Asia Pacific Journal of Research in Business Management
Vol. 8, Issue 10, October 2017 Impact Factor: 5.16, ISSN: (2229-4104)
www.skirec.org Email Id: skirec.org@gmail.com

DOCTOR-PATIENT COMMUNICATION IN HOSPITAL: AN EXPLORATION OF PATIENTS' EXPERIENCE

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ABSTRACT

OBJECTIVE: To analyse the communication that is in practice in hospitals of Lucknow from the patient point of view`s.

METHODS: A qualitative perspective using a hermeneutic phenomenological approach will be considered to be the most appropriate methodology for this study. The data is collected through personal in-depth interview.

RESULTS: The data were analysed through demonstrating the response of respondent using phenomenological approach. The study suggested in contrast of literature that good communication skill of a doctor provide more satisfaction to the patient. They feel more satisfied when they friendly behave by the doctor.

CONCLUSION: Patient wants more time from doctor`s side and the environment of hospitals should be hygienic and intermediaries do not practice misleading activities which hamper the process of diagnostics.

IMPLICATION: From the future point of research, one can do the study on doctor patient communication from doctor`s experience perception about patient. Researcher can explore with more reliability and validity in their research using large number of sample. The possible limitation of the study is small size of the respondents, however we cannot generalize these thing to whole population, but it provide a small contribution to the doctor in their practices.

KEY WORDS: Communication, Doctor-Patient Communication, Phenomenological Approach

INTRODUCTION

In a general sense, one can very easily say that communication means, exchange of, or act of imparting thoughts, ideas, message, experiences, wishes, emotions, moods, opinions, etc. Some people define communication as an exchange of information. The American Management Association has defined communication as, "any behavior that results in an exchange of meanings." In other words communication is the exchange of information through various media including face-to-face visits, letters, phone calls, and electronic mail. Communication is involved in all human relations. It is the nervous system of any organized group, providing the information and understanding necessary for high productivity and morale.

Communication is involved in all human activities. It is the nervous system of any organization, providing the information and understanding necessary for high productivity and morale. Communication helps in giving job satisfaction to employees, in attaining loyalty and co-operation from employee while securing desired co-ordination of their efforts.

Effective communication is basic to effective decision making and good management. Inadequate communication between management and employees causes the misunderstanding, confusion and occasionally, total collapse. On the other hand proper communication can prove the way for better relations, greater job satisfaction on account of clarity about job requirements and organizational goals, better cooperation, fostering attitudes necessary for motivations.

LITERATURE REVIEW

Milton S. Davis, (1968) done their study on 'Variations in patients' compliance with doctors' advice: an empirical analysis of patterns of communication'. The research stems from a larger study of the major social, psychological, and physical factors that account for variations in patients' compliance with doctors' orders. The investigation considered (1) the extent of patient noncompliance, and (2) the range and nature of factors that may lead to or help explain these variations. The factors reported in that paper represent a continuation of the analysis of dimensions that characterize doctor-patient interaction.

Catherine McCabe (2002), done the study on the topic of Nurse–patient communication: an exploration of patients' experiences. The aim of the study was to explore and produce statements relating to patients' experiences of how nurses communicate. A qualitative perspective using a hermeneutic phenomenological approach was considered to be the most appropriate methodology for their study. The findings of the study indicate that, in contrast to the literature that suggests that nurses were not good at communicating with patients; nurses can communicate well with patients when they use a patient-centred approach. However, health care organizations do not appear to

value or recognize the importance of nurses using a patient-centered approach when communicating with patients to ensure the delivery of quality patient care

Ms. Lally K.J. (2006) has done the study of communication pattern and barriers in a multi-specialty hospital. She found that in retrospective review of 16000 in hospital deaths, communication error were found to be the lead cause twice as frequent as errors due to inadequate clinical skills.

