DEPICATIONS OF PATIENT-PHYSICIAN INTERACTION IN MODERN PRIMETIME TV DRAMA AND SITUATIONAL COMEDY: A CONTENT ANALYSIS

An Undergraduate Research Thesis

by

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ABSTRACT

Depications of Patient-Physician Interaction in Modern Primetime TV Drama and Situational

Comedy: a Content Analysis. (May 2013)

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Popular culture portrayals of physicians have evolved in important ways since the early 1950s.

During this time predominant medical best practices have shifted from task oriented approaches

to patient oriented approaches. Studies have also discovered significant influence of popular

media, notably Television (TV) and new age media, in influencing patient interactions through

their role in entertainment education, and by creating expectations for reality consistent with the

framing, cultivation and social cognitive theories. Recent research has thoroughly characterized

these effects and primarily focused on content analysis, conversation analysis and part process

communication method to help gain insight into successful manners of patient-physician

communication and how media affects expectations and perceptions of received medical care.

These studies have almost exclusively focused on long running dramas, specifically, *Gray's

Anatomy*, and *ER.* This paper seeks to replicate Yinjiao Ye's content analysis of *Gray's Anatomy*

and *ER* in two unexplored areas: a popular situational comedy *Scrubs,* and the modern drama

House. These results will be evaluated to determine if medical comedies, which ran during the

same time period as the previously studied dramas showed similar content, and if a newer long

running comparable drama depicts similar content three years after Ye's study. This will be

accomplished by viewing selected episodes and discussing similarities or differences between

these shows and Ye's existing data.

ACKNOWLEDGEMENTS

CHAPTER I

INTRODUCTION

Research has shown that patients are able to accurately and consistently evaluate the quality of care they receive, (Campbell et al, 178-179) and this combined with new patient centered physician best practices has lead to an increase in the emphasis of quality management, usually in the form of surveys. Current research offers a wide array of best practices and survey formats. (Crossley et al, 8-11) This relatively new practice offers important feedback to physicians, administrators and healthcare insurance providers to improve physician-patient interaction. This feedback has been identified as critical in the delivery of quality healthcare as effective communication increases diagnostic accuracy, decreases malpractice lawsuits, evokes greater therapeutic adherence, satisfaction for both doctor and patient, improved usage of healthcare resources and better overall health outcomes. (Steihaug et al, 107-108) The foundational work, Balint's Triangle, describes clinical communication as a place of confusion, and physician-patient communication occurs only through the doctor as a construct. (Rudebeck, 941) This construct results in inherent errors in communication and misunderstandings. This brings us to the logical question that if there is potential for error in all clinical interaction, what is the potential error in these relatively new surveys? Do they measure patient-physician interaction quality exclusively or are there other important external variables involved? If so, what are these major variables and what role do they have in influencing the patient's outside expectations and evaluation of service? Understanding educational entertainment, and how it affects patients learning and expectations is fundamental to developing conclusive research in this area, and content analyses of these media sources creates the quantitative foundation for this understanding.

The portrayal of physicians has changed dramatically over time since it became prominent in the 1960s and 70s where straight laced physicians like Marcus Welby, MD, were shown as perfect examples of healthcare experts and citizenship. (Berger, A21-A23) More modern shows shifted in the 1990s to display more realistic ratios of female physicians and the characters became deeper and imperfect. Now, popular shows depict physicians as libido driven in *Gray's Anatomy,* or rebellious, brilliant, ethically questionable and narcotic addicted in *House MD*. These portrayals are significant as they exist as a part of the category educational entertainment, which has been shown to be correlated with audience information retention. (Hether, 808-823) Studies have shown significant health related information knowledge acquired from as little as one to three viewings. This is combined with the well established mass media theories, the framing theory, social cognitive theory and cultivation theory. The social cognitive theory proposes viewers learn from watching messages and interactions the correct social behavior, and the social learning theory applies to heavy TV viewers. (Ye et al, 557-558) These viewers perception of reality is shaped by the TV shows consistently viewed and the heaviest viewers even believe parts of TV shows as reality. This paper seeks to expand upon the work of Yinjiao Ye in the paper "The Depiction Of Illness And Related Matters In Two Top-Ranked Primetime Network Medical Dramas In The U.S.: A Content Analysis" by 1) updating the previous research by applying the method to the more current and less researched medical drama *House MD*, and 2) extending the same method to the medical comedy *Scrubs,* an underexplored genre of television. This paper is intended to probe the applicability of previous research to current and less understood medical dramas through comparing quantitative results and to explore and stimulate novel research in the area of popular media, medical comedies.

