A survey of doctor – patient conflicts in medical discourse

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Abstract. Communication is an important part of interpersonal relationship, and is essential to the overall quality of health services. The present study explores communicational strategies in medical communication, based on specially developed surveys.. The patient – doctor broken trust could be restored if a client-centered model of communication is promoted – the attitudes and perceptions of society must change. The need to teach patient-directed communication is high – this will lead to patients' understanding and increased mutual agreement between doctors and patients.

Keywords: medical communication empathy communication strategies health services attitudes

1 Introduction

Most Western medical universities teach patient-oriented communication. It focuses on the holistic approach to the patient and concentrates on the patient's understanding in its unique context rather than on the disease process. The loss of trust between doctor and patient is the result of a collapse in communication, although there are other reasons, not fully explored yet. In order to determine the reasons for communication failures, general communication patterns, places of tension and their interaction should be identified. The role of interpersonal relationships is very important and stands out as a key element of the judgment that consumers are making on the quality of health services.

In connection with the establishment of the communication models and the conflict situations between the doctor and the patient, an initiative is being prepared jointly by the Department of Language and Specialized Education (DESO) at Plovdiv MU and the Bulgarian Medical Union, based in Sofia.

The questionnaires aim to represent the attitudes of physicians and patients regarding the aspects of communication.

The quality of service depends on communicative skills, which implies the introduction of a special university course to teach empathic communication oriented to the patient.

2 The essence of the survey

The questionnaires are designed so that a part of them focus on the patient, his or her health culture and attitude, and the other part represents the attitude of the doctor to the patient.

2.1 Likert scale

Users rating is based on a 5-point scale of Likert. Usually the scales are an odd number and the average is always neutral. On one end is the absolute minimum which is totally negative, and on the other end is the absolute maximum, totally positive. The scale contains several series of statements with a limited number of possible answers that indicate the degree of agreement with the statements. At the the beginning, the respondents are asked to fill their status of employment and financial independence as to make it clear whether the importance of social origin influences communication. Understanding the patient in his unique social context is a possible psychosocial factor that causes a disease (Moore, 2009).

2.2 Private and public sector – advantages and disadvantages

Included are also issues related to the private and public sectors and the positive or negative attitudes of patients due to the workload of doctors. They also deal with conflicts in the two sectors, pointing to their greater number in the public sector.

2.3 The impact of other healthcare providers

Do other healthcare providers such as Ayurvedic practices, religious healers, narcotics, etc. have an impact on the attitude to the patients? Does Internet acces make communication difficult by making the doctor confirm the diagnosis expected by the patient? And, at the same time, how much should the doctor be in control of the conversation when taking a history and where should lie the border between personal questions and those focused on the patient's history? Does the term "medical pluralism" exist and how appropriate is it to approach this way the Bulgarian health system?

2.4 A friendly way of communicating or transferring the hierarchical model of society into medical practice

The professional authority of a doctor sometimes makes it difficult for patients to exercise their rights. On the other hand, we have to assess the friendly way of communicating and the extent to which the data from the tests and studies are prioritized by the patients, i.e. whether the biomedical approach is important to the patient.

2.5 Educational perspective for patients' understanding of treatment

It is important to take into account the patients' education, physicians' predisposition to the higher social class of patients and easier access to the information provided to the educated patients, and the difficult communication with less educated people, which may cause a communication collapse while giving accurate data in the process of historytaking.

2.6 Information giving

Is it appropriate to evaluate the patient's information giving about his or her disease? Shall it be given directly to the patient or rather to his or her relatives? The lack of information in clinical practice is a negative situation for many patients so more awareness is required during special hours of consultation, if needed. Many patients are reluctant to talk, they would rather use social networks for personal confessions. Other patients, despite their awareness, do not show readiness to make decisions or are not prepared due to educational and cultural factors. Lack of awareness is also one of the factors for destroying trust between a physician and a patient. Private counseling would encourage more the communication process – the dialogue.

2.7 The standard medical visit as a physical examination

This includes questions concerning doctors' focusing on the biomedical issues, rather than on the psychosocial factors that would burden the conversation, which also involves confidentiality. For this reason many patients only consult with their families as they expect confidentiality.

2.8 Health culture

We should also not neglect those issues aiming at taking preventive measures for health. Usually people take care of the current health problem and not of the preventive health measures. Doctors' lack of time is also a factor in avoiding talks about prevention.

2.9 Security

Often, patients seek security rather than specific health information. If a patient does not undergo a test, if he does not receive medication, he often comes to the conclusion that he is ill, he is not sure about the quality of the service and loses confidence in the doctor.

3 The patient's voice

Many patients avoid the system of Bulgarian health care, seeking help in foreign countries, but preventive care is not available. It is clear that the voice of the patient will play a greater role in the projects for health care processes. The dissatisfaction with the Bulgarian health system will reflect on the success of treatments, on the attitude of trust between the doctor

and the patient. A patient's positive feedback on service quality will increase confidence in the healthcare sector (Andaleeb, 2001).

4 Conclusion

The survey will confirm or reject some of our preliminary hypotheses. The healthcare delivery system in Bulgaria is facing several challenges - improving quality, increasing patients' access to information, enhancing their health culture and reducing treatment costs. The quality of services strongly influences the attitude of people to use health services in both the public and private sectors.

5 Gratitude

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