trusting physician-patient relationship itself, both of which can only be gained from one-on-one interactions. Dr. Iarovici expresses a similar concern in the *New York Times* stating:

> The medical profession itself, under managed care, has played a role as well, providing less time for doctor-patient interactions and undermining the chances that a personal relationship and trust can develop. Under the guise of efficiency, medical test results are now often released directly to patients, sometimes before or even without the benefit of any interpretation. But there's danger in trusting data over people, as there is in thinking the expertise of all people is equivalent…But years of clinical — and personal — experience have taught me that information in and of itself is insufficient. Judgment is also indispensable, especially in complex situations, and the capacity for good judgment rests within people, not data sets" (Iarovici, 2018, p. n.p.).

With such a large sample size of 16,402 doctors, there is evidence that the practice of medicine is changing. Because of this, we must focus on how this increased use of technology impacts patient perception rather than just how it advances the technical capabilities of the field. As Dr. Iarovici explains, patient contact is critical in providing the best care for patients; thus, a

focus on continuity of care between physicians, especially when implementing the ob-gyn hospitalist model, is of vital importance. Further, spending more time with patients and forming relationships with them would increases a patient's trust of the physician thereby also contributing to patient satisfaction.

Technical Competency and Patient Satisfaction

In Ron Patterson's, *The Good Doctor*, Patterson analyzes a mass collection of previous surveys as well as hundreds of patient experience letters to elucidate qualities patients look for in their physician. Patterson worked in New Zealand's patient complaint system for 10 years so he offers firsthand accounts of what patients want and do not want. The most valued quality patients noted was confidence that their medical provider was technically competent. The second was the idea that the doctor makes the care of the patient his or her primary concern. Patterson explains that phone calls or paperwork during appointments may affect the patient's ability to feel this way.

Likewise, in a study of 1,085 diabetic patients, Jalil (2017) found that technical expertise was significantly associated with patient satisfaction. In addition, Jalil found that doctors' incompetence correlated with patient dissatisfaction. Similarly, in a systematic review of 24 journal articles analyzing healthcare quality studies, Naidu (2009) concluded that healthcare quality was related to patient satisfaction.

Humaneness and Patient Satisfaction

In addition, Patterson (2012) identifies humaneness, compassion, and attentiveness as qualities patients desire in a doctor. In Chapter 5 of the *Patient's Brain: The Neuroscience Behind the Doctor-Patient Relationship,* Benedetti (2011) presents evidence that being touched or even being in the presence of a loved one may lower perceived levels of pain. In Chapter 3, Benedetti cites multiple studies that show negative emotions like anxiety can amplify the perception of pain by activating specific brain circuits. It is logical, then, for a mother to want a comforting presence in the delivery room as exemplified by the ever-increasing desire for the presence of the father in the delivery room. In Judith Leavitt's (2009) book, *Make Room for Daddy*, she details the growing presence of fathers in the delivery room. As birth transitioned from the home to the hospital in the 1950s, women expressed a feeling of loneliness in the delivery room as the fathers normally waited in the waiting room. However, some hospitals allowed men to be with the mother during labor. Gradually, as mothers expressed how much they appreciated the emotional comfort that fathers provided during this experience, more women requested that the father be in the delivery room. Many women explained that as birth transitioned from the home to the hospital, one of the biggest loses was the emotional, domestic support from the group of women that traditionally assisted a woman during birth. To supplement this loss, the presence of the father in the delivery room steadily increased in what came to be known as the Dick-Read method. Physician Grantly Dick-Read believed that fear and tension prevented the relaxation of muscles and thereby the progression of labor. He advocated for the presence of a "sympathetic birth attendant" in order to alleviate this fear (Leavitt, 2009, p. 100). Gradually, based on surveys of maternal attitudes, more hospitals started allowing men in

the labor room. In fact, some mothers requested the presence of the physician when the father was unavailable. Leavitt (2009) relates one woman's response who delivered her baby at St. Mary's Hospital in New Jersey when writing, "Dr. Palmarini radiated warmth, cheer, and self-assurance. Fear and apprehension among expectant mothers diminished considerably in his presence" (p. 102).

In a magazine article titled "Warm and Fuzzy Hospitalists," Jan Greene (2009) addresses the issue of patient satisfaction and the use of hospitalists. She writes that researchers at the Medical College of Wisconsin indicate that hospitals have found patients report increased satisfaction after the instalment of a whiteboard in the room that lists the names, and sometimes photographs, of the patient's nurse and doctor. They concluded this via results from the standardized Press Ganey Patient Satisfaction Survey. While the sample size is limited, this suggests that a personal relationship with the physician is important to patients. In addition, keeping a pamphlet in each room addressing how the hospital is run, as well as who does what around the hospital, was found to be a component of patient satisfaction.

In another study of 1,300 participants, reported in *PLOS One*, a peer-reviewed open access scientific journal, Gordon-Kraft (2017) found a correlation between physicians who show empathic nonverbal behavior and the level of warmth and competence perceived by the patient. An issue with this study is that it assessed a hypothetical patient's perception via a picture of a doctor who either did or did not display warm traits such as open posture. The participants were not actual patients and they were asked to imagine themselves as a patient in a specific situation while assessing the image online. The problem with this is that the circumstances are hypothetical. It is not uncommon for people to say one thing, but actually feel or do another when experiencing the real situation. In addition, a person could be experiencing many other

feelings while sitting at home doing this study, which would confound results. Therefore, a study that addresses actual feelings in an encounter with a physician, rather than attitudes, may be helpful in developing a better understanding of people's reaction to empathetic nonverbal behavior. However, given that empathy is a factor previously identified as important in physician-patient relationship, this information is likely applicable to the enhancement of the ob-gyn hospitalist model. Furthermore, compassion and empathy likely increase a patient's trust of the physician, thereby also contributing to patient satisfaction.

Communication and Patient Satisfaction

Patterson (2012) also highlights that trust and communication between the patient and the physician is imperative for quality patient care. He describes that patients assume doctors will not be financially greedy and that they will explain financial incentives they may have for doing certain procedures. It is also important for physicians to develop a relationship in which patients feel they can trust the physician to keep their information confidential. In addition, he explains that it is very important to patients for their doctor to provide an understandable explanation for any condition or treatment plan they discuss. All three of these factors foster trust and increased patient satisfaction. In a 2011 article published in the *Journal of the American Medical Association*, two medical doctors report that web criticisms of physicians were filled with complaints about physicians who seemed "too distant or busy to care" (Levison and Pizzo, 2011, p.1802). Again, adequate time in the exam room as well as a personal relationship could be an important aspect of this. In fact, *Medical Economics* reported that according to the 2017 Patient-Provider Relationship Study, which is based on a survey of nearly 2,100 patients ages 21 to 70, all of them indicated the desire for more time with their doctors.

In another journal article, medical doctors Kisuule and Howell (2015) explain how hospitalists play a crucial role in care transitions for patients. They explain that this transition period into and out of the hospital is particularly high-risk due to the possibility of missed or inaccurate transfer of information, lack of personal relationship with the clinician, or duplication of testing. Likewise, Danielle Ofri reports in the *New York Times* that a study of 57 physicians from the *Annals of Internal Medicine*, found than doctors spend twice as much time inputting data into the Electronic Medical Records (EMR) system than they do seeing patients. If

developing trust between the patient and physician is becoming increasingly difficult due to less interaction time, it is logical then that the hospitalist model, upon minimal time with the doctor could be at risk of the same issue. If trust is an important aspect of patient satisfaction and care, it is important that the medical community ensures that the ob-gyn hospitalist model fosters conditions that favor the development of a trusting relationship.

