



## REVIEW OF DIPLOMA THESIS

**Review type:** Opponent's Review

**Author of the diploma thesis:** Salome Vadachkoria

**Title:** Patient Perspective on Physician Patient Relationship in Primary Care Comparative Analyses Netherlands and Georgia

**Author of the review:** Mirna Jusić, M.A., Ph.D.

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*Evaluate the diploma thesis based on the following considerations (not necessarily in this order):*

1) *Factual benefits of work and its added value;*

In her thesis, the author aims to explore the physician-patient relationship model in the primary care sector in Georgia and to compare it to the model in the Netherlands. Through the lens of a patient-oriented perspective and an analysis of contextual factors, she seeks to identify, compare and analyze different aspects of the primary care system. As a contribution, the study intends to identify “system and process gaps and explore potential future improvements and research opportunities in Georgia” concerning the development of the physician-patient relationship development in primary care (p. 8). The author's contribution lies in the data she has gathered and interpreted on the physician-patient relationship in Georgia. The author explains that limited studies in Georgia on this relationship in primary care exist, and that more research on the topic is needed.

2) *Setting and answering research questions;*

The main aim of the thesis is to explore and compare the physician-patient relationship in primary care in two selected countries. To that end, the main research question of the thesis is: “What is the level of physician patient relationship in primary health sector from patient perspective in Georgia in comparison with Netherlands?”

The thesis features the following sub-questions:

“-What is the level of development of four main patient centeredness components trust, knowledge, Respect and Loyalty? What is the difference in these four components between two countries?”

“-What are the contextual factors in Georgia that affect physician patient relationship in primary care?”

While the author answers her research questions, this is not always done in a convincing way (see comments below under 4. and 5.).



3) *Structure of work;*

The structure of the work is appropriate. The thesis starts with the background section on the concept of primary care, followed by an overview of the health systems of two countries. The background section is followed by the theoretical framework, an overview of contextual factors, and a methodology section. The results section presents the findings, followed by a discussion and a conclusion, and includes recommendations for Georgia. One note: The research questions should have already been included in the introduction, rather than only in the methodology section.

4) *The factual accuracy and convincing of the argumentation;*

The argumentation in the work generally flows well and is supported by evidence. However, it is not fully clear how the author has operationalized some of the concepts (such as trust, knowledge, respect and loyalty, which are part of her research question) in her survey, done in Georgia, which impacts the persuasiveness of the argumentation in the findings section. The interpretation of the survey data from Georgia is generally sound, but at times, the author seems to make claims that may not necessarily be drawn based on the evidence provided (i.e. more evidence may be needed).

The presentation of survey results from Netherlands differs than the one from Georgia, as they are discussed in very general terms. The data from the surveys from the two countries are not compared in direct and systematic way. It is also unclear how comparable the data are, which is important, as one of the conclusions of the thesis in the discussion section is that trust, respect, and loyalty of patients may be compromised in Georgia, in contrast to the Netherlands, which has a better system of governance, infrastructure and primary care (p. 55).

Moreover, the author seems to discuss the results from survey(s) from the Netherlands together with contextual factors (referring to different studies), focusing more strongly on the latter, and explaining how the primary care system is set up. This is different from how the part on Georgia in the results section is structured. Nevertheless, the author does introduce a comparative section on contextual factors as well, although the dimensions compared in the two countries are not always the same.

Some stronger statements, such as that “the primary care in Netherlands is the best and ideal model of primary care among European Union countries” (p.14), merit further evidence. Some statements also require greater precision, such as that 90% of care in the Netherlands is provided with minimal budget cost of 4% (p. 15), as it is not clear what the latter percentage pertains to.

Moreover, concerning the recommendations (in the conclusion chapter), it is not always clear based on what information these have been formulated (e.g. related to healthcare financing reform, as systems of healthcare financing are not directly discussed in the thesis).

5) *Sophistication and application of theoretical approaches;*



The author first describes four different models of a physician-patient relationship, as elaborated by Ezekiel and Emanuel (p.31) and their differences; she furthermore describes important factors affecting the physician-patient relationship and presents different studies that have identified such factors. From the theoretical section, it is not immediately clear how the author attempts to use these concepts, although it is mentioned that factors are the center of the research of the thesis (p. 32). Nevertheless, the author does mention in the methodology section that, “speaking about the level of the physician patient relationship, it is operationalised in four main factors as described in the section above. Those are Trust, Knowledge, Respect and Loyalty.” (p. 38)

It would have been interesting to see the application of some theoretical concepts from the public policy literature to further understand the systems and policies in the two countries studied.

6) *Methodological approach and application of particular methods and approaches;*

The methodological section includes the research questions, research design and methodology of the thesis, and elaborates on how the data collection was performed and the data analyzed (thematic analysis).

The study is a comparative design, relying on qualitative research. The author has used a questionnaire to collect data from patients, which is also included in the annex of the thesis, with 50 participants (snowball sample) from two cities in Georgia. However, it is not fully clear when the research in the Netherlands was performed, and by whom, as well as to what extent the two questionnaires potentially differed, i.e. it is unclear how comparable they are. The author mentions that “the patient-Doctor Relationship Questionnaire (PDRQ-9) that was validated in Netherlands was used as a guide and template to create the questionnaire for this study” and that it was used in Netherlands “in two different settings for primary care and Epilepsy clinic” (p. 40).

By comparing it to Netherlands, the author states that the study will allow for the primary care model in Georgia to be seen from an analytical perspective, and “it will be possible to see how far the existing model is from patient centred, modern approach and what are the gaps in policy to help improve the process.” (p. 39) Since the thesis does not aim to explain the differences between the countries in a causal way, comparing vastly different countries in terms of their primary care systems to point out the differences in how health systems are organized can be of relevance, especially if this can allow for an identification of gaps in policies in Georgia. While I agree with the author that “it is interesting to look into more detail” into such differences (p. 37), there may still be limitations in terms of recognizing the nuances in how primary care is provided between such vastly different systems.

The inclusion of limitations (at the end of the discussion section) is appreciated, which also relates to differences in the data between the two countries and potential comparability issues (pp. 59-60).

7) *Use of literature and data;*



The author relies on an extensive number of relevant scientific sources. Turnitin shows a 16% similarity score. However, the text shows similarity with all sources to the extent of less than or equal to 1%, and numerous quotations are included. In a few instances, for some claims that the author makes (e.g. on pivotal factors that have influenced the emergence of the patient-centered approach, p. 21), references to sources to support them are missing.

8) *Stylistic and text editing (quote, text layout, etc.).*

The thesis is a well-written academic text, with some grammatical and stylistic issues (e.g. sentence fragments, very long paragraphs, repetition). The work would have benefited from English-language editing. The layout is clear. There is some repetition between the sections “What is a Patient Centred Care” and “Physician Patient Relationship and Patient Satisfaction.” The text in these two sections could have been better organized to allow for an easier reading.

9) *Question for defense (not obligatory)*

I do not have specific questions. The author can choose to respond to some of my comments above.

**For the above reasons, I recommend the diploma thesis for the defense.**

**My grading is "C".**

Date: 1/9/2024

Signature: