

**Improving communication skills among doctors working in the field of family
care**

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Introduction:

effective communication is crucial for doctors and other healthcare professionals. Now that its importance is being recognized in our nation, some writers have said that it is "the need of the hour" to teach doctors about this neglected yet crucial part of clinical care. The number of incidents of disagreement between medical professionals and patients or their caretakers has been on the rise recently. Suits filed against doctors and protests staged by doctors at the national level have both been on the rise recently. The medical field is a sacred institution, and such atrocities dishonor it. An key contributing element, according to the literature, is inadequate communication between patients and clinicians. A decrease in such occurrences has been shown with the use of good practices, such as professionals providing extensive explanations and persistent listening to patients or their families (Gopaldas et al.,2023).

One of the most important aspects of patient-centered care is the doctor-patient connection, which can only be established through open and honest dialogue between the two parties. The term "effective physician-patient communication" refers to the process by which a doctor conveys information to a patient in a way that the patient can easily comprehend, which in turn aids in the patient's ability to self-manage, deal with emotional and conceptual uncertainty, and make informed decisions. Problems with non-adherence and other health-related difficulties, such as the stress of paying for medical bills, can arise from ineffective doctor-patient communication. The concept of patient-centeredness has been a hot topic in the health care industry for the past several years. The term "patient-centered care" refers to medical professionals' approach to patient care that puts the patient's wants, needs, preferences, and standards first, rather than the doctor's agenda. Numerous studies have shown that when doctors and patients are able to communicate effectively, it improves treatment adherence, patient understanding and recall, and overall health outcomes. The physician's health, happiness, and contentment on the job can all benefit from better communication. Patients who are happy with their care are less likely to sue for malpractice, and doctors who are able to effectively communicate with their patients report lower rates of stress at work, less burnout, and more job satisfaction overall (Volabailu et al.,2022).

advantages of effective communication:

Both doctors and patients benefit from the establishment of meaningful and trustworthy relationships that can only occur through the practice of effective communication skills in the medical profession. Gaining a deeper comprehension of the patient's issues considerably improves the doctor's diagnostic capabilities. It helps with managing challenging clinical contacts, which means less annoyance for the doctor and the patient or attendant in cases of emotional outbursts. Additionally, research has shown that it can reduce stress at work and boost happiness on the job.

When patients are better informed about their condition and treatment options, they report higher levels of satisfaction. This makes them even more likely to follow the doctor's orders. In addition, it improves the mental health, tolerance, and overall well-being of patients (Rahim et al.,2017).

Get better at calmly listening to patients:

Beyond the realms of academia and the workplace, listening is crucial in establishing the kind of trusting relationship between doctor and patient that is necessary for effective treatment. Assimilating the patient's verbal and nonverbal cues is an active part of the procedure. The communication process relies on it heavily. It aids in comprehending the patient's condition more thoroughly and arriving at more appropriate decisions. Many patients were unhappy because their doctor had not paid enough attention to them or completely grasped their situation, according to studies that looked into why people sue their doctors.

In order to truly listen to a patient, one must be able to decipher not just what they say but also their feelings, wants, and intentions. In order to offer comprehensive care and ensure patient satisfaction, it is important to listen carefully and explore the various ways in which these issues affect the patient's quality of life, including physically, socially, and emotionally. The following are examples of communication tactics that could aid the doctor in developing better listening skills:

1. See to it that both the patient and the caregiver are at ease. Walking along the halls is no place to carry

on a conversation.