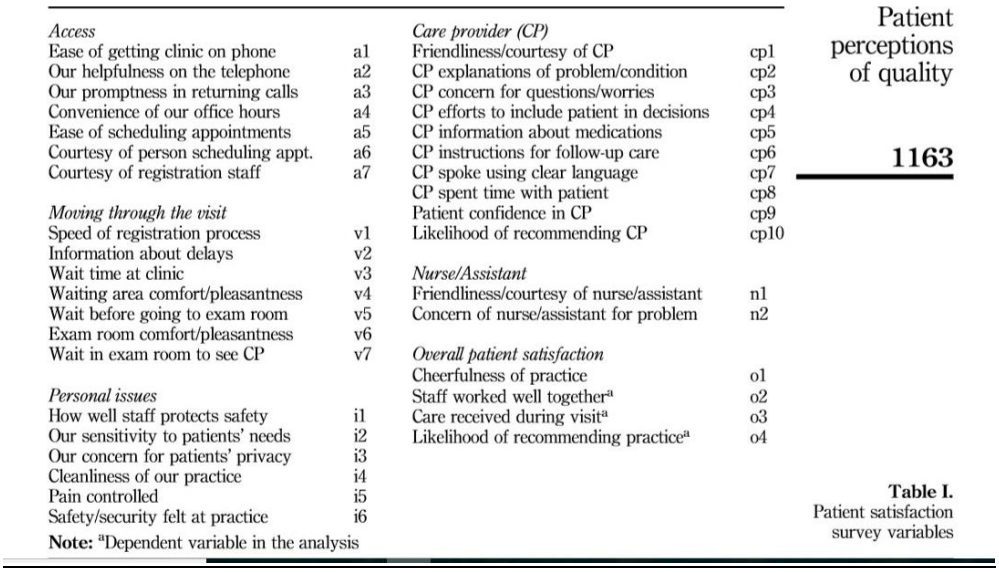
Another important aspect of trust and communication, as Burleson (2015) notes in *Communication Design Quarterly Review*, is informing patients ho their care provider will be in the hospital. Burleson explains specifically that family members and patients who are unaware that an emergency room hospitalist, rather than their primary care physician, will be treating them for an extended hospital stay feel "shocked, surprised, and distrustful of the physician they are meeting for the first time in the ER" (Burleson, 2015, p. 50). It makes sense then that a woman in labor may experience this to an even greater extent as they are worried about not only themselves, but their child as well. As such, it would be important to ensure the ob-gyn hospitalist model is best tailored to ease fears among patients.

Previous Patient Satisfaction Surveys

Patient satisfaction surveys are a tool used to measure quality of care as perceived by the patient. These surveys are designed to both assess current status of care as well as identify areas in which quality can be improved. In Russell et al.'s (2015) literature review, they explain that patient satisfaction enhances adherence to treatment plans as well as serves as an indicator of actual quality of care. Likewise, Batailler et al. (2014) found that patients who experienced patient-centered care, rather than usual care, had higher ratings of both service satisfaction and quality of services. Researchers defined patient-centered care as giving the patient a nurse who received training in enhancing communication, negotiation, and patient education. These results suggest that an individualized, personal relationship with one's care provider not only may enhance satisfaction, but also actual quality of services as measured using number of developed infections, falls, and length of hospital stay. Batailler et al. (2014) used data collected from 10,704 participants discharged from a single French Hospital. While the sample size is large, the results are hard to generalize to a larger population due to the sample only coming from one hospital and across multiple specialties. A patient's perception of care based on individual attention may also be different based on an individual's particular preference and personality. In a more focused systematic review of literature published in *Medline*, Yeh and Nagel seek to identify what influences patient satisfaction among women receiving obstetric and gynecological care. Like Batailler et al. (2014), Yeh and Nagel (2010) found that individualized patient-centered communication may be crucial in improving patient satisfaction. They discuss current methods of improving patient satisfaction such as patient surveys, attaching a patient preference form, and the use of physician communication skills training. From these studies, it appears that

physician-patient communication and understanding is essential to patient satisfaction and potentially quality of care. Because the ob-gyn hospitalist method has the potential to impact patient-physician communication, it is an important area to research.

From a technical standpoint, Batailler et al. (2014) analyzed the reliability of questions in patient satisfaction surveys to predict satisfaction. The questions asked in the survey are depicted below in Figure 1. They found that all five of these factors are statistically significant aspects of patient satisfaction. As such, I ask similar questions in my survey.



Access		*Care provider (CP)*	
Ease of getting clinic on phone	a1	Friendliness/courtesy of CP	cp1
Our helpfulness on the telephone	a2	CP explanations of problem/condition	cp2
Our promptness in returning calls	a3	CP concern for questions/worries	cp3
Convenience of our office hours	a4	CP efforts to include patient in decisions	cp4
Ease of scheduling appointments	a5	CP information about medications	cp5
Courtesy of person scheduling appt.	a6	CP instructions for follow-up care	cp6
Courtesy of registration staff	a7	CP spoke using clear language	cp7
		CP spent time with patient	cp8
Moving through the visit		Patient confidence in CP	cp9
Speed of registration process	v1	Likelihood of recommending CP	cp10
Information about delays	v2		
Wait time at clinic	v3	*Nurse/Assistant*	
Waiting area comfort/pleasantness	v4	Friendliness/courtesy of nurse/assistant	n1
Wait before going to exam room	v5	Concern of nurse/assistant for problem	n2
Exam room comfort/pleasantness	v6		
Wait in exam room to see CP	v7	*Overall patient satisfaction*	
		Cheerfulness of practice	o1
Personal issues		Staff worked well together[a]	o2
How well staff protects safety	i1	Care received during visit[a]	o3
Our sensitivity to patients' needs	i2	Likelihood of recommending practice[a]	o4
Our concern for patients' privacy	i3		
Cleanliness of our practice	i4		
Pain controlled	i5		
Safety/security felt at practice	i6		

Note: [a]Dependent variable in the analysis

Patient perceptions of quality

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Table I. Patient satisfaction survey variables

Figure 1 Patient Satisfaction Survey Variables

In addition, hospitals may use the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, which is the "first national, standardized, publicly reported survey of patients' perspectives of hospital care" (Hospital, 2015). These questions cover "Nurse and doctor communication, responsiveness of hospital staff, pain management, communication about medicines, discharge information, care transition, cleanliness and quietness of hospital environment, hospital rating, and willingness to recommend hospital (Hospital, 2015).

Another widespread alternative to obtaining information regarding patient satisfaction is through hiring an independent survey vendor, like Press Ganey and Associates. In the survey that Batailler et al. (2014) analyzed, the hospital used a survey published by Press Ganey and Associates. These surveys are distributed to patients anywhere from two days to six weeks after discharge from the hospital.

Chapter 2 Hypothesis

Based on the review of the literature, I believe pregnant women will desire a steady presence of a comforting, caring, and competent ob-gyn in the delivery room. I hypothesize that effective communication between the doctor and patient will also contribute positively to a patient's satisfaction. I believe that patients who deliver with their primary ob-gyn, whom they have probably developed a strong relationship with, will report higher levels of satisfaction. I hypothesize that if patients had to schedule an induction or c-section, they would have scheduled it on the day that their primary ob-gyn is working in the hospital. I hypothesize that the relationship between a mother and her ob-gyn warrants an especially comforting element due to the extreme emotion involved with giving birth.

Chapter 3 Methodology

I used a mixed methods approach involving both surveys and in-depth interviews. I conducted four 15 to 30-minute interviews with women who have given birth in the United States in a hospital within the past two years. I recruited four interview participants using advertisement on my personal Facebook account. Average age was 29.5 years old with a range between 24 and 36. All interviewees identified as White/Caucasian, three interviewees were married and 1 was single. Three of the four participants earned a personal income ranging from $75,000 to $124,000 and one interviewee earned between $15,000 and $24,000. However, household income was at least between $75,000 and $124,000 for all interview participants. All interview participants have earned at least an associate's degree, with three of the four women earning a master's degree and one currently finishing hers. Interview participants were given a $25 Amazon gift card as compensation.

I also received 353 survey responses using Amazon's Mechanical Turk and participants received $0.25 compensation. All participants were women who have given birth in the United States in a hospital within the past two years. The survey contained 45 multiple choice and 20 short answer questions regarding an individual's demographics and experience giving birth. I filtered and removed responses if the responses indicated that the participant was not attentive to the question asked. For example, participants responded "good" or "tclpjd" where these responses clearly did not make sense in the context of the question. Filtering left me with 326 responses for analysis. 62.3% of participants were between the ages of 25 and 34. 79.1% participants identified as Caucasian/White, 11.3% identified as Black/African American, and 7.4% identified as Hispanic/Latina. 68.4% of participants indicated that they were married, 8.9%

indicated that they were in a committed relationship, and 8.6% indicated that they were single. At least 71.5% of participants completed high school and 58% indicated that they completed a bachelor's degree or above. 58.6% reported that their yearly personal income was between less than $49,999 and 56.2% reported that their yearly household income was between $25,000 and $74,999. Refer to Figures 2 through 6 below for more specific demographic information collected from survey participants.

Limitations

First, the Amazon Mechanical Turk population is not entirely representative of the whole United States population, so it is possible that recruiting a different population of survey participants would yield slightly different results (Casey, 2017). Second, I realized that the wording of certain questions was vague and could have been interpreted in a variety of ways therefore making results less reliable. For example, one yes or no question asked, “did you receive care from different physicians at each appointment?” I was trying to determine if participants met all of the physicians they could possibly deliver their baby with; however, I realized the answer to this question could not reveal the information I was looking for. Similarly, it was difficult to analyze certain results using Statistical Package for the Social Science (SPSS) due to the way I formatted certain questions in the survey. For example, I asked “who was in the delivery room leading up to birth?” I made this a free response rather than a multiple-choice response, so I could not identify any correlations with overall hospital experience. These correlations could have been used to strengthen or weaken my hypothesis or make future suggestions about how to increase patient satisfaction.

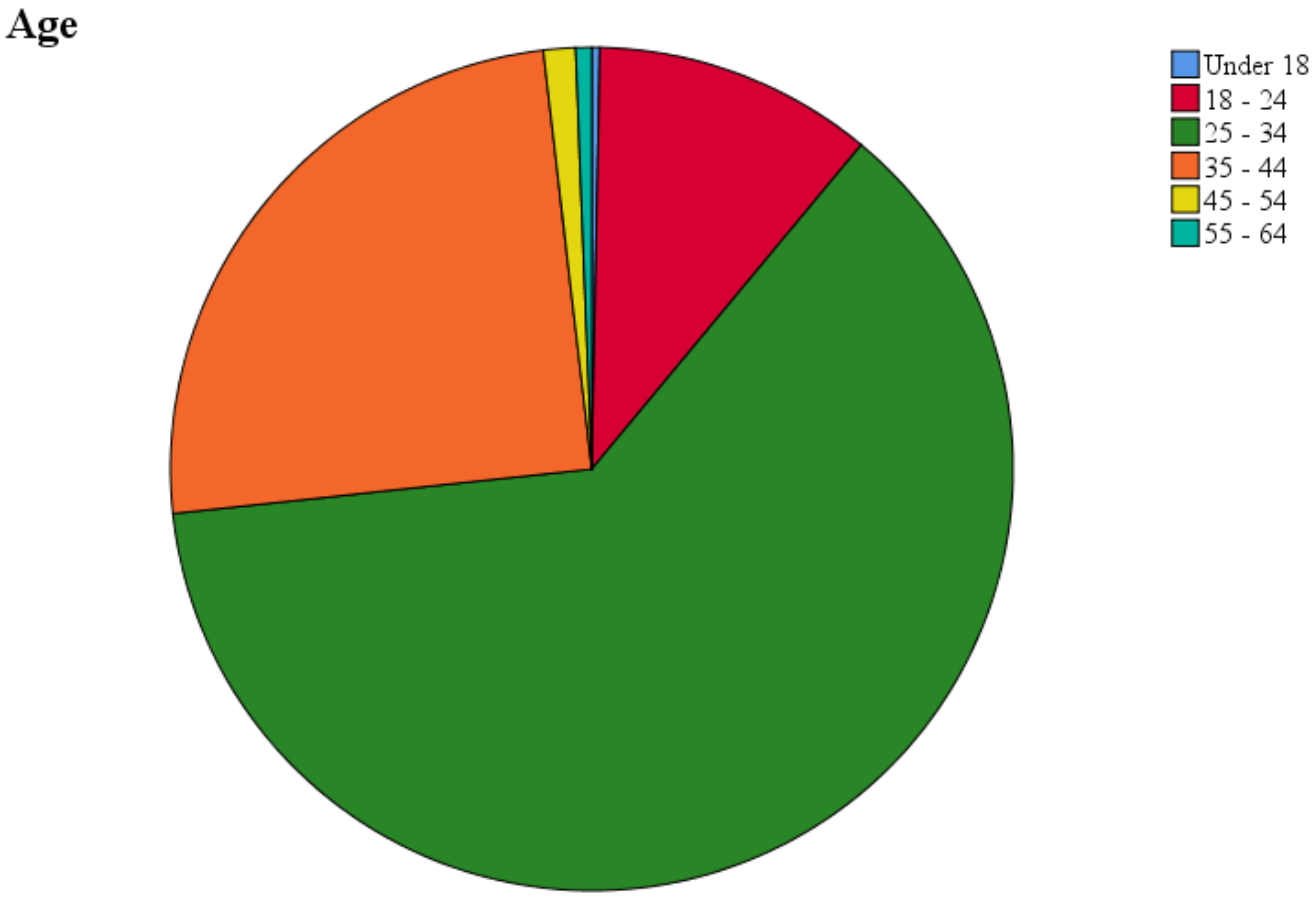

Figure 2 Age of Survey Participants

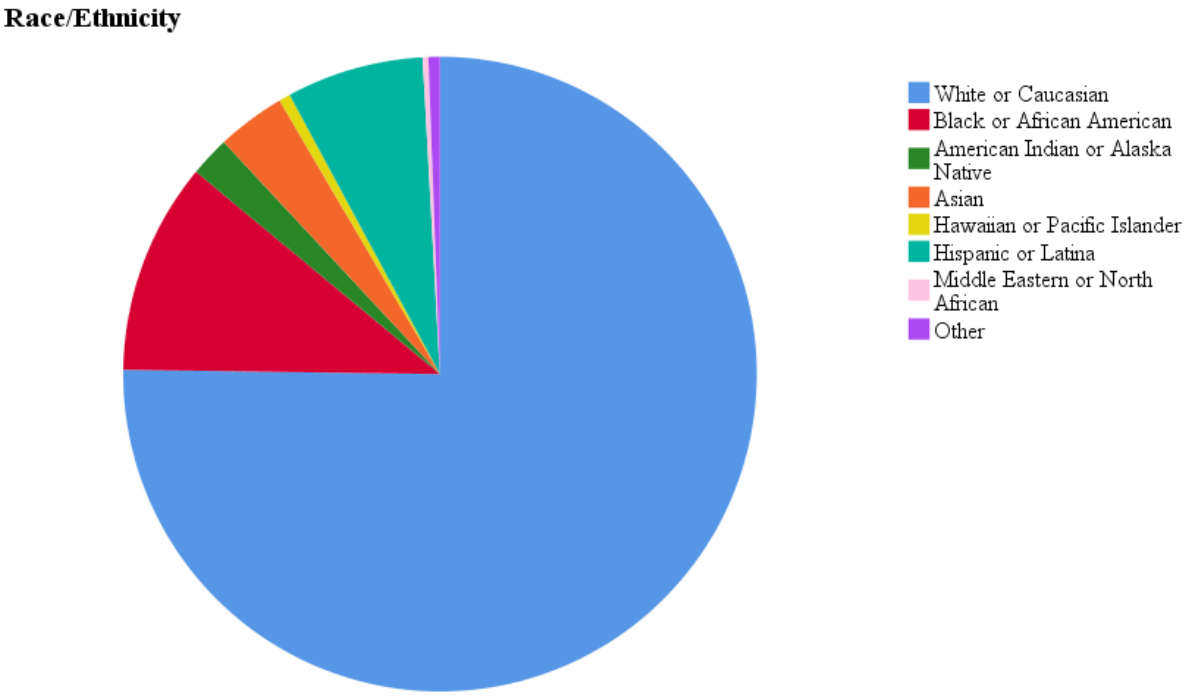

Figure 3 Race/Ethnicity of Survey Participants

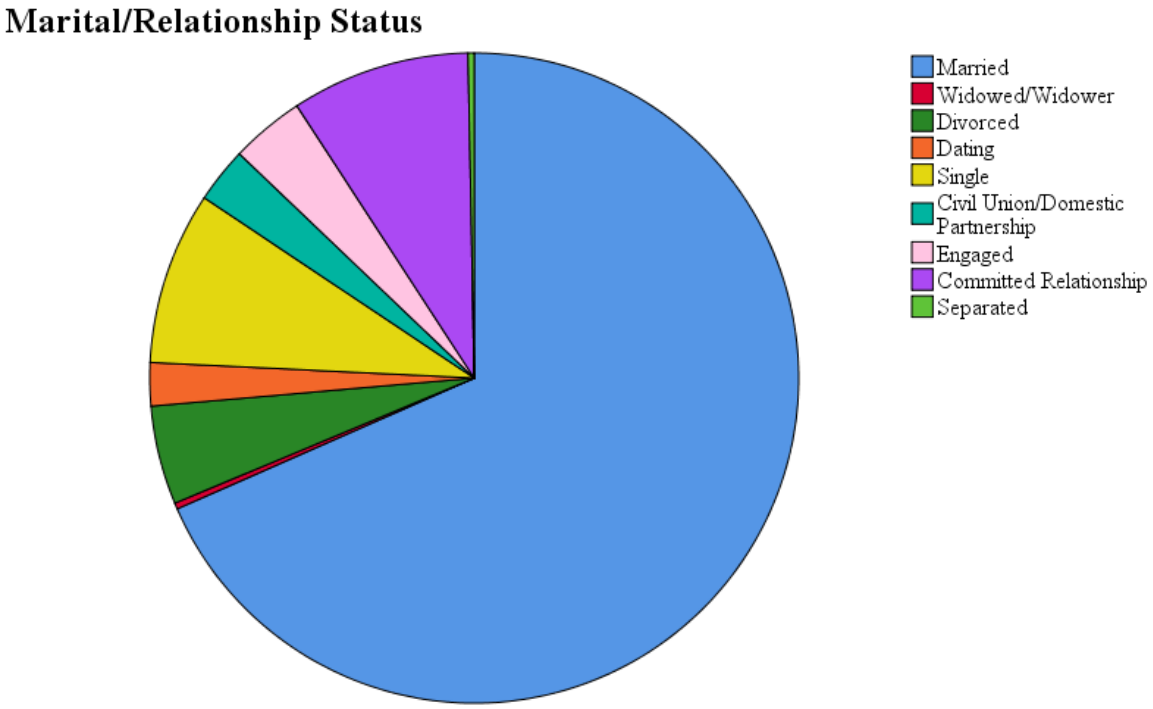

Figure 4 Marital/Relationship Status of Survey Participants

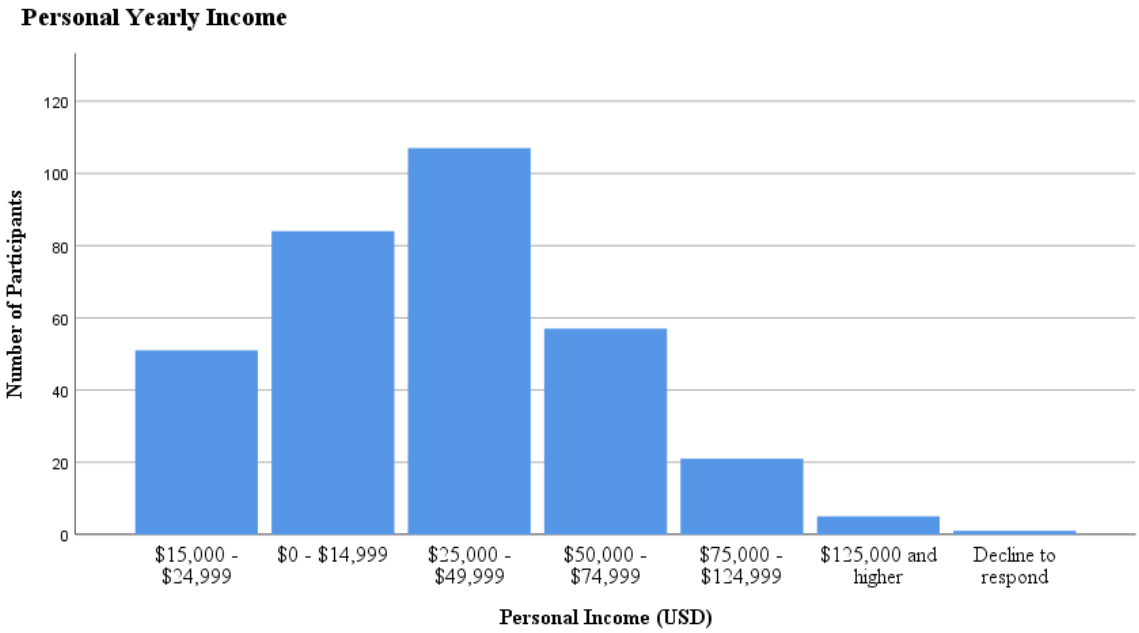

Figure 5 Personal Yearly Income of Survey Participants

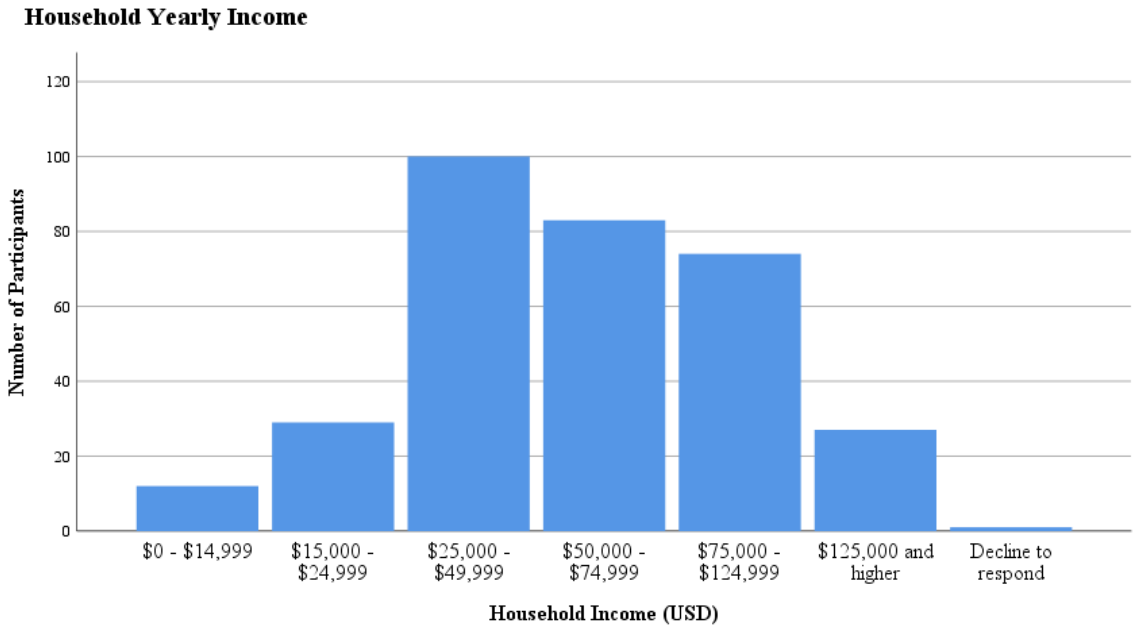

Figure 6 Household Yearly Income of Survey Participants

Chapter 4 Results

General

When both interview and survey participants were asked to list the top three qualities they looked for in their ob-gyn, they listed what I will refer to broadly as competence, humaneness, and effective communicator. I grouped the following responses under competence: experienced, knowledgeable, wise, intelligent, smart, skilled, qualified, years in practice, and has good recommendations and reviews. I grouped the following responses under humaneness: attentiveness, warmth, friendly, personable, good bedside manner, compassionate, caring, and comforting. Finally, I grouped the following responses under effective communicator: good communicator, listens carefully, respectful, patient, trustworthy, honest, understanding, sympathetic, spends time in room, and easy to talk to. The most desired quality, indicated by 252 participants, was competence, followed by humaneness, indicated by 199 participants, and lastly effective communicator, indicated by 133 participants. Fewer people responded with qualities such as professionalism, gender preferences, location, price, availability of the doctor, and acceptance of insurance. One interviewee, Bethany (28, white, married), expressed that her doula, who encompassed all of these qualities, made her experience giving birth especially memorable. She stated,

> Sarah was really reassuring. She was like okay, this is what's going on, because the doctor is too busy looking at what's going on, like anatomically, and the nurse are usually looking at your vital signs or checking to make sure you're fine, so Sarah, my doula, didn't have to focus on my blood pressure or my heart rate or the baby, she just focused on like okay, listen. Breathe here. They're about to do this. It's going to feel like this, because she's been through it before, so that was probably the most reassuring, or comforting thing.

In this instance, Bethany explains that the attentive care she received contributed to a positive birth experience.

Continuity of Care and Patient Satisfaction

83.9% of survey respondents answered yes when asked if developing a personal relationship with the doctor who delivers their baby is important. Of the 53.7% of participants who indicated that it was a possibility that their primary ob-gyn would not deliver their child, 50.6% said that this made them feel "worried, upset, or nervous." Jackie (36, white, married) said, "I guess for my first child, that did make me nervous. I wanted my specific doctor, but my third child, I would have been okay if it was another doctor, because the nurse is the one that spends more time with you than the doctor anyway." Some participants who indicated that they were less worried suggested that it was because they had previously met the other physicians in their practice who could deliver their child. Other participants said they were less worried because they heard reviews from family, friends, or their own doctor about the physicians who could possibly deliver their child. Both of these imply some sort of established connection with the ob-gyn who would deliver their baby.

However, of the 188 participants who were induced or had a scheduled c-section, only 24.2% indicated that they picked the day to give birth based on the day that their primary doctor was working. Additionally, 88.7% of participants indicated that having another ob-gyn deliver their baby would *not* affect their relationship with their primary ob-gyn. However, of the 11.3% that said it would, some participants expressed that it made them feel betrayed and that it "ruins the logical flow of having a complete process." In addition, when asked if having flyers in the waiting room or delivery room with all the doctors that possibly that could deliver your baby, both Bethany (28, white, married) and Jackie (36, white, married) indicated that it would make

them feel more comfortable if they did not previously know the doctor who would deliver their baby. Bethany (28, white, married) and Jackie (36, white, married) said respectively:

> Bethany: Yes, it would be nice if the hospital, or who, I don't know, when you go for a tour of the hospital they could say hey, if your doctor is not here, one of these ten, so you could at least, yeah, like a flyer, something where you could okay, at least I've seen their face. I know that they're who they say they are. Not some random person who just walked in your delivery room.

> Jackie: I think it would help, so I could see like a face with the name, a little picture next to them and just a little background. There's usually a lot of time to wait to see an OB/GYN in the waiting room. You have to wait a long time, so if they give information like that, I think it would be helpful. And you go so often for visits, especially towards the end, you're there all the time, so you would have time to read it.

In this example, Bethany and Jackie's desire for familiarity with the ob-gyn who delivers their child highlights the importance of developing at least an awareness of the ob-gyn who delivers one's child.

A one-way analysis of variance indicated that there was a significant difference in ratings of overall experience in the hospital between participants who met the doctor who delivered their baby a different number of times, $F(6,315)=8.14$, $p<0.001$. Pair wise comparisons using the Bonferroni correction indicated that participants who met the doctor who delivered their baby nine or more times *and* that doctor was also their primary ob-gyn whom they have developed a strong relationship with had significantly higher ratings of their overall hospital experience in comparison to participants who met the doctor who delivered their baby five to six times or fewer. There was no significant difference in ratings of overall experience between participants who met the doctor who delivered their baby more than 9 times *and* who was also their primary ob-gyn with whom they have developed a strong relationship and participants that met the doctor who delivered their baby seven, eight, or more than nine times. Other than in comparison with participants who met the doctor who delivered their baby one to two times, there was no significant difference in ratings of overall hospital experience between participants who met the

doctor who delivered their baby nine or more times (and the doctor was *not* their primary ob-gyn whom they have developed a strong relationship) and participants who met doctor who delivered their baby seven to eight times or fewer. Refer to Tables 1 and 2 below for descriptives and post hoc tests.

Rating	N	Mean	Std. Deviation
0	25	7.92	2.48
1-2	41	7.15	3.04
2-4	34	7.47	2.41
5-6	35	7.66	1.77
7-8	40	8.6	1.99
9+	54	8.65	2.57
9+ and they are my primary doctor whom I have developed a strong relationship with.	93	9.53	1.62

Table 1 Descriptives Statistics for Ratings of Overall Hospital Experience (0 being the worst and 10 being the best)

(I)How many times have you met the doctor who delivered your baby?	(J) How many times have you met the doctor who delivered your baby?	Mean Difference (I-J)	Std. Error	Sig.
9+	0	.728	.538	1.000
	1-2	1.502	.461	.026
	2-4	1.178	.487	.341
	5-6	.991	.483	.861
	7-8	.048	.464	1.000
	9+ and they are my primary doctor with whome I have developed a strong relationship	-.879	.381	.455
9+ and they are my primary doctor with whom I have developed a strong relationship	0	1.607	.501	.031
	1-2	2.381	.417	.000
	2-4	2.056	.446	.000
	5-6	1.870	.441	.001
	7-8	.927	.421	.596
	9+	.879	.381	.455

Table 2 Post Hoc Tests for Ratings of Overall Hospital Experience Based on How Many Times You Met the Doctor Who Delivered Your Baby

Technical Competency and Patient Satisfaction

When participants were asked to describe how they pictured their ob-gyn, 43 participants, 13.5% of the 318 participants who responded to the question, said they pictured someone who was intelligent and capable. They used words such as “smart and knowledgeable.” Some participants also said that they pictured their ob-gyn as professional. Similarly, of the 24.5% of participants who indicated that they look for different qualities in their ob-gyn when compared to other doctors, 17.6% indicated that they want their ob-gyn to be particularly knowledgeable using words such as “extremely knowledgeable and having more experience.” Furthermore, 43.9% of participants indicated that they relied on previously published credentials and reviews to select their ob-gyn. Bethany (28, white, married) said, “Honestly, I chose because I Google searched them, each individual person, and I read all their reviews...I looked for their credentials.”

During the actual birth, participants also indicated that they desired a competent presence. Participants reported that they felt comforted when their ob-gyn to acted confidently because it made them feel that their doctor knew what he or she was doing. When participants were asked what the doctor who delivered their baby did to calm them, of the 237 that responded, 50 participants said that they felt at ease when their doctor took charge and acted confidently. Also, 55.5% of participants indicated that a list of potential doctors and their credentials on a flyer in the waiting room or birthing room would ease their fears if an ob-gyn whom they have never met would be delivering their baby.

Humaneness and Patient Satisfaction

When participants were asked to describe how they pictured their ob-gyn, 76 participants responded with personality traits that would make a patient feel comforted. They used words such as “kind, caring, trust, warm, and sweet.” When participants were asked how they pictured their ob-gyn, 81 participants indicated that they pictured a friendly person. They used words such as “friendly and nice.” Similarly, of the 24.5% of participants who indicated that they look for different qualities in their ob-gyn when compared to other doctors, 24% indicated that it was especially important they their ob-gyn display humane qualities such as “kindness, comfort, a good bedside manner, and being personable.” Bethany (28, white, married) said,

> For instance, my dentist, I don't really care. My general practitioner, em, I don't really care so much, but I guess with an OB/GYN you're getting so like personal, I want, especially when you're pregnant, you go every month or whatever, you've got to see them a lot, so I want to make sure that I get along with them and I trust them, so yes, I look more into that than I do just going to any other clinical doctor.

In this example, Bethany emphasizes the important of a friendly ob-gyn in order to build trust in the physician and make the patient feel comfortable.