CHAPTER II

METHODS

Data was collected through observational content analysis of four episodes of *Scrubs* Season 7 and four episodes of *House* Season 7. These were selected to create a representative sample of each show, with *Scrubs* episodes selected that aired during 2007 for comparability with Ye's study, which collected data from shows airing from 2006-2008. *House MD* episodes were selected that aired during 2012 for a categorically comparable drama at a more recent time period. Each episode analyzed patient characters for the following patient variables: 1) demographics; 2) type of illness or disease 3) cause of illness or disease; 4) method used to diagnose illness or disease; 5) type of treatment; 6) mention of prevention. (Ye et al, 558-562)

These categories will be defined identically to Ye's study for consistency and comparability. Variables of interest for demographics are gender, race and age. Type of Illness will consist of 14 categories of typical illnesses: cardiovascular diseases, respiratory disorders, gastrointestinal disorders, kidney disorders, neurologic disorders, psychiatric disorders, endocrine disorders, immunologic disorders, musculoskeletal disorders, hematologic disorders, infectious diseases, oncologic disorders, women's health and injury. Cause of illness/disease will be the dominant cause of illness broken down into: biogenetic determinants, lifestyle determinants, socio-structural determinants, environmental determinants, determinants related to medical procedures and other. Type of diagnosis will be defined as the method that the patient receives in order to identify the illness. This is broken down into six categories: physical exam, lab test, radiologic test, endoscopic exam, biopsy or tissue specimen and other. Type of treatment will consist of five categories used to cure the diagnosed illness: technological treatment,

pharmacotherapy/medication both prescription and over the counter, surgery, therapy, and other. Mention of prevention will signify reference to a method of intervention to prevent the onset of future progression of the diagnosed illness. This involves primary and secondary prevention. Primary consists of prevention on a general population, and secondary refers to individuals already presenting risk factors or exhibiting symptoms of a specific disease or illness. Finally, type of prevention will be broken down into three categories and coded as biogenetically oriented – promoting cell and organ function through techniques like immunization medicines and early testing, lifestyle prevention and socially oriented prevention which consists of all of the social, political and environmental conditions all of which impact individual's health. (Ye et al, 558-562)

Each episode will be viewed and classified twice, and in the event of conflicting data, will be viewed a third time to ensure data accuracy. This paper seeks to answer the following two research questions:

RQ#1 Do more recent medical dramas, *House MD,* depict similar content as *Gray's Anatomy* and *ER* in Ye's content analysis?

RQ#2 Does the comedy, *Scrubs,* show similar content as *Gray's Anatomy* and *ER* in Ye's study when viewing episodes from the same time frame?

CHAPTER III

RESULTS

A total of 14 significant characters were presented in 8 episodes, with 7 coming from each Television show, *Scrubs* and *House, MD.* Results about the type of illness portrayed showed the majority of the characters in *House, MD* presented hematologic and oncologic diseases (n=2, 29%) and *Scrubs* showed the majority presented infectious illnesses (n=2, 29%). Both shows presented little evidence of injury, (see tables 1 &2) which was predominant in Ye's study (*Scrubs* n=1, 14%, *House, MD* n=0).

Table 1: Health Condition - *House, MD*	
Hematologic	29%
Oncologic	29%
Infectious	14%
Endocrine	14%
Immunologic	14%
Cardiovascular	0%
Respiratory	0%
Gastrointestinal	0%
Kidney	0%
Neurologic	0%
Psychiatric	0%
Musculoskeletal	0%
Women's Health	0%
Injury	0%

Table 1. Coded results of types of illnesses portrayed in *House, MD.*

Table 2: Health Condition - *Scrubs*	
Infectious	29%
Oncologic	14%
Hematologic	14%
Women's Health	14%
Injury	14%
Cardiovascular	14%
Respiratory	0%
Gastrointestinal	0%
Kidney	0%
Neurologic	0%
Psychiatric	0%
Musculoskeletal	0%
Endocrine	0%
Immunologic	0%

Table 2. Coded results of types of illnesses portrayed in *Scrubs.*

Demographic data collected showed that all patients were Caucasian, 57% were male in each show (n=4), and *House, MD* showed an older crowd with an age range from 16-102, and average age of 48. *Scrubs* showed an average age of 32, with a range from 1-55. Diagnostic methods

showed primary reliance on physical exam, lab tests and biopsy (see Table 3). *Scrubs* portrayed

physical exams (n=3, 38%), lab tests (n=2, 25%) and biopsy (n=2, 25%), *House, MD* portrayed

physical exam (n=3, 38%), lab tests (n=2, 25%) and biopsy (n=1, 14%). Cause showed similar

results between *House, MD* and *Scrubs* as primarily biogenetic and environmental (*Scrubs* n=3,

43%, n=3, 43%; *House* n=4, 50%, n=3, 43% respectively) (see Table 4). Finally, type of

treatment, also, resulted in similar results favoring pharmacotherapy and surgery. Both had very

little evidence of any mention of prevention or health management.

