

The Role and Importance of Communication in the Doctor-Patient Relationship

Andreea Maria Pașca

Abstract: *Communication is the main ingredient of healthcare. Effective communication can build a close relationship between the doctor and the patient and this can have therapeutic benefits for the patient. The way in which the message is conveyed and the advice given can change a patient's feelings forever. As regards the method of communication with the patient, 73.8% of the respondents chose open communication as being the most effective one. As in any process, barriers are present in this context as well. In general, medical terms are one of them, and only 58.5% of those questioned said that they understood the doctor's medical terminology. Unfortunately, many post-graduate doctors cannot meet their patients' demands due to the lack of training in communication skills.*

Keywords: *Communication, doctor-patient relationship, the role of communication, barriers in communication.*

1. Introduction

The doctor-patient communication

Effective communication between the doctor and the patient is the central function in establishing a therapeutic relationship between the two, which is the heart and art of medicine. The relationship between the doctor and the patient is one of the most complex interpersonal relationships. This implies interaction between people in unequal, often involuntary positions. While sophisticated technologies can be used for medical diagnosis and treatment, interpersonal communication is the primary tool in which information is exchanged between the doctor and the patient (Ong, De Haes, Hoos & Lammes, 1995, p. 903).

The characteristics of the medical communication

The communication between the doctor and the patient is a direct, face-to-face communication, which is not mediated and formalised. The purpose of this communication is to obtain information that both subjects want: to find answers that relate to the patient's health, the remedies proposed for improving the patient's health and the practical ways to be set in action.

The DONA communication "window"

In his book, *Medical psychology*, Florin Tudose (2007) presents the manner in which the doctor-patient communication is conducted using the concept of the "communication window". It is described as having four square areas through which the two subjects communicate face-to-face. The D zone represents the behaviour known to himself and others. It shows to what extent two or more people can freely give and receive, work together, and enjoy common experiences. The O zone, the blind area, represents the behaviour that is not known by the self, but is obvious to others. The N zone

is the area of unknown activity where the behaviour is not known to the individual or others. The A zone represents the behaviour that is known to himself but hidden from others. Without a good communication, a qualitative medical encounter could not be carried out. This is necessary to make the process of finding the patient's problem and its cause, reformulating it into a diagnosis and then communicating it to the patient in the simplest way. The quality of the doctor-patient relationship depends largely on the patient's satisfaction and acceptance of the treatment and of the results (Tudose, 2007, pp. 132-133).

This study focuses on the doctor-patient communication. The study had three main objectives. The first objective was to identify the most effective way of communicating with the patients. The communication process is important for the professional interaction with the patient. The second objective was to identify the existing barriers in the communication process between the doctor and the patient. Their existence is not at all limited. The barriers to effective communication are the medical terms used by doctors, the lack of time, and the haste during appointments. The last objective considered the role and importance of communication in the relationship between the doctor and the patient. The role of communication is very important in the relationship between the two actors and, therefore, simply recognising the need for a good communication is not enough; doctors must strive to obtain the skills for an effective communication.

The opinionated survey was used as a study tool to achieve these goals. It was applied to a sample of 115 individuals and the sampling was a non-probability of convenience one.

2. Research method

The opinion poll is an indirect method of data collection. These data are collected from people with knowledge of the field of research, who are called respondents. The opinion poll is a quantitative method. However, this does not exclude the fact that qualitative data can also be collected. The survey can conduct several types of study, such as exploratory, descriptive, or explanatory (Sandor, 2013, p. 108).

For this study, an opinion poll concerning the most effective way to communicate between a doctor and a patient has been created. The questionnaire is made up of a set of 16 questions addressed to the respondents. The questionnaire was applied to a sample of 163 respondents (48 males, 115 females) aged between 17 and 76 years old. After the application and interpretation of the questionnaire, the achieved results will be presented for each question separately, because it is believed that each of them is important in finding out the objective. A non-probability sample of convenience was used.

