# KNOWLEDGE AND PRACTICES OF THE FAMILY DOCTOR REGARDING THE PROCEDURE OF COMMUNICATION AND COUNSELING THE PATIENT

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***Doctor-patient communication plays an important role in developing a trusting relationship, and the patient's trust in the doctor is one of the most important aspects because it correlates with the outcome of care. In this study, we aimed to evaluate the family doctors' level of knowledge and practices regarding the patient communication and counseling procedure in order to develop the recommendations necessary to make the counseling and doctor-patient communication process more efficient in Primary Medical Assistance. In order to achieve this objective, a descriptive, selective and mixed study was carried out by surveying 342 family doctors (quantitative study) and focus group discussions with 41 family doctors. The result found that the majority of urban and rural family doctors have been formally trained in the patient communication and counseling procedure and possess a satisfactory level of knowledge in this area, but some practices still remain below expectations. One of the significant barriers to patient communication reported by family physicians is time constraints/insufficiency.***

***Keywords:** doctor-patient relationship, communication, family doctor, knowledge, practice.*

## INTRODUCTION

Communication is an essential skill that medical personnel must have, because doctors and nurses communicate with patients and their families more often than they perform any medical procedure [1]. Medical communication is a process and a tool for the interrelationship of the doctor with the patient, with the patient's family, with fellow colleagues, with society as a whole, in order to achieve the fundamental objectives of the medical activity, whose main purpose is to restore the patient's state of health, increase the comfort and quality of life of the patient/his family, the maintenance and promotion of public health, etc. [2]. One of the qualities that define a good family doctor, apart from professional skills, is transparent and clear communication-explaining to patients the aspects related to their health, including information about all the opportunities for diagnosis, treatment and prognosis. Communication between doctor and patient plays an important role in developing a trusting relationship between the patient and his doctor, and this is one of the most important aspects when correlating with the outcome of care and *patient satisfaction*. The exchange of information and the negotiation of expectations increase the patient's adherence to treatment [3]. Effective communication skills in the field of health care present an advantage, because the final beneficiary is not only the patient, but also the medical service provider, in terms of job satisfaction and the prevention of stress that affects his health [4].

In the field of primary medical care, interpersonal communication is the basis of quality patient care. Acquiring professional competence in communication may be more critical for family doctors than for doctors in other fields of specialty, because they spend more time with the patient and are more frequently involved in preventive practices and collaborative decision-making [5]. A good doctor-patient relationship and effective communication allows a better understanding of the patient's problems, favors greater patient satisfaction and facilitates the patient's behavior change [6].

In the context of the medical act, the communication process is not only an act of transmission of some information, but also a condition for respecting the patient's rights [2]. In order to ensure the patient's rights are respected, such as the right to services and information without being discriminated against, the right to express their agreement, to choose, the right to confidentiality, the right to be indignant about the services provided, the Ministry of Health , Labor and Social Protection (MHLSP) of the Republic of Moldova issued order no. 425 on March 20, 2018 regarding the approval of the "Guide on the application of the communication and counseling procedure for patients", which states the objectives and basic requirements of medical communication.

In this context, we set out to carry out a study with the purpose to evaluate the knowledge and practices of the family doctor in regards to the patient communication and counseling procedure in order to formulate some recommendations regarding the efficiency of the doctor-patient counseling and communication process within the Primary Medical Assistance

## MATERIALS AND METHODS

For the stated purpose, a descriptive, selective, mixed (quantitative-qualitative) study was conducted, which took place between December 2021 and March 2022.

*The quantitative study* was carried out on a proportionally stratified sample of 342 family doctors from the entire territory of the Republic of Moldova, in which the family doctors were divided proportionally according to the area of residence: 50% urban, 50% rural. All the doctors participating in the study took a survey developed on the basis of the "Guide on the patient counseling procedure" approved by the MHLSP with two sections of questions/statements (knowledge and practices) on which the respondents had to express their opinion on a 5-point Likert scale.

