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## CHALLENGES, INSIGHTS, BARRIERS IN DOCTOR - PATIENT COMMUNICATION

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### Abstract

This study was developed to provide insights into the interactions between doctors and patients, highlighting the barriers in medical communication and how these barriers can be overcome. One of the most important aspects of the doctor-patient relationship is the mutual benefit derived by both parties. The research was based on the necessity of performant communication between doctors and patients, with the clear goal of ensuring that patients and caregivers receive all the information they need.

This research primarily focuses on the theoretical basis of how doctors can enhance their communication skills. However, doctors are not solely responsible for improving the flow of information in a medical setting. Patients and caregivers also need to clearly communicate their wants and needs. The relationship between doctors and patients should be based on a win-win situation, where doctors provide effective medical services and patients regain their health. The main conclusion emphasizes the importance of medical communication, particularly the fact that current approaches to doctor-patient communication are outdated.

In an ideal world, doctors would collaborate with their patients to provide the best care possible. Often, doctors make decisions based on quick assessments, which may be biased. Therefore, doctors need to take the time or set up opportunities to discuss treatment choices with patients, sharing responsibility and control with them. Successful information exchange ensures that concerns are elicited and explored, and that explanations of treatment options are balanced and understood to enable shared decision-making.

Keywords: *communication; communication methods; medicine; doctor-patient communication; barriers in doctor-patient communication; health system; healthcare system.*

***„Patients don't remember doctor's prescription, but their communication” - Prachi Kerkar***

### Introduction

Doctor-patient communication, like any other communication process, can encounter various challenges, not only in terms of the process itself but also as a result of differing perspectives between participants (i.e., doctors, caregivers, patients, and their families).

State-of-the-art medical care cannot be achieved without considering the importance of doctor-patient communication. There are often situations where this communication process does not meet optimal standards. The emergence of barriers in communication between doctors and patients or caregivers can lead to a decline in the efficacy of medical procedures, resulting in a significantly lower number of adequately addressed cases. There are many barriers to good communication in the doctor-patient relationship, including patients' anxiety and fear, doctors' workload, fear of litigation, fear of physical or verbal abuse, and unrealistic patient expectations.

### Deterioration of Doctors' Communication Skills

The deterioration of doctors' communication skills can be considered the most important issue in doctor-patient communication. Over time, doctors in training often lose focus on holistic patient care. Moreover, the emotional and physical demands of medical training, particularly during internships and residencies, suppress empathy and replace proficient interpersonal skills with mechanical techniques and procedures, prioritizing standardized treatment routes over treating patients as individuals. Unfortunately, this approach has sometimes led to the dismissal or even derision of patients' concerns.

### Nondisclosure of Information

Doctor-patient interaction is an extremely complex process. The inaccurate relay of information is a serious potential pitfall in communication, especially in terms of patients' understanding of their prognosis, purpose of care, expectations, and involvement in treatment. These crucial factors may affect the choices patients make

regarding their treatment and end-of-life care, significantly influencing the course of their illness. Good communication skills practiced by doctors allow patients to perceive themselves as full participants in discussions related to their health. This experience, which can influence patient biology, is described as the *“biology of self-confidence”* by Sobel, who emphasized the critical role of patients' perception in their healing process

### **Doctors' Avoidant Behavior**

Over the years, scholars have noted that doctors often avoid discussing with patients or caregivers the emotional and social impact of patients' problems. The main reasons cited by doctors include the stress of their workload, patient backlog, and the emotional bandwidth required to appropriately handle these issues with patients, or quite simply, that they do not have the time to do so adequately. In such cases, scholars argue that ineffective hospital or clinical organization adversely affects doctors, draining them of the mental and emotional capacity necessary to properly attend to patients, thereby increasing patient distress. Doctors' avoidant behavior may result in patients being unwilling to disclose problems, which could delay and negatively impact their recovery.

### **Discouragement of Collaboration**

In some cases, doctors have been found to discourage patients from voicing their concerns, expectations, and requests for more information. This approach may spark a negative domino effect, as it not only deters patients from expressing themselves and asserting their need for information but also adversely influences their treatment outcome, potentially damaging any future interactions they may have in medical environments. In these cases, patients, as well as caregivers, may feel disempowered and may be unable to achieve their health goals. The absence of sufficient explanations or information can result in poor patient understanding. The lack of consensus between doctor and patient may lead to therapeutic failure, and is a major consequence of an unprofessional healthcare system.

