

Working toward the best doctor-patient communication

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ABSTRACT

Communication and interaction with the patient is an integral part of a doctor's job. As a result of advancements in technology, patients today have greater access to information on health issues and expect more dedicated communication from their doctors. This article examines three factors that may enhance communication between doctors and patients: two-way communication, biopsychosocial content and nonverbal communication. Factors such as culture and practicality are also discussed. The involvement of a health psychologist is recommended in some cases. This provides a possible direction toward the ideal doctor-patient communication, in the interest of providing best healthcare.

Keywords: biopsychosocial, doctor-patient communication, health psychologist, nonverbal, patient-centred

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INTRODUCTION

To be adequately trained for the job, doctors require a holistic medical education that goes beyond knowledge of clinical terms, illness symptoms, diagnoses and treatments. An integral part of a doctor's job is communication and interaction with the patients, including cohesive relationship with patients as well as effective diagnosis, treatment and therapy,^(1,2) which constitute the key to successful and effective medical practice. This is because patients judge a doctor's professionalism through his/her communication skills,⁽³⁾ and poor communication has been identified as the most common source of complaints for malpractice (including legal ones) against doctors.⁽⁴⁾

Nonetheless, doctors can become more competent and patient-centred in their communication by receiving training early in their medical school curriculum.⁽⁵⁾ Patient-centred communication involves engaging patients in "discussion and decision-making processes regarding their own care,"⁽⁶⁾ as well as "conveying empathy" to the patients' health concerns.⁽⁷⁾ Also, patient-centred communication is very much "embraced because of the recognition of the

health-promoting influence of sense-of-control and self-efficacy".⁽⁸⁾ With modern technology affording easy access to information on health issues, patients are increasingly expecting more dedicated communication from their doctors. Therefore, it is crucial that trainee doctors are equipped to communicate effectively and competently with their patients.

This article examines three common features of good doctor-patient communication: two-way communication, biopsychosocial content and nonverbal communication. Communication barriers such as practicality and cultural factors, the possibility of collaboration with health psychologists and other relevant issues are also explored. While the article focuses on doctors' communication with adult patients, it is important to note that the need for communication differs across different groups of patients, e.g. children, adolescents, adults, the elderly and persons with chronic or acute medical conditions.

IMPORTANCE OF TWO-WAY COMMUNICATION

A meta-analysis conducted by Roter in 1989⁽⁹⁾ found that questions posed by doctors to their patients were mostly closed-ended (where a 'yes' or 'no' answer is expected) and that doctor-patient communication consisted mainly of unidirectional information feeding from the doctor to the patient.^(9,10) Such communication is one-way and involves the doctor talking to the patient, giving clinical and technical information and instructions on how to take care of their health. Instead, there should be two-way communication between doctors and patients. Trainee doctors should learn that communication with patients includes asking open-ended questions that require patients to describe or elaborate their concerns and opinions. Also, the desired doctor-patient communication should encourage patients to engage⁽¹¹⁾ in medical consultation, including discussion of the health conditions, possible interventions and other related issues.

An open, two-way communication is important, as it has been found to improve patients' appraisal of their doctor.⁽¹²⁾ This is probably due to the patients' perception that their doctor takes a keen interest in their concerns and opinions. It is also extremely valuable, as it allows the doctor to better understand the patient's views of the

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medical process and gives patients an enhanced sense of “control and self-efficacy” over their conditions.⁽¹⁾

In addition, doctors should avoid the use of medical jargons, which are likely to jeopardise effective communication, as patients’ understanding of the message conveyed by their doctor as well as their ability to respond may be severely hindered. Doctors should, instead, communicate the information in a simple and direct manner, which will allow patients to respond and engage in the healthcare discussion.^(13,14) Therefore, it will be useful for doctors to acquire a list of equivalent vocabulary of “understandable terminology”⁽³⁾ so as to facilitate effective two-way communication with their patients.

