THE IMPORTANCE OF COMMUNICATION IN PATIENT-DOCTOR RELATIONSHIP - A REVIEW

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ABSTRACT

Patient’s compliance plays an important role in diagnostic and therapeutic process. Enhancing compliance can be easily achieved by adequate communication between a clinician and the patient. The aim of the study was to identify factors which increase effectiveness of patient-doctor communication. Proper management should include providing information using a language understandable by the patient, and with just right amount of details. Awareness of condition increases the level of comfort and decreases anxiety associated with hospitalization. Moreover, satisfactory communication with physician might lower the risk of confronting malpractice claims in case of adverse effects. Lack of understanding of their condition and performed procedures raises patients’ doubts about clinical decisions. Doctors having better relationships with their patients appear as being more interested in their opinions and encouraging further conversations. These are the attributes of a non-hierarchical relationship that focuses on therapeutic partnership. Having identified specific communication behaviours, it is possible to design appropriate communication techniques. Postgraduate training programmes could be beneficial for most physicians, and apart from solving patient-oriented problems they could also improve teamwork among the medical staff. To achieve best effects, the training programme should be individualized and depend on clinician’s specialty. Enhancement of physician’s communication skills leads to mutual advantages for both sides.
BACKGROUND

Many physicians are unaware of the fact that doctor-patient communication is a factor that has a large impact on the course of the encounter and the effectiveness of the treatment. Several studies suggest that responding to patients’ needs and expectations via application of appropriate communication techniques is necessary to gain their trust and satisfaction. However, it seems that it is a serious problem for many healthcare providers, likely caused by insufficient communication training during medical studies [1,2,3,4].

ANXIETY AND COMPLIANCE

In order to enhance compliance, it is crucial to recognize patients’ expectations, their knowledge, and provide only relevant information. It has been proved that enabling patients to express their emotions and concerns decreases their anxiety and reduces duration, as well as costs of hospitalization [5,6,7,8,9,10]. Out of many ways in which patients demonstrate their fear, only a few are direct. Implicit allusions, asking for quick intervention and disturbances in speech (e.g. repeats, stuttering, hesitations) are all signs of anxiety [11]. Some physicians’ reactions to such behaviour are reassurance, trivializing, negation and interrupting with other medical questions. Meanwhile, others will encourage patients to express their concerns, focus on solving their problems and listen about their worries [4,11,12]. It is essential to take time to explore the real reason for patients’ anxiety, since drawing premature conclusions carries the potential risk of misinterpretation [11]. Research by McWilliam et al. analysed how women with breast cancer experience patient–physician communication. They described false reassurance, high amounts of poorly timed information (e.g. about statistics), paternalism, and taking hope away as the most important problems in relationships with their doctors [12]. Women reported many behaviours that resulted in worsening their mental health, causing loneliness, increasing vulnerability, self-blame and anger. Additionally, the study showed that patients experienced lack of care about their condition. This is particularly important, especially that study by Mellink et al. highlighted the failure of communication as a factor leading to non-adherence and second-opinion seeking [13]. However, not all of the reported experiences were negative [12]. Some of the respondents mentioned positive impressions such as sensitive responsiveness to the feeling of vulnerability, conveying the right amount of information and creating the sense of control [12]. Sometimes caring about patients’ needs, paying attention to their condition and setting up a structured plan of treatment is enough to gain their trust and achieve the goal [14]. Nowadays, the role of co-operation between patient and clinician increases – therefore it is essential to leave the paternalistic approach behind [14]. Maintaining continuity of care and avoiding paternalism may help in creating patient-centred healthcare system and building a satisfying doctor-patient relationship [12]. Creating the sense of control in decision-making, sharing information and getting the patient involved in the process of treatment have been documented as important elements of management [12].

APPROPRIATE LANGUAGE

A variety of studies show that satisfactory communication with health professionals improves patients’ ability to deal with their illness [3,15,16,17,18,19]. However, oftentimes doctors are overconfident in their communication skills and underestimate patients’ distress [20]. Several solutions to these problems appear in the literature. Providing information, hope, reassurance and support is not tantamount to building a working relationship [12]. Details about health condition should be given in small, comprehensible doses using language adjusted to patients’ skills and knowledge [21]. Moreover, some authors conclude that it is doctors’ responsibility to ascertain if the words used by both sides are interpreted in the same way [22]. The wording was also recognised as an important factor influencing the compliance [23]. In order to provide successful communication during the encounter, clinicians must pay attention to patients’ emotional distress and concerns including fear of death, disability, pain and loss of independence [14,24]. Patients’ values, culture and gender also need to be taken into consideration [14].

INFLUENCE OF CLINICIANS’ BEHAVIOUR ON LITIGATION RISK

Not only the patient’s compliance and comfort during the treatment depend on physician’s communication skills. A disruptive or unprofessional behaviour increases the risk of malpractice, which in turn may lead to litigations [25]. Ineffective communication and disruption of teamwork among medical staff lead to mistakes which could be easily avoided [25]. Another factor is the patient’s dissatisfaction with received care. Besides increasing the level of stress and anxiety, unpleasant interactions also make patients more likely to question clinical decisions and sue medical staff in case of adverse effects [25]. Several studies indicate that physicians with a similar level of clinical skills had to confront different numbers of malpractice claims, depending on the communication model used [26,27].

COMMUNICATION TRAINING

Postgraduate training focused on teaching how to handle patients’ emotional problems is highly advised [4]. Considering that results of two studies related to such educational courses were contradictory and have not actually improved health professionals’ communication skills, a new approach and specific techniques should be identified [4,28]. Since the comparison of communication process before and after the training in van Dulmen’s and van Weert’s study led the researchers to the conclusion that paying more attention to patients’ concerns does not lengthen the outpatient visit significantly, it is worth implementing [25,28]. Research suggests that majority of physicians is capable of introducing modifications in their communication patterns. Only about 20% of the doctors would respond negatively to the attempts of improving patient-doctor relationship and communication between healthcare providers, but the vast majority will benefit.
from such changes [29]. Levinson et al. managed to identify specific communication behaviours resulting in fewer malpractice claims [30]. In their sample, no-claims physicians used simpler statements and educated patients about the undertaken activities, laughed more during the appointment, remembered about controlling patient’s understanding of the condition, asked for opinion and encouraged them to actively participate in the conversation. They also spent more time with patients, prolonging a typical visit from 15 to 18.3 minutes. [30]. This study also found that desirable communication strategies vary between medical specialties [30]. Therefore, communication should be adjusted to both patient and doctor, which additionally shows the relevance of proper training.

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REFERENCES


