CHAPTER 16  

Reciprocity in the Medical Encounter  

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HISTORICAL PERSPECTIVE

Respect for the therapeutic power of the physician–patient relationship was well noted in antiquity and has been recognized in modern times. However, it is only since the mid-1960s that the actual dynamics of the therapeutic dialogue have been observed in any systematic manner. The evolution of methodological and technological sophistication has made observation and analysis easier over the years, and indeed, the number of empirical studies of physician–patient communication doubled between 1982 and 1987 to over 60 (Roter, Hall, & Katz, 1987a).

Several reviews of this body of work have been undertaken (Wasserman & Inui, 1983; Inui & Carter, 1985; Pendleton, 1983; Tuckett & Williams, 1984) but a resulting synthesis has been lacking; this is a difficult body of work to review. The predominantly exploratory nature of this research, which is almost entirely of the kind in which everything tends to be correlated with everything else (Hall, Roter, & Katz, 1988), contributes to an overwhelming number of results with which to contend. The results appear so confusing that Inui and Carter (1985), in reviewing this literature, characterized the findings as producing a “Rorschach test” for readers in which overall interpretations are as apt to reveal something about the reader as about the results themselves.

Nevertheless, a brief review of the three most often applied systems will be presented in an attempt to highlight methods of investigation and patterns of results which have provided a consistent thread through the literature. Further, several general conclusions will be drawn from the broad literature, based on quantitative summary of research findings, to illustrate that the collective body of research has greater order and consistency than prior reviews would suggest. Moreover, this review will demonstrate not only that unifying themes in the literature exist, but that these themes support a theory of interpersonal exchange within the medical encounter based on the concept of reciprocity.

INTERACTION PROCESS METHODS

Concerned with group dynamics, Bales (1950) developed an analysis scheme for assessing patterns of interaction, communication, and the decision-making processes of small
groups. Since its original conceptualization, Bales’s scheme has been more widely applied and modified than any other single approach to increase understanding of the dynamics of the medical encounter. Bales’s approach focuses on ways in which the process and structure of communication among persons in a group reflects how they differentially participate in problem-solving. The theoretical rationale of Bales’s method conceives of problem-solving in two domains: the task area and the socioemotional area. Interaction is described in terms of 12 mutually exclusive categories; 6 are conceived as affectively neutral and ascribed to the task dimension (i.e., gives suggestion or asks for orientation) and 6 are equally divided into positive and negative affective categories and ascribed to the social–emotional dimension (i.e., agrees or disagrees; shows tension release or shows tension).

Analysis using Bales’s method is based on literal transcripts of the verbal events of the encounter which are operationally defined as the smallest discriminable speech segment to which the rater can assign classification. A unit may be as short as a single word or as long as a lengthy sentence; compound sentences are usually divided at the conjunction and sentence clauses are scored as separate units when they convey a single item of thought or behavior.

**APPLICATION OF BALE’s SYSTEM TO MEDICAL ENCOUNTERS**

In the first study to apply Bales’s system to medical interactions, Davis (1968, 1971) audiotaped the concluding segment of 154 physician–patient visits at their first encounter, and subsequently recorded the entire follow-up visit for 80 of these pairs. Based on Bales’s analysis of the audiotape transcripts, Davis manipulated the basic 12 category scores to derive indexes of communication difficulty and used factor analysis to reveal underlying dimensions of communication. These variables were then correlated with compliance with taking medication.

First visits, probably because they were recorded only in part, were unrelated to compliance. However, for revisits, Davis found that patients’ compliance with taking medication was greatest when patients and physicians engaged in joking and laughter and when patients sought and received physicians’ suggestions. Noncompliance was more likely when patients and physicians expressed disagreement.

Furthermore, visits characterized by physicians seeking information from patients without giving them any feedback were more likely to promote noncompliant behavior than any of the other communication patterns identified. Davis termed this type of exchange “nonreciprocal informativeness” and concluded that the imbalance in information exchange during the medical encounter was probably viewed by patients as a physician failure to meet expectations regarding normal interactive exchange. This failure, Davis suggested, inspired a retaliation through patient failure to adhere to therapeutic recommendations.

In a second study using a slight modification of Bales’s original approach, Freemon, Negrete, Davis, and Korsch (1971) analyzed transcripts of 285 audiotapes of pediatric, walk-in visits. Patterns of communication in which physicians were friendly and approving, informative, and not excessively questioning were positively associated with patient satisfaction and therapeutic compliance. Again, a finding consistent with Davis’s nonreciprocal informativeness was found. Physicians who did not allow their question asking to dominate the visit, and who provided information to their patients, inspired the best results in terms of patient satisfaction and compliance with taking medication.

**ROTHER’S INTERACTION ANALYSIS SYSTEM**

Roter (1977) substantially modified Bales’s approach to study interaction dynamics in routine medical encounters in three primary ways. First, identification and classification