

## DOCTOR AND PATIENT PERSPECTIVE OF THE BARRIERS TO EFFECTIVE DOCTOR-PATIENT COMMUNICATION: A HOSPITAL-BASED CROSS-SECTIONAL STUDY

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Received : 02/11/2023  
Received in revised form : 04/12/2023  
Accepted : 18/12/2023

**Keywords:**  
Doctor-patient communication,  
Barriers to communication, Hospital-based study.

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DOI: 10.47009/jamp.2023.5.6.254

Source of Support: Nil,  
Conflict of Interest: None declared

*Int J Acad Med Pharm*  
2023; 5 (6); 1236-1241



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### Abstract

**Background:** Apart from medical knowledge and clinical skills, communications skills of the doctor are important in delivering the patient care. However, many factors influence the effective doctor-patient communication. The study aims to identify barriers in the doctor-patient communication in the Out-patient Department from the doctor's and patient's perspective and to assess the factors associated with the doctor-patient communication satisfaction among the doctors and patients. **Materials and Methods:** This is a hospital-based cross-sectional study conducted among the out-patient department patients and doctors in a Medical College Hospital and Research Centre, at Chengalpattu district, Tamil Nadu. A sample size of 110, with 55 each of patients and doctors was considered. Data were statistically evaluated, where  $p < 0.05$  is statistically significant. **Result:** Among a total of 55 patients, Overall patient satisfaction with doctor-patient communication was good (83.6%). Level of satisfaction was moderate in 14.5% study participants and only 1.8% was having poor level of satisfaction with the doctor-patient communication. Among a total of 55 doctors, overall problematic perceiving of the doctor-patient communication by the doctors was only 21.8% in the present study, and the rest 78.2% doctors were found to have no problems with the doctor-patient communication. Only less work experience was found to be significantly associated with perceived problematic communication among the doctors. None of these factors were found to be significantly associated with level of satisfaction among the patients. **Conclusion:** Despite the worldwide emphasis on importance of communication skills, physicians are not yet to be given a formal training for the same. Implementing the Attitude, Ethics, and Communication (AETCOM) module across all medical colleges in India is viewed as a potential solution to train doctors in the early stages of their careers, thereby eliminating communication barriers with patients. Subsequent studies post-implementation are crucial to assess the effectiveness decisively.

## INTRODUCTION

The traditional method of listening to the patients' symptoms for arriving at a diagnosis was replaced by the unavoidable need for wide variety of blood tests, radiological procedures and other investigations in the modern medicine. Also, in contrast to the old belief where doctor was considered to be superior to

the patient who presents to him in need of treatment, present scenario demands the doctor to communicate even the minute details of the care being provided, which is often a form of inquiry based on the internet content. All these scenarios compel the doctor to communicate effectively to the patients in the given limited time. <sup>[1,2]</sup>

Though medical knowledge and clinical skills are important in-patient care, equally important factor in delivering this care is the communications skills of the doctor.<sup>[3]</sup> In view of this integral nature of the doctor-patient communication in clinical practice, it is essential to build rapport by effective and empathetic communication with patients for providing better healthcare.<sup>[4]</sup>

Problems in communication can be attributed to the increased focus of the present-day healthcare providers on the diseases and their management, rather than the patient himself. Other factors that can affect the doctor patient relationships as well as the patient satisfaction include stressful workplace, medical jargons, time management, difficulties with rapport building, poor explanation of complaints by the patients, difference in the language and the culture of the patient and physician, the physical set up of the clinic etc. <sup>[5,6]</sup>

In response to the increasing need for effective communication skills, medical education in India started implementing foundation course for undergraduates that focuses on the communication, basic clinical skills and professionalism.<sup>[7]</sup>

### Objectives

1. To identify barriers in the doctor-patient communication in the Out-patient Department from the doctor's and patient's perspective.
2. To assess the factors associated with the doctor-patient communication satisfaction among the doctors and patients.

## MATERIALS AND METHODS

The hospital-based cross-sectional study is conducted among Out- patient department patients and doctors working as Consultants, Senior residents and Junior residents in a Medical College Hospital and Research Centre, at Chengalpattu district, Tamil Nadu. The study duration was 3 months, from May 2022 to July 2022. Patients who are very sick to respond were excluded. A sample size of 110, with 55 each of patients and doctors was considered. Based on the Roseline et al study<sup>4</sup>, where the communication gap was 8.3% in the doctor-patient communication as perceived by the patients, from the formula  $n = Z_{1-\alpha/2} p(1-p)/d^2$ , with an absolute precision of '8', maximum sample size for the patients was taken as '55' and an equal number of doctors were considered. Study subjects were selected by purposive sampling. Institutional Ethical Committee clearance was obtained to conduct the study. Participants were contacted and after obtaining the written informed consent, details were collected by using two pre-designed, semi-structured questionnaires, which are separate for the doctors and the patients. Apart from demographic details, doctor's questionnaire has 12 questions graded with Likert's scale. Similarly, patient's questionnaire has 7 Yes/No questions, and 9 questions graded with Likert's scale. Data were statistically evaluated with

the IBM SPSS Statistics for Windows, Version 22.0. IBM Corp., Chicago, IL. Descriptive statistics were reported as mean (SD) for the continuous variables, and frequencies (percentage) for the categorical variables. Chi-Square test was used to test the level of significance, where  $p < 0.05$  is statistically significant.

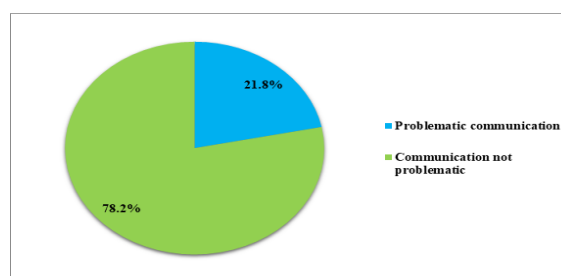
## RESULTS

From [Table 1], among a total of 55 patients, 50.9% were in the age group of 21-30 years, 63.6% of patients were females, most (56.4%) were not multi-linguistic, most of them (65.5%) had visited the hospital for 3 or less times, and 56.4% subjects visited the hospital for follow-up.

Among a total of 55 doctors, 60% of them were in the age group of 21-30 years, most of them were males (56.4%), local language was the first language for most of them (63.6%), 40% of them knows 4 languages, 43.6% of them were senior residents and 67.3% of them had 5 or less years of work experience. [Table 2]

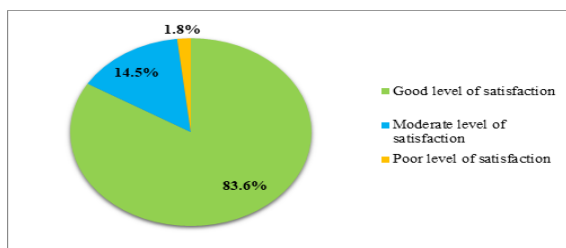
In the present study, on a whole, most doctors did not have any difficulties in communicating to the patient. Limited consultation time (23.6%), language barrier (16.4%), inconsistent information by the patient (18.2%), poor understanding by the patient (18.2%) and presenting too many problems by the patient (18.2%) were the common difficulties in patient communication, felt by the doctors. [Table 3]

Accordingly, overall problematic perceiving of the doctor-patient communication by the doctors was only 21.8% in the present study, and the rest 78.2% doctors were found to have no problems with the doctor-patient communication. [Figure 1]



**Figure 1: Doctor's perceptions on doctor-patient communication (n=55)**

Factors associated with the perceived problematic doctor-patient communication among the doctors include age >30 years (22.7%), females (33.3%), local language as first language (22.8%), not knowing many languages (26.7%), working as junior residents (22.2%) and work experience of <5 years (32.4%). However, only work experience was found to be significantly associated with perceived problematic communication among the doctors. [Table 4]



