An Evaluation of the Challenges of Doctor- Patient Communication

¹Fatima Baba Kura Imam, ²Adda Gana Bukar, ³Aishatu Musa

¹Ramat Polytechnic, Maiduguri, Department Of Social Services, P.M.B.1070, Borno State, Nigeria ²Ramat Polytechnic, Maiduguri, Department Of Industrial And Labour Relations, P.M.B.1070, Borno State, Nigeria

³Ramat Polytechnic, Maiduguri, Department Of Social Services, P.M.B.1070, Borno State, Nigeria

ABSTRACT: Effective doctor-patient communication is a central clinical function and the resultant communication is the heart of medicine and a central component in the delivery of healthcare. The goal of current doctor patient communication are creating a good interpersonal relationship, facilitating exchange of information, and including patients in decision making effective doctor patient communication is determined by the doctor "bedside manner" which patient's judge as a major indicates of their doctor's general competence. There are reported observations of doctors avoiding discussion of the emotional and social impact of patient's problems because it distressed them when they could not handle these issues or they did not have the time to do so adequately. Doctors are not born with excellent communication, learn and practice these skills and be capable of modifying their communication style if there is sufficient monitoring and training. It is against this background that this paper attempts to evaluate some of the challenges of doctor-patient communication.

I. Introduction

Effective doctor patient communication is central clinical function in building a therapeutic doctors patient relationship, which is the heat and art of medicine. This is important in the delivery of high quality health care, patient dissatisfaction and complaints are due to breakdown in the doctor patient relationship, however, many doctors tend to over. Estimate their ability in communication.

A doctor communication and interpersonal skills encompass the ability together information in order to facilitate accurate diagnosis give therapeutic instructions and establish caring relationship with patient. These are the core climate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care Brinknan and Henrdon (2002).

Basic communication skill in isolation are insufficient to create and sustain a successful therapeutic doctor patient relationship which consists of shared perceptions and feelings regarding the nature of the problem, goal of treatment, and psycho-social support, interpersonal skill, appropriate communication, integrates with patient and doctor-centered approaches, (Bredart A. et al 2005).

The main objective of any doctor patient communication is to improve the health and medical care of the patient, the better their relationship, the better they build mutual respect, trust, knowledge and good information about the patient's disease.

Benefits of effective communication

Effective doctor-patient communication is a central clinical function and the resultant communication is the heart of medicine and a central component in the delivery of healthcare. The goal of current doctor patient communication are creating a good interpersonal relationship, facilitating exchange of information, and including patients in decision making effective doctor patient communication is determined by the doctor "bedside manner" which patient's judge as a major indicates of their doctor's general competence, Brinkman et al.

Good doctor – patient communication has the potential to help regulate patient's emotions, facilitate comprehension of medical information and allow for better identification of patient. Patients reporting good communication with their doctors are more likely to be with their care, and especially to share pertinent information form accurate diagnosis of their problems, follow advise and adhere to the prescribed treatment Brinkman et al. patient agreements with the doctors about the nature of the treatment and need for follow up is strongly associated with their recovery.

A more patient centered encounter result in better patient as well as doctor satisfaction. Brinkman and Hall J.A. et al (1981). Satisfied patients are less likely to lodge formal complaints or initiate malpractice complaints Hall and Roter et al (1981).

Satisfied patients are advantageous for doctors in terms of greater job satisfaction, less work-related stress, and reduced burnout.

The problems

There are many barriers to good communication in the doctor patient relationship, including anxiety and tear, doctor's burden of work, fear of litigation, fear of physical or verbal abuse and unrealistic patient expectations.

Deterioration of Doctors communication skills

It has been observed that communication skills tend to define as medical student's progress through their medical education, and over time doctors training tend to lose their focus on holistic patient care Dimattew (1998).

Furthermore, the emotional and physical brutality of medical training, particularly during internship and residency, suppresses empathy, substitute's techniques and procedures for talk, and may even result in derision of patients. Nondisclosure of information Dimatso (1998).

The doctor patient interaction is a complex process and serious miscommunication is a potential pitfall, especially in terms of patients understanding of their prognosis, purpose of care, expectators and involvement in treatment, Dimatteo (1998). These important factors may affect the choices patients make regarding their treatment and of life care which can have a significant influence on the disease Baile et al (2005) good communication skill practiced by doctors allowed patients to perceive themselves as a fill participant during discussion relating to their health Stewart et al (2002).

Doctors Avoidance Behaviour

There are reported observations of doctors avoiding discussion of the emotional and social impact of patient's problems because it distressed them when they could not handle these issues or they did not have the time to do so adequately. This situation negatively affected doctors emotionally and tended to increase patients distress Chio et al (2008). This avoidance behavior may result in patients being unwilling to disclose problems which could delay and adversely impact their recovery Maguire &Pitceathly (2002) patients may decide to group the doctor wrong information and these may lead to wrong medication which could eventually delay their recovery.

Discouragement of Collaboration

Physicians have been found to discourage patients from voicing their concerns and expectations as well as requests for more information.

The negative influence of the doctor's behavior and the resultant nature of the doctors-patient communication deferred patients from asserting their need for information and explanations Dimateo (1998). Patient can feel disempowered and may be unable to achieve their health goalDimateo(1998).

Discouraging patient from giving sufficient explanation about his/her health result in poor understanding between doctor and the patient these may lead to therapeutic failure.

Resistance of parturient

Today, patients have recognized that they are not passive recipients and are able to resist the power and expert authority that society grand's doctors Lee and Gamin (2003) they can implicitly and explicitly resist the monologue of information transfer from doctors by actively reconstructing expire information to assert their own knowledge of their own bodies and experiences, as well as the social relationships and contexts will ensure that this information is received, and most importantly, acted on Lee and Ganan (2003).

