

**ORIGINAL ARTICLE**

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**STOPPING DOCTOR-PATIENT COMMUNICATION GAP: THE TEN ESSENTIAL METHODS**

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**ABSTRACT**

- Background :** An effective doctor-patient communication has increasingly being recognized as an important factor in patient care. All means should be oriented towards narrowing communication gap. The essential methods must be searched and doctor must be able to conduct communication session in more pleasing manner.
- Methodology:** This is a systematic review on observations made on doctor-patient relationship on various setting and supported by feedbacks from many scholars who are involved in research, teaching and also papers and studies on the said subject.
- Results:** It is been realized that effective communication is not easily done if its process not well complemented and the gap is left widening. From all possible communication gaps recognized and listed, at least ten have identified to be the most essential methods to be prioritized while counselling or consulting a patient.
- Conclusion:** Effective communication between patient and doctor is the essential prerequisite of good medical practice and especially important for accurate diagnosis and effective treatment. Its mutual benefit can only be observed if all efforts are centered towards managing the communication gap.
- Keywords:** Communication Gap, Doctor-Patient Relationship, Health Communication.

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## **INTRODUCTION**

The interaction that occurs between a patient and doctor is the cornerstone of medical practice. Today, effective doctor-patient communication has increasingly being recognized as an important factor in patient management. It is the medium by which the doctor gathers information from a patient to reach an accurate diagnosis and the mechanism by which information is used to manage patient<sup>1</sup>.

Lately, communication issues between doctors and patients has attracted an increasing amount of attention within health care studies<sup>2</sup>.

Communication can be defined as the ability to convey information, feelings, thoughts and attitudes, receive and comprehend messages from others and use interpersonal and collaborative processes<sup>3</sup>. In another definition, communication is described as the process by which information, decisions and directives are transmitted among people and the way in which knowledge, opinions and attitudes are formed or modified by interaction<sup>4</sup>.

The purposes of communication between doctors and patients can be divided into three main objectives namely a) creating a good inter-personal relationship, b) exchanging information, and c) making treatment related decisions.

From medical perspective, doctors need information to establish the right diagnosis and treatment plan. From the patient's point of view, there are two main reasons for seeing the doctor. First is 'the need to know and understand' – to know what is the problem, what is the cause of pain and what could be the reason for falling sick and secondly 'the need to feel known and understood' – to know the doctor acknowledge him and takes him seriously.

This paper shall analyse the important of communication between doctor and patient and how its different could be narrowed.

## **COMMUNICATION: GOOD AND BAD**

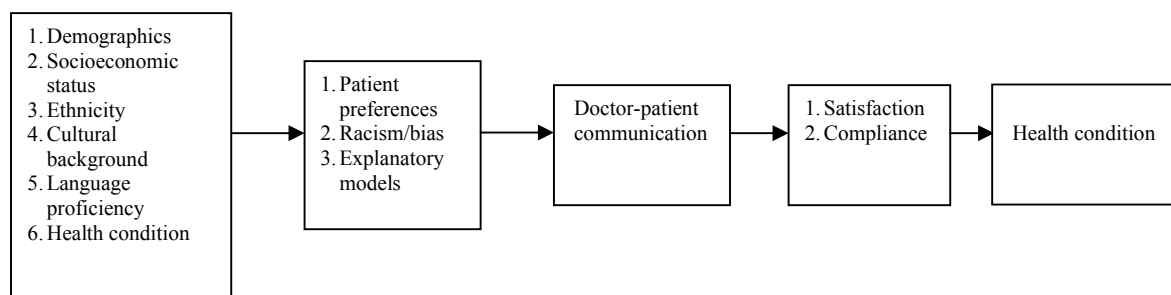
The ideal doctor patient relationship was paternalistic - the doctor directs care and makes decisions about treatment. Recently, this approach has been replaced by the ideal of 'shared decision-making'.

Patients tend to complaint about poor communication with physicians, hospital workers and other health care professionals - be it in the public as well as private sector, are universal findings on patient satisfaction surveys<sup>5</sup>. Nevertheless, doctors are also experience frustration with patients who have difficulty discussing their symptoms, expressing their concerns and understanding recommendations.

Certain aspects of doctor-patient communication seem to have an influence on patients' behavior and well-being, for example satisfaction with care, adherence to treatment, recall and understanding of medical information, coping with the disease, quality of life and even state of health. There are also evidence that effective communication leads to symptom resolution, physiological outcomes and medical decisions, as well as satisfaction of both patients and physicians<sup>6</sup>.