**Figure 2: Patient satisfaction with doctor-patient communication (n=55)**

In the present study, on a whole, majority of the patients were satisfied with the doctor-patient communication. Among the areas of dissatisfaction, most were dissatisfied with the limited levels of sympathy (16.4%), explanation of the procedures (10.9%), clarification of doubts (10.9%), cross-checking of patient's understanding (10.9%), and

explanation of health condition (9.1%) by the doctors, and their own inability to convey the health condition to doctor (9.1%). [Table 5]

Overall patient satisfaction with doctor-patient communication was good (83.6%). Level of satisfaction was moderate in 14.5% study participants and only 1.8% was having poor level of satisfaction with the doctor-patient communication. [Figure 2]

From [Table 6], younger age group, i.e., 21-30 years group (21.4%), female gender (20.0%), not knowing multiple languages (19.4%), fewer hospital visits (19.4%), and visiting hospital for reasons other than follow up (25.0%) were the factors associated with either poor or moderate patient satisfaction regarding the doctor-patient communication. However, none of these factors were found to be significantly associated with level of satisfaction among the patients.

**Table 1: Socio-demographic details of the patients (n=55)**

Variable	Frequency	%
Age (in years)		
21-30	28	50.9
31-40	14	25.5
41-50	06	10.9
>50	07	12.7
Gender		
Male	20	36.4
Female	35	63.6
Multi-linguistic		
Yes	24	43.6
No	31	56.4
Frequency of hospital visits		
<3	36	65.5
>3	19	34.5
Purpose of hospital visit		
Follow-up	31	56.4
Others	24	43.6

**Table 2: Socio-demographic details of the doctors (n=55)**

Variable	Frequency	%
Age (in years)		
21-30	33	60.0
31-40	14	25.5
>40	08	14.5
Gender		
Male	31	56.4
Female	24	43.6
Local language as first language		
Yes	35	63.6
No	20	36.4
No. of languages known		
2	19	34.5
3	11	20.0
4	22	40.0
5	03	5.5
Designation		
Junior Resident	18	32.7
Senior Resident	24	43.6
Consultant	13	23.6
Years of work experience		
<5	37	67.3
>5	18	32.7

**Table 3: Difficulties by the doctor in patient communication (n=55)**

Questions related to difficulties by the doctor	Most times	Sometimes	Seldom
Limited consultation time for communication	13 (23.6%)	15 (27.3%)	27 (49.1%)
Language barrier in patient communication	09 (16.4%)	06 (10.9%)	40 (72.7%)

Poor education level of patient as barrier in communicating to the patient	07 (12.7%)	13 (23.6%)	36 (65.5%)
Patient provides inconsistent information	10 (18.2%)	16 (29.1%)	29 (52.7%)
Patient's poor understanding affecting follow-up	10 (18.2%)	12 (21.8%)	33 (60.0%)
Difficulty with patient's dialect	04 (7.3%)	04 (7.3%)	47 (85.5%)
Misinterpreted at times due to language barriers	03 (5.5%)	06 (10.9%)	46 (83.6%)
Felt the need of an interpreter	06 (10.9%)	04 (7.3%)	45 (81.8%)
Patient presents too many problems	10 (18.2%)	15 (27.3%)	30 (54.5%)
Patient shows lack of trust	05 (9.1%)	11 (20.0%)	39 (70.9%)
Lack of interest in listening by the patient	03 (5.5%)	11 (20.0%)	41 (74.5%)