Strategies for improvement

Communications skills involve both style and context Chio andMontuschi (2003) attitude listening skills empathy, and use of opened-ended questions are some examples of skillful communication. Improved doctorpatient communication tends to increase patient involvement and adherence to recommended therapy, influence patient communicationsatisfaction, adherence and health care utilization and improve quality of care and health outcomes, Arera (2003), G.B. (2007).

Breaking bad news to patients is a complex and challenging communication task in the practice of medicine, Baile et al relationship building is especially important in breaking had news Acra (2003).

Baileet al (2005) reported that patents often regard their doctors as one of their most important sources of psychological support. Empathy is one of the most. Powerful ways of providing this support to reduce patient's feelings of isolation and vacillating their feelings or thoughts as normal and to be expected.

The most important thing in building good relationship with patient is understanding patient's perception, sharing information, miss communicationdecreases patients satisfaction with medical care, hopefulness and these may hinder treatment and build bad relationship between the doctor and the patient.

II. Communication training

Doctors are not born with excellent communication skills, as they have different talents, instead they can understand the theory of good doctor patient communication, learn and practice these skills and be capable of modifying their communication style if there is sufficient monitoring and training Lee (2002) and Duffy (2007) communication skill training has been found to improve doctor-patient communication Haram S.C. and Bensing et al (2007). It is important to have skill training, because you skill, you may get more information from the patient because you skill encourages the patient to feed you back. Using different skill also build a good relationship because the doctor deals with different behavior.

III. Health beliefs

Beliefs and values affect the doctor patient relationship and health care through competing therapies, fear of the health care system, or distinct of prescribed therapy. Diette et al (2007) states that perception gap may negatively affect treatment decisions and therefore may influence patients outcome despite appropriate therapyalthough doctors use a biomedical model to understand illness, patient beliefs and values are influenced by social and behavioral factors as wellas biology or anatomy (Plalt andKealing ,2007). It is important to identify and address perceived barriers and benefits of treatment to improve patient adherence to medical plans by ensuring the benefits ad importance of treatment are understood. Plalt andKealing (2007).

IV. Conclusion

Doctor patient communication is a major component of the process of health care. According to Suarez (2004) doctors are in a unique position of respect and power as such, doctors may influence patient –health, effective doctor patient communication can be a source of motivation, incentive, reassurance, and support. Good doctor patient relationship can increase job satisfaction and reinforce patient'sself-confidence, motivation and positive view of their health outcomes (Kanplan et al 1989). Most complaints about doctors are related to issues of communication, not clinical competence, (Tongue et al,2005), patients want doctors, who can skillfully diagnose and treat their sickness as well as communicate with them effectively (Dimatteo,1998), thus doctors with better communication and provide better support to their patients. This may tread to higher quality outcome and better satisfaction lower cost of care, greater patient understanding of health issues, and better adherence to the treatment process. There is currently a greater expectation of collaborative decision making with physicians and patients participating as partners to achieve the agreed goals and the attainment of quality of life (Dimmatteo, 1998).

References

- [1] Acrara N. Interacting with carrier patient the significant of physicians communication behaviorsoc. Sci. med. 2003, 57(5): 791-809.
- [2] Breadart A, Bouleuc et al. Doctor patient communication and satisfaction with care in Oniology, Curropin, 2006:17(14): 351-354
- [3] Baile, W.F Buckman R. et al: A six step patients with cancer. Oncologist. 2005:5 (544): 302-311
- [4] Bensing, J.M.Sluys E.M. Evaluation an interview training course for general practioners, soc. Sci. med. 1985: 20 (7) 737-744.
- [5] Chio, A. Montuschi et al: *Patients and caregivers communication preference and information, seeking behavior*, Eur, J. neurol 2008: 15 (1) 55-60 spub 2007, Nov. 14 doi 10 111/j.1468-1331 2008, 02 143..
- [6] Duffy F.D, et al: Assessing competence in communication and interpersonal skills. The Kalamazow II reports.acad-med.2004; 79 (6): 495-507
- [7] Dimatteo M.R. *The role for the physician in the emerging health care environment*. West J. med 1998. 168 (5): 328-333.
- [8] Diette G.B, Rand C, *The contributing role of health care communication to health dispersers for minority, patients with asthma, chest.* 2007: 132(5) supple. 8025-8095.
- [9] Hall. J.A. Roter D.L. R and C.S. Communication of affect between patient and physician health science behavior. 1981. 22 (1) 18-30.
- [10] Hall, J.A. Roter et al, *Meta-analysis of correlates provider behavior in medical encounter*, med crae. 1988: 26 (7): 657-678.
- [11] KanplanS.H, *Green filed et al Assessing the effect of physician patient interactions on the outcomes chronic disease* med. Care 1989: 27 (3) suppl s110-5127.
- [12] Lee, R.G Garin T. Many from information transfer to information exchange in health and health care. Soc sci. med. 2003, 56(3). 449-464.
- [13] Lee S.J, Back, A.L et al: *Enhancing physician patient communication, Hematology*, Am, sochematol educ. Program. 2007; 1:4 64-483.
- [14] Maguire, P. Pitceathly C. Key communication skills and how to acquire them. B.M.J 2002: 325 (7366), 697-700.
- [15] Platt, F.W.Kealling, K.N. *Differences in physician and perceptions of un-complication let symptom severity, understanding the communication gap*, Int J. Clinrprac. 2007, 61 (2),, 203-308.
- [16] Slewart M, Brown J.B et al: *The impact of patient –centered care on outcome*, ejj farm pract. 2000, 49 (9): 796-804.
- [17] Suarez- AlmazorM.E patient *–physician communication*. Curr. OpinRheumated, 2004; 16 (2) 91-95.