

## **Doctor-Patient Communication: Perception of Doctors' Communication Skills among Patients in Selected Hospitals in Ibadan Nigeria**

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### **Abstract**

The importance of effective communication between patients and physicians in medical consultations has been previously underscored. This is very critical in the realisation of optimal health outcomes and general wellbeing of patients. While studies have attributed poor patients' outcomes after consultation to poor services, understaffing, poor remuneration and inefficient structure; evidence from literature suggests poor communication between doctors and patients as an important contributing factor in incidences of conflict between doctors and patients. Thus, this study investigated the perception of doctors' communication skills among patients in some selected hospitals in Ibadan, Nigeria. Patient Enablement and Satisfaction Model (PESM) served as the theoretical underpinning while survey was adopted as the study design. Multi-stage sampling technique was employed in the selection of human and non-human samples. The city of Ibadan was stratified into local government areas (LGAs) while simple random sampling technique was employed in selecting both the LGAs and the hospitals. A total of 300 copies of the questionnaire were administered, however, 288 copies were found usable. Descriptive statistics expressed in frequency counts and simple percentages were utilized in analysing the data. Findings showed that patients have a positive perception of their doctors' communication skills and the communication patients have during consultation with their doctors enabled them to understand their health conditions and comply with doctors' recommendations. These findings underscore the importance of patient-centred communication in medical practice and have great implications for achieving desirable health outcomes for patients. The study recommends that doctors in both private and public sector in the country should adopt the patient-doctor approach during consultations.

### **Keywords**

Communication, physician, patient, doctor-patient communication, patient's outcomes, satisfaction

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## Introduction

The effectiveness of patient-doctor communication is key to the attainment of optimal health outcomes and general wellbeing of the patient. In any health care setting, communication provides an important tool for achieving great success in patient care as well as attaining patient's satisfaction. Markides (2011) aptly underscores this point by stating that medical practice goes beyond making the correct diagnosis, but takes the interest of the patients into consideration through effective patient-doctor interaction. Essentially, in clinical practice, effective doctor-patient communication plays central clinical function by building a therapeutic doctor-patient relationship (Travaline, Ruchinskas & D'Alonzo, 2005; Fong Ha and Longnecker, 2010; Ilo, Onya, Nwamoh, Onyemachi, Chukwuonye & Godswill-Uko, 2019).

Thus, effective communication between a doctor and a patient is indispensable for positive medical encounters or outcomes and can be regarded an essential prerequisite for optimal medical care (Blanquicett, Amsbary, Mills & Powell, 2007). This art of communication, which is important in building a confident relationship between doctors and their patients, also encourages better information-giving from patients and better information-getting from doctors, both of which are particularly important for care delivery and satisfaction even when doctors have limited time with their patients.

Expectedly, in the patient-doctor communication context, the communication competence of a physician is expected to enhance the attainment of a successful medical practice. It is also essential to offering medical advice, establishing the process of treatment, and ultimately, achieving patients' desirable health outcomes (Verheul *et al.*, 2010). The practice of good communication skills in the medical profession is integral to the development of meaningful and trustworthy relationship between the doctors and patients and, thus, is beneficial to both of them (Ranjan, Kumari & Chakrawarty, 2015). Doctor's communication and interpersonal skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions and establish caring relationships with patients (Nwabueze & Nwankwo, 2016). Although the medical knowledge of a doctor is important, the communication skills of a doctor are as important in the application of such knowledge. Ambady *et al.* cited by Adam (2014) alluded to this fact by asserting that patients' physical wellbeing is highly dependent on effective technical knowledge backed up by a robust and effective interpersonal communication. The physician who encourages open communication may obtain more complete information, enhance the prospect of a more accurate diagnosis, and facilitate appropriate counseling, thus, potentially improving patient's adherence to treatment plans that benefit long-term health (Committee Opinion, American College of Obstetricians and

Gynecologists, 2014; Bredart, Bouleuc & Dolbeaut cited in Fong Ha & Longnecker, 2010).