BIOPSYCHOSOCIAL CONTENT

The lack of attention to the psychosocial aspects of patient care is a common pitfall in a physician’s communication. These include “discussing end-of-life issues, delivering bad news and disclosing errors or adverse events”.⁽¹⁵⁾ In a study conducted by Baberg et al, it was shown that patients are more concerned about how attentive their doctors are, rather than the technical, medical or logistical (e.g. the type of room) aspects of treatment and care.⁽¹⁶⁾

It is thus important for doctors to understand that the problems a patient faces are not solely medical in nature. Quality doctor-patient communication should, therefore, explore both the physical and emotional aspects of falling ill.⁽¹⁾ Communication with patients ought to include open questions that comprise not only biological or physical issues, but also emotional or behavioural difficulties and/or social history and interactions. In fact, research has shown that when doctor-patient communication includes biopsychosocial content, patients experience greater satisfaction.⁽¹⁷⁻¹⁹⁾

Furthermore, communication that encompasses biopsychosocial content reinforces two-way communication. It encourages the patient to share ideas, hence laying the foundation for a partnership between doctor and patient, and takes into account the patient’s emotional and social environments, something that involves “open-ended questions and mutual participation”.⁽²⁰⁾ Thus, a biopsychosocial approach is useful for exploring patients’ needs in a comprehensive manner.

USING NONVERBAL CUES

Communication is not just about what is spoken, but also how it is spoken. The nonverbal aspect of communications is very important, as it determines a patient’s satisfaction with the medical care received.⁽²¹⁾ However, nonverbal cues are often neglected in communications.⁽²²⁾ Research has shown that through nonverbal cues (e.g. appropriate

body posture such as a slight body lean, maintaining eye contact and the tone of voice), patients get an indication of how much interest doctors have in their health as well as the value doctors place on the information the patients provide.^(23,24) Therefore, it is vital for doctors to pay attention to nonverbal cues (both in giving and receiving), as it is paramount to doctor-patient communication.⁽²⁵⁾

Nonverbal cues translate to higher patient satisfaction toward doctors who are “sensitive enough to decode body posture and movement cues to emotion”, as well as communicating nonverbal cues such as facial expressions (e.g. smiles, grimaces), body postures and movements.⁽²¹⁾ Consequently, physicians with greater sensitivity to nonverbal cues tend to be more adept at satisfying their patients’ socioemotional needs.^(10,21,26) Moreover, patients are also able to sense if doctors are sensitive and attentive to their socioemotional needs.⁽²¹⁾ This cannot be overlooked, as it bears significant weight on how much patients are willing to share with their doctors, and has an impact on symptom reporting in future consults.⁽²³⁾

PRACTICALITY

It is of great importance that doctors are able to communicate well with patients. However, one potential area that can help to improve doctor-patient communication is longer consultation time, which may, in turn, worsen the time constraints already faced in current medical practice, where inadequate consultation time with doctors is a frequent patient concern.⁽²⁷⁾ The average duration of clinic consultation has increased to 17.2 minutes in 2006/07, which naturally limits the number of patients seen within a clinic’s opening hours.⁽²⁸⁾ A study by Gallagher et al found that “sincerity, honesty and an interest in talking with the patient were positively related to the doctor’s talk-time”.⁽²³⁾ Studies have shown that when doctor-patient communication included psychosocial issues, there was a considerable increase in the time taken for consultation.⁽²⁹⁾

Unfortunately, being medically trained or busy is not deemed to be an acceptable excuse if one truly believes in one’s work as a medical professional. Schouten and Meeuwesen briefly reviewed the issue of science-based medicine, concluding that it may be guilty of the “medicalisation of everyday life” and the “domination of medical interactions and control communication”.⁽³⁰⁾ Other studies also made a stand not to accept “demands associated with time, language and technology” as reasons for neglecting one’s communication skills. This is because doctors are responsible for the choices they make in “words, questions, silences, tones, and facial expressions” within the constraints of time during clinical consultation.⁽³¹⁾

Hence, achieving 'the best doctor-patient communication' may be an idealistic goal and involves a delicate balance.

CULTURE

What are the factors affecting doctor-patient communication, and are the communication techniques discussed earlier applicable worldwide? Culture is a factor that has been commonly explored in this regard, and cultural differences have been found to impact doctor-patient communication. A number of studies have examined how the demographics of both the patient and the doctor may impact communication as well as demands in clinical consultations and behaviours. A review by Schouten and Meeuwesen⁽³⁰⁾ summarised the issues of doctor-patient communication within a cultural context. They found that doctors seemed to have lower affective behaviour (such as rapport-building and expressions of positiveness) toward ethnic minorities and provided more medical explanation and employed better interviewing skills with Caucasian patients. Patient's expressiveness was rated lower for the minorities, while high patient-positive affect was more evident in race-concordant visits. In addition, language was found to impact communication in terms of the patients' willingness to ask questions and doctors' communicative behaviour.⁽³⁰⁾ Other important cultural issues that may affect doctor-patient communication include beliefs about health and illness, the values held by the different cultures⁽³²⁾ and education level.^(33,34)

As most of the research on culture and communication techniques was based in Western countries and conducted among the Western population, the findings may not necessarily be generalisable or applicable to an Asian context. However, cultural generalisability may not be as limited as expected; for instance, some Asian and Western patients may have similar preferences for communication. In the case of Singapore, it appears that the cultural generalisability of research based in Western countries may be applicable. The Western model of medical ethics and concepts of doctor-patient communication is suited to the local context, or at least increasingly applicable. A survey conducted by Chan and Goh concluded that the medical field in Singapore is open to the Western concept of patient-centered clinical consultations.⁽³⁵⁾ More recently, Chiu et al found that Singaporean patients share similar preferences as patients in Western countries in terms of communicating unfavourable news.⁽³⁶⁾ This could be attributed to the use of English as a medium of instruction in Singapore schools and the use of Western textbooks, thus resulting in a Westernised population.⁽³⁵⁾ In addition, the medical field in Singapore has been going in the direction of privatisation and commercial forms of practice, similar

to the system of medical care in the USA.⁽³⁵⁾ Thus, it appears that the cultural generalisability of findings based on a Western context may be considered for Singapore.

However, the impact of culture and generalisability on doctor-patient communication is still far from conclusive. A prospective study conducted by Lee et al found that the doctor-patient relationship in Singapore remained rather doctor-dominated.⁽³⁷⁾ Furthermore, other Asian countries do not share similarities in education and medium of instruction as Singapore. Thus, although the Western model is more applicable for Singapore, its generalisability cannot be assumed for the Asian population as a whole.

As such, the impact of culture on doctor-patient communication still needs to be further explored. For example, the issue of racial-match can be investigated in both Singapore and other Asian countries, as there are foreign doctors trained and accredited overseas (from both Western and Asian countries) currently working in Singapore medical facilities and caring for local patients. Such a study may serve to examine the issue of cultural generalisability as well as enhance our current knowledge of cultural impact and influence on doctor-patient communication.

Nonetheless, cultural influence should not be made the 'scapegoat' for undesirable doctor-patient communication. A doctor's communication may also be subjected to personal factors, such as the doctor's belief and approach to doctor-patient relationship, the philosophy of care, socialisation related to gender and medical training.⁽³⁸⁾ In particular, students have been found to progressively adopt less patient-centred orientations in their later years of medical school.^(39,40)

EXPLORING THE ROLE OF A HEALTH PSYCHOLOGIST

Health psychologists can help by providing training in communication between doctors and users of healthcare services. Although communication training is not exclusive to the health psychologist, health psychology pays more focused attention to the psychosocial aspects of communication in relation to physical health and health promotion.⁽⁴¹⁾ It is within the expected core competence and work scope of the health psychologist to provide training and supervision to psychologists, doctors, medical students and other healthcare professionals, in order to develop their communication skills in areas such as breaking bad news to patients.^(42,43) Communication training enables medical professionals to become aware of the effects of their communicative behaviour,⁽⁴¹⁾ as well as help them to modify their existing practices and behaviours, which will enable them to provide more effective treatment and advice.⁽⁴²⁾ The

educational role played by the health psychologist has been acknowledged extensively.⁽⁴⁴⁾

Using a scientist-practitioner model of professional practice, psychologists use their training in psychometrics and research advantageously to “plan, design, deliver and evaluate training programmes”⁽⁴²⁾ with regard to the psychosocial aspects of health and healthcare.⁽⁴³⁾ Health psychology, as with other fields of psychology, is research-driven, advocating theory and evidence-based skills. It is both pragmatic and ethical to train professionals only in effective and safe skills.⁽⁴⁶⁾ Nevertheless, it is important to emphasise and be aware that such training is professionally autonomous and independent.⁽⁴²⁾ It is a complementary coordination and cooperation between healthcare professionals, with a common goal to bring about maximum patient care and welfare.

Training topics can include medical communication or interviewing skills, as well as management and coping of work stress.⁽⁴³⁾ As working in a clinical setting can be harsh and demanding, healthcare professionals must learn to take care of themselves as they heal others. Practicing good communication does not have to put doctors at mental health risks, as discussed by Halpern.⁽⁴⁶⁾ It helps to strike a balance between being a competent doctor who shows genuine concern for the patient and protecting the doctor’s own emotional health and professional boundaries. Health psychologists, therefore, can provide extensive contributions to the management of psychosocial issues in a clinical health setting.