2. Lean in closer to the patient or otherwise actively participate to demonstrate that you are listening to what they are saying.
3. Displaying a caring and empathic demeanor by gestures such as patting the shoulder, holding hands, or nodding might help the patient feel understood and cared for. Even though it's a major rule of politeness in the West, it could not hold water in India or many other countries.
4. Pay close attention not to cut him or her off when he or she is speaking.
5. Before ending, it is important to inquire whether the patient has anything else he would want to say.
6. Thoroughly preparing the patient for the official interview

Gaining a patient's trust in the initial encounter is possible even before a formal interview begins. In order to establish trust between a doctor and patient, a good first impression is essential. The way the doctor delivers things, rather than the actual words themselves, are the most important aspect in creating this initial impression. Here are a few examples of the practice points:

1. Keep patient information private and protected. When other individuals are there, the patient should not be asked to explain their visit's purpose.
2. Make it a point to welcome the patient first. Some patients may mistake your silence for apathy if you wait for them to talk. In each situation when it is appropriate and possible, shake hands and introduce yourself.
3. Have the patient's name on hand and be ready. Whenever necessary, refer to a patient by name. Remember the patient's name before they enter the room. If it's an old case, make small talk and inquire about his well-being.
4. Make and keep eye contact at appropriate intervals.
5. Assist in calming the patient. To put patients at ease, it's best to start with a broad, non-medical question because some of them may be anxious (Volabailu et al., 2022).

The building blocks of discourse :

Verbal, nonverbal, and paraverbal cues are the three pillars upon which effective communication rests. The words chosen for the message and their content are part of the verbal component. Posture, gesture, facial expression, and physical distance are all forms of non-verbal communication. The loudness, pitch, pace, and tone of one's voice all include paraverbal components. Most of us pay attention to the vocal part of communication, yet that only accounts for 10% of the message. The other 90% comes from non-verbal and paraverbal cues.

Important verbal components include disease description, progression, and prognosis; available therapy options; investigational characteristics, costs, and results; and risks and benefits of invasive treatments. The data suggests that nonverbal communication effects crucial outcomes such as patient satisfaction, adherence to guidance, and treatment result, despite its often-cited lack of importance (Banerjee,2021).

Impediments to effective communication:

The ability of patients and clinicians to communicate effectively is hindered by many obstacles. The most critical one is a failure to understand the situation because of insufficient education and practice in effective communication. Doctors often fail to appropriately inform their patients despite its relevance. People often fail to pay attention to the non-verbal parts of conversations. Another crucial factor is the language barrier. It is common for patients to use their native languages when confronting medical professionals. Inadequate understanding of the illness and available treatments is another major obstacle. Last but not least, an overworked environment is often the result of human shortcomings, such as stress, exhaustion, or a lack of time (Chaudhuri & Chacko,2021).

Performing a patient medical history evaluation :

As part of the medical interview, the doctor might learn about the patient's difficulties and how they are affecting their psychological well-being. If patients do not properly comply with their prescriptions, then the process of prescribing them is pointless and a waste of time. Having strong communication skills is crucial, but it is especially critical when dealing with chronic illness. These skills can help alleviate

worry and motivate the patient to follow recommendations to the letter. The focus of the interview should be on the patient, not the illness. Gathering information, establishing a good doctor-patient connection, and educating the patient are the three most important purposes of the patient interview. The following are a few examples of exceptionally useful pieces of advice:

1. Whenever there is a difference between the patient's verbal and non-verbal cues, it is important to investigate further. At the same time, the doctor needs to pay attention to his own non-verbal cues, such as his posture, facial expressions, and eye contact.
2. Always address the patient's questions and concerns and react quickly to their reactions.
3. Talk about the disease's characteristics, how it's progressing, and the prognosis (both immediate and future), present treatment options, and why the investigations are necessary.
4. talk at length about the impact on the disease's progression and final outcome of costly tests and medications, as well as their necessity and practicality.
5. Have the patient weigh in on the decision. The patient's knowledge, views, cultural norms, and worries should inform the therapeutic strategy.
6. Make more of an effort to encourage patients to stick to their new lifestyle.
7. Keep things clear and understandable at all times. One potential downside is the prevalence of medical language and acronyms.

Talking to the attendants about:

When a doctor is attending to a patient inside, this situation often arises. Attendants experience anxiety and frequently have questions and concerns. It is of the utmost significance to communicate with the attendants when the patient is seriously sick or admitted to the intensive care unit. Some surefire ways to hone one's communication skills are as follows:

1. Always speak to them in a formal manner. Hold meetings once, or even twice, every day.
2. Be sure to acknowledge and compliment their efforts.
3. A large portion of the staff members obtain a great deal of information by surfing the internet. Give them better references in an effort to fulfill their queries.