It is in recognition of the role that effective patient-doctor communication can play in achieving better patient health outcome that there have been deliberate efforts at integrating communication studies into medical education. While it is not clear if this has been incorporated into undergraduate and post graduate curricula in the Nigerian universities, scholars abroad have noted that undergraduates' training, accreditation of residency programs and certification of physicians require assessment of competence in communication and interpersonal skills (Teutsch, 2003; Duffy, Gordon, Whelan & Frankel, 2004; Firdous & Hiba, 2019). This is because the process of doctor-patient communication is not only limited to the diagnosis period, it extends even to ward rounds, also referred to as intentional-rounding, where doctors check on patients every few hours. Despite these efforts, the communication skills of the busy physician often remain poorly developed, and the need for established physicians to become better communicators continues (Travalline, Ruchinskas & D'Alonzo, 2005). There is enough evidence in literature to suggest that poor communication between doctors and patients is an important attributing factor in incidences of conflict between doctors and patients (Virshup, Oppenberg & Coleman cited by Ranjan, Kumari & Chakrawarty, 2015). Divergent views on doctors' communication skills, competence and patient's (di)satisfaction point to this disturbing fact. Kenny, Veldhuijzen, Van Der Weijden, LeBlanc, Lockyer, Legare & Campbell (2010) contend that both stakeholders have different perceptions of their interrelationship skills which inform the process of communication and its effects on them, the patients' participation and doctors' beliefs, behaviour and fulfillment. The perception these stakeholders have about one another in their interactions, therefore, cannot be overemphasized. Some studies on doctor-patient communication have demonstrated patients' discontent even when many doctors considered the communication adequate or even excellent (Stewart cited in Fong Ha & Longnecker, 2010). Tongue *et al.*'s study also cited by these authors showed that 75% of the orthopedic surgeons surveyed believed that they communicated satisfactorily with their patients, but only 21% of the patients reported satisfactory communication with their doctors.

Quality health care delivery is one of the indices of a developed society. The goal is always to achieve optimal health outcomes for the citizenry by providing cost-effective and patient-centred services. Indeed, doctor-patient communication is very critical in achieving quality healthcare delivery, since according to Leung & Cheng (2016) it represents the principal means of exchanging information. Ambady *et al.* cited by Adam (2014) believe that patients' physical wellbeing is highly dependent on effective technical knowledge backed up by a robust and effective interpersonal communication. Studies on interpersonal communication in medical encounters have already

confirmed that the interaction is key to effective health care delivery (Kurz *et al.* cited by Adams, 2014).

Admittedly, quality health care delivery continues to be a mirage in many developing countries, including Nigeria. Health care delivery according to Ephraim-Emmanuel, Adigwe, Oyeghe & Ogaji (2018) is crucial to achieving enhanced health benefits, patient safety and a positive patient experience of health care. Sadly, Nigeria has been ranked among the poorest globally in health care delivery. For instance, Odubola (2018) observes that the 2018 health access quality (HAQ) index, which measures the quality and accessibility of healthcare based on 32 causes of death which is preventable with effective medical care, ranked Nigeria 187 out of 195 countries, beneath Egypt (64th), Kenya (112th) South-Africa (119th) and Rwanda (173rd). Successive administrations have made attempts to improve the nation's state of health care system by addressing the infrastructural deficiency, without any tangible improvements.

Understanding the nexus between doctors' communication skill and effective patient-doctor communication is very pertinent to addressing the myriad problems bedevilling the Nigerian health sector. Researchers (Ajayi, Olumide & Oyediran, 2005; Abioye Kuteyi, Bello, Olaleye, Ayeni & Amedi, 2010; Oluwadiya, Olatoke, Ariba, Omotosho & Olakulehin, 2010; Iliyasu, Abubakar, Abubakar, Lawan & Gijida, 2010; Udonwa & Ogbonna, 2012; Adamu & Oche, 2014) who addressed this issue did so from the general point of view of patients' satisfaction with hospital services and other related issues while doctors' communication skill during consultation with patients have been largely neglected. In underscoring the significance of the communication between doctors and patients, Baker & Bernadette (2015) state that patients' readiness to engage in a conversation with doctors as well as the outcomes are determined largely by how they perceive the caregivers and their professional and interpersonal skills. This study, therefore, investigated the perception of doctors' communication skills among patients attending some selected hospitals in Ibadan municipality. The researchers asked a key research question: What is patients' perception about doctors' communication skills?

