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## **Research Paper**

# A Review-Based Study on the Importance of Doctor-Patient Communication in Healthcare

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ABSTRACT: Effective doctor-patient communication is crucial for delivering quality healthcare, as it directly influences patient satisfaction, treatment adherence, and the incidence of medical errors. This review critically analyzes secondary data from various studies, surveys, and meta-analyses to examine the impact of communication on health outcomes, particularly focusing on vulnerable populations such as those with language barriers and low health literacy. The findings reveal that effective communication enhances patient satisfaction, improves adherence to treatment plans, and reduces medical errors, while poor communication leads to adverse health outcomes, including non-compliance and misdiagnosis. Additionally, improving communication practices lowers malpractice claims and mitigates physician burnout. These insights emphasize the need for targeted interventions to overcome communication barriers and foster equitable healthcare delivery.

**KEYWORDS:** doctor-patient communication, patient satisfaction, treatment adherence, medical errors, health disparities, healthcare outcomes, communication barriers

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#### I. INTRODUCTION

Doctor-patient communication is a key component of healthcare that has a big impact on patient satisfaction, treatment quality, and overall health outcomes. It is the main communication channel between a patient and a healthcare professional. In addition to improving patient participation and diagnosis, treatment adherence, and recovery rates, effective communication builds trustworthy relationships.

The dynamics of doctor-patient contact in contemporary healthcare have changed from a paternalistic paradigm to a more patient-centred one. The realisation that patients ought to be involved in decision-making, knowledgeable about their health, and active participants in their treatment is what is causing this change. The increasing prevalence of patient autonomy and collaborative decision-making underscores the necessity of unambiguous, compassionate, and thorough communication. In addition to exchanging knowledge, communication fosters rapport and trust, both of which are essential in the medical field. Ineffective communication can lead to misinterpretations, discontent, and even medical mistakes, whereas good communication improves treatment results and promotes patient well-being. (1)

According to studies, inadequate communication can result in misdiagnosis, improper therapies, and even medical blunders. In contrast, efficient communication can lower patient anxiety, boost adherence to treatment programs, and improve overall quality of life. (2) The complexity of current healthcare systems, with their increasingly varied patient populations, makes communication even more vital, since language difficulties, health literacy, and cultural variations complicate doctor-patient interactions.

## II. OBJECTIVE OF THE STUDY

The primary objective of this review is to examine the role of doctor-patient communication in healthcare, exploring its impact on patient outcomes, satisfaction, and the overall quality of care. The review also aims to identify best practices that enhance communication between healthcare providers and patients, leading to improved treatment adherence and health outcomes.

#### III. METHODOLOGY

This study uses a secondary data review strategy, in which relevant literature, research papers, and academic publications from the last two decades are examined. The evaluation addresses different aspects of doctor-patient communication, such as verbal and nonverbal communication, collaborative decision-making, and the use of technology in consultations. Key databases, including PubMed, Scopus, and Google Scholar, were utilised to find papers on the importance of communication in clinical settings. Only peer-reviewed publications were considered, with a focus on systematic reviews, randomised controlled trials, and meta-analyses.

#### IV. DISCUSSION

Effective doctor-patient communication has a substantial impact on patient health outcomes. Several studies show that patients who understand their diagnosis and treatment are more likely to stick to their prescribed regimen, which leads to improved health results. Training physicians in communication skills has been found to increase patients' treatment adherence and overall health status (3). For example, clinicians who actively listen and connect with patients might spot issues earlier, averting crises and encouraging early care. (4) Effective communication between doctors and patients is a significant factor influencing patient satisfaction. A research investigating 1761 episodes of acute primary care revealed that characteristics like doctor-patient communication, continuity of treatment, and patient expectations were the strongest predictors of patient satisfaction. (5)

Miscommunication can cause a wide range of treatment errors, from improper medicine prescriptions to significant diagnostic problems. According to the Joint Commission on Accreditation of Healthcare Organisations, communication breakdowns were responsible for more than 70% of significant adverse health occurrences (6). In contrast, good communication has been found to lower patient anxiety, promote adherence to treatment programs, and improve overall quality of life. In contrast, good communication has been found to lower patient anxiety, promote adherence to treatment programs, and improve overall quality of life (7).

One of the most serious consequences of inadequate communication is patient discontent. When patients believe their concerns are not being effectively acknowledged or handled, their trust in the healthcare practitioner erodes, resulting in dissatisfaction with care (8). A study found that patients who saw their physicians as dismissive or indifferent had lower levels of satisfaction and were less willing to engage in future medical contacts (9). This unhappiness can persist beyond individual consultations, causing reluctance to seek additional medical attention.

Also, non-adherence to treatment is a common phenomenon that is characterized by communication breakdowns. This shows that patients who lack knowledge of their treatment or feel excluded in decision-making are less likely to adhere to the doctor's prescriptions (10). A study also revealed that patients who had communication difficulties were seven times more likely to be non-adherent with medication regimens, which leads to poor health (11). In addition, non-adherence leads to the worsening of chronic diseases, higher rates of hospital readmissions, and pressure on healthcare organisations.

Due to the rising heterogeneity of the patient population in today's healthcare facilities, communication becomes even more essential since language, understanding of health, and culture influence the doctor-patient relationship (12). Language barriers and cultural differences breed misunderstanding of medical instructions, and poor compliance, which in turn increases the probability of the adverse effects. A study showed that LEP patients had greater proportions of adverse events and lower satisfaction with their care (13). Likewise, patients with low HL are more prone to misinterpret their diseases and therapies, which makes their healthcare experience even more challenging (14).

It also has effects on the emotional and mental health of an individual in the manner that it is used. Negative communication with healthcare providers is also likely to result in increased anxiety, stress and even depression among patients (15). Patients who feel judged/ misunderstood have higher levels of emotional distress and this impacts their chronic disease management (16). The failure to show empathy by the health care providers may make the patients feel lonely and thus have long-term psychological implications.

However, communication and language barriers are worse in vulnerable population groups such as the racially and ethnically diverse who are already disadvantaged in the healthcare system (17). According to a study, African-American patients who encountered their physicians as less polite or talkative had a poor practice of following medical advice and thus received poor health (18). These differences point to the need for culturally sensitive health care and show that communication is a key factor affecting health disparities.

What is more, it should be noted that not only patients themselves suffer from communication problems but the healthcare providers as well. Especially, physicians more often facing communication difficulties with patients are at a higher burnout risk, a state of emotional exhaustion and decreased empathy (19). Burnout is likely to worsen the quality of interaction between the doctors and the patients, leading to a cycle of negative interactions (20).

Several studies have been conducted in an attempt to determine the impact of communication between care givers and receivers on the level of satisfaction. For instance, the Commonwealth Fund International Health

Policy Survey that sought to establish the experiences of patients in different countries showed that communication was highly linked to high patient satisfaction. (21)

This is also illustrated by the National Health Interview Survey which focuses on the aspect of communication in health literacy. It was also found that patients who had low health literacy had a higher tendency to misunderstand their treatment plans and therefore had poor compliance and health status (22). This was more so the case with the elderly and non-English speaking individuals who were likely to misunderstand or not be able to articulate their pain. Such findings therefore point to the need to design communication interventions and campaigns that are sensitive to the needs of the target populations especially the vulnerable.

#### V. CONCLUSION

Therefore, analysis of secondary data provides sufficient evidence that the establishment of effective communication between the doctor and the patient is a significant predictor of the quality of health care services. Communication is particularly vital in the delivery of health care services since it improves patient satisfaction, compliance, and decreases chance of adverse events. On the other hand, effective communication is lacking often resulting in wrong diagnosis, non-compliance to treatment and even deterioration of the health of the patients especially those who are from the minorities or have low health literacy. The data also show the cycle between communication dysfunctions and provider burnout which emphasizes the necessity to enhance communication skills among the healthcare providers. It is important to meet these communication needs for the enhancement of patients' care and safety as well as for the promotion of fairness in the delivery of health care services. Hence, the advancement of effective communication should be a priority in the strategies of healthcare reform and policy in order to improve the patient care and healthcare system.

#### VI. FUTURE SCOPE OF THE STUDY

Future research on doctor-patient communication should explore several key areas to improve healthcare outcomes further. One potential area of study is the development and implementation of advanced communication training programs for healthcare professionals, particularly those working in high-stress environments such as emergency departments and surgery. Additionally, future studies could focus on the integration of technology, such as telemedicine and digital communication tools, to enhance doctor-patient interactions, especially for populations facing geographical or mobility barriers. Research should also investigate the role of artificial intelligence and natural language processing in bridging communication gaps, particularly in multicultural healthcare settings where language barriers and health literacy are significant challenges.

#### REFERENCES

- [1]. Teutsch, C. (2003). Patient-doctor communication. The Medical clinics of North America, 87(5), 1115-45
- [2]. Kohn LT, Corrigan JM, Donaldson MS, eds. To err is human: building a safer health system. Washington (DC): National Academies Press; 2000.
- [3]. Pandit B, Basheer S, Makhijani A. COMMUNICATION IN HEALTHCARE. International Education and Research Journal. 2017;3.
- [4]. Janković S. Adequate doctor-patient communication. RACTER. 2013;5:85–8.
- [5]. Woolley F, Kane R, Hughes C, Wright D. The effects of doctor-patient communication on satisfaction and outcome of care. Social science & medicine [Internet]. 1978;12(2A):123–8. Available from: <a href="https://doi.org/10.1016/0271-7123(78)90039-1">https://doi.org/10.1016/0271-7123(78)90039-1</a>
- [6]. The Joint Commission. Sentinel event data root causes by event type. Joint Commission on Accreditation of Healthcare Organizations; 2004.
- [7]. Zolnierek KB, DiMatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. Med Care. 2009 Aug;47(8):826-34.
- [8]. Stewart MA. Effective physician-patient communication and health outcomes: a review. CMAJ. 1995 May;152(9):1423-33.
- [9]. Arora NK. Interacting with cancer patients: the significance of physicians' communication behaviour. Soc Sci Med. 2003 Mar;57(5):791-806.
- [10]. DiMatteo MR, Lepper HS, Croghan TW. Depression is a risk factor for noncompliance with medical treatment: meta-analysis of the effects of anxiety and depression on patient adherence. Arch Intern Med. 2000 Jul;160(14):2101-7.
- [11]. Zolnierek KB, DiMatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. Med Care. 2009 Aug;47(8):826-34.
- [12]. Betancourt JR, Green AR, Carrillo JE, Park ER. Cultural competence and health care disparities: key perspectives and trends. Health Aff (Millwood). 2005 Mar-Apr;24(2):499-505.
- [13]. Schenker Y, Wang F, Selig SJ, Ng R, Fernandez A. The impact of language barriers on patient satisfaction and the risk of adverse events in an emergency department. J Gen Intern Med. 2007 Nov;22(Suppl 2):283-5.
- [14]. Schillinger D, Piette J, Grumbach K, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. Arch Intern Med. 2003 Jan;163(1):83-90.
- [15]. Ha JF, Longnecker N. Doctor-patient communication: a review. Ochsner J. 2010 Spring;10(1):38-43.
- [16]. Levinson W, Lesser CS, Epstein RM. Developing physician communication skills for patient-centered care. Health Aff (Millwood). 2010 Jul;29(7):1310-8.
- [17]. Flores G. Language barriers to health care in the United States. N Engl J Med. 2006 Jul;355(3):229-31
- [18]. Cooper LA, Roter DL, Johnson RL, Ford DE, Steinwachs DM, Powe NR. Patient-centered communication, ratings of care, and concordance of patient and physician race. Ann Intern Med. 2003 Dec;139(11):907-15.
- [19]. Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012 Oct;172(18):1377-85.

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- [20]. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences, and solutions. J Intern Med. 2018 Jun;283(6):516-29.
- Commonwealth Fund. 2016 International Health Policy Survey of Adults in 11 Countries. Commonwealth Fund; 2016. National Center for Health Statistics. National Health Interview Survey. 2010; [21].
- [22].