4. Make sure to always clarify that diseases are ever-changing. Particularly for individuals in critical illness, this is paramount.
5. It is recommended to aggressively seek a second opinion. This is useful for boosting the confidence of attendants and is also crucial in patient management during times of uncertainty. After hearing different perspectives on the same fact from different consultants, one will be more prepared to accept a less-than-ideal solution.
6. Assure them that everything is being done to control the problem or will be controlled.
7. obtaining consent is a crucial component of counseling. Keep this in the forefront of your mind at all times and don't trust paramedical professionals or interns to explain things convincingly (Tenglikar et al.,2020).

Having conversations with coworkers :

The group consists of less-experienced medical professionals, including as residents, medical students, and nursing and support workers. Maintaining their unity and motivation is crucial. The following guidelines must to be adhered to:

1. you should never chastise other students, residents, or fellows in front of patients or their attendants, or speak poorly of your coworkers. While on rounds, one must exercise extraordinary caution when questioning Junior Residents. The patient may have feelings of insecurity due to the lack of constant presence from top consultants. Therefore, even if Junior Residents recommend medications for common illnesses, patients may still have misgivings because of this.
2. Show the utmost respect for all members of the staff, especially the nurses, paramedical workers, and support staff. Show them how valuable they are to the team and how their contributions matter. Healthcare providers may do more with less effort and patients will get better treatment in an efficient system that encourages teamwork.
3. Lead by doing what you say you will do. Until the support team truly values the doctor's efforts and abilities, they will never work with complete dedication.
4. Make an effort to educate them on the fundamentals and guidelines for treating the most prevalent illnesses that occur on your ward. Doing so will maintain their motivation.

5. Professional practice is enhanced through audits and consistent feedback. Acknowledgement and constructive criticism should never be withheld (Tenglikar et al.,2020).

Handling challenging interactions:

Even while "difficult" contacts are widespread in medicine, one study found that about 15% of doctor-patient interactions were classified as such. Keep in mind that challenging encounters might arise from a mix of medical, patient, and situational factors. Caused by a mismatch in the way the doctor and patient think and act, it might lead to complications. Dealing with a patient who has several medical concerns, some of which are worsened by complex social issues, can be a challenging experience for doctors. Professional burnout can occur when patients bring in difficult situations aided by false information found online. Difficult encounters may also be the result of a lack of preparation, time, or even sympathy for the patient's condition. Other factors that could be at play include doctors' low levels of job satisfaction, psychosocial attitudes, and communication abilities. When dealing with patients that exhibit particular behavioral disorders, such as dependence, argumentativeness, or manipulation, the doctor may find themselves in a pretty demanding scenario. Challenges in communication can arise from a variety of sources, including differences in language, culture, and time. A healthcare provider should be prepared to handle these situations at any time. Regardless of the cause(s) of the challenging encounter, the doctor has a professional and ethical responsibility to cure the patients' illnesses. The following methods have been effective in sustaining a positive therapeutic alliance with particular patient populations (Marathe & Bansal,2018).

Patients who rely on others for care are understandably distressed by the prospect of being left behind. Therefore, they are causing the doctor to feel resentful by demanding more of his personal time.

Therefore, always act in a professional manner and set clear boundaries. It is often beneficial to include the patient in the decision-making process. In future trips, reassure him that he will likewise receive full attention and that he would not be abandoned or neglected.

Patients that are very demanding typically display hostile or intimidating behavior and show little interest in undergoing the recommended treatment or evaluation processes. Without taking a judgmental stance, the doctor should reassure the patient empathically that he will receive top-notch medical

treatment without resorting to fury.

Patients who are manipulative tend to be attention seekers who have experienced rejection in the past. These individuals typically find themselves in a cycle of seeking help and then rejecting therapy, even when given the right counsel. The patient's unwavering faith in his or her inability to get better causes the doctor to question the accuracy of his or her diagnosis and course of therapy. Nonetheless, the doctor should show compassion by listening to his concerns and empathizing with his disappointment in the results. After the doctor has established boundaries and expectations, he or she must rethink the patient's treatment strategy (Palocaren et al.,2019).

