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Review Article

Patient-Physician Communication: Challenges and Skills

Mohammed Ibrahim Habadi[1]*, Fahad Ali Mahnashi[2], Abdulrhman J Alkhudidi[3], Ghada Raja Alharbi[4], Nojoud Majed Balubaid[4], Ahlam Ali Hamdi[5], Aliyah Mansour ALHamoud[5], Hetaf Mohammed Mealif[4], Mayar Mazen Simbawa[4], Afnan Mohammad Al Hashem[6] and Reham Awdah Albalwi[7]

[1]*Consultant of Family Medicine, Department of Family and Community Medicine, University of Jeddah, Jeddah, Saudi Arabia*
[2]*Ministry of Interior, Riyadh, Saudi Arabia*
[3]*Taif University-Taif, Saudi Arabia*
[4]*King Abdulaziz University, Jeddah, Saudi Arabia*
[5]*Jazan University, Jazan, Saudi Arabia*
[6]*King Khalid University, Abha, Saudi Arabia*
[7]*King Fahad Specialist Hospital, Tabuk, Saudi Arabia*

***Corresponding Author:** Mohammed Ibrahim Habadi, Consultant of Family Medicine, Department of Family and Community Medicine, University of Jeddah, Jeddah, Saudi Arabia.

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Abstract

Introduction: The involvement in healthcare system encompasses the art of human interaction. Communication skills is considered "The Most Important Skill in Medicine".

Aim of Work: In this review, we will try to address different aspects of caregiver-patient communication and relationship.

Methodology: A comprehensive and systematic search was conducted regarding aspects of patients-physician communication. PubMed and Google Scholar were the mainly used databases.

Conclusion: Patients' satisfaction is an indicator of adequate provider-patient relationship. In fact, patients' satisfaction is regarded as the main criterion for determining the quality of therapeutic and health services. Adequate communication enhance patients' satisfaction and outcomes. The patient-center approach focuses on the patient's concerns, perspectives, and information needs.

Keywords: *Patient; Physician; Communication*

Introduction

The involvement in healthcare system is much more than a black bag of clever tests and management-it encompasses the art of human interaction. For example, chronic renal failure may look similar from one patient case to another, but the individual human interface with disease has infinite variety. Communication skill is described as the most important required feature for people working in the health care sector that was first introduced in the 1950s [1-3]. Some expert titled communication skills as "The Most Important Skill in Medicine" [4]. Adequate communication is essential for delivering quality patient care and building healthcare provider-patient relationship with compassion and shared respect. This includes verbal and nonverbal interactions that form the basis for such relationship and integrates both patient- and doctor-centered approaches [5,6]. Unfortunately, this is sometimes sacrificed with the intrusion of business into this relationship, the pressures of limited time for office visits, the culture of medicalization, and the concerns about profits [7]. A physician's success in clinical practice may depend to a significant degree on his or her communication skills.

Skillful communication is a window for understanding the patient's perspective on the impact of illness [8]; as well as an essential element for reaching the diagnosis [9]. According to research, about 60% to 70% of medical diagnostics and treatment decisions have been performed based on the obtained information from medical interviews. Nevertheless, incorrect diagnoses were attributed mostly to poor communication and lack of jurisdiction [10]. Caregiver communication with patient serves as a modality for educating patients about their care, including disease evaluation, diagnosis, and prognosis. In addition, it plays an important role in educating and motivating patients to take appropriate actions and assist in shared decision-making for improved health outcomes [7]. These are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care [11,12].

In this review, we will try to turn the spotlight on different aspects of caregiver-patient communication and relationship. It is worth to mention that each aspect of this relationship could be dedicated an entire review.

Methodology

A comprehensive and systematic search was conducted regarding aspects of patients-physician communication. PubMed search engine (http://www.ncbi.nlm.nih.gov/) and Google Scholar search engine (https://scholar.google.com) were the mainly used database. All relevant available and accessible articles were reviewed and included. The terms used in the search were: communication skills, doctor-patient interaction, healthcare communication, and patients' communication challenges.

Benefits of successful communication

Effective doctor-patient communication is a central clinical function, and resultant communication is the heart and art of medicine and a central component in the delivery of healthcare [13-15]. The 3 main goals of current provider-patient communication are creating a good interpersonal relationship, facilitating the exchange of information, and including patients in decision making [5,6,13,16].