## **Theoretical Framework**

The Patient Enablement and Satisfaction Model (PESM) has its underpinning in the Patient Enablement Instrument (PEI) developed by Howie, Heaney and Maxwell in 1997. The Patient Enablement and Satisfaction Model (PESM) developed in primary care, theorises the mechanisms through which nurses may impact upon patients' experience of satisfaction and enablement, enhancing their capacity to manage their health (Desborough, Parkinson, Korda, Han, McManus & Aung, 2019).

The Patient Enablement and Satisfaction Model proposes that there is a connection between patients' needs, consultation process and overall outcome(s). The implication is that greater enablement is achieved when patients' needs are appropriately identified, acknowledged and addressed with them during medical consultations. Lam, Yuen, Mercer and Wong (2010) argued that the extent to which a consultation process influences patients' understanding of their health challenge and their ability to cope with them is based on their level of participation and their physicians' communication proficiency. The doctor's ability to effectively communicate with a patient with a view to improving the patient's state of health or persuade them towards maintaining a healthy living is often considered to be dependent on their effective communicative skills.

Patients' enablement is very critical to achieving desirable health outcomes. In their analysis of the relevance of patients' enablement, Desborough, Banfield, Phillips and Mills (2017) opined that it is important patients understand their health conditions as well as requirements for healthcare which subsequently informs their health seeking behaviours, choices and satisfaction. Similarly, the extent to which the physician enlightens the patient and actively engages them in the available treatment choices enables not just the informed decisions the latter makes, but also their recovery and satisfaction.

The PEI has been used in previous studies (Brusse & Yen, 2013; Desborough *et al.*, 2016) in order to better understand the interaction between patients and doctors during consultation. Desborough *et al.*'s (2016) study on patient's enablement in a general practice nurse consultation posit that patients' enablement is established when recipients of care take an increased lead in the decision making process of choice of treatment and when they receive the care that reflects their needs, preferences and guarantees their satisfaction. Thus, patient enablement results in greater compliance with therapy, improved outcomes and satisfaction (Haughney, Cotton, Rosen, Morrison & Price, 2007). Furthermore, patient enablement and satisfaction is equally achievable when physicians are empathetic, there is a level of familiarity between patients and consultants and when the former have a positive perception of physicians' communication skills and professional proficiency (Pawlikowska, Nowak, Szumilo-Grzesik & Walker, 2002). From the foregoing, it is important to note that communication during consultation plays a key role in patient enablement. This present study, therefore, has adopted this model in investigating how the perception of doctors' communication skills influences patients' understanding of their health conditions and compliance with doctors' recommendations. Understanding the perception of patients about doctors' communication skills is very vital to doctors' success in providing quality health care to their patients especially in the Nigerian context with a weak health sector.

## ***Method and Measures***

### ***Method***

A cross-sectional survey design was employed in carrying out this study. The study population consists of patients attending hospitals in Ibadan, Oyo State. Multi-stage sampling technique was employed in the selection of the respondents. The city of Ibadan was first stratified into the pre-existing eleven (11) local government areas (LGAs). Simple random sampling technique was used in selecting four (4) LGAs which are Ibadan North West, Ibadan North East, Ibadan North and Ibadan North West. Furthermore, the same sampling procedure was utilized in selecting four hospitals from the selected LGAs. The selected hospitals are Jericho General Hospital, Jericho (Ibadan North-West local government), Adeoyo State General Hospital, Adeoyo (Ibadan- North-East local government), Molly Specialist Hospital, Idi-Ape (Ibadan North local government) and Victory Specialist Hospital, Eleyele (Ibadan North-West local government). However, the researchers were denied access to Molly Specialist Hospital at the point of collecting data. A total of 300 respondents were purposively selected from the three hospitals. This sampling procedure was used in order to select only the respondents with some level of education (at least secondary education) who would be able to fill out the questionnaire with little or no assistance. Out of the 300 copies of the questionnaire administered to the respondents, 295 were retrieved while only 288 were found usable. Therefore, the sample size for this study was 288. Descriptive statistics expressed in frequency counts and simple percentages were utilized in analysing the generated quantitative data.