Patients with underlying anxiety or depression may feel hopeless about their illness and dread failing, which can lead to self-destructive behaviors. Despite receiving sufficient counseling and management, the health issue continues. The doctor feels helpless and blames himself for the patient's continued damaging behaviors, while the patient carries on with their destructive habits. The doctor needs to be practical and acknowledge that there is no guarantee of a full recovery. If a patient isn't sticking to their treatment plan, the doctor should inquire as to why (is it lack of time, money, or family support) and then provide or make arrangements for psychological support.

This means that doctors dealing with tough patients need to have empathy and compassion, as well as the ability to listen attentively and focus on the patient's present needs and expectations. The doctor's approach to the patient should be kind and nonjudgmental as he or she seeks to find all the causes that may be causing the patient distress. Finding and treating any underlying mental health issues is of the utmost importance. Asking patients to help determine what went wrong and how to fix it would create a more cooperative connection, which is essential for effective therapy (Narrain,2017).

Sad news to break :

When something could drastically change someone's life, it's considered bad news. Nevertheless, the effect is greatly influenced by the receiver's anticipation and comprehension. Breaking terrible news is an art form in and of itself, requiring not only the expressiveness of the news itself but also the doctor's

sympathetic reaction to the patient's emotional response. The objective of offering patient support and soliciting patient cooperation for future treatment can be ruined by the poor communication skills of an unskilled therapist. Research shows that many doctors aren't confident in their abilities to break terrible news to their patients, hence they need didactic training. Various methods have been developed to assist medical professionals in teaching this ability. Condensing the emotional turmoil into an effective future management plan in the same context, giving bad news according to the patient's own knowledge or expectations, and providing information strategically are all helpful.

1. Prepare thoroughly for the interview. It's not easy to break terrible news to a patient, so it's important to practice telling the truth and how to handle the patient's emotions beforehand. Key communication skills, such as keeping the conversation private, sitting comfortably with the patient, making direct eye contact throughout, and not being rushed or interrupted, enable for a more thorough and uninterrupted exchange of information. If the patient prefers to have someone else accompany them, give them the option to choose from among their friends or relatives.
2. Evaluate the patient's level of understanding and disposition — By posing open-ended inquiries, the physician can comprehend the patient's perspective on his health issue and gauge the patient's readiness to hear the bad news.
3. Find out how much information the patient wants. Some people want to know everything about their disease, from symptoms to a prognosis, while others only want the big picture. With this data, the doctor can easily disclose the information in accordance with the patient's wishes (Nair,2019).
4. Delivering Bad News— To help patients cope, it's best to have a plan that includes the patient's diagnosis, treatment, prognosis, and support system. The first shock of hearing terrible news may be lessened with a warning. Very helpful communication methods include using basic, non-technical language, providing information in bite-sized chunks, and periodically assessing the impact.
5. Dealing with the patient's emotions — A patient's emotional response can range from complete stillness to anguish, tears, denial, or even rage. Supporting the patient by responding empathically is the physician's duty. The doctor can show they are there for the patient and also acknowledge their own

feelings of loss and grief by drawing nearer, taking the patient's hand, and making sympathetic remarks.

After receiving validation, the patient is better able to face and accept their condition. When a patient goes silent or starts to cry, it's important to give them space to heal. In cases where the patient's response is unclear, asking them exploratory questions could be useful.

6. Summarize and plan treatment — When possible, have patients and/or caregivers participate in developing and discussing the future course of treatment. People are less prone to have anxiety or panic attacks when they have a clear plan of action. It is much easier to tell if the patient has grasped the material properly if you summarize everything in the closing section (Nair,2019).

Conclusion:

Finally, it is essential for doctors to have good communication skills so they can establish a reliable doctor-patient relationship. This will aid in the patient's holistic care, which improves therapeutic outcomes, and it will also make doctors happy in their jobs. The ability to effectively communicate with patients is an essential skill for doctors, and few of them are born with it.

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