Chaim M. Bell, et al, (2008) analyse that communication between PCPs (primary care provider) and inpatient medical teams revealed much room for improvement. Although communication during handoffs of care is important, we were not able to find a relationship between several aspects of communication and associated adverse clinical outcomes in this multi-center patient sample. They take a total of 1,772 PCPs (primary care provider) for 2,336 patients were surveyed with 908 PCPs responses and complete patient follow-up available for 1,078 patients. The PCPs for 834 patients (77%) were aware that their patient had been admitted to the hospital. Of these, direct communication between PCPs and inpatient physicians took place for 194 patients 23%), and a discharge summary was available within 2 weeks of discharge for 347 patients (42%). Within 30 days of discharge, 233 (22%) patients died, were readmitted to the hospital, or visited an ED. In adjusted analyses, no relationship was seen between the composite outcome and direct physician communication (adjusted odds ratio 0.87, 95% confidence interval 0.56 – 1.34), the presence of a discharge summary (0.84, 95% CI 0.57–1.22), or PCP awareness of the index hospitalization (1.08, 95% CI 0.73–1.59).

RESEARCH OBJECTIVE

To Explore the Doctor-Patient Communication in hospitals of Lucknow

JUSTIFICATION OF THE STUDY

Human communication has always been of central concern to organization action. Today, the introduction of various sophisticated electronic communication technology and the demand of faster and better forms of interaction are visibly influencing the organizational communication. The growth, development and even the existence of any organization not only depends upon the pattern of communication employed, but also has taken the significant place even for its existence and survival. It is noticed that due to poor or ineffective communication dynamics put in practice by the organizations, creates problems and ultimately leading to serious disaster and unwanted disputes. That is why communication has been considered like a blood running in human arteries and let the heart beat effectively. If the blood is impure or lacking in its components, the heart will not beat effectively, thus, leading to serious malfunctioning of human body, sudden strokes or catastrophic eventualities. If the flow of communication patters in the organization is not proper, the

organization is bound to collapse. Unfortunately very little, almost insignificant work has been done to study these vital ingredients of an organization; with respect Indian hospital sector. Hence, the need to study the communication practices of Indian hospitals especially in Lucknow region, suggest the appropriate communication patterns to them for their effective working, cannot be underestimated and undermined.

RESEARCH METHODOLOGY

For exploring the experiences of patient we choose the phenomenological approach of research method. The purpose of the phenomenological approach is to illuminate the specific, to identify phenomena through how they are perceived by the actors in a situation. In the human sphere this normally translates into gathering 'deep' information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the perspective of the research participant(s). Phenomenology is concerned with the study of experience from the perspective of the individual, 'bracketing' taken-for-granted assumptions and usual ways of perceiving. Epistemologically, phenomenological approaches are based in a paradigm of personal knowledge and subjectivity, and emphasize the importance of personal perspective and interpretation. As such they are powerful for understanding subjective experience, gaining insights into people's motivations and actions, and cutting through the clutter of taken-for-granted assumptions and conventional wisdom (Stan Lester, 1999).

Phenomenological research has overlaps with other essentially qualitative approaches including ethnography, hermeneutics and symbolic interactionism. Pure phenomenological research seeks essentially to describe rather than explain, and to start from a perspective free from hypotheses or preconceptions (Husserl 1970). More recent humanist and feminist researchers refute the possibility of starting without preconceptions or bias, and emphasize the importance of making clear how interpretations and meanings have been placed on findings, as well as making the researcher visible in the 'frame' of the research as an interested and subjective actor rather than a detached and impartial observer (e.g. see Plummer 1983, Stanley & Wise 1993).

Phenomenological methods are particularly effective at bringing to the fore the experiences and perceptions of individuals from their own perspectives, and therefore at challenging structural or normative assumptions. Adding an interpretive dimension to phenomenological research, enabling it to be used as the basis for practical theory, allows it to inform, support or challenge policy and action (Stan Lester, 1999).