3. Results

Following the interpretation of the questionnaire, the answers to the proposed objectives outlined at the beginning of the study have been extracted. The first goal was answered in question number seven, where 73.6% of the respondents stated that they would like the doctors to communicate with them in an open way (Fig.1.). This way of communication gives patients the courage to open up to the doctor and gives them the confidence that the treatment they will be given will help in treating the condition they have. This is how real communication begins and even the least possible situations are solved. Speaking openly to the patient will help him/her to describe his/her illness and the doctor will be able to understand the problem better.

How would you like a doctor to communicate with you?

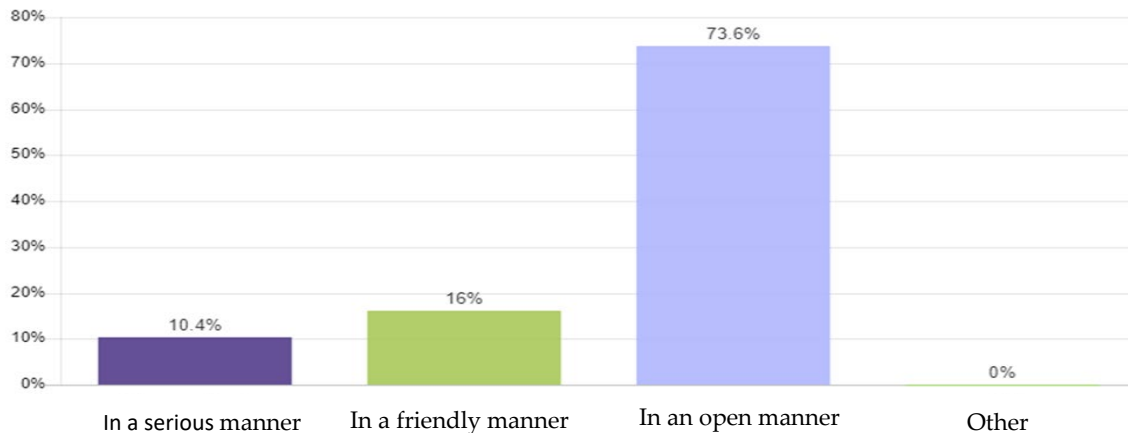


Fig.1. The mode of communication

Any communication has its barriers. However, in the medical field, technical terms are very often found even in the dialogue with the patients. Many of those questioned say that a problem in communication is due to the use of medical terms that doctors often do not even bother to explain to their patients. 58.5% of the respondents said that they encountered medical terms in the doctor's speech (Fig. 2.). Doctors should, therefore, explain to the patients during the examination all the procedures in a manner that could be understood by everyone regardless of age, cultural knowledge, social status, and ethnicity. Another barrier in communication is the lack of knowledge of the communication skills as far as the doctors are concerned. They do not have very good communication skills, fact confirmed by 17.3% of the respondents (Fig. 3.).

