Reviewer's report

Title: Four minutes for a patient, twenty seconds for a relative - an observational study at an university hospital

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Reviewer: L C Zandbelt

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This paper reports the results of a study on how much time physicians at hospital wards spend on different work areas and how much time is left for communication with patients and their relatives. The authors conclude that workload and time pressure for physicians on hospital wards is high. Of the average physicians' workday of nearly 11 hours, a mean total of 1 hour and 15 minutes was spent on communication with patients and their relatives.

General comments

This paper's findings, on physicians' (i.e. interns') workload and the limited time spent on communication with patients and their relatives, are interesting and original. Few studies in this regard have been published. The limitations of the study are clearly stated.

Major Compulsory Revisions

1. The paper reports on several results for which no research-question or -aim was defined in the Background section. For example, predictors of communication time with patients and relatives were explored, the external time measurements were compared with physicians' self assessment, physicians' satisfaction with the time for communication with patients and with relatives was assessed in relation to physicians' gender and duration of professional life. These research-aims and their background and rationale need to be defined and explained in the Background section.

2. In the Background section, the authors could provide some more information on why they started this study. For example, I would expect a statement about (the lack of) earlier studies in this field.

3. In the first paragraph of the Discussion section, the authors refer to Figure 2 for the results of a literature search about 'studies on patient-physician communication'. This is an interesting figure, but I doubt whether it should be included in this paper:

   - It is not clear how Figure 2 relates to the current paper. As the authors also argue themselves (first paragraph of the Discussion section), comparison of routine doctor-patient encounters with communication on hospital wards may be of limited value.

   - Since there is no introduction of this literature search in the Background- or
Methods section, it is not clear what criteria were used to select the presented studies. Furthermore, the literature references in Figure 2 do not correspond with the literature references in the paper.

- Figure 2 includes only 4 hospital studies. It is not clear whether these hospital studies all refer to outpatient consultations or consultations on hospital wards. Also, the outlier of 20.5 min communication time (hospital study) raises questions.

Minor Essential revisions

1. In the Methods-section, the authors could provide more information about the measurement instruments used.

   - How was the observation-scheme, containing 15 categories, developed? Was this done during the pilot, and/or was the scheme based on literature? Did the authors consider to assess the inter-rater reliability of the instrument?

   - Physician satisfaction with their work and their contentment with time for communication with patients and relatives: did the authors use an existing questionnaire, or did they use single items. What was the response-scale?

2. Discussion: As I understood correctly, the interns estimated the time they spend on different fields of work each day, and not specifically for the day that had been assessed by the observer. Could this have influenced the difference between observational and self-assessment results?

3. The reported number of participating wards needs some attention as it varies throughout the paper, from 36 wards (abstract and Methods) to 34 wards (Results and Table 3). Likewise, the number of participating doctors varies: 34 doctors (abstract and methods), 32 doctors (Results) and 31 doctors (Table 2). Maybe these differences are due to the fact that two doctors have been measured twice while working on different wards, but the report of different numbers is a bit confusing and requires some explanation.

4. In the Discussion-section, the authors mention two earlier studies that also reported about communication time with patients on wards, which in both studies was even less than in the current paper. The authors argue that the times measured in these studies only accounted for conversations on ward rounds. It would therefore be interesting (and would contribute to the literature) if the authors could provide data about the communication time outside the ward rounds as compared to the communication time during ward rounds.

5. Table 1

   - Some areas of work need some more explanation / description. For example, what is meant by 'Consultations (nr 10)' and 'Meetings (nr 11).

   - Could ‘Practical work/giving treatment’ include patient contact? If so, was the observer instructed to ‘change codes’ when patient and intern started a conversation during the treatment?

6. Table 2

   Time of professional life (months): could the authors provide an indication of the
spread of the data (e.g. Standard Deviation) here?

7. Table 4

Time (measurement and self-assessment): idem: could the authors provide an indication of the spread of the data (e.g. Standard Deviation)?

Discretionary revisions

1. Background section: The statement “Quality time between physician and patient is an increasingly valuable source” needs some more reflection. What do the authors mean with ‘quality time’ (e.g. ‘personal communication’)?

2. Data analysis: the authors searched for possible predictive factors for communication time by univariate t-tests. This implies that communication time was dichotomized. How was this done, i.e. what was defined as ‘short communication time’? Was there a reason to not use correlations for these analyses?

3. For ease of reading, it may be useful to report results in hours and minutes (and seconds).

Although not published in high impact journals, the authors may relate to recent papers in this field, e.g.
- Westbrook et al (MJA 2008; 188:506-509)
- Ammenwerth and Spötl (Methods Inf Med 2009;48: 84-91)

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests