

Doctor-Patient Communication and Interaction Patterns in Healthcare Settings

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Abstract

Healthcare settings are necessary to facilitate sustained growth and development. This occurs based on meeting man's health needs. The tendency to which man can satisfy her health needs is dependent on effective communication between the healthcare professional otherwise called the doctor who interacts with the clients for the purpose of not just monetary incentives but also for the purpose of restoring the client from the state of maladjustment to a state of adjustment. The communication process between the doctor and the patient must take a dynamic position if the idea of healthcare is to be regarded as qualitative and effectual. The communication patterns between the doctor and patient must be devoid of prejudice whereby only the wealthy patient gets the best of healthcare compared to those who are not wealthy. The objectives of this study are to examine the principles of doctor-patient communication, to examine the practices of doctor-patient communication, to examine the skills employed by doctors to interact with their patients and to also examine the challenges or limitations of the communication patterns between doctors and their patients within the African context. The methodology to be employed for this study would be secondary data obtained from past literature. The data would be obtained from the works of scholars who have given accounts about doctor-patients communication patterns. This data would be reflected in the light of theoretical foundations explicating the entire study. Conclusions and recommendations would be made, and this would serve as the framework for policy making for effective communication.

Keywords: Doctor-patient, Communication, Interaction, Patterns, Healthcare, Settings.

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Introduction

The ideal nature of an effective therapeutic process is usually formalized by the relationship between the doctor and patient in a hospital. This relationship comes with required educational skills needed to establish the understanding between the doctor and patient relationship on the grounds of active involvement. Effective doctor patient communication patterns have the capacity to control patient's feelings and understanding of medical information required to form the basis for identifying several challenges on the part of the patients especially if such medical challenges pose serious threats to the patient. Doctor patient communication patterns are valid in the enhancement of medical therapy. Poor communication patterns happen to be one of the major causes of occupational mistakes in the field of medicine as more than 50% of failed recoveries on the part of patients are attributed to communication breakdown. Some of the causes of communication breakdown are caused by either stress or personality factors. Hospitals where patients are being scolded or yelled at by doctors would result in unfruitful occupational results and such patients could eventually die due to poor communication from the doctor.

Considering these positions, doctor patient communication patterns need to be improved upon. The study would take into cognizance of principles of doctor-patient communication, to examine the practices of doctor-patient communication, to examine the skills employed by doctors to interact with their patients and to also examine the challenges or limitations of the communication patterns between doctors and their patients within the African context. It is against this background that the study seeks to investigate the Doctor-Patient Communication and Interaction Patterns in Healthcare Settings

Literature Review

Doctor patient communication patterns would be discussed in the light of literature. A Doctor is a trained health professional who treats ailments. A patient on the other hand, is described as one who is sick and needs medical attention. The focal point of doctor patient communication and interaction patterns is the healthcare institution. This interaction pattern must be done based on principles. Turabian, (2019) explained the sociological perspectives of these principles stating that health institutions within society define doctor patient communication patterns in terms of the things to be done and the things which doctors are not to do. The principles range from medicalizing social interactions between doctors and their patients to socially describing the medical practices as well as taking charge of social impediments which happen to be the hallmark of the interaction. Social conditions affect the ways in which doctors and patients behave, especially in the aspect of seeking positive health outcomes to these disease conditions. When institutional policies are formalized within the healthcare setting, the doctor's interaction with the patient would be meant to shape the patient's mentality towards avoiding illness and focusing on the positive health patterns in the society. In a nutshell, the development of health institutions expatriates the value and ethical standards describing how doctors relate with their patients.

Namazi et al (2016) opined that the doctor patient interaction in the healthcare settings is based on three dimensions which is based on Philosophy, Psychology and Sociology respectively and all these dimensions are collapsed within the concept of principles. Among all these three perspectives, the sociological aspect elaborates that the principles guiding the doctor patient interaction are determined by medical standards upholding the right of patients in the healthcare setting. According to Talcott Parson in 1981 in his analysis of doctor patient relationship patterns. He made it clear that the hospital is a market system, and the patients are customers meant to patronize the market. The only way to achieve this objective is by effective communication based on quality standards to promote institutional productivity.

Arora and Cass, (2020) opined that the principles of doctor patient communication patterns within the healthcare setting is justified by the ethical responsibility of the doctor to promote collaborative strategies with patients as a means of intervention which means that harmony is the essence of such communication patterns. Verky, (2020) affirmed that doctor patient interactions specifically revolve around certain ethical boundaries which include confidentiality, non-maleficence, beneficence and informed consent. Doctors must abide strictly by these principles to establish the foundation for effective healthcare activities.

The practices are another essential dimension to doctor patients' communication and interactional patterns. PĂDURARU, (2024) submitted that doctors practice information dissemination about health-related issues to patients. This helps patients to determine if they are either going to stay in the hospital or to look for alternative means of getting treatment. The outcome of releasing information translates to quality job performances and feeling of trust in the healthcare setting among patients. Mohd Salim, Roslan, Hod, Zakaria and Adam, (2023) opined that administration and therapies were the common practices which doctors used on patients to facilitate speedy recovery. Furthermore, the improvement of medical training is considered to be essential practices domiciled in the doctor patient communication patterns for continuous patronage and sustainable development within the healthcare setting.

Onyechi and Babalola, (2020) posited that patients would have a positive interpretation of the healthcare setting when they align with the quality practices of the doctor. These practices is seen in line with consultation meaning that the patient has to seek the doctor's idea to help them overcome their limitations. He and Zhang, (2024) alluded to the fact that the practices among doctors which keeps the patient active depends on the ability for doctors to educate patients about their health condition, contributing to the resuscitation of lives and the overall practices of protecting human health conditions. All these could become facilitated by the virtue of effective communication.

Furthermore, Berman and Chutka, (2016) asserted that communication skills are fundamental to the successful doctor patient relationship patterns which is convincingly obvious in the treatment that patients receive during healthcare operations. In the Nigerian context, the idea of effective communication among the doctors and patients must be solid enough to earn the trust of patients and the acceptability of service quality. Moh and Omer, (2014) submitted that communication skills involve cross fertilization of ideas between the doctor and the patient to enhance quality service output. They further highlighted that communication skills are pivotal to the promotion of medical activities in health care institutions and must be seen as a very important part of the medical curriculum. Shiraly, Mahdaviazad and Pakdin, (2021) opined that doctor patient communication skills form an essential part of the work attributes of doctors towards patients. This is explained during sessions where patients have private meetings with the doctors on sensitive issues which require immediate results.

Yulianto, (2023) posited that interpersonal communication skills must be developed by the doctors to execute their functions effectively when dealing with patients and their issues in the health care setting. The communication skills were viewed form five major dimensions which include being open, the doctor putting himself in the patient's shoes, being supportive, positive minded and showing equality of responses otherwise considered to unconditioned positive regard. All these five dimensions should permeate effective skills by the doctor towards the patient.

Despite the principles, practices and skills involved in the relationship between the doctors and their patients, several challenges are said to occur. SILISTRARU, (2020) opined that some of these challenges include poor education of medical students in terms of using sociological imperatives to address most ailments. This means that students are not adequately taught the relationship between sociology and health as the embodiment of doctor patient communication patterns. Students who are not taught the dimensions of socialization and medical practices

would end up not listening to their client when the need arises for them to treat them and the result might not be so good for the healthcare setting.

Pino-Postigo, (2017) opined that other challenges of doctor patient communications patterns are associated with linguistic misconceptions, physical impairments and mental instabilities. Doctors who are affected by these challenges would not be able to communicate effectively with their patients. Govindaraju and Kunachagaran, (2021) submitted that the challenges of doctor patient communication and interaction patterns are found when there is a loss of control on either side between the doctor and the patient. This seemingly means the absence of emotional intelligence resulting in altercations. The doctors end up being aggressive towards the patients and the patient either leave the healthcare setting or counter reacts to the doctors who are said to have commenced the aggressive behaviours towards these patients.

Doctor Patient Communication Within the Nigerian Healthcare Setting

The Nigerian healthcare setting is an essential component of this discourse because it would enable sufficient examination of conditions that either make these patients to either prioritize her healthcare services or not. Ogunlana et al, (2023) asserted that the idea of doctor patient communication from the Nigerian perspective has a daisy conclusion as certain variables like cultural divides, educational differences, gender and overall competence of personnel are seen not to holistically project the effectiveness of healthcare practices leaving doctors and patients communication patterns to become rather incoherent.

Ngene, Akintaro, Oyeduntan, Idowu and Balogun, (2022) opined that culture, language and the religious system in Nigeria is what hampers the communication between doctors and patients. It was concluded from the study in the light of the Nigerian context that professionalism must be ideally conceived to be the necessity towards doctors who must interact with their patients. Osiya, Ogaji and Onotai, (2017) posited that patients within the

Nigerian healthcare settings would be satisfied with the conditions of services if doctor's pattern of communication and interaction suggest quality and patients in terms of response to several ailments which are presented before the doctors. The doctors should be dynamic enough in their communication strategies. The absence of dynamism in the interaction process might keep patients out of track.

Mary, (2024) posited that linguistic limitations and cultural barriers makes doctor patient communication patterns to be considered as a despicable practice in the Nigerian context. The implication also is that patients would put up a negative attitude towards the nature of doctors in the healthcare settings and this forms the justification for poor healthcare services. Ukonu, Nwachukwu and Mgboji, (2020) asserted that in Nigeria, there is a gross degree of dissatisfaction among patients based on the inefficient communication and interaction patterns as doctors exhibit aggression when dealing with issues around patients' crisis. From a more objective view, it is evident that the Nigerian healthcare setting has more of the challenges than the core practices and principles. The study seeks to investigate doctor patient communication and interaction in the light of sustainable development.

Doctor Patient Communication within the Healthcare Setting: A Pointer to Sustainable Development.

This aspect of the study focuses on the role of doctors towards their patients and its implication on the sustainable development in any society. Renganathan and Davis, (2023) opined that for development to be sustained within the society, doctors must live up to the expectation of their profession by establishing good health and stability through enlightenment and counselling of patients and their families. This process conforms to SDG agenda 3 which is health for all by the Year 2030. Furthermore, doctors do not just limit themselves to an individual, but their role is spread to a wider community through collaborating with health agencies to establish health

programmes to help a wider range of patients recover from various ailments (Sachs, Kroll, Lafortune, Fuller and Woelm, 2021).

Doctors further engage in advocacy through collaboration with agencies to lobby government policies on health to promoting health among patients and for the attainment of SDG's. They are also involved in matters relating to environmental disturbances which militate against the patient's state of health (Mhase, 2022). From the study, it is evident that doctor patient communication cannot be underestimated while exercising practices in the healthcare setting. The relationship could be more certain if there are platforms to deepen this relationship in a more positive dimension.

Theoretical Framework

Social Cognitive Theory

This theory was posited by Albert Bandura in 1977. The major assumption of his theory states that actions are contingent on three elements which are the individual's behaviour, environment and thought process as the foundation for the actions. Patients in this case must be able to understand the actions of doctors within the healthcare setting for the purpose of harmonizing relationships. The behaviours and thoughts of the doctor goes a long way to describe patients' response to treatment and the indicators for the doctors to addressing quality communication patterns are based on meekness, care and support as requirements for patients and their ability to surmount health challenges. The approaches used by doctors depend on the conditions of patients. The principles, practices and skills of cooperation must be commonplace between the doctor and the patient for the purpose of communication and interaction to become validated within the healthcare setting.

Method

This study would employ cross-sectional study design to access doctor-patient communication within certain healthcare settings in Nigeria mostly among the tertiary healthcare centers like UCH, LUTH and OAUTH respectively. The participants to be selected are the doctors and patients who had experiences while communicating in the healthcare setting. The sampling technique to be used for this study would include multi-stage sampling and the sample size would be determined for the unknown population. The data collected during this study would be presented for further discussion and conclusion of the study. This data would also serve as the justification for policy formulation for better strategies to determine the quality of doctor patient patterns of communication.

Results

Table 1 Showing the principles involved in the Doctor patient communication and interaction within healthcare setting

S/No	Item	Response	Frequency	Percentage
1.	Doctor-patient communication facilitates the principle of accepting the doctor’s endorsement	True	177	62.0%
		False	97	34.0%
		Neutral	14	5.0%
2.	Doctor-patient communication facilitates the principle of comprehending non-adherence to the doctor’s endorsement	True	239	83.0%
		False	38	13.2%
		Neutral	11	4.0%

Source: Onyechi and Babalola, (2020)

From the table it is evident that more than 50% of the respondents accepted that patient’s acceptance of doctor’s endorsement is fundamental to the communication patterns. Also, more than 50% agreed to the fact non-conformity to the doctor’s endorsement in principle would have a grave consequence of the patient’s interaction with the doctor. This means that principles are required.

Table 2 Showing the practices involved in the Doctor patient communication and interaction within healthcare setting

S/No	Item	Response	Frequency	Percentage
1.	In practice, the doctor permits the patient to give complete details of his/her health condition	True	276	96.0%
		False	12	4.2%
2.	In practice, the doctor uses certain medical jargons which the patient does not comprehend	True	116	40.3%
		False	172	60.0%

S/No	Item	Response	Frequency	Percentage
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3.	In practice, the doctor allows the patient to ask questions concerning his/her health.	True	261	91.0%
		False	27	10.0%
4.	In practice, the doctor carries the patient along making the patient to manage health conditions better.	True	219	76.0%
		False	69	24.0%
5.	In practice, the doctor narrates the therapeutic options to the patient	True	236	82.0%
		False	52	13.2%
6.	In practice, the doctor sometimes permits patients to contribute to making treatment suggestions	True	176	61.1%
		False	112	39.0%

Source: Onyechi and Babalola, (2020)

The result in Table 2 submitted that more than 50% of the respondents were of the opinion that quality practices are required for the justification of effective communication between the

Doctor and patients in the healthcare setting. The interpretation is that quality practices enable patients to possess a positive perception about the doctor and the healthcare system.

Table 3 Showing the Skills involved in the Doctor patient communication and interaction within healthcare setting

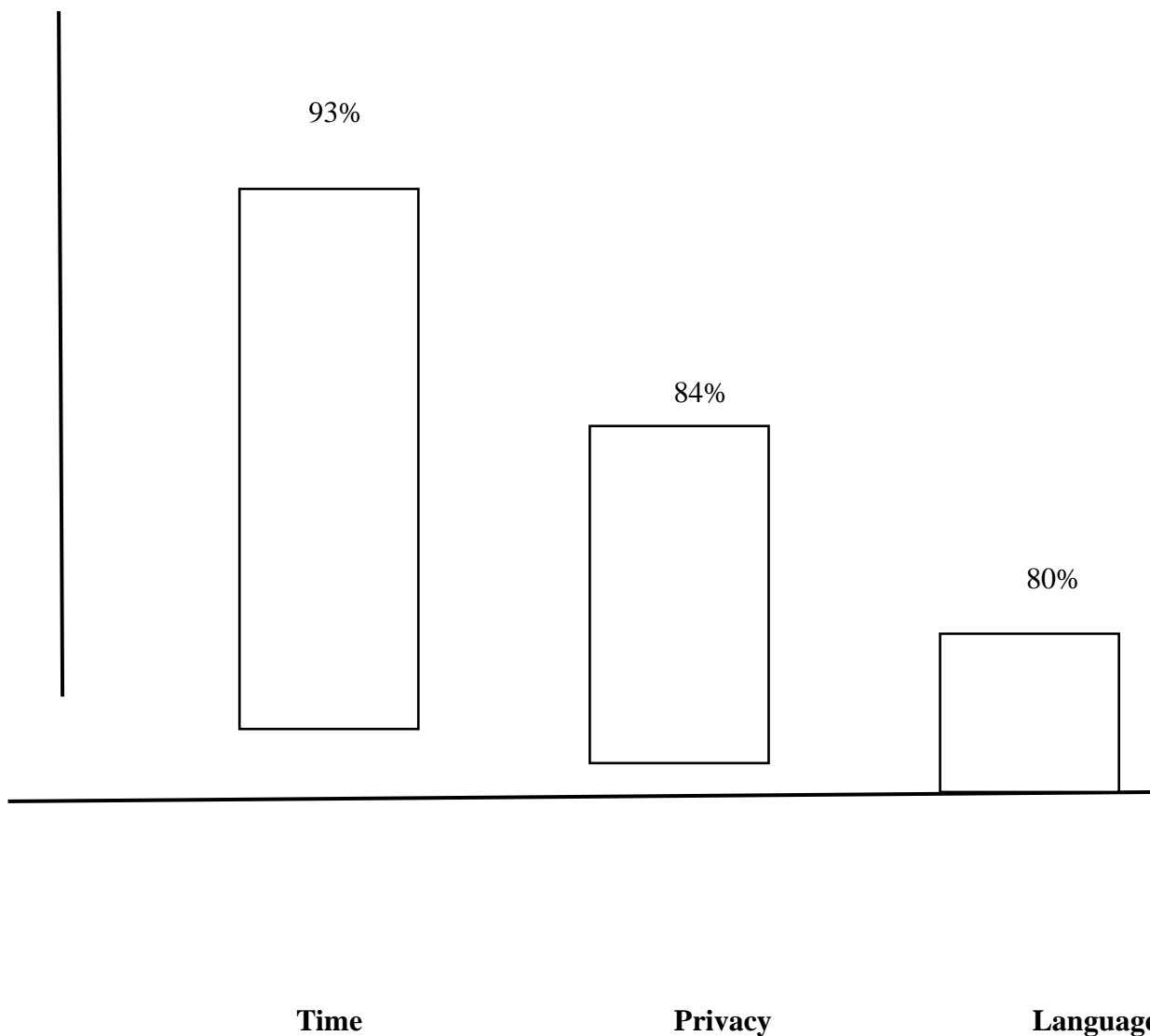
S/No	Item	Response	Frequency	Percentage
1.	The doctor is always in a haste to discharge the patient	Agree	58	20.1%
		Undecided	32	11.1%
		Disagree	198	69.0%
2.	The doctor is not attentive while the patient is communicating	Agree	50	17.4%
		Undecided	25	9.0%
		Disagree	213	74.0%
3.	The doctor tends to easily lose focus when interacting with the patient	Agree	65	23.0%
		Undecided	40	13.9%
		Disagree	183	63.5%

