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DOCTOR-PATIENT INTERACTION AT THE OUTPATIENT STAGE: EFFECTIVE COMMUNICATION AS A FACTOR OF TREATMENT QUALITY

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ВЗАИМОДЕЙСТВИЕ ВРАЧА И ПАЦИЕНТА НА АМБУЛАТОРНОМ ЭТАПЕ: ЭФФЕКТИВНАЯ КОММУНИКАЦИЯ КАК ФАКТОР КАЧЕСТВА ЛЕЧЕНИЯ

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Objective. To study the problems of effective communication between the doctor and the patient at the outpatient stage of medical care and suggest some ways to solve them.

Materials and methods. An online survey of 309 people (119 doctors and 190 patients) was conducted. The questionnaires concerning the appearance of the doctor, his verbal and non-verbal skills contained 34 questions each. Such research methods as analysis, synthesis, questionnaires, as well as the statistical method are used in this study.

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Results. Patients most often complain about doctors' indifferent attitude to their problems, when communicating with medical staff. Many respondents are dissatisfied that the doctors do not emphasize the importance of a healthy lifestyle, which, in their opinion, is due to the fact that most doctors do not realize the significance of a lifestyle modification in disease prevention. Patients' responses also often noted a lack of nonverbal reinforcement of words during the consultation. It may seem an insignificant element of professional communication, but it turned to be of a great importance for many patients.

Conclusions. When providing medical care at the outpatient and polyclinic stage, the level of a primary healthcare physician's communication competencies is of great importance. Physicians' good communication skills not only allow to create comfortable and trusting relationships with patients, but also increase the quality of medical care significantly, which will improve the treatment results.

Keywords. Communication skills, medical consultation, communication with a patient, professional communication.

Цель. Изучить проблемы эффективной коммуникации врача и пациента на амбулаторном этапе оказания медицинской помощи и предложить пути их решения.

Материалы и методы. В рамках исследования было проведено онлайн-анкетирование 309 человек (119 врачей и 190 пациентов). Опросники включали в себя по 34 вопроса, позволяющих получить информацию о внешнем виде врача, его вербальных и невербальных навыках. В настоящей работе использованы такие методы исследования, как анализ, синтез, анкетирование, а также статистический метод.

Результаты. При общении с медицинским персоналом пациенты чаще всего жалуются на равнодушное отношение врачей к их проблемам. Многие опрошенные недовольны тем, что медики не акцентируют внимание пациентов на необходимости вести здоровый образ жизни, что, по их мнению, связано с тем, что большинство врачей не осознают значения модификации образа жизни в профилактике заболеваний. Столь же часто ответы пациентов указывали на отсутствие невербального подкрепления словам в процессе консультации. Возможно, это кажется незначительным элементом профессиональной коммуникации, однако, как выяснилось, многие пациенты считают это важным.

Выводы. При оказании медицинской помощи на амбулаторно-поликлиническом этапе большое значение имеет уровень коммуникативных компетенций врача первичного звена здравоохранения. Владение врачами коммуникативными навыками не только позволяет создать комфортные и доверительные отношения с пациентами, но и значительно повысить качество медицинской помощи, что обеспечит улучшение результатов лечения.

Ключевые слова. Коммуникативные навыки, врачебная консультация, общение с пациентом, профессиональная коммуникация.

INTRODUCTION

Effective communication skills are the basis not only for everyday and professional activities but also an integral part of providing any medical care. Every day, doctors greet the patient, ask a number of questions of interest and listen carefully to the complaints, explain

the need for prescribed methods of examination and treatment, and also encourage the patient to adhere to the therapy. [1; 2].

Nowadays, the communicative aspect plays a crucial role in a doctor's professional activities, where communication is the main therapeutic, diagnostic, and preventive tool [3; 4].

A doctor who possesses communicative technologies can interact with the patient in an atmosphere of mutual respect and trusting relationships, which will create a comfortable environment for the patient, improve the acquisition of information about their health status, contribute to the correct diagnosis, increase compliance, and enhance the quality of treatment [5; 6].