The objective of *the qualitative study* was to identify the barriers, gaps and errors in the counseling and communication process in the doctor-patient relationship and was carried out through discussions in focus groups (3 focus group activities for family doctors from the urban

*Table 1. The situation of family doctors trained in communication, by age and gender; descriptive statistics*

| | N | Range | Minimum | Maximum | Mean | Std. Deviation | Skewness | | Kurtosis | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Statistic | Statistic | Statistic | Statistic | Statistic | Statistic | Statistic | Std. Error | Statistic | Std. Error |
| Age | 0 | | | | | | | | | |
| Gender | 342 | 1,00 | 1,00 | 2,00 | 1,0936 | ,29165 | 2,803 | ,132 | 5,894 | ,263 |
| Environment: urban/rural | 342 | 2,00 | 1,00 | 3,00 | 1,7076 | ,78989 | ,570 | ,132 | -1,174 | ,263 |
| Stage | 342 | 3,00 | 1,00 | 4,00 | 3,2573 | ,96471 | -1,087 | ,132 | ,036 | ,263 |
| Education | 342 | 2,00 | ,00 | 2,00 | 1,1784 | ,40568 | 1,283 | ,132 | ,856 | ,263 |

environment and 2 focus groups for those from rural areas - a total of 41 family doctors). Statistical analysis of the data was performed using the Statistical Package for the Social Sciences (SPSS). In order to address the proposed targets through the established research objectives, we performed descriptive and inferential analyses. Absolute and percentage frequencies were generated for the descriptive analysis of the studied variables. The Mann-Whitney U statistical test for independent samples allowed us to compare the studied groups (interdependence - urban, rural, female, male, training in the field, etc.).

## RESULTS AND DISCUSSIONS

- ***The socio-demographic characteristics of the sample in the quantitative study*** *(table 1)*

The sample represented by 342 family doctors was drawn in a stratified manner, proportional to the weight of the research units (family doctors) depending on the area of residence where they work, more precisely: 50% - rural area (171 people) and 50% - the urban environment (171 people).

The age of the respondents was between 27 and 68 years, with an average value of 51,4±3,45 years. The structure of the sample is heterogeneous by gender: 9,4% are male doctors (32 people) and 90,6% are female (310 people); this discrepancy between genders, similar to the one in the sampling frame, denotes a clear tendency in choosing the specialty of family doctors, for this specialization mostly opting for women.

- ***Formal training courses in the field of communication***

Training courses on the topic "ETHICS, LEGISLATION AND COMMUNICATION IN HEALTH" were organized in each Primary Medical Health Institution Territorial Medical Association in the municipality. These trainings were held by associate professors from SUMF,, N. Testimițanu" and the Public Health Management School, with a duration of 10 days. At the end of the course, certificates of participation containing 50 hours/EMC credits were handed out.

Also, in the continuing professional training program for doctors and pharmacists, there is the module, "ETHICS, COMMUNICATION AND PATIENT COUNSELING", to which doctors can enroll, as well as IMSP's managerial staff. This module lasts five days, is taught by professors from the School of Management in Public Health and offers 25 credits. At the beginning of the module, the students' knowledge is evaluated through a pre-test. At the end, the doctors take the final test.

Regarding participation in training courses in the field of communication, the situation is as follows: in rural areas 75,4% (129 family doctors) were trained, 24,5% (42 family doctors) did not participate in the training process, and in the urban environment 87,1% (149 family doctors) participated in trainings, while 12,8% (22 family doctors) did not participate in such trainings.

These results lead us to conclude that, at the time of the study, more than a third, namely 37,3% (64 family doctors), remained without training in the field; correlated with the need to make doctor-patient communication more efficient, there is a need for a permanent approach to the training process in the field of communication among family doctors. Table 1.

- **Knowledge and practices in patient communication and counseling.**

In the study, a set of knowledge and good communication practices was evaluated, such as: using politeness rules, asking open questions, using non-verbal communication techniques, showing empathy, involving the patient in decision-making, etc.

Thus, when evaluating the knowledge regarding the *rules of politeness in communication*, it was found that more than 2/3 of the family doctors (78%, 267 respondents) from the rural area "totally agree" or "agree" that " greeting and introduction" at the first consultation are indispensable elements of good communication, and in the urban environment - until now, the share was only 50% of the respondents. At the same time, the "greeting" and "presentation at the first meeting" are practiced "always" and "often" by 50% of the respondents, in both residence environments.

*Asking open-ended questions* provides more information about the purpose of the patient's visit. With the statement from the questionnaire, "at the beginning of the consultation, the doctor asks open-ended questions to find out the problem of the patient's addressing ", family doctors from the urban environment "totally agree" or "agree" in a proportion of 66,7% (114 people), and in rural areas only 40,2% (68 respondents).

In the *practice* chapter, however, it is found that more than half of the respondents, regardless of the environment in which they work, address open questions, with a greater weight in the urban environment where only 8,8% (15 family doctors) in the urban environment do not offer open questions.