DATA COLLECTION

Data is collected through primary data collection method using interview. For purposive sampling, thirty participants agreed to give their response for the study. purposeful sampling is where the participants are selected prior to study on the basis that they have experience of the phenomenon being studied on can articulate this experience.(Holloway & Wheeler, 1996; Mays & Pope 1996). The respondents are eighteen male and twelve female, whom age between 25-35 years. Each respondent were visited the hospital in past and experienced about doctor patient communication.

Data were collected using unstructured interview that were recorded and lasted fifteen minutes on average. Every interview started with me exploring the research topic of the study and briefly defines the objective of our study. Then I asked them to tell their experiences about doctor-patients communication when they meet to doctor. Sometimes respondent asked me what to answer, and then I give some key words related to study to initiate the interview process. Many times respondent give some irrelevant information, but this is a part of unstructured interview (Holloway & Wheeler, 1996). Meanwhile I focused on the theme of the study with inserting some key word related to the doctor- patient communication.

DATA ANALYSIS

Demonstration of the response from the respondent is critical in the phenomenological approach. I considered certain factors like, communication skills, attention to patients, emotional attachment, friendly behavior, environment, and time dimension for demonstrating the response of respondent. In the study no personal information was recorded. All the audio- tapes used to record only the interview for the purpose of authenticity of the research. It is also helping me to analysing the data. I listen the recording again and again trying to extract the exact meaning of all the responses.

FINDINGS

The aim here should be to be faithful to the participants, and to be aware (insofar as is possible) of biases being brought to the inevitable editing which is needed; there is an ethical issue about misrepresenting, distorting or deleting findings which have been provided in good faith by participants ('treachery,' according to Plummer). The findings can be reported robustly, and my usual preference is to include direct quotes - both 'soundbites' and more extensive quotes - from participants to illustrate points. Some types of study benefit from vignettes of individual cases or participants provided this does not compromise confidentiality (Connell 1985).

At the time of analyzing the data there are certain aspects arises- i.e. communication skill of doctor, doctor`s attention to patient, emotional attachment, doctor`s behavior, environment (surrounding

of the hospital), time given to patient by doctor. According to theme we present the response of participants.

COMMUNICATION SKILL

The participants were given their views on the communication skill of a doctor. Almost all of them were satisfied with the communication skill of a doctor. Someone say good, other say very polite, good and soft. Someone was criticized that they practice one way communication, communicate very formal and rigid. Somebody mention that they should talk calmly, little soft. One respondent express that they are too rigid in communicating to patient. One respondent mention that in communication processes the role of patient is very important. Patient should feel free to communicate to doctor and openly express their problem to the doctor. One respondent shows their interest on the medium of communication that is in practice. She said that "some time medium (Hindi & English) plays important role in doctor- patient communication, also express their impact that the rural people are not much handy in English. They communicate in their local language like Bhozpuri, Awadi. Sometimes it creates miscommunication so that doctor doesn't understand what the patient is trying to say."

ATTENTION TO THE PATIENT

Regarding to 'attention to the patient' the response of the participant were not quiet same. The participants expressed different views on attention to the patients. Four of them said doctors are more attentive regarding for the patient; they listen carefully to you without making eye contact also. Four respondents differentiate it on Government hospital doctor and private hospital doctor. They said that "government doctor less attentive and private doctor are more attentive regarding to the patient." One respondent expressed that doctors pre-assume the problem without taking consideration of what patient is trying to say. One respondent said that "doctors give more attention to those who were seriously ill." Two female respondents expressed that the female doctor less attentive particularly who are gynaecologist. Meanwhile in diagnostic they were chatting to friends on mobile and their co-doctors. Some time they (respondent) feel problematic situation due to lack of attention. One respondent gives interesting fact that doctors were more attentive in morning and less attentive in evening.

EMOTIONAL ATTACHMENT

Attachment to someone feels healthy for a patient who is clinically not fit. In human nature emotion plays important role especially who are needy for that. On emotional attachment one respondent said that if a doctor is emotionally attached to patient the medicine is more effective. Six respondents said that doctors were less emotionally attached to patient. One respondent said that

their concern were only profit, not humanity. They focused on profit making instead of diagnostic well with some humanity. Someone were compared it with government and private doctor, expressed that private hospital doctor are emotionally attached but government hospital doctor not at all. One respondent mentioned that doctor should not emotionally attach because if they emotionally attached they do not perform their duty like surgery operation etc.