The development of a doctor's communicative competence should take place during the educational process at a medical university, as well as within the framework of continuing medical education, with an emphasis on the skills necessary for successful medical practice in accordance with the professional tasks of a primary healthcare physician [4].

B.E. Votchak said: «The ability to talk to a patient, to work with the patient's personality, is what distinguishes a good doctor from one who is merely erudite». Indeed, the patient is an individual with a certain set of characterological and psychological traits, which requires an individual approach [7; 8].

A distinctive feature of outpatient care is the time limit, which necessitates the use of counselling technologies and professional skills to utilise the allotted time clearly and as efficiently as possible. At the same time, medical professionals must not forget about the communicative aspect, ensuring that the patient feels the treating physician's benevolence, attention, and interest in their health issues during the interaction [9; 10].

The objective of the study is to explore the problems of effective communication between

the doctor and the patient at the outpatient stage of medical care and to suggest solutions to these problems.

MATERIALS AND METHODS

An online survey was conducted among 309 people (119 doctors and 190 patients). The median age of the participants was 36 years. The authors personally developed two versions of the questionnaire for doctors and patients. The questionnaires included 34 questions each, designed to gather information about the doctor's appearance, verbal and non-verbal skills. A separate block of questions was devoted to examinations, tests, recommendations, and treatments that doctors prescribed for patients.

The survey was voluntary and subjective.

The selection of respondents for the survey among doctors and patients was carried out on the basis of a city polyclinic. The inclusion criteria for the survey were: patients over 18 years of age who received outpatient medical care and signed informed consent to participate in the survey; doctors providing outpatient medical care who also signed informed consent to participate in the survey. The criterion for excluding respondents from the survey was refusal to participate in the study.

Statistical processing was carried out using Microsoft Excel 2016 and Statistica 10.0.

RESULTS AND DISCUSSION

The conducted survey revealed a number of gaps regarding effective communication between doctors and patients at the outpatient

stage of medical care. In comparing the responses of the participants, it was found that doctors and patients assess the communicative skills of medical professionals differently..

At the beginning of a medical consultation, the doctor gets to know their patient, establishes psychological contact with them, and lays the groundwork for subsequent interpersonal interactions. The first impression made by the attending physician on the patient is very important, having a great influence on the formation of trusting relationships. A favourable impression not only encourages the patient to want to communicate with the doctor, but also to heed their opinion regarding the existing pathology, as well as to follow prescriptions, strictly adhering to advice and recommendations. The first impression largely depends on the organisation of the patient's consultation space, the appearance, demeanour, and friendliness of the consultant. When asked about the doctor's appearance, 88.2 % of specialists ($n = 105$) replied that they always look neat, while the remaining 11.8 % ($n = 14$) believe they look that way for most of their working time. At the same time, 5.2 % of patients ($n = 10$) noted the doctor's untidy appearance.

To establish mutual understanding between a doctor and a patient, it is especially important to pay attention to the beginning of the consultation. It is necessary that the form of greeting the patient corresponds to his or her age and social status. According to the results of the survey of doctors, they always greet the patient and introduce themselves at the beginning of the outpatient appointment. However, patients think otherwise: specialists did not greet 10.5 % of patients ($n = 20$).

When conveying any information, the rules for establishing contact with the patient are important. This contact consists of two main components: non-verbal (non-verbal) and verbal (verbal) ways of conveying information (consultation) and exchanging information. As is known, non-verbal communication — body language, voice, and intonations used — plays an important role in human communication. Words themselves are of less importance. Despite the fact that 88.2 % of doctors ($n = 105$) believe that their greeting is always supported by non-verbal means of communication (a handshake, nod, or smile), 26.4 % of patients ($n = 50$) deny this.

Proper addressing of the patient also plays a significant role in interacting with them. When asked how doctors address their patients, 84.8 % of doctors indicated that they address the patient formally using “you” (formal) or by their first and last name, and do not allow disrespectful обращения (for example, “grandma”, “grandpa”, “mummy”, “sonny”). 71.1 % of patients agree with this.