**Table 4: Associated factors for doctor's perceptions on doctor-patient communication (n=55)**

Variable	Communication perceptions		Total	p-value
	Problematic (N=12)	Not problematic (N=43)		
Age (in years)				
21-30	07 (21.2%)	26 (78.8%)	33	0.893
>30	05 (22.7%)	17 (77.3%)	22	
Gender				
Male	04 (12.9%)	27 (87.1%)	31	0.136
Female	08 (33.3%)	16 (66.7%)	24	
Local language as 1st language				
Yes	08 (22.8%)	27 (77.2%)	35	0.926
No	04 (20.0%)	16 (80.0%)	20	
No. of languages known				
2/ 3	08 (26.7%)	22 (73.3%)	30	0.531
4/ 5	04 (16.0%)	21 (84.0%)	25	
Designation				
Junior Resident	04 (22.2%)	14 (77.8%)	18	0.766
Senior Resident/ Consultant	08 (21.6%)	29 (78.4%)	37	
Years of work experience				
<5	12 (32.4%)	25 (67.6%)	37	0.005*
>5	00 (0%)	18 (100%)	18	

(\*p<0.05 is statistically significant)

**Table 5: Patient satisfaction with doctor-patient communication (n=55)**

Questions related to patient satisfaction	Dissatisfied	Neutral	Satisfied
Able to convey the health condition to doctor	05 (9.1%)	09 (16.4%)	41 (74.5%)
Doctor's explanation on health condition	05 (9.1%)	08 (14.5%)	42 (76.4%)
Consultation time for proper communication	03 (5.5%)	12 (21.8%)	40 (72.7%)
Explanation of procedure and investigations	06 (10.9%)	11 (20.0%)	38 (69.1%)
Listening to the health problems by the doctor	02 (3.6%)	19 (34.5%)	34 (61.8%)
Clarification of doubts by the doctor	06 (10.9%)	10 (18.2%)	39 (70.9%)
Doctor sympathizing with the health condition	09 (16.4%)	12 (21.8%)	34 (61.8%)
Cross-checking of patient's understanding	06 (10.9%)	19 (34.5%)	30 (54.5%)
Overall interaction with doctor	04 (7.3%)	12 (21.8%)	39 (70.9%)

**Table 6: Associated factors for patient satisfaction with doctor-patient communication (n=55)**

Variable	Patient satisfaction		Total	p-value
	Moderate/ Poor (N=09)	Good (N=46)		
Age (in years)				
21-30	06 (21.4%)	22 (78.6%)	28	0.503
>30	03 (11.1%)	24 (88.9%)	27	
Gender				
Male	02 (11.1%)	18 (88.9%)	20	0.558
Female	07 (20.0%)	28 (80.0%)	35	
Multi-linguistic				
Yes	03 (12.5%)	21 (87.5%)	24	0.753
No	06 (19.4%)	25 (80.6%)	31	
Frequency of hospital visits				
<3	07 (19.4%)	29 (80.6%)	36	0.640
>3	02 (10.5%)	17 (89.5%)	19	
Purpose of hospital visit				
Follow-up	03 (9.6%)	28 (90.4%)	31	0.961
Others	06 (25.0%)	18 (75.0%)	24	

## DISCUSSION

In the present scenario of fast-paced competitive environment in the healthcare system, increased pressure for better performance is leading to the diminishing of the art of relationship-building

conversations among the healthcare professionals. An effective communication between the treating physician and the patient leads to improved patient compliance, better clinical outcomes and reduction in the consumerism feeling among the patients as well as malpractice litigations.<sup>[8]</sup>

In the present study, though majority of doctors did not have any difficulties in patient communication, the common difficulties perceived by the doctors included limited consultation time, language barrier, and inconsistent information by the patient, poor understanding by the patient and presenting too many problems by the patient. Factors associated with the perceived problematic doctor-patient communication among the doctors in the present study include higher age, females, language barrier, and less work experience. In a study by,<sup>[9]</sup> about 41.8% physicians had 'good' communication, particularly more among the female doctors. Increased physicians' years of experience was significantly associated with better communication skills practice competencies.<sup>[10]</sup> study reported that higher levels of related knowledge, having higher age or longer work experience, and working in the public sector can predict better practice scores. Similarly, in a study by,<sup>[11]</sup> most physicians noted lack of time as a barrier. Also, practice scores of the physicians were significantly different for residents, staff physicians and specialists. In a study by,<sup>[12]</sup> it was found that doctors' communication skills indirectly influence patients' trust in doctors, and apart from improved health service quality, increased communication skills helps in promoting the rural doctor-patient relationship.