Patients' satisfaction is an indicator of an adequate provider-patient relationship. In fact, patients' satisfaction is regarded as the main criterion for determining the quality of therapeutic and health services [17]. Patients reporting good communication with their doctor are more likely to be satisfied with their care and more likely to share information aids for diagnosis [15,18]. One study involving 275 patients concluded a significant relationship between verbal skills and patients' satisfaction. Satisfaction level did not differ between male and female nor between varieties of educational levels. Thus, it is safe to conclude that a standard level of skills will lead to similar satisfaction in academic and illiterate individuals [8]. Non-verbal communications of the physicians (visual communication, body condition, head shaking, proper distance with patient, and association with facial and sound) will also increase the patients' satisfaction [8,19]. The caring connection established within the first few minutes of an office visit can ultimately help to build patient satisfaction. A patient's perception of adequacy of time spent with the physician during the visit contributes positively to satisfaction. This perception may be more dependent on the quality of the patient-doctor interaction and relationship and whether the patient's objectives for the visit were addressed rather than the actual number of minutes an office visit lasted [20,21].

Studies have shown correlations between patient-centered communication that gives a sense of control to patients and pain toleration, recovery from illness, decreased tumor growth, and daily functioning [15,22,23]. Other reports found better psychological and mental health with adequate communication [12,14,15,24,25]. Decrease in hospital stay and the subsequent cost of medical visits and number of referrals were also demonstrated [26,27]. Mutual agreement between physicians and their patients about the plan of management, nature of intervention, and need for follow-up is strongly associated with their recovery [28].

The physicians who are not skilled in making communication with their patients may fall in a wrong cycle such as patients' dissatisfaction, increased mistakes, misdiagnosing, increased costs of health care services, prescribing unnecessary drugs, wasting the time and money of patients, which may lead to the wrong treatment process. The consequence of such process is decreasing the quality of health services and treatments [29].

Knowledge of communication strategies has its benefits on physicians as well. It may decrease stress because delivering bad news, dealing with patients' emotions, and sharing decision making, particularly around issues of informed consent or when medical information is extremely complex, have been recognized by physicians as communication challenges [6]. Satisfied patients reflect on doctors' job satisfaction and reduced burnout [5,30]. Patients' satisfaction is correlated with fewer formal complaints and malpractice complaints [11,27,31-34].

Acquiring communication skills

Although the assumption that communication skills are something that one is born with is often encountered, a growing body of research and guidelines acknowledges that healthcare providers do not have to be born with excellent communication skills, but rather can learn them as they practice the other aspects of healthcare. Emphasis on communication skills in medicine and medical education can be seen in the statements of the international communities, guidelines for medical colleges, professional standards, and medical education [35-37]. For example, the American Association of Medical Colleges (AAMC) in its 1988 report placed the communication skills as an aim for the medical colleges and the curriculum and learning objective. A study from the UK examined the benefits of a 3-day group workshop on patient-physician interaction by videotaping at each physician's office before and after the intervention. The videotapes were rated by trained coders. The intervention improved physicians' expressions of empathy, appropriate responses to patients' cues, and using leading questions [38].

Cross-cultural care and communication

Culture is a system of beliefs, values, rules, and customs that is shared by a group and is used to interpret experiences and direct patterns of behavior. Patients' values, beliefs, and behaviors are shaped by their culture, this directly impacts their perspective on healthcare.

The impact of sociocultural factors, race, ethnicity, and language and accent proficiency on clinical care is increasingly important in the delivery of quality health care and is the focus of a growing part of research [39-47]. Sociocultural background influences patients' perspectives, values, beliefs, and behaviors regarding health and wellbeing. These factors lead to variation in patients' recognition of symptoms, thresholds for seeking care, comprehension of management strategies, expectations of care, and adherence to medical advice and measures [48,49]. In a survey of United States residency programs in multiple specialties, 96 percent of the responding physicians rated consideration of a patient's culture "moderately important" or "very important," impacting patient compliance, clinician testing behaviors, and overall quality of care [50].

Lower-quality care may result when the provider fails to recognize and understand sociocultural differences between themselves and their patients [51]. The field of cross-cultural care focuses on the ability to communicate effectively and provide quality health care to patients from diverse sociocultural backgrounds. There is excellent evidence showing that efforts to educate healthcare clinicians in cross-cultural care improve knowledge and good evidence that they improve attitudes and skills [52,53].

Racial and ethnic disparities resulting from the diverse population have influenced the quality of care. Two reports from the Institute of Medicine highlighted the importance of patient-centered care and effective cross-cultural communication as a means of improving quality, achieving equity, and eliminating the significant racial/ethnic disparities in health care that persist today [54,55]. Some evidenced finding on this influence in the United State includes:

- African Americans are less likely than non-Hispanic whites to be referred for cardiac catheterization for coronary artery disease [56].
- Hispanics with isolated long bone fractures were twice as likely as non-Hispanic whites to receive no pain medication in the emergency department [57].
- Asian Americans, compared with non-Hispanic whites, have lower rates of cancer screening (colorectal and breast), adjusting for access to care and socioeconomic status [58]. Foreign-born Asians, on survey, believed that cancer screening should be a response to symptoms and declined tests because of lack of symptoms.