Not only is patient satisfaction affected by poor communication skills but there is also a significant correlation between effective doctor-patient communication and improved health outcomes as well as reductions in malpractice claims<sup>7</sup>.

Communication behaviours related to patient satisfaction may include clear and direct way to communicate, empathy and friendliness, nonverbal affiliative expressiveness, listening and other basic skills such as courtesy<sup>8</sup>. It is important to note that there are increasing prevalence of miscommunication and misunderstanding in medical practice as a result of poor communication between doctor and patient. This can be attributed to increasing communication gaps between the two parties involved. To better understand the situation, it can be illustrated as shown in Figure 1.



**Figure 1 Factors contributing to communication gaps between doctors and patients**

(adapted from Schouten & Meeuwesen 2006)<sup>9</sup>

According to this model, communication gaps are determined by lots of factors such as demographic differences, socioeconomic status, ethnicity, cultural background, language proficiency and existing health condition. This could be further widened depending on patient preferences, racism and biasness. This will eventually effect patient's satisfaction and compliance towards treatment and management given by doctors and thus the health condition would be affected<sup>9</sup>.

#### COMMUNICATION GAP: THE SILENT ISSUE

For effective communication to take place, doctor and patient should exchange each other's views on the patient's illness during the consultation, thereby uncovering and solving discrepancies in each other's explanatory models. Otherwise, gap in communication can happen. According to Kleinman, discrepancies in perception between patient and doctor especially about the patient's illness, could create gaps in doctor-patient communication which in turn lead to misunderstanding and lack of agreement about diagnosis and treatment<sup>10</sup>.

Although many studies have indicated that there are indeed variations and gaps in the communication process between patients and doctors, it is an acceptable phenomena and partly due to ethnic and cultural background. For example, in two recent studies on communication differences between medical consultations with ethnic minority patients and with native-born patients it was found that actual medical consultations with migrant patients are shorter, less social talk and mutual

involvement and more time required trying to build a relationship<sup>11</sup>.

Communication gap between doctor and patient can give rise to a wide range of health-related problems, and this will translated into the quality of care the patient received. This will also raises the issue of equity and equality in healthcare delivery<sup>12</sup>. Therefore, it is important that communication gap to be minimized and each party plays a reciprocal role in all communication transactions.

#### REDUCING GAP: TEN ESSENTIAL METHODS

There are many ways to narrowing the communication gap between doctor and patient. It is purely based on mutual understanding, responsibility and more importantly its mutual goal. It is been agreeable that the essential approaches should involve diversity of patient's socio-demographic background and patient's health profile<sup>13,14</sup>.

##### 1. Respecting Patient's Background

In every medical consultation, the doctor needs to understand patient's background in order to communicate effectively. Background differences include cultures, level of educations, lifestyles, status, religions and gender. This can be achieved through respecting patient and promote rapport establishment. Doctors need to explore patients' background including expectations, ideas and beliefs to create similarity and familiarize with patient. He should not be judgmental or bias towards certain group of

people while undermining the others. This will indirectly reduce communication gaps between patients and doctors<sup>15</sup>.

## **2. Encourage Interactive Communication**

Doctors should possess the ability to bring patient into active interaction. This will not only benefit the doctors in terms of getting more information about the illness but it will also benefit the patient. Studies have shown that patients who asked more questions, expressed more concerns and were more anxious, would receive more information than those who were asking fewer questions and expressing less concerns and anxiety.

## **3. Encourage Family Involvement**

In many situations, family support plays an important role in all phases of illness and helps to speed up recovery process. Patient will feel more relaxed and less anxious if their family members were around and brought into the consultation sessions.<sup>16</sup>

Family members provide valuable assistance and psychological support to the patient. They can perform variety of useful tasks such as monitoring medication intake, changing cloths and bringing water to patient. This will indirectly reduce patient anxiety and provides important rituals to the family.

## **4. Practicing Non-interference**

Doctors often interfere while their patient talks and this disrupt their communication flow and confidence in doctor-patient relationship. Study has shown that interruption occurred every 18 seconds into patient's descriptions during medical consultation and only 23% of patients completed their opening statement<sup>17</sup>. In fact some doctors just ignore patient's revelation through poor attention on listening. Doctors also tend to share uninvited personal information which distracts patient and interrupts the flow of conversation<sup>18</sup>.

Doctors should be more attentive and avoid frequent interruptions. Interruption can prevent useful information from appearing at all or can make important complaints arise late in the consultations<sup>19</sup>.

## **5. Portray Good Psychosocial Behaviour**

It is paramount to note that patient likes doctors who are humble and approachable while maintaining their professional image<sup>16</sup>.