FRIENDLY BEHAVIOR

For behavior of a doctor the respondent gives their response as follows-

Many of them said that doctor`s behavior were friendly, they do not rudely behave. Two respondents said that "doctor's behavior were good when we pay the money for that." Six participants said that behavior of ladies doctor were rude, another one said that both male and female doctor were rude. One respondent said that doctor`s behavior were good and quoted that "doctors are called like God in our society."

ENVIRONMENT

Surrounding played a significant role in our society. It also impacts the process of diagnostic of a doctor. Most of the respondent said that environment of a private hospitals were good enough, but government hospital needs an improvements. Three respondents give their comments on ward boy, he said that they create a problem, ward boy do not behave friendly, they also practicing misleading activities. One respondent also share their experience on that 'She goes to meet the doctor by taking appointment; she got disappointed when ward boy change their number. They give early appointments to whom, who were technically more powerful in society instead of following the queue'. One respondent said that intermediaries create a problem in the surrounding of a hospital. They usually take illegal money for providing the services of hospital. One respondent express that, in private hospitals intermediaries are less involvement in misleading practices, as compare to government hospitals.

TIME DIMENSION

The respondent shows their curiosity towards the aspect 'time given by the doctor to the patient'. Most of them complaining that doctor do not give sufficient time to them. One respondent said that time given to patients was satisfactory, but he mentioned that the visit of medical representative should be separate time. One respondent said that doctor gives time according to the need of patient. Not given too much time and they do not communicate directly another respondent view. Another respondent gives their response that government hospital doctor gives less time whereas private hospital doctor gives more time.

DISCUSSION & SUGGESTION

This study focuses on the communication between doctor and patient. Patients were likely to be satisfied about the communication skills of a doctor. Overall the improvement in communication skills and time dimension is required. However, literature suggests that better physician communication skills improve patient satisfaction and clinical outcomes and good communication skills taught and learned (Suzanne M. Kurtz, 2002). It is probable that patients are more compliant in general practice. Kincey et al., (1975) found that 65 per cent of patients claimed to follow advice completely. Higher levels of patient compliance with advice might be expected if it is true that patients in general practice are more satisfied, as appears from the research of Korsch and her colleagues (Korsch et al., 1968; Francis et al., 1969; Korsch et al., 1971), that there is a strong relationship between patients' satisfaction with the consultation and their following the advice they are given. Kincey et al. (1975) also found some evidence of this relationship. Most of the studies reviewed demonstrated a correlation between effective physician- patient communication and improved patient health outcomes. The components of effective communication identified by these studies can be used as the basis both for curriculum development in medical education and for patient education programs (Moira A. Stewart, 1995).

There are some suggestions from respondent to the doctor. They are as follows-Through proper communication solve the problem of patient. Point to point communication between doctor and patient, listen the patient carefully, practice two way communication, deal one by one patient at single time, full information about patient`s disease should be given by the doctor. In the process of diagnostic all the respondents mentioned that doctor pre-assumed the disease of a patient and give the prescription, without listen the problem. Please don't follow this type of practice.

IMPLICATION

The finding of the study suggests in contrast of literature that good communication skill of a doctor provide more satisfaction to the patient. They feel more satisfied when they friendly behave by the doctor. Patient wants more time from doctor`s side and the environment of hospitals should be hygienic and intermediaries do not practice misleading activities which hamper the process of diagnostics.

From the future point of research, researcher can do the study on doctor patient communication from doctor`s experience perception about patient. What doctor thinks and want in the doctor patient communication. Researcher can explore with more reliability and validity in their research using large number of sample. The possible limitation of the study is small size of the respondents,

however we cannot generalize these thing to whole population, but it provide a small contribution to the doctor of Lucknow in their practices.

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