During the outpatient appointment, the doctor and the patient mutually assess each other. A doctor who fills out medical documentation, works on a computer, or gets distracted by phone calls during the appointment makes a negative impression. The doctor should show the patient their interest and attention by personalising the conversation. During the appointment, most doctors — 94.1 % ($n = 112$) — do not get distracted by personal matters (phone calls, paperwork), which is confirmed by 89.4 % of patients ($n = 170$).

Unfortunately, due to heavy workload, a doctor cannot always listen carefully to the pa-

tient, concentrate on them and provide support. More than half of the patients (55.2 %) have never felt supported by the doctor, although 76.5 % of specialists ($n = 91$) believe that they regularly provide support and show empathy to patients.

After the conversation with the patient, doctors believe they proceed to the examination, while 10.5 % of patients ($n = 20$) do not confirm this.

A very important stage in the communication between a doctor and a patient is informing the patient about their health condition, the necessary methods of further examination and treatment. The patient's understanding of their condition, the need to clarify the diagnosis, as well as treatment with strict adherence to the doctor's recommendations, which can ensure the effectiveness of therapy, depend on this. The doctor needs great skill in providing information in the right amount, in an understandable and clear form, constantly checking the correctness of the patient's understanding of the information received. According to the survey, 88.2 % of doctors ($n = 105$) explain the purposes of the prescribed examinations in detail, and 86.8 % of patients ($n = 165$) agree with them. Absolutely all doctors ($n = 119$) are of the opinion that they explain the methods of treatment and possible complications in an accessible way, but 7.9 % of patients ($n = 15$) do not confirm this.

When conducting a consultation, it seems important to inform the patient about the need to modify their lifestyle. From the data obtained, it has been established that all surveyed doctors without exception ($n = 119$) are convinced that they explain in detail to patients the need for and rules of maintaining a healthy lifestyle, alt-

hough 23.7 % of patients ($n = 45$) believe that this issue is not given enough attention in polyclinics.

At the end of the consultation, the doctor summarises the examination in brief form, clarifies the plan for examination and treatment, finds out whether the patient is willing to follow the given recommendations, and sets the date for the next visit. Visual materials such as lists of medications with dosages and administration schedules, guidelines for preparing for diagnostic procedures, and recommendations for therapeutic nutrition and physical activity help to assimilate the information. At the final stage of the consultation, the doctor must make sure that the patient has received complete information about their condition, is ready to follow the consultant's advice, and is satisfied with the results of the meeting. According to the survey conducted, 92.1 % of patients ($n = 175$) were given the date of the next appointment, and 94.1 % of doctors ($n = 112$) confirmed this.

The study touched upon many problems of communicative interaction between a doctor and a patient, which have a negative impact on the course and outcome of the treatment process. Divergences were noted in the assessments of the doctor's actions by the doctor themselves and the patient. Patients are dissatisfied that doctors pay most of their attention to issues of diagnosis and treatment, while not showing empathy to the suffering patient and not providing them with sufficient support. Doctors explain this by the heavy workload, which leaves no time or moral strength to show empathy to all patients and, possibly, by insufficient mastery of communication technologies.

Thus, when communicating with medical staff, patients most often complain about the indifferent attitude of doctors towards their problems. Many respondents are dissatisfied with the fact that doctors do not emphasize the need for patients to lead a healthy lifestyle, which, in their opinion, is due to the fact that most doctors do not realise the importance of lifestyle modification in disease prevention. Just as often, patients' responses indicated the lack of non-verbal reinforcement of words during the consultation. Perhaps this seems like a minor element of professional communication, but as it turned out, many patients consider it important.

CONCLUSIONS

A doctor's communicative competence is an essential component of a professional today. In order to improve the communicative competence of healthcare providers, in our opinion, it is necessary to: teach future doctors the basics of communicative technologies; train them in the use of non-verbal methods of communication; help them master the skill of active listening.

The use of high level communicative competencies in a doctor's professional activities not only significantly improves the quality of medical care at the outpatient stage, but also creates a comfortable and trusting relationship with patients and ensure better treatment outcomes.

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