Did you encounter medical terms in the doctor's speech that you did not

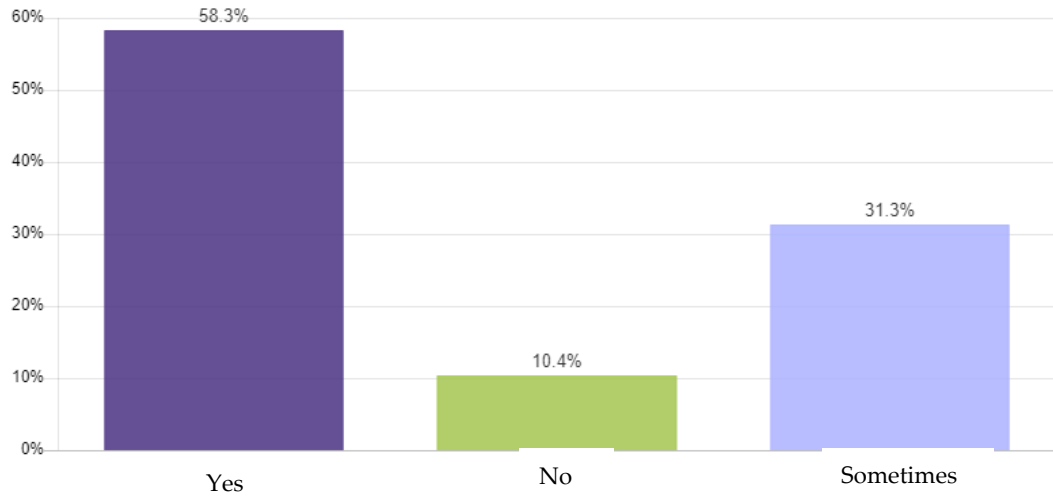


Fig. 2 Medical terms in the doctor's speech

Do you think that some doctors have difficulties in explaining?

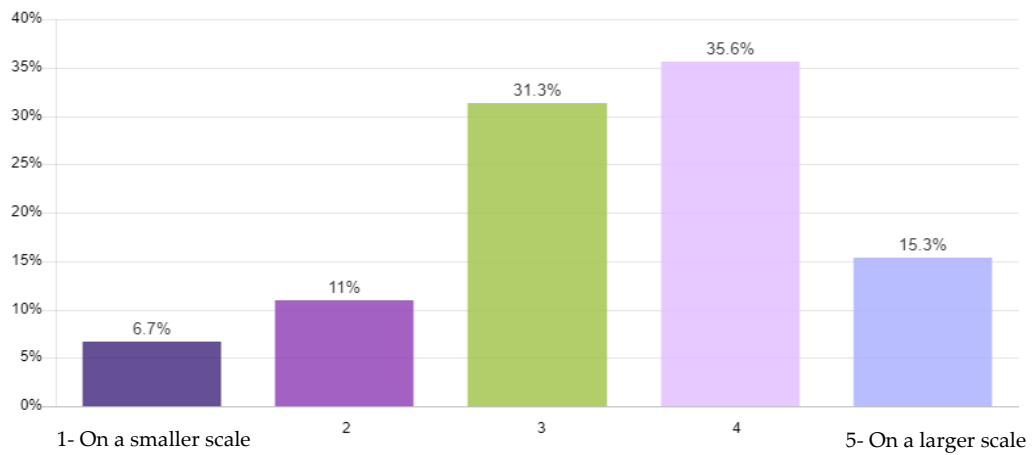


Fig. 3. Explaining the diagnosis with difficulty

The role of communication in the doctor-patient relationship is very important. 72.6% of the respondents consider it to be the most important process in the relationship between the two of them (Fig. 4.). Besides being important, the doctors' professionalism depends very much on how competent they are in communication. Therefore, 93.3% of the respondents believe that doctors should attend a training course at least once a year in order to develop the skill of communicating more efficiently with the patients.

To what extent do you think communication is the most important process in the doctor-patient relationship?

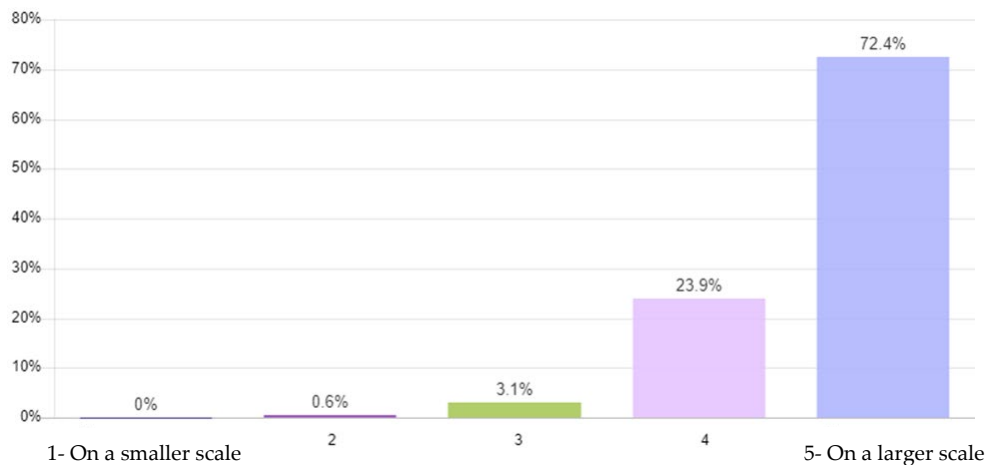


Fig. 4. Communication – the most important process in the doctor-patient relationship