On the other hand, while the focus of such training programmes has been to equip trainee doctors with effective communication skills, the effectiveness of these programmes in actual clinical setting will be curtailed if the patient component is neglected, whereby patients “enter the medical encounter with limited understanding of the process underlying a physician visit, and leave with unmet expectations”.⁽⁴⁷⁾ Haskard et al concluded that if only either of the physician or patient was trained for effective communication, physician stress would increase and physician satisfaction decrease.⁽⁴⁸⁾ Therefore, it may be equally important that patients are made aware of how they can have better interactions with their doctors.

Consequently, health psychologists can work directly with patients in the areas of patient education and patient care. Where possible, patients should be made aware of what to expect and demand from medical encounters. Patients should also acquire relevant communication and psychosocial skills to enable them to be involved with decision-making and management of their own health.⁽⁴⁹⁾ Similarly, pain and stress management can be taught to patients to enable them to better understand and cope

with their health issues, which will, in turn, improve communication and understanding with their doctors.⁽⁴¹⁾

Such training programmes not only benefit patients and doctors in their communication, but also serve to give a better understanding of the field of Psychology as well as clarify the differences in the role of the psychologist, psychiatrist and counsellor. This will also help to correct the inaccurate impression of Psychology as portrayed in ‘pop’ psychology from magazines, movies and television shows.⁽⁴³⁾ Patients and doctors will also be better informed about how and when to make referrals or request for psychological intervention.⁽⁴³⁾

There are few registered health psychologists in Singapore. However, this does not mean that the issue of doctor-patient communication has to be denied of this particular option of resource or help. Rather, it may be timely to create awareness of health psychology as well as develop and nurture this important field in Singapore. Health psychologists can contribute not only to the field of psychology, but also in the areas of medical care and education.

OPINIONS AND EVALUATION

The features of good communications discussed must not be interpreted as a formula for doctors to mechanise desired communication with patients. A right attitude toward good doctor-patient communication must be adopted. Good communication is the “ability to communicate ethically and effectively with patients, [which] becomes a fundamental clinical competence expected of any physician, and not just an aesthetic inclination”.⁽⁵⁰⁾ It does not replace the need for health practitioners “to treat the patient with truth and honesty and be real”.⁽⁵¹⁾ In other words, knowledge of good communication as well as its practice and beliefs must not become mere textbook answers that are used to create a façade of professionalism or merely to conform to accreditation standards. Good communication should not be employed manipulatively or selectively, e.g. to extract information from patients or give patients a positive impression. Its aim is to bridge unhelpful gaps or misunderstanding between the healthcare provider and the patient and not to mask them or hide one’s disinterest. The motivation behind adopting good doctor-patient communication should be about becoming better doctors, and not merely appearing to be one. Being a doctor is more than just an occupation, and a physician will always shoulder “moral, social and medical responsibility, and must preserve the patient’s trust”.⁽⁴⁹⁾

A few studies have delved into the beliefs held by doctors with regard to good communication, such as the study conducted by Levinson and Roter.⁽⁵²⁾ Most studies have instead used positive judgements from patients as the

outcome measurement and motivations to advocate good doctor-patient communication, as evidenced by those discussed in this article. The answers obtained in these studies may be subjected to socially desirable answering behaviour, while measurements of the beliefs held by doctors need to be validated in order to determine their pattern of response.^(33,34) It is only ethical (upholding the honour of the medical profession and one's morals as a person) that doctors are well-versed in and practice good communication skills because they sincerely believe in the importance and benefits of interacting with their patients.⁽⁵⁵⁾

CONCLUSION

Communication between doctors and patients is vital to patients' satisfaction, healthseeking behaviour and adherence to treatment. Through equipping doctors with excellent doctor-patient communication skills, we can expect mutual benefits, such as better patient outcomes and greater satisfaction for both physicians and patients.⁽⁴⁸⁾ Doctors are encouraged to work with psychologists, especially health psychologists, whose interests lie in patients' health-related behaviours and needs. With their strong understanding and empirical knowledge of the psychosocial aspects of physical health, health psychologists are able to contribute to the medical treatment processes by providing advice and training to both doctors and patients on effective communication. While recognising the importance of good doctor-patient communication and addressing the obstacles and practicalities involved, good communication is only meaningful when practised and advocated sincerely in the hope of attaining holistic patient care. This is probably what the best doctor-patient communication is all about.

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