### ***Measures***

A 17-item questionnaire was used to collect data for this study. The instrument was divided into four (4) sections. Section A focused on the perception of doctors' communication skill with a total of five (5) items while Section B dealt with patients' understanding of their health conditions with six (6) items. Furthermore, with a total of two (2) items, Section C probed into respondents' compliance with their doctors' recommendation. Finally, Section D focused on socio-demographic variables with a total of four (4) items.

### ***Perception of Doctors' Communications Skill***

Respondents were asked to state whether they strongly agreed, agreed, undecided, disagreed or strongly disagreed with five statements in order to assess the perception of their doctors' communication skill. The percentage distribution of their responses determined if they have positive or negative perceptions about their doctors' communication skills.

### ***Patient-doctor Communication in Patients' Understanding of their Health Conditions***

Six items were used to measure patient-doctor communication with respect to patients' understanding of their health conditions. They were required to answer either "true" or "false" to each of the statements. The percentage obtained determined if communication with their doctors aided the understanding of their health conditions.

### ***Patient-doctor Communication in Patients' Compliance with Doctors' Recommendations***

Two items were used to measure patients' compliance with doctors' recommendations as a result of their interaction. Respondents were required to select one of three response options: "true", "false" or "undecided" to the statements - interaction with my doctor helps me comply with my doctors' recommendation and helps me in understanding the implication of not complying with my doctor's recommendations. The obtained percentage distribution determined if respondents' communication with their doctors aided their compliance with doctors' recommendations.

## **Analysis of Findings**

### ***Socio-demographic Information of the Respondents***

Socio-demographic information of the respondents as reflected in Table 1 shows that majority of the respondents were females ( $n=288$ ; 67.7%), ( $n=288$ ; 44.1%) were in the 20-29 age bracket ( $n=288$ ; 58.3%) were married and ( $n=288$ ; 43.8%) were graduates.

**Table 1: Respondents' Socio-demographic Data**

<b>Gender of respondents</b>		
	<i>Freq.</i>	<i>%</i>
<b>Female</b>	195	67.7
<b>Male</b>	93	32.3
<b>Total</b>	288	100.0
<b>Age of respondents</b>		
	<i>Freq.</i>	<i>%</i>
13-19 years	19	6.6
20-29 years	127	44.1
30-39 years	94	32.6
40-49 years	23	8.0
50 years and above	18	6.3
No response	7	2.4
<b>Total</b>	288	100.0
<b>Marital status of respondents</b>		
	<i>Freq.</i>	<i>%</i>
Single	105	36.5
Married	168	58.3
Divorced	4	1.4
Widowed	4	1.4
No response	7	2.4
<b>Total</b>	288	100.0
<b>Educational background of respondents</b>		
	<i>Freq.</i>	<i>%</i>
Secondary	48	16.7
Graduate	184	63.9
Post-graduate	41	14.2
No response	15	5.2
<b>Total</b>	288	100.0

### ***Perception of Doctors' Communication Skills***

Likert scale responses of 1-5 (strongly agree – strongly disagree) were used to determine the respondents' perception of doctors' communication skills. However, in the analysis "strongly agree" and "agree" were merged into "agree" while "strongly disagree" and "disagree" were merged into "disagree". The rationale for this decision was to ensure ease of data analysis. Majority of the respondents disagreed with each of the statement as reflected in Table 2. For instance, when responding to the statement, "My doctor does not pay close attention while discussing with me" (n=213; 74%) disagreed while (n=50; 17.4%) agreed with the statement. A total of (n=25; 8.7%) surveyed were undecided about the statement. It is interesting to note that a large number of those surveyed (n=114; 39.6%) agreed and just a little more (n=135; 46.9%)

disagreed with the statement, "My doctor sometimes interrupts my sentences when discussing with him". But this may not imply that the doctors are in a hurry to dismiss their patients as (n=58; 20.1%) agreed and (n=198; 68.8%) disagreed with another statement, "My doctor is always in a hurry to dismiss me." These results indicate that the respondents have positive perception of the doctors' communication skills.