The qualities participants indicated they looked for in their ob-gyn were ones that put them at ease. Of the 44 participants who indicated that their doctor did something particularly memorable to ease their fears if they had an unexpected c-section, 14 of them listed that their doctor made them feel comfortable and calm. Similarly, when participants were asked what the doctor who delivered their baby did to calm them, of the 237 that responded, 40 participants indicated their doctor acted warmly, kindly, held their hand, and was attentive to their needs. Likewise, 60 participants said that it was the doctor’s calming voice and actions that made them

feel comfortable and relaxed. Participants expressed that they felt comforted when their doctor was personable and 19 women said that they felt relaxed when the doctor told jokes.

Furthermore, 216 participants responded positively regarding their doctor's presence throughout labor and delivery. Participants indicated that their doctor made their experience more positive or more relaxed. Nine participants indicated that they wanted their doctor to be present more than he or she was throughout labor and delivery because they felt more nervous and less reassured without them. Similarly, there was a weak positive relationship between the amount of times the doctor who delivered their baby visited the patient's room during labor before giving birth and ratings of overall hospital experience, $r(322)= .141$, $p=.011$. Specifically, participants who reported that the doctor visited more times reported higher ratings of overall hospital experience. However, 10 participants indicated that their doctor's presence made them feel more nervous or irritated if they were dismissive or pushy. One participant also indicated that she appreciated when her doctor did not speak much and left her alone. 55 participants indicated that their doctor's presence throughout labor and delivery did not affect their birthing experience.

Communication and Patient Satisfaction

86.1% of participants rated the importance of communication between the patient and doctor at least an eight or above on a scale 0 to 10, with 10 being most important and 0 being least important. When participants were asked to describe how they pictured their ob-gyn, 29 participants, 9.11% of the 318 participants who responded to the question, indicated that they pictured their ob-gyn as a good communicator. They used words such as "good listener, understanding, respectful, and honest." Multiple participants emphasized that they appreciated when doctors respected their wishes and idea of how the birth would happen. One participant said, "Respect is the biggest thing. I say no to a procedure, do not push me, do not berate me. I understand explaining why they think it's best but it's not their choice. They can't force me to. They shouldn't try to berate laboring moms into doing stuff they don't want to." Furthermore, when asked if they challenge medical authority or let the doctor make decisions without asking questions, 60.2% of participants indicated that they challenge medical authority.

Another aspect of communication that participants appreciated was understanding what the doctor was doing. An independent t-test indicated that participants who reported that their doctor did *not* explain procedures, equipment, and treatment plans in an understandable way throughout labor and giving birth (M=6.80, SD=2.65) had significantly lower ratings of their experience in the hospital compared to participants who reported that their doctor *did* explain procedures, equipment, and treatment plans in an understandable way throughout labor and giving birth (M=8.86, SD=2.08), $t(95)=6.05$, $p<0.001$. Of the participants who reported that their doctor did explain procedures, equipment, and treatment plans in an understandable way throughout labor and giving birth, 73.9% indicated that this made them feel at ease.

Similarly, another independent t-test indicated that participants who reported that their doctor listened carefully throughout labor and giving birth (M=8.90, SD=1.98) had significantly higher ratings of their experience in the hospital compared to participants who reported that their doctor did not listen throughout labor and giving birth (M=5.84, SD=2.64), $t(60)=7.80$, p=0.001. When asked for additional comments regarding their birth experience, one participant stated, "I think having a baby is an amazing thing and it is very important to be comfortable with your OB and know that they will listen to any concerns and not just dismiss them." Marina (30, white, married) actually said that she switched ob-gyns because

> She [her ob-gyn] didn't speak English most of the time, which was kind of, she, they spoke English to me, but the entire time, talking to everyone else, they spoke Russian. It was a very Russian area, and that just made me feel like awkward, because I didn't know what was going on.

Bethany (28, white, married) summarized this theme when asked for her final thoughts about how medicine can improve. She stated, "Other than just introduce yourself, who you are and what you're doing, that's it, I think. Just let everybody know."

Further indicating how communication breeds trust and increases satisfaction, 19 of the 44 participants who indicated that their doctor did something particularly memorable to ease their fears if they had an unexpected c-section explained that they felt comforted when the doctor answered all of their questions and explained why he or she needed to do the c-section. Likewise, when participants were asked what the doctor who delivered their baby did to calm them, of the 237 that responded, 70 participants indicated that they felt at ease when their doctor explained everything that was happening, asked what they wanted, and answered all of their questions. Sophia (30, white, married) even explained how helpful she found the "ask a pediatrician" information session that was offered by her hospital.

Lastly, participants indicated that they desired a specific style of communication from their ob-gyn during labor and delivery. 38 participants indicated that they felt comforted when their doctor coached and motivated them with encouraging words. Similarly, when asked if they preferred vocal, motivational medical staff or silence, 85.3% of participants indicated that they preferred vocal, motivational medical staff. Of the 185 participants who indicated that their doctor counted as they pushed, 79.5% indicated that they liked this a little, if not moderately or greatly. Sophia (30, white, married) said,

> It depends on the individual, but the amount of energy she brought in every time was kind of invigorating for me. That's what I needed to kind of keep going, and the communication was really big, just letting you know, this is what you can expect next.

Sophia's desire to be motivated as well as informed about her care as is it progresses highlights the importance of a communication between the ob-gyn and patient.

Going beyond direct communication with the physician and further highlighting a patient's desire to be heard, 74.9% of participants indicated that they would at least like the opportunity to complete a patient satisfaction survey regarding their birth experience.

Other Qualities of Ob-Gyn Patients Desire

55% of participants indicated that they used word of mouth or referral by family, friends, or co-worker to select their ob-gyn. When asked how they picture their ob-gyn, 56 participants responded that they picture their ob-gyn as a female and four participants responded that they picture their ob-gyn as a male. Of the participants who responded that they look for different qualities in their ob-gyn as compared to other doctors, 17.6% specified that they looked for gender, three participants said they prefer male ob-gyns and 10 participants indicated that they prefer female. Jackie (36, white, female) said, “I guess I'm always more comfortable with a female, just from the reproductive part of it.”

Participants also commented on age of their ob-gyn. When asked how they picture their ob-gyn, 40 participants responded with a comment about age of their ob-gyn. 39 people used the words “40s, 50s, middle-aged, or older” and 1 person used the word “young.”

Extraneous Factors that Contributed to Patient Satisfaction

Of the 216 participants who indicated that they had a TV in their room, 50% said it was helpful for reasons such as making them feel relaxed and distracting them from the pain. When asked what aspect of the room contributed most to their positive experience in the hospital, participants listed features such as windows, openness of the room, cleanliness, dim lighting, privacy, a comfortable bed, and calming wall colors. However, there were a small number of participants who indicated that the room did not affect their experience. A few participants indicated that they felt more relaxed and comfortable when their ob-gyn played music.

Friendly and communicative staff also contributed to a patient's positive experience. When asked if they would change anything about their experience in the hospital, of the 101 participants who indicated they would, some said that they would have preferred friendlier staff and more communication with their ob-gyn. Other concerns included wanting more information on breastfeeding, better prices, and a more updated hospital.

When I asked participants for any extra comments about the survey or their birth experience, one person said they think there should be more education and programs for postpartum education because it seems like the mother is forgotten. A similar sentiment was expressed by Sophia (30, white, married) in her interview who explained that,

> They don't really prepare you afterwards…I just feel like there is kind of a gray area between having, being completely fine after you have a kid, which many people are, and postpartum depression, and doctors don't really talk to you about that. They don't really talk about it too much, but I know they talk about postpartum depression, but they don't talk about the normal, it's normal to be overwhelmed, like that's a completely normal feeling.

In this example, Sophia highlights the need for additional resources after giving birth to enhance her experience after giving birth.

When participants were asked, on a scale of 0 to 10, with 0 being none and 10 being you could not have done this without him or her, how much of a role did your significant other participate in the birthing experience, 66.6% of participants a score of seven or above. 35.3% of participants responded with a score of 10.