Most of these studies account for potential confounding factors such as socioeconomic status, insurance status, and disease severity, and still the racial/ethnic disparities remain. Multiple factors contribute to racial disparity in health care, barriers to effective clinician-patient interactions (as language and literacy issues and different cultural beliefs) are of the most important [59].

Learning about a particular local community or cultural group can be helpful in certain situations especially when the provider is dealing with a specific group in a specific situation (e.g. refugees from a certain country). However, it is difficult and impractical if not impossible to apply this approach in a diverse large population. Hence, cross-cultural care goes beyond learning about patients based on their racial, ethnic, or cultural background, to focusing on the skills required to follow the principles of patient-centered care [60].

Patient-centeredness encompasses qualities of compassion, empathy, and responsiveness to the needs, values, and expressed preferences of the individual patient. Cross-cultural care aims to take this a step further to include skills that are especially useful in cross-cultural interactions but remain vital to all clinical encounters.

Patient-centered approach

The patient's concerns (e.g. fears, symptoms), perspectives (e.g. values, health beliefs), and information needs are of primary importance [7]. Patient-centered framework allows the clinician to learn from the individual patient the social and cultural factors that influence his or her health values, beliefs, and behaviors and offers strategies to negotiate for the best health outcome possible.

To put the concept in practical term, when providers interview patients, for example, they should start with open-ended questions that allow the patient to lead the conversation in any direction he or she desires; because it is the patient who is the expert in this part of the interview [7]. The items a patient links together in a free-form discussion may be very revealing, important clues as to what is driving the patient to seek medical care. For instance, if patients link their active symptoms to the death of a loved one, this may help to draw attention to a possible psychosocial problem. To encourage full disclosure by the patient, the physician should not interrupt the patient's discourse and flow, but may prompt the patient to continue talking with very open phrases, such as ''tell me more,'' ''and then...,'' or echo something that was said so the patient can pick up the conversation. At the end of conversation, physician may ask if there is anything else the patient wishes to share. Silence, if used wisely, can serve as a useful interview technique [7].

Many aspects and skills are essential for adequate application of patient-centered communication, the following are some important aspects.

Styles of communication [61]

Differences in styles of communication between patient and clinician, which can lead to discomfort and miscommunication, include both verbal and non-verbal communication: eye contact, touch, and personal space. Direct eye contact may be avoided in some cultures, while in others it is a sign of respect. Providers should be aware of their own tendencies and should be sensitive to the preferences of their patients.

Another key aspect of communication style is the level of assertiveness, which may range from deferent to aggressive. It should not be assumed that all patients agree with the plan outlined by the provider. A deferent patient may simply be hesitant to voice a conflicting view, making it crucial to ask for the patient's input and encourage verbalization of any disagreement.

Communication issues become more complex when preferences around delivering "bad news" to a patient need to be considered. Providers may incorrectly assume that patients should be informed of results and diagnoses, just as providers themselves would wish such news delivered. Personal and/or cultural preferences for a direct or indirect approach vary and should be elicited from patients, ideally before ordering an important test.

Techniques for adapting to different communication styles and customs are as follows:

- Get a sense for the patient's general communication style and adapt your style of communicating to fit best with his or hers.

- Try to draw out indirect or reserved patients by making them feel comfortable and asking open-ended questions. Do not assume that lack of resistance means agreement with your plan or recommendations.
- Determine how the patient prefers to receive information about results of testing.
- "I am going to check the report of your sonogram tomorrow and would like to let you know the results. Some of my patients want to be told directly, no matter what the test shows, even over the phone. While I don't suspect that there will be anything serious, I would like to know how you prefer to hear the results".
- Get a sense for whether the patient is more stoic or expressive of pain and symptoms. Avoid judging patients based on your own cultural perspective.
- Try to be flexible and pay attention to cultural differences in personal space, eye contact, body language.

Trust [61]

Trust is a crucial element in the therapeutic alliance between patient and healthcare provider. It correlates directly with adherence to clinician recommendations and patient satisfaction [62,63]. Mistrust of the healthcare system also affects patient's use of services and results in inconsistent care, self-medicating, and increased demand for referrals and diagnostic tests by patients [64].