Study has shown that patients' satisfaction was predicted when doctor's emotion and verbal tone is in control. However, patient's satisfaction will be lower if transaction is only confined into information-giving behaviours<sup>20</sup>.

In one assessment, it was found that the tone, pitch, quality of voice and rate of speaking convey emotions that can be accurately judged regardless of the content of the message. The important of voice is not just as the conveyor of the message, but as a complement to the message. As a communicator, doctor should be sensitive to the influence of tone, pitch and quality of voices on the interpretation of the message by the receiver.

## **6. Overcome Language Barrier**

Language barrier is common in any doctor-patient communication. It is not only blocking the transmission of the message, but more importantly it might create distance in curing effort. One method of tackling this problem is using interpreter. It is difficult to deliver effective treatment or services if the doctor and patient doesn't share a common language. Other methods that can be used are to speak slowly, use pictures or diagrams, write down key points, repeat questions in different ways, repeat instructions and verify understanding. By overcoming language barrier, doctors will be able to gather more information and elicit more findings - this in return will assist them in managing the patients<sup>21</sup>.

## **7. Avoid Using Medical Jargons**

Medical terminology is said to have a vocabulary that is equivalent to complete foreign language. Using medical jargons implies a difference in status and thus encourages passivity in patients. Most patients are unfamiliar with medical language and only conversant in their everyday language<sup>22</sup>. It is important to use terms that are simple and easy to understand followed by medical terminologies.

Study has shown that clear differences of understanding of common medical and psychological terms exist between doctors, nurses, other health care professionals and patients. The level of correct understanding is highest for physicians (70%) and lowest for patients (36%). The widest gap in physician-patient understanding is regarding common psychological terms such as depression,

migraine, eating disorders. These terms are often used in doctor-patient interactions which often tend to apart the understanding. This could result in patient dissatisfaction and non-adherence to treatment advice<sup>23</sup>.

### **8. Identify and Appreciate Non-verbal Cues**

Doctor must have the ability to interpret the body language or gestures used by patient. Non-verbal cue could be a tell-tale sign from the patient and could be a useful indicator for the doctors. Non-verbal cues can be static or dynamic and both transmit important information from the sender to the receiver. Examples of static non-verbal communications are distance, posture, orientation and physical contact whilst dynamic non-verbal communications are facial expressions, gestures and eye contact<sup>21</sup>.

Non-verbal behavior can be portrayed in different ways. Tone of voice, gaze, posture, laughter, facial expressions, touch and physical distance are thought to convey the emotional tone of interpersonal interaction.

Studies have shown that only 7% of the emotional communication is conveyed verbally, 22% is transferred by voice tone but 55% is transferred by visual cues like eye contact and body positioning<sup>2</sup>.

### **9. Provide Conducive Environment**

The environment or setting during conversation or consultation with patients should be conducive and can have a profound effect on the patient<sup>15</sup>. Studies have indicated that patients who are given information under a tense environment tend to forget up almost two-thirds of what they have been told<sup>24</sup>.

This reflecting provider attitude and care. It is a manifestation of concern and caring. Therefore, if it is well managed and in the form of very pleasing setting, it is an indirect way to respect your patient and in the process it will definitely capable to narrowing doctor-patient communication gap.

### **10. Make Use of Media**

Electronic and non-electronic media in communication is proven to be useful. Doctors can use diagrams, pictures or illustrated drawings to facilitate their consultations. Portable media players in waiting rooms offer patients an introduction to the visits and

mobile devices at homes monitor chronic illnesses<sup>12</sup>.

Other media includes digital technologies such as video games, virtual worlds, software, handphones, handheld devices, interactive television/telemedicine and online communication such as internet, blogs, chatrooms, e-mail, newsletter, CD-ROMs and hypertext are also part of electronic and multimedia publishing that can be used to empower patient with more in depth knowledge<sup>12</sup>.

In the era of knowledge-based medicine, certainly media plays very important role to provide additional health information to complement knowledge provided by the doctor, thus narrowing the knowledge gap.

### **CONCLUSION**

Effective communication between patient and doctor is the essential prerequisite of good medical practice and important for accurate diagnosis and effective treatment. Good communication can benefit both the patient and the doctor. For the patient, impact of a good communication has led to higher satisfaction, lower stress, anxiety and pain, increase compliance, better understanding of treatment, better controlled health status, fewer emergency visits and shorter hospital stays. For doctors, improved communications has caused higher satisfaction, fewer medical errors and lesser malpractice lawsuits. This mutual benefit can only be observed if all efforts are centered on narrowing communication gap. The integration of all the methods outlined in this paper is essential to reduce the communication gap between doctors and patients.

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