*Maintaining eye contact* and *active listening* are components of non-verbal communication, they denote the doctor's interest in the patient and encourage the latter's free

expression, and their lack can often generate communication problems and patient dissatisfaction. On this topic, the majority of family doctors from rural areas (84.0%) express "total agreement", while in urban areas, the share is only 61,5%. Analyzing the practices, we find that 70,0% of family doctors from both areas of activity maintain eye contact and actively listen to the patient, while half of the respondents (50.1%) will interrupt the patient during the conversation.

One of the objectives of primary medicine is the holistic approach to the patient, which implies the doctor's willingness to get involved in solving the patient's non-medical problems. Regarding the statement in the questionnaire that "the doctor is not able to solve the patient's personal, emotional, family and social problems", the majority of respondents opted for a "neutral" position, and 21,6% expressed a "total agreement": in rural areas - 15,0% (21 family doctors) and in urban areas - 8,2% (14 family doctors). Practicing involvement in solving personal, family, social problems is also marked by the position of "neutrality". According to the statistical analysis, about 9,0% (31 family doctors) never get involved in solving non-medical problems, and 31,1% (110 family doctors) report that they solve such needs.

*Empathy and patient perception*. Platt and Gordon, developmental psychologists argue that an empathic response is the most effective response to the patient's strong emotion, such as anger, sadness or fear. An empathic response indicates that the healthcare worker is trying to understand how the patient is feeling. The analysis of empathy knowledge and patient perception highlights that 84,4% (144 respondents) of family doctors from rural areas, and less than half (45,7%-77 respondents) of family doctors from urban areas have knowledge about these aspects. 67,0% (114 respondents) of family doctors from rural areas and 55,6% (96 respondents) from urban areas express empathy.

*Patient cooperation in decision-making.* Communication is a complex process and must be two-way, this is not a monologue or a question and answer exercise. The patient's involvement in decision-making establishes an amicable relationship between doctor and patient. The patient and the doctor must mutually agree on the diagnosis and treatment in order to have the most favorable result. The family doctors involved in the study in a proportion of 80,7% (277 respondents) "totally agree" and "agree" that the patient's cooperation in making decisions about his health is important. The evaluation of the practical application of this topic shows that 2/3 of the respondents, both from the rural and urban areas, involve the patient in decision-making.

*Knowledge and practices regarding patient communication and counseling according to training in the field.* After analyzing the data, it was found that the vast majority of respondents were trained in the field of communication (81,1%, 278 out of 342 family doctors) and only 18,9% (64 family doctors) were not trained. Of those "trained" (278 people) - about 53,6% (149 people) are from the urban environment and 46,6% (129 people) - from the rural environment. 34,4% (22 people) from the urban environment and 65% (42 people) from the rural environment remained "untrained", according to the area of residence where the family doctors carry out their activity. But the discrepancy between the practical skills of trained family doctors and those not officially/formally trained is insignificant, according to the study data.

*Barriers and gaps at the level of Primary Medical Assistance in the communication process with the patient.* Barriers in communication represent obstacles that disrupt the sending of the message by the sender and the reception by the receiver. Distortion of information can occur through these barriers. In order to identify the barriers faced by family doctors during communication with the patient, focus group sessions were held. The analysis of the data obtained within these qualitative techniques highlighted the following communication barriers: the use of a professional vocabulary in communication, the emotions that doctors relive when communicating an unfavorable diagnosis, conflicting patients, lack of empathy, etc. At the same time, it is found that there are errors of perception regarding effective communication, lack of communication rules and practices at the institution level, absence of a holistic approach to the patient; poor time management.

## CONCLUSIONS

The main findings of this research are:

1. Most urban and rural family doctors are officially trained in the use of patient communication and counseling procedures, but there is a gap between the level of knowledge and their use in practice. Although for most aspects, the majority (2/3 of family doctors) know the rules of communication, it is found that less than 50% of family doctors apply these rules in practice.
2. There is no significant discrepancy in the practical communication skills of family doctors "trained" and those "untrained" in the field.
3. There are several barriers to effective communication between doctor and patient, but a priority one, reported by most focus group participants, is the time constraint.

These records indicate a need for continuation and global involvement of family doctors in the formal training process in the field of communication, in order to make the process of providing medical services more efficient, to develop an optimal doctor-patient relationship for the provision of medical services and to increase quality and patient satisfaction in terms of medical services provided.

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