Table 3: Treatment Types					
	Pharmacotherapy	Surgery	Other	Therapy	Technological
Scrubs	43%	29%	29%	0%	0%
House	45%	36%	18%	0%	0%
Table 3. Coded results of treatments utilized by major physician characters.					

Table 4: Cause					
	Biogenetic	Environmental	Medical	Other	Socio-structural
Scrubs	43%	43%	0%	14%	0%
House	50%	38%	13%	0%	0%
Table 4. Coded results of final cause of the major patient characters' illness.					

CHAPTER IV

CONCLUSION

Two different popular Television shows were studied, where each presented seven significant patient characters. Of these specific categories were analyzed and RQ#1 found that there were similar patient demographics in terms of age and ratio of males to female, but Caucasians were exclusively represented. *House, MD* depicted different health related content with hematologic and oncologic disorders predominantly represented in contrast to Ye's study where injury and cardiovascular disease were manly portrayed. Causes of illnesses were shown in *House, MD* to be manly of biogenetic and environmental determinants which varied slightly from Ye's result of primarily biogenetic determinants and then secondarily from personal lifestyle. Overall, RQ#1 concluded that the content displayed different educational education related content, but similar demographics and some similarities in cause of illness.

RQ#2 asked if there were differences between genres of medical education entertainment between the dramas *Gray's Anatomy* and *ER* and the comedy *Scrubs*. Comparative results showed that similar patient demographics in terms of age and ratio of males to female were represented, but Caucasians were exclusively portrayed. In terms of health related content, *Scrubs* showed similarly to *House* predominantly of biogenetic and environmental determinants of illness/disease. Finally, infectious and oncologic diseases were exhibited by patients as the most often portrayed illnesses. The causes were similar to Ye's study in biogenetic roots, but different in personal lifestyle, and the cause of the health condition were very different from the top two results of injury and cardiovascular disease in Ye's study. RQ#2 determined that *Scrubs* showed significantly different medical content, but was relatively similar in demographics of patient characters.

This research implies that different audiences will receive different medical content in terms of illness based upon what time period they watch TV shows and which genre they view. The social cognitive theory holds that people can learn behaviors by observing others performing actions in facilitated contexts (Bandura, 266) and additionally successful health promotion requires knowledge of health risks (Bandura, 144). This means that primetime television plays a significant role in establishing those risks and teaching audiences as a form of educational entertainment. The results of this study shows that viewers of *House* and *Scrubs* are more likely to believe that illnesses stem from biogenetic and environmental determinants and that these can be cured through relatively quick-acting solutions like pharmacology and surgery due to their frequent portrayals in these shows. Additionally, the infrequently mention of prevention as a part of the patient's wellness management will suggest patients are less likely to be aware of the need and benefits of prevention. Overall, the viewers of *House* and *Scrubs* are susceptible to learn that illnesses are able to be cured through relatively quick procedures such as drugs and surgical intervention, but are unlikely to be aware of and therefore unlikely to observe preventative behaviors. This, considered as a whole, is not beneficial for patients both as individuals and a collective whole.

Important considerations when drawing conclusions from this study are: limited sample size, this study evaluated 8 episodes of two different popular TV shows, while Ye coded 127 episodes. Additionally, variation from *Scrubs* could be the result of differences in air time. *Scrubs* runs on average 21 minutes of content, while *Gray's Anatomy* and *ER* air for 42 minutes. Finally, differences in settings could account for variation between *House, MD* and Ye's programs due to the setting of each show. *ER* and *Gray's Anatomy* portray physicians in the emergency room as a clinical setting, but *House, MD* shows the physicians in a specialized and unrealistic diagnostic

unit. It is important to understand that the results obtained in this research are subject to statistical variation due to the small sample size and all conclusions reached should be viewed as qualified conclusions until more complete and statistically valid results are obtained through more trials.

FUTURE WORK

Future work will seek to correct the sources of error discussed in Chapter IV: Conclusion. Future work will seek to evaluate more episodes to decrease statistical anomalies for reliable and conclusive conclusions. This study should be used with a content analysis of actual interpersonal physician-patient interaction in emergency room setting to evaluate if the frequency of interactions depicted on popular TV shows is consistent with real world interactions. Contingent upon those results, conclusions can be obtained using mass media and communication theories how education entertainment effects patient's expectations and interaction with their physician.

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