The provider should be aware of cues that may indicate some degree of mistrust. Patients may express concerns about whether a particular test is necessary, or they may mention a bad experience in the past. These should lead to direct efforts at reassurance and trust-building. Suggestions for building trust with patients, especially across cultures, include.

Discuss mistrust openly. If the patient seems open to it, discuss why they might feel mistrustful of doctors or medical care. Reassure them of your intentions to help.

- "You've mentioned that you don't really like coming to doctors. Was there anything in particular that led you to feel that way? (Any bad experiences or concerns?)"
- Explore the patient's perspective. Ask what's important for him or her.
- "What were you hoping that I could do for you today?"
- Provide focused reassurance. After determining the patient's perspective and concerns, focus reassurance on those concerns.
- "You've told me that the pain is what you're really worried about so I'm going to make absolutely sure that you'll have adequate pain control after the operation".
- Build a partnership. Many mistrustful patients respond well to being given options and some control over their health care decisions.
- Communicate clearly. Listen carefully, avoid medical jargon, and check in regularly for feedback from the patient.

Sexual and gender issues [61]

In many parts of the world, including the Middle East, Africa, and South Asia, gender roles are strictly defined and enforced. The male role is commonly seen as that of protector and spokesperson for the family. Cultural differences in attitudes towards sexuality and gender roles can be "hot button" issues and should be negotiated with tact and respect to maintain the therapeutic relationship.

Difficult situations may arise due to the patient and provider being of different (or the same) gender: discomfort with genital, breast, or rectal exams, or shame in discussing sexual issues. Health care providers should keep sexual and gender issues in mind when dealing with patients of all cultures, but especially when the patient is traditional or conservative, to promote a trusting relationship.

Techniques for understanding sexual and gender issues, customs, and taboos include:

- Be aware of the different ways that patients and families view gender roles and try to accommodate them when feasible.

- "Unfortunately, we have no female obstetricians in clinic today, but if you are willing to reschedule your appointment, I can make sure that your wife will see a female doctor next week."
- A judgmental attitude toward patients is unlikely to change behaviors and values, but may compromise the clinician-patient relationship and the ability to provide good care.
- Ask patients/family what is acceptable to them, rather than making assumptions based on limited information (name, clothing, etc).
- "I perform breast examinations on all of my female patients to look for signs of breast cancer or other problems. Is this okay with you?"
- Be particularly sensitive to patients' views on discussing sexual issues openly. State that you will be asking about some personal issues and explain why, especially in interactions where you are unfamiliar with the patient's cultural background.
- "I generally ask all patients about some very personal matters at this point, which are important for doctors to know about. Are you comfortable talking about these things with me?"

Negotiation [61]

Much of the emphasis of patient-based communication has to do with exploring patients' perspectives. Even when sociocultural backgrounds are similar, substantial differences may exist in expectations, agendas, and values between patients and clinicians. There is no simple answer to the problems that arise when patient views differ and conflict with our own. The process of negotiation can be helpful in acknowledging different explanatory models or agendas and developing management strategies.

Negotiation is not about changing patients' refusal into acceptance. It is about informing people based on what we know in a way that they can understand with a thoughtful consideration of their system of beliefs [65,66].

The following steps are helpful in the negotiation process:

- **Step 1:** Exploring patient's perspective by using open-ended questions about their understanding and concerns about the illness and its treatment.
- **Step 2:** Explaining physician perspective in terms that are understandable according to patients' background and education.
- **Step 3:** Acknowledging the difference in opinion in a non-judgmental and way.
- **Step 4:** Establishing a mutual ground, this sometime encompasses a compromise. Long discussion in an adequate environment where the patient feels they can be open may be needed.
- **Step 5:** Agreement on a mutually acceptable plan. Physician should insure patients' understanding and inspect any sign of hesitation and discuss it openly. This should be achieved in a plain, simple, and understandable language.

If the conflict remains after initial negotiation, it may be helpful, if the patient is willing, to involve other individuals who the patient trusts. When a mutually agreeable plan or understanding cannot be reached with a competent adult patient, it is important to document the negotiation process in the medical record and acknowledge that the patient has the ultimate decision in his or her health care.

Conclusion

Communication skills are "The Most Important Skill in Medicine". They are essential for successful healthcare provider-patient relationship. Patients' satisfaction is an indicator of adequate provider-patient relationship. In fact, patients' satisfaction is regarded as the main criterion for determining the quality of therapeutic and health services. Adequate communication enhance patients' satisfaction and outcomes. The patient-center approach focuses on the patient's concerns (e.g. fears, symptoms), perspectives (e.g. values, health beliefs), and information needs.

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