Conclusions

The doctor's job is not an easy one, to say the least. Patient diversity makes this profession even more difficult. Therefore, doctors need to have very

effective communication skills and to know very well how to approach every patient differently. The primary purpose of communication between the doctor and the patient is to exchange information so that both the diagnosis and the treatment plan could be determined correctly. In addition to the information exchange, communication also aims at creating a good interpersonal relationship between the doctor and the patient.

This research has achieved its proposed objectives. As far as the method of communication with the patient is concerned, 73.8% of the respondents considered that speaking openly was the most effective method in this respect. This method of communication is advantageous for both sides. The relationship between the doctor and the patient becomes more relaxed; therefore, everyone says what they have to say. The doctor finds out what s/he wants to know from the patient, and the patient from the doctor. This type of communication can be defined as communication without inhibitions.

As in any process, barriers are present in this context as well. In general, medical terms are one of them and 58.5% of those questioned said that they encountered these terms in the doctor's speech. Another problem that occurs in the doctor-patient communication is the short time that is provided for the patient's consultation. Some doctors' lack of empathy is also a barrier in communication. If doctors cannot put themselves in the patient's shoes, the communication process will not be hindered.

Communication is indeed the process that plays the most important role in the relationship between the doctor and the patient. This is emphasised by 72.4% of the respondents, who consider communication to be a necessary process for both of them "to a very large extent". As this is so significant for the relationship between the two of them, communication must also be effective. The more effective the communication is, the more easily the medical act can be performed, the needed information will arrive

to the doctor in a much shorter period of time in order for him/her to choose the most effective treatment for the patient.

A solution to overcome the doctor's communication difficulties and the communication barriers would be to participate at least once a year in specialised patient communication courses. 93.3% of the respondents considered that doctors should take part in such courses.

In conclusion, communication is the first link between the doctor and the patient, through which important data are conveyed in order to give a correct diagnosis and, by extension, an appropriate treatment. However, the barriers in such a relationship are unavoidable and numerous. These barriers will not be easy to overcome, but by simply choosing the right words, a calm and a patient tone of voice, and accurate and complex information, the communication with the patients can be improved. These positive attitudes and skills can be applied without great effort by any doctor in almost any situation and can generate a major improvement in the doctor-patient bond, which greatly influences the effective result of the medical act.

Bibliography:

1. Șandor, S. (2013). *Metode și tehnici de cercetare în științele sociale*, Cluj-Napoca: Tritonic.
2. Tudose, F. (2007). *Fundamente în psihologia medicală. Psihologie clinică și medicală în practica psihologului, Ediția a III-a*. București: Editura Fundației România de Mâine.

Webography:

1. Khan, T. M., Hassali, M. A. & Al-Haddad, M. S. M. (2011). Patient-physician Communication Barrier: A Pilot Study Evaluating Patient

Experiences. *Journal of Young Pharmacist*. Vol. 3, Nr. 3, pp. 250-255.

DOI: [10.4103/0975-1483.83778](https://doi.org/10.4103/0975-1483.83778).

2. Ong, L. M. L., de Haes, J., C., J., M., Hoos, A., M. & Lammes, F., B. (1995). Doctor-patient communication: A review of the literature. *Social Science and Medicine*. Vol. 40, Nr. 7, pp. 903-918. DOI: [10.1016/0277-9536\(94\)00155-M](https://doi.org/10.1016/0277-9536(94)00155-M).