In the present study, most patients were satisfied with the doctor-patient communication. Those who were dissatisfied perceived factors like doctor being non-sympathetic to their complaints, poor explanation of the procedures, non-clarification of doubts by the doctors etc. Some felt their own inability to convey the health condition to doctor is also a barrier of satisfactory doctor-patient communication. Younger age group, female gender, language barrier, frequency and nature of hospital visits were the factors associated with patient dissatisfaction of doctor-patient communication in the present study. Patient's satisfaction is often influenced by some characteristics in the physicians like flexibility, swiftness and frequent checking of the patient's understandings. Similarly, undesirable characteristics associated with patient dissatisfaction include slower explanation with sequential movement through the topics by the doctors, as this type of conversation lacks the involvement of the patients in the communication.<sup>[13]</sup> In most patients (60%) had difficulties in communicating with the doctors. Factors like age and education of the patient influenced the communication, as the communication barriers decreased with age and increased with education.<sup>[14,15]</sup>

Use of medical jargons by the doctors should be avoided for effective conveying of the information to the patient. Accordingly, a study by,<sup>[16]</sup> reported that the cardiologists' communication involving jargons is not adequately reaching the patients, young adults in particular. In a study by,<sup>[17]</sup> most respondents felt that they were not given complete information about the disease and its treatment options by the treating

doctor, and time was found to be the main barrier to the patient physician communication.<sup>[18]</sup> reported that the patients perceived improper behavior and not providing adequate information by the doctors as the barriers and the suggestions by the patients for effective communication included more time for communication, using simple language by the doctors, sympathizing with the patients etc. Regarding the consultation time barrier, most doctors reported that time pressure is a major barrier in treating patients, and accordingly, increased duration of consultation time is associated with more accurate diagnosis of psychological problems.<sup>[19]</sup> In (Savio et al., 2014), most physicians noted lack of time as a barrier. In Spain study (Mira et al., 2014), lack of consultation time and patients' use of Internet or other sources were identified as new barriers to the doctor-patient communication by the patients. In contrast, it was found in (Elmore et al., 2016) that there was no association with consultation length, and at time, short consultations lead to better patient experiences.

In a study by (William et al., 2019), most medical students had positive attitude towards learning communication skills, and study by (Choudhary & Gupta, 2015) reported that most students recognized the importance of learning communication skills for effective practice. Introducing practical aspects of communication as early as at the undergraduate medical curriculum level, sensitizing the clinicians to the emotions of the patients, use of simple terms to explain about the disease condition and its management, periodical training of the doctors, and conducting regular surveys to assess patient's satisfaction level can help in better doctor-patient communication, thus improving the provision of quality health care.

**Limitations:** The patient population is more of young adults, with female predominance. Also, most were degree holders among the patients, favoring increased satisfaction levels with the doctor-patient communication among the patients.

## CONCLUSION

Communication forms the basis of any relationship and doctor-patient relationship is no exception. From the results of the study it can be concluded that about two third of the patients are satisfied with their consultation and doctor's communication skills. On the other hand, doctors feel that barriers like time and language exists during their interaction once in a while with limited consultation time being the most frequently faced one. Despite the worldwide emphasis on importance of communication skills, physicians are not yet to be given a formal training for the same. The prospective implementation of the Attitude, Ethics, and Communication (AETCOM) module throughout medical colleges in India is perceived as a viable solution for imparting training to early-career physicians. This initiative holds promise in effectively mitigating communication

barriers with patients. It is imperative to conduct post-implementation studies to rigorously assess and document the affirmative and decisive outcomes of this intervention.

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