Nowadays, patients are beginning to recognize that they are not passive recipients and can resist the power and expert authority traditionally granted to doctors. They can implicitly and explicitly resist the monologue of information provided by doctors by actively reconstructing expert information to support their own preconceptions, integrated with their intrinsic knowledge of their own bodies and experiences, as well as their societal context. Being attentive to social relationships and contexts will ensure that this information is received, understood, and, most importantly, acted upon. Lee and Garvin assert that inequality, social relations, and structural constraints may be the most influential factors in healthcare. This was illustrated in their study when female patients from a lower socioeconomic demographic in the Appalachian region of the United States modified advice to avoid sun exposure, and, due to societal pressures equating tanned skin with beauty, continued tanning despite knowing the risks associated with sun exposure and skin cancer. The study by Lee and Garvin demonstrates the need to consider social factors in the production, dissemination, and use of knowledge.

Surveys and studies from specialized publications have shown that communication issues can arise due to a lack of time, staff resources, resource scarcity, and increased bureaucracy. Each of these factors makes it difficult for healthcare staff to employ effective communication practices. It is important to consider these factors when planning, delivering, or assessing care.

A doctor's approach and attitude towards patients can either break down barriers or create them. Doctors who allow their frustrations to affect their interactions with those seeking medical care, or who do not treat patients empathetically, may prevent patients from voicing their concerns.

### **The impact of Barriers to Communication in Healthcare**

Issues in communication between doctors, patients, and caregivers can reduce the quality of medical care provided, leading to patients becoming less open and honest. This can quickly develop into a cycle, as this dishonesty and mistrust can, in turn, affect how doctors provide care and lead to the omission of information from both sides. More importantly, barriers to communication can result in missed opportunities to notice the deterioration of a patient's health and wellbeing, or to improve their medical care, all of which can significantly impact the quality of care.

If patients feel that they can't communicate and are left unheard — or worse, that they are being ignored — it can further a sense of disempowerment that we do not want to see in individuals who may have already lost a significant amount of autonomy. It is imperative that everyone involved in healthcare — doctors, patients and caregivers, be open, honest, communicative, and, most importantly, willing to listen. Only when these requirements are met can the services provided be truly professional.

## Overcoming Barriers

Physicians cannot avoid barriers in doctor-patient communication, but they can work around or remove them. Although many of these issues are transferable between conditions, preparation is key to success. Healthcare workers need to be ready for any problems that may arise due to poor communication so they can address them effectively and in the best way for the patient. Doctor-patient relationships are often long-term, involving multiple visits. This is an important aspect of providing proficient care as it not only helps doctors follow up on treatment and develop a comprehensive patient profile, but also reinforces the importance of effective communication between physicians and patients or caregivers, thereby developing a long-standing, supportive relationship.

Several studies have focused on the importance of patients' reactions to doctors' attitudes. Comparisons between studies are difficult, as numerous tools are available but no single tool is entirely satisfactory. Different trials use combinations of different tools for this reason. Additionally, items are generated for measuring patient perceptions without predefined categories of doctors' behaviors.

Satisfaction is a complex concept with many determinants. It is used as the ultimate outcome of healthcare services delivery, serving as a proxy for health, and its rating provides useful information about the structure, process, and outcomes of care. Morss et al., as quoted by Alazri and Neal, reviewed relevant qualitative studies and found that the domains used to assess patient satisfaction with care included availability of the physician, coordination within a multidisciplinary team, competence, communication and relationships, ability to provide information and educate patients, responsiveness to emotional needs, ability to provide holistic care, and ability to support patients' decision-making. Satisfaction contributes to better medical outcomes through the fulfillment of patients' values and expectations. Patients who experience good processes and outcomes of care are more satisfied and therefore more likely to maintain the existing doctor-patient relationship."

The main independent predictors of satisfaction have been patients' perceptions of communication and partnership, and a positive doctor approach. Satisfaction strongly predicts compliance with treatment and medical outcomes in acute illnesses.

## Conclusion

Physicians are not inherently born with excellent communication skills, as they have different innate talents. Nevertheless, doctors can understand the essence and importance of good doctor-patient communication. They can study and practice communication skills, learn to modify their communication style as needed, develop self-awareness, self-monitor, and have the incentive to train these abilities. Communication skills training has been shown to improve doctor-patient communication. However, these improvements may diminish over time. It is therefore crucial to continually practice these new skills and receive regular feedback on their application. Some argue that medical education should go beyond mere skills training to foster physicians' responsiveness to the unique experiences of their patients.

In an ideal world, doctors would collaborate with their patients to provide the best care possible. Often, doctors make decisions based on quick assessments, which can be biased. This requires doctors to take the time or create opportunities to discuss treatment options with patients, sharing both responsibility and control. Successful information exchange ensures that concerns are elicited and explored, and that explanations of treatment options are balanced and understood, enabling shared decision-making. In this approach, the doctor facilitates discussions and negotiations with patients, and treatment options are evaluated and tailored to the specific context of each patient's situation and needs, rather than following a standardized protocol. Care options should be collaborative between doctor and patient, considering the patient's expectations, desired outcomes, level of risk acceptance, and any associated costs to maximize adherence and achieve the best possible outcome.

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