Chapter 5 Discussion

Previous research indicates that establishing trust in the physician is necessary for patient satisfaction (Patterson, 2012). Furthermore, Cabana and Lee (2004) demonstrated that continuity of care is correlated with patient satisfaction. Patients who deliver with their primary ob-gyn most likely have developed a strong, trusting relationship with them over multiple visits. Thus, I hypothesized that patients who deliver with their primary ob-gyn will report higher levels of satisfaction. The findings of my study did not support my hypothesis: I found that there was no significant difference in patient satisfaction, as measured by overall experience in the hospital, between patients who delivered with their primary ob-gyn whom they met nine or more times and patients who met their ob-gyn nine or more times, but who was *not* their primary ob-gyn. However, perhaps when doctors meet their patients more frequently, they may still develop a strong, trusting relationship even if they aren't the primary ob-gyn. This would increase their satisfaction.

Similarly, I also hypothesized that if patients scheduled an induction or c-section, they would schedule it on the day that their primary ob-gyn is working in the hospital so as to maintain continuity of care. My findings did not support my hypothesis. I found that only 24.2% of participants who scheduled an induction or c-section selected the day to give birth based on the day that their primary doctor was working. It is possible that there are other ways for physicians to build a trusting relationship in less time with patients such as being attentive, friendly, and displaying competence.

In addition, 55.5% of survey participants indicated that a list of potential doctors and their credentials on a flyer in the waiting room or birthing room would ease their fears if a doctor

whom they have never met would be delivering their baby. This suggests that becoming familiar and confident in the ob-gyn that could deliver your child may help to establish a sense of comfort and trust and thereby increase satisfaction. Therefore, continuing to ensure patients meet all of the doctors in the practice before giving birth is important to keep patients satisfied. In the instances where this is not possible, like in certain versions of the hospitalist model, allowing patients to access an online or printed list of potential doctors could ease their worries if a doctor whom they have never met may be delivering their baby. This suggestion is consistent with previous research that indicates that family members and patients who are unaware that an emergency room hospitalist, rather than their primary care physician, will be treating them for an extended hospital stay feel distrustful of the physician (Burleson, 2015). Therefore, if an ob-gyn has the opportunity to introduce themselves in the hospital before delivering the patient's child, this would probably increase trust and satisfaction.

Next, based on previous research suggesting that patients desire competent (Jalil, 2017), trustworthy doctors (Patterson, 2012), I hypothesized that participants would seek a competent ob-gyn, especially considering the fact that the ob-gyn is caring for both the life of the mother and child. My findings supported this: participants indicated that the most desired quality in their ob-gyn was competence. This suggests that displaying competence plays an important role in comforting a patient and contributing to a positive hospital experience.

In addition, previous research indicates that patients desire physicians who display humane qualities such as being caring and comforting (Patterson, 2012). Likewise, Levison and Pizzo (2011, p.1802) found that patients want an attentive physician. Therefore, I hypothesized that patients would desire a steady presence of a comforting, caring, and friendly ob-gyn in the delivery room. The relationship between a mother and her ob-gyn warrants an especially

comforting element due to the extreme emotion involved with giving birth, especially for first-time mothers who may be unfamiliar and fearful of a new process. My findings support this hypothesis. I found that the second most desired quality in the ob-gyn that delivers their child was humaneness, which encompasses characteristics such as warmth, compassion, and friendliness. A majority of women indicated that their doctor's presence made their experience more positive or more relaxed. It is possible that a particularly attentive ob-gyn would be more crucial for first-time mothers or women who do not have a strong support system, such as their significant other, present in the delivery room. Because the spouse can be seen as a comforting presence in the delivery room (Leavitt, 2009), it is possible that women accompanied by a personal support system may desire less attention and support from their physician. Perhaps expanding the study to single mothers would provide insight into if ob-gyns should spend more time with single parents. Likewise, expanding the study to compare the qualities desired from first-time mothers and qualities desired from second- or third-time mothers could provide insight into how ob-gyns can personalize care for each patient.

Lastly, previous research indicates that excellent communication, both explaining and listening to the patient, is important for patient satisfaction (Patterson, 2012). I hypothesized that effective communication between the doctor and patient will contribute positively to a patient's satisfaction. My findings support my hypothesis: participants who reported that their doctor explained procedures, equipment, and treatment plans in an understandable way throughout labor and giving birth had significantly higher ratings of their experience in the hospital compared to participants who reported that their doctor did *not* explain procedures, equipment, and treatment plans in an understandable way throughout labor and giving birth. This is consistent with my finding that almost all of participants rated the importance of communication at least an eight or

above on a scale 0 to 10, with 10 being most important and 0 being least important. Because patients want to be respected and understood, good communication between the doctor and patient is important. If physicians do not have time to explain as many details of certain procedures as a patient would like, then maybe ensuring patients have access to human or online educational resources could improve patient satisfaction. For example, providing the patient with an informational pamphlet or monthly educational classes on birth and common complications may be helpful to familiarize patients with what to expect and how to feel in this emotional and life changing process. However, these interventions may be costly, so physicians should make new mothers aware of cheaper alternatives such as online or in person support groups of other new mothers.

Furthermore, some participants indicated that they desired a specific communication dynamic between themselves and the physician. When asked if they preferred vocal, motivational medical staff or silence, an overwhelming majority of participants indicated that they preferred vocal, motivational medical staff. This suggests that not only do women in labor want to communicate with their ob-gyn, but also may want to be actively coached and encouraged. A majority of participants also indicated that they would at least like the opportunity to complete a patient satisfaction survey regarding their birth experience after leaving the hospital. This suggests that patients want their opinions to be respected by taking an active role in their care. Distributing satisfaction surveys will not only help keep patients satisfied, but also give physicians feedback about the quality of their care so that they can improve. Physicians are also motivated to provide quality care because certain reimbursements for procedures and treatments are only granted to hospitals and physicians if patients indicate a high level of satisfaction on surveys (Carta, 2018).

Other qualities I found that participants looked for in their ob-gyn included professionalism, location, price, availability of the doctor, doctor's apparel, and acceptance of insurance. Some participants also indicated that they looked for a specific race and gender, the majority of participants displaying a preference for female ob-gyns. Another participant who identified as African American indicated that she pictured her ob-gyn as a "black, educated female." Another participant indicated that one of the different qualities she looked for in her ob-gyn compared to other doctors was LGBTQ competence. A future study examining cultural competence and patient satisfaction as well as patient satisfaction and homogeneity of qualities such gender, race, and sexuality between patient and physician would provide insight into how these qualities affect satisfaction. It is clear that many factors contribute to a patient's satisfaction; however, my research findings suggest that there a few qualities that patients prioritize over others possibly because they increase trust between the doctor and patient.

Participants also indicated that extraneous factors such as having windows and a TV contributed to their satisfaction. Continuing to ensure laboring moms have these desired qualities in their delivery room is one way to maintain satisfaction especially in the absence attentive staff or supporting family members. Participants also suggested that they wanted more post-birth education about topics such as lactation and how to feel, physically and emotionally, after giving birth. Having pre-recorded informational sessions that are accessible online or in person, potentially hosted by physicians and nurses themselves, may be one way to address this issue.

Chapter 6 Conclusion

The purpose of this study is to identify which qualities patients desire in the ob-gyn who delivers their child and how these qualities affect patient satisfaction. Previous research identifies particular factors patients desire in physicians such as communication skills, trust, and humaneness (Patterson, 2012). In 2002, however, more hospitals have transitioned to what is known as the ob-gyn hospitalist model in order to improve patient safety as well as to reduce physician fatigue (The Obstetric and Gynecologic Hospitalist, 2002). In certain variations of the model, patients will not previously meet the physician who delivers their child. Because previous research indicates that developing a relationship with your physician improves patient satisfaction (Sautz and Lochner, 2005), my research, using both surveys and in-depth interviews, examines how the ob-gyn hospitalist model impacts the patient's and doctor's birthing experience with regards to presence or absence of an ob-gyn with whom the patient has developed a previous relationship. My research also seeks to identify qualities patients desire in the ob-gyn who delivers their child. With this knowledge, the hospitalist model could be enhanced to further improve patient satisfaction while also preventing physician fatigue and maximizing patient safety.