**Table 2: Respondents' Perception of Communication Skills of Doctors**

Statement	Agree	Undecided	Disagree
My doctor is always in a hurry to dismiss me	58(20.1)	32(11.1)	198(68.8)
My doctor does not pay close attention while discussing with me	50(17.4)	25(8.7)	213(74.0)
My doctor tends to be easily distracted while attending to me	65(22.6)	40(13.9)	183(63.5)
My doctor hardly pays attention to my complaints before making his diagnosis	72(25.0)	29(10.1)	187(64.9)
My doctor sometimes interrupts my sentences when discussing with him	114(39.6)	39(13.5)	135(46.9)

### *Patient-doctor Communication in Patients' Understanding of their Health Conditions*

A large proportion of those who participated in the survey believed that communication with their doctors during consultation aided their understanding of their health conditions. This is evident by the largest number (n=276; 95.8%) who answered "true" to the statement "My doctor allows me to fully explain my health complaint," as well as those (n=261; 90.6%) who answered "true" to the statement "My doctor allows me to ask questions concerning my health." Conversely, just a few respondents (n=12; 4.2%) and (n=27; 9.4%) respectively answered "false". The implication of this finding is that the communication patients have during consultation with their doctors enables them to understand their health conditions.

**Table 3: Patient-doctor Communication in Understanding of Health Conditions among Respondents**

During Consultation	Response	Frequency	%
My doctor allows me to fully explain my health complaint	True	276	95.8
	False	12	4.2
My doctor uses certain medical words that I do not understand	True	116	40.3
	False	172	59.7
My doctor allows me to ask questions concerning my health	True	261	90.6
	False	27	9.4
My doctor carries me along and I do not have a problem understanding my health conditions and how to manage my health better	True	219	76.0
	False	69	24.0
My doctor always explains the treatment options to me	True	236	81.9
	False	52	18.1
My doctor sometimes allows my input in making treatment decisions	True	176	61.1
	False	112	38.9

***Patient-doctor Communication in Complying with Doctors' Recommendations***

Majority of the respondents believe that interaction with their doctors not only help them in complying with doctors' recommendations but in understanding the implication of not complying with such recommendations. When requested to respond to interaction with my doctor "helps me comply with my doctor's recommendations," (n=177; 61.5%) responded "true" while (n=97; 33.7%) responded "false". Only (n=14; 4.8%) respondents evaluated were undecided. Furthermore, when requested to respond to interaction with my doctor "helps me in understanding the implication of not complying with my doctor's recommendations," showed even larger number (n=239; 83%) responded "true" while (n=38; 13.2%) responded "false". Only (n=11; 3.8%) surveyed were undecided.

**Table 4: Patient-doctor Communication in Complying with Doctors' Recommendations among Respondents**

<b>Interaction with my doctor</b>	<b>Response</b>	<b>Frequency</b>	<b>%</b>
Helps me comply with my doctor's recommendations	True	177	61.5
	False	97	33.7
	Undecided	14	4.8
Helps me in understanding the implication of not complying with my doctor's recommendations	True	239	83.0
	False	38	13.2
	Undecided	11	3.8

**Discussion**

One of the findings of this study showed that the respondents have positive perception of doctors' communication skills. Two styles or approaches described in health communication and commonly adopted by doctors are the doctor-centred (biomedical) and the patient-centered approach (Blanquicett *et al.*, 2007). According to the authors, a patient's willingness to disclose information and the likelihood of following advice may be determined by how the patient views his or her doctor or how that doctor communicates. This finding leads us to believe that the patient-doctor approach is adopted by doctors when interacting with the respondents and is very crucial towards achieving good health outcome for the patients. Expectedly, satisfactory patient outcomes are advantageous for doctors in terms of greater job satisfaction, less work-related stress, and reduced burnout (Epstein, Franks, Shields, Meldrum, Miller, Campbell & Fiscella, 2005; O'keefe cited in Fong Ha & Longnecker, 2010).

Notwithstanding the foregoing, the nature of clinical consultations has previously been criticized for being too paternalistic or doctor-centred (Adam, 2014). Blanquicett *et al.* (2007) had argued that if physician perception is

negative, the medical encounter may be in jeopardy. In this sense, it may not be uncommon for a dissatisfied or discontented patient to seek redress against a doctor which may result in suspension from practice, withdrawal of practicing licence, litigation etc. Ultimately, how dis(satisfied) a patient is with a doctor's communication skills is a function of the approach adopted by the doctor during consultation.

It may be emphasized, however, that organizational structure and practice may be key issues in understanding the approach adopted by a doctor during consultation. For instance, there have been claims postulating that doctors in private practice communicate better than their counterparts in public practice. It is likely that those employed by the government (state or federal) are saddled with greater work load associated with greater time constraint. Time constraint, therefore, remains a key issue in today's consultations, and doctors, based on the assumption that letting patients speak exhaustively increases the length of the consultation, often decide to follow their agenda and interrupt patients after the expression of their first concern (Beckman & Frankel cited in Zanini, Sarzi-Puttini, Atzeni, Di Franco & Rubinelli, 2014). Further investigation into this assumption in the understanding of doctor-patient communication during consultation would be interesting.

Another finding revealed that a large proportion of those who participated in the survey believe that communication with their doctors during consultation aided in the understanding of their health conditions. This is consistent with the patient-centered approach that allows patients to be part of the discussion during consultation. For instance, patients reported that, "my doctor allows me to fully explain my health complaint", "my doctor allows me to ask questions concerning my health", among others. Clark cited in Patel, Arocha and Kushniruk (2002) has argued that the clinical interview is characterized by a question-response exchange of information, in which the physician attempts to construct a biomedical model from the series of events and episodes that the patient presents in a conversation. According to the authors, the clinical interview provides an opportunity for both physician and patient to develop a shared understanding of the problem. This is important considering that a physician's responsibility is to make a correct diagnosis which aids a patient's ability to adjust and cope with a health challenge. Hence, interactive communication between a doctor and a patient during clinical sessions cannot be over-emphasized.

An additional finding of the study is that patient-doctor communication aided the patients' compliance with doctors' recommendations. Admittedly, carrying a patient along during this interaction, gives the patient a sense of belonging and trust in the ability of the doctor to take decisions that are in his or her interest. The implication of this finding is that patients are not only enabled to comply with doctors' recommendations but take responsibility for their health because of their interaction during consultation. This finding supports the proposition of the Theory of Patient Enablement which states that patients

would attain greater enablement when their needs are appropriately identified, acknowledged and addressed with them by physicians during consultations. Patel *et al.* (2002) had argued that adherence to recommended treatment can be achieved if the patients accept the physicians' explanations of their disorder. Compliance with a doctor's recommendation, therefore, is a key indicator of the patient's resolve towards achieving that desired health outcome.

## **Conclusion and Recommendation**

The place of effective patient-doctor communication is crucial and cannot be ignored in good medical practice. This study reveals that respondents' have a positive perception of doctors' communication skills and that these skills aid the patients in the understanding of their health conditions and compliance with their doctors' recommendations. These findings support the arguments by some scholars (Abioye Kuteyi *et al.*, 2010; Andaleeb & Simmonds cited in Angko & Aboyinga, 2013) that interpersonal skills of doctors deployed in doctor-patient communication will ensure patients' satisfactory health outcomes and ultimately enhance medical practice. These underscore the need for doctors to be sensitive to the communication encounter with their patients.

Based on the findings of this study, it is recommended that doctors in both private and public sector in the country should adopt the patient-centred approach during their clinical consultations. This will go a long way towards ensuring that both patients and their doctors have a meaningful interaction during medical consultations. Adopting this approach in medical practice in Nigeria will contribute in no small measure towards addressing the myriad of health challenges in the health sector.

## ***Limitation of the Study***

Like other studies, this current study is not without limitations. The notable one is evident in the number of selected hospitals where the study was carried out. Only three hospitals were selected for the study. There is need to include more hospitals in future studies to ensure generalizability of the findings to a larger population.

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