4.	The doctor seldomly pays attention to his patient during the course of communication	Agree	72	25.0%
		Undecided	29	10.1%
		Disagree	187	64.9%
5.	The doctor sometimes interrupts the patient's statements during discussions	Agree	114	39.6%
		Undecided	39	13.5%
		Disagree	135	46.9%

Source: Onyechi and Babalola, (2020)

Table 3 shows that a larger proportion of respondents disagreed with the notion of doctors speedily discharging patients, doctors losing their attention during the communication process, doctors losing their focus while interacting with these patients, doctors seldomly paying attention to their patients' complaints and doctors interrupting the statements of their patients during the interactive process. It therefore means that patients acknowledge the competency of the doctors as a means to resolving their health conditions. This makes communication an effective tool in the determination of doctor patient pattern of communication in the health care setting.

Table 4 and graph 1 Showing the challenges involved in the Doctor patient communication and interaction within healthcare setting



No of Respondents	Time	Privacy	Language
	65	59	56

Source: Sabherwal et al (2020)

Table and Graph indicating the challenges of doctor patient communication. From the table 4 and the graph 1, it is obvious that 93% of the patients confirmed that insufficient time

was allotted to them to express themselves to the doctor. 84% of the patients confirmed that lack of privacy was the challenge and 80% believed that language was a big challenge. In all these outcomes, challenges limit the communication between the doctors and their patients thereby subjecting them to more severe exposure to danger of ailments.

Discussion of Findings

The result in Table 1 showed that principles are required for effective doctor patient communication patterns. This statement was justified by the scholarly works of Turabian, (2019) explicated the sociological perspectives of these principles stating that health institutions within the society defines doctor patient communication patterns in terms of the things to be done and the things which doctors are not to do. The principles range from medicalizing social interactions between doctors and their patients to socially describing the medical practices as well as taking charge of social impediments which happen to be the hallmark of the interaction. Social conditions affect the ways in which doctors and patients behave, especially in the aspect of seeking for positive health outcomes to these disease conditions. Arora and Cass, (2020) opined that the principles of doctor patient communication patterns within the healthcare setting is justified by the ethical responsibility of the doctor to promote collaborative strategies with patients as a means of intervention which means that harmony is the essence of such communication patterns. Verky, (2020) affirmed that doctor patient interactions specifically revolve around certain ethical boundaries which include confidentiality, non-maleficence, beneficence and informed consent. Doctors must abide strictly by these principles to establish the foundation for effective healthcare activities.

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The result in Table 3 showed that challenges experienced during doctor patient communication patterns negates quality health outcomes. This was justified by the scholarly works of SILISTRARU, (2020) opined that some of these challenges include poor education of medical students in terms of using sociological imperatives to address most ailments. This means that students are not adequately taught the relationship between sociology and health as the embodiment of doctor patient communication patterns. Students who are not taught the dimensions of socialization and medical practices would end up not listening to their client when the need arises for them to treat them, and the result might not be so good for the

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Nwachukwu and Mgboji, (2020) asserted that in Nigeria, there is a gross degree of dissatisfaction among patients based on the inefficient communication and interaction patterns as doctors exhibit aggression when dealing with issues around patients' crisis.

Conclusion

In conclusion, the study has shown that doctor communication and interaction patterns are essential in determining the degree of confidence which patients display as regards the healthcare setting. Among all the underlisted variables in the study, challenges or barriers were too toxic to the interactive process between the doctors and patients. Overcoming these challenges of language, time as well as cultural limitations would go a long way to aid sustainable development in health.

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