I found that delivering with one's primary ob-gyn is not absolutely necessary for patient satisfaction. In fact, I found that the majority of participants did not even schedule an induction or c-section based on the day that their primary ob-gyn was working in the delivery room. However, I did find that delivering with an ob-gyn who is competent, compassionate, and communicative is crucial for patients to report high levels of satisfaction. My results suggest that

the most desired quality in the ob-gyn who delivers one's child is competence, which participants identified in a variety of ways including reading online reviews or receiving recommendations from friends or family. The second most desired quality is humaneness which includes qualities such as warmth, attentiveness, and compassion. Thirdly, participants indicated that they wanted an ob-gyn who communicated effectively through listening to their concerns and explaining procedures and treatment plans.

Based on my findings, it appears that the hospitalist model is an effective model for keeping patients satisfied while also reducing physician fatigue and maximizing patient safety. My findings suggest that a patient's satisfaction does not rest solely on delivering with their primary ob-gyn, but rather developing trust in the ob-gyn's abilities to safely deliver their child. Therefore, it is important that patients become familiar and confident in the abilities of the ob-gyn that could deliver their child, either through face to face interaction or by reading the physician's biography online or in a paper pamphlet available in the delivery room or doctor's office, as Greene (2009) suggested previously. In addition, ensuring that ob-gyn hospitalists provide compassionate and attentive care for their patients is critical for patient satisfaction. It is possible a particularly compassionate and attentive ob-gyn may be more crucial for fearful, first-time mothers or women who do not have a strong support system, such as their significant other, present in the delivery room. Likewise, a particularly attentive ob-gyn may be less important for a second or third-time mother who is more familiar with the birthing process, or women with a strong support system in the delivery room. A future study comparing the role of an ob-gyn for first, second, and third-time mothers would provide insight into this suggestion.

Additionally, my findings suggest it is essential for ob-gyn hospitalists to both listen and respond to patients in a respectful and informative way. Furthermore, vocally motivating women

throughout labor, provided that the patient responds positively to this vocal motivation, is also important for patient satisfaction. Previous research by Batailler et al. (2014) supports this finding. If a physician does not have the time to educate the patient as much as she would like, then perhaps referring the patient to a health education counselor or providing the patient with online or printed resources would be beneficial. Some participants also indicated that they experienced a lack of support and educational materials after birth involving processes such as lactation and how to feel, mentally and physically, as a new mother. Hosting monthly educational sessions or webinars for patients may also be an effective way to ensure patients receive the guidance they need and want. Distributing patient satisfaction surveys may also be an effective way of responding to the patient's need in order to improve quality of care and implementation of the ob-gyn hospitalist model. Lastly, my results suggest that a future study examining cultural competence and patient satisfaction as well as patient satisfaction and homogeneity of qualities such gender, race, and sexuality between patient and physician would provide insight into how these qualities may affect satisfaction.

Overall, studying the experiences of women giving birth will allow medical professionals to maintain and improve satisfaction of women having children as the delivery of care continues to evolve. Giving birth is a scary process that can be mediated by many factors such as receiving top-quality and compassionate care from an ob-gyn. Because the way physicians practice medicine continues to be refined, it is particularly important to identify new ways to help patients manage stress while undergoing medical procedures, particularly emotional, life-altering processes like giving birth. Recognizing, studying, and understanding what patients desire in their ob-gyn will allow physicians to provide the best possible physical and mental care for patients before, during, and after birth. These findings would also be relevant to physicians in

other fields of medicine who provide care for patients going through high-risk, emotionally intensive, or life-changing procedures such as chemotherapy or organ transplantation.

BIBLIOGRAPHY

Batailler, P., François, P., Mô Dang, V., Sellier, E., Vittoz, J., Seigneurin, A., & Labarere, J. (2014). Trends in patient perception of hospital care quality. *International Journal of Health Care Quality Assurance, 27*(5), 414-426.

Benedetti, Fabrizio. The patient's brain: the neuroscience behind the doctor-patient relationship. Oxford Univ. Press, 2011.

Burleson, Debra. (2015). The hospitalist model: Are hospitals informing patients?. *Communication Design Quarterly Review* 3(4), 50-60.

Cabana, M. D., & Jee, S. H. (2004). Does continuity of care improve patient outcomes? *The Journal of Family Practice, 53*(12), 974.

Carta, J. (2018, March 20). How Does Patient Satisfaction Impact Reimbursement? Retrieved from https://www.accessefm.com/blog/how-does-patient-satisfaction-impact-reimbursement

Casey, L. S., Chandler, J., Levine, A. S., Proctor, A., & Strolovitch, D. Z. (2017). Intertemporal differences among MTurk workers: Time-based sample variations and implications for online data collection. SAGE Open, 7(2), 215824401771277. doi:10.1177/2158244017712774

Chang, C., Weng, H., Chang, H., & Hsu, T. (2006). Customer satisfaction in medical service encounters-A comparison between obstetrics and gynecology patients and general medical patients. *Journal of Nursing Research*, 14(1), 9-23.

Chen, P. W. (2010, April 8). Doctors and patients, lost in paperwork. *The New York Times*.

Greene, J. (2009). *Warm and fuzzy hospitalists*. Hospitals & Health Networks, 83(7), 42-3, 1.

Higgins, Jim. (2018). Becoming the ideal doctor: What do your patients really want? *Journal of Medical Economics*. http://medicaleconomics.modernmedicine.com/medical-economics/news/becoming-ideal-doctor-what-do-your-patients-really-want

Hospital CAHPS1. (2015, May 15). Retrieved March 07, 2018, from https://www.cms.gov/

Iarovici, Doris. (2018, March 1). The challenge of doctor-patient relations in the internet age. *The New York Times*.

Jalil, A., Zakar, R., Muhammad, Z. Z., & Fischer, F. (2017). Patient satisfaction with doctor-patient interactions: A mixed methods study among diabetes mellitus patients in pakistan. *BMC Health Services Research, 17*doi:http://dx.doi.org.ezaccess.libraries.psu.edu/10.1186/s12913-017-2094-6

Kisuule, F. & Howell, E. (2015). Hospitalists and their impact on quality, patient safety, and satisfaction. *Obstetrics and Gynecology Clinics of North America*, 42(3), 433–446.

Kraft-Todd, G. (2017, July 13). *Does empathy and warmth make a physician seem more competent?* Scientific American, 317 (1), n.p.

Leavitt, J. W. (2009). *Make room for daddy: the journey from waiting room to birthing room.* Chapel Hill: The University of North Carolina Press.

Levinson, W., & Pizzo, P. (2011). Patient-Physician Communication. It's about time. *Journal of the American Medical Association,* 305, 1802-03.

Naidu, A. (2009). Factors affecting patient satisfaction and healthcare quality. *International Journal of Health Care Quality Assurance, 22*(4), 366-81. doi:http://dx.doi.org.ezaccess.libraries.psu.edu/10.1108/09526860910964834

Ofri, D. (2017, November 14). The Patients vs. Paperwork Problem for Doctors. *The New York Times*.

Oxentenko AS, West CP, Popkave C, Weinberger SE, Kolars JC. Time Spent on Clinical Documentation. A Survey of Internal Medicine Residents and Program Directors. *Arch Intern Med.* 2010;170(4):377–380.

Paterson, R. (2012). *The Good Doctor: What Patients Want*. Auckland: Auckland University Press.

Russell, R. S., Johnson, D. M., & White, S. W. (2015). Patient perceptions of quality: Analyzing patient satisfaction surveys. *International Journal of Operations & Production Management*, 35(8), 1158-1181.

Saultz, J. W., & Lochner, J. (2005). Interpersonal continuity of care and care outcomes: A Critical Review. *Annals of Family Medicine*, 3(2), 159–166. http://doi.org/10.1370/afm.285

The Obstetric and Gynecologic Hospitalist. (2017). Retrieved March 06, 2018, from https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Patient-Safety-and-Quality-Improvement/The-Obstetric-and-Gynecologic-Hospitalist

Yeh, J. and Nagel, E.E. (2010), "Patient satisfaction in obstetrics and gynecology: individualized patient-centered communication", *Clinical Medicine Insights: Women's Health,* 3, pp. 23-32.

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