Interpersonal Communication & Behaviour Change: Mapping the determinants of Doctor-Patient Relationship

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ABSTRACT:

Doctor-Patient-Relationship (DPR) is a fundamental building block of medical treatment. Doctor-patient relationship is influenced by doctor's attitude and behavior, which shapes patient's perception and response, as well as by the mechanisms already in place that are conducive to their mutual development of trust and empathy. With the objective of understanding patients' perceptions about the determinants of doctor– patient relationship, the study was carried out with 100 women patients from two different locales of Faridabad. The study explored three key determinants of DPR i.e communication, trust and empathy between the doctor and patient. To understand these, a study of patient's perceptions was done via a structured interview schedule having merged standardized tools for communication (PDRQ-9), trust (The Wake-Forest-Physician trust scale), and empathy (Jefferson-empathy scale) in DPR. The study found that, majority of the sample believed that communication between patient and doctor helps develop a bond between them, though it is interspersed with challenges. Further, trust and empathy development played a key role in health seeking behaviors of patients. Scores of these tools were statistically correlated for the study and it was found that communication, trust, and empathy were positively correlated to each other, which assert that all these determinants are interdependent. An intrinsic trilogy exists between communication, trust, and empathy that determine a positive doctor- patient relationship and impacts the health-seeking behavior of patients. Hence, improvisation of the Doctor-Patient Relationship requires clearer and transparent communication giving scope for seeking clarity and building on mutual empathy & trust between patient and practitioner.

Keywords: *Health communication, Empathy, Doctor-patient relationship, Communication, Health seeking behaviour*

1.INTRODUCTION

India has made significant advancements in infrastructure and health. India is currently facing primary issues

when trying to improve health outcomes and possible solutions. This recognizes the significant advancements while outlining the areas that still require work. A comprehensive view of health delivery in all aspects, covering those under the purview of institutions responsible for handling health issues and those that expand outside the healthcare field to larger structural problems affecting the efficacy of healthcare.

Achieving Healthy life for all is a global sustainable development Agenda, defined by the Sustainable Development Goal (SDG) 3 as" Ensuring healthy lives and promoting well-being at all ages". WHO(World Health Organisation), 2018, stated that Health workers are critical for accelerating progress toward Sustainable Development (Goal 3) and for building equitable primary healthcare systems.Health advancement in India is done under three broad sectors. First, the health results for India are described along with a breakdown by state, geography, and identity and a comparison to other nations' health outcomes. The second describes the structure of the healthcare financing and delivery system. The third lists the significant issues facing both the private and public health sectors. It starts with a discussion of public health (centered on preventive medicine and care planning) and primary health care before covering the promotive, preventive, and curative components.

For attaining/achieving SDG (goal 3), doctor-patient relationship has to be developed because the Doctor/ care provider has an important role in the life of the patient for effective treatment.

2. Literature Review

2.1.Doctor-Patient Relationship

The doctor-patient interaction continues to be the foundation of medical care. It is also one of the most intricate interactions in healthcare, going beyond consultation and clinical practice to include elements that are created apart from the encounter.

The doctor-patient relationship is a center for delivering a good quality of healthcare. In the doctor-patient relationship changes are dependent on the attitude and behavior of the doctor, which forms the perception and reaction of the patient and by prevailing systems that are conducive towards developing a bond of trust and empathy between them. As per Turabian (2019), one study indicated that 33% of the patients in a particular country stated that the doctors had no interest in them as persons.

Diverse forms of doctor-patient partnerships can help realize these principles and the various objectives of medicine as a practice. In light of the expanding significance of patient autonomy and its proper balance with other ethical responsibilities of the doctor towards beneficence, non-maleficence, and justice, models of the (ideal) doctor-patient relationship have changed over time. Emanuel and Emanuel (1992) suggested models for the doctor-patient interaction in a widely read publication.

The doctor diagnoses the patient and chooses the best course of therapy by the conventional paradigm of doctor-patient interaction. In this paradigm, the patient plays a passive role and is not actively involved in making decisions. Coulter (2002) avoids the label "paternalistic" and refers to this approach as "professional choice," contending that it may be appropriate in some situations for the doctor to make decisions without the patient actively participating. Because of the patient's passive position in paternalism, the paradigm is comparable to the perfect agency in health economics.

2.1.2 Holistic Theoretical Framework

The models of doctor-patient interaction mentioned above concentrate on one component of this relationship's decision-making. This helps to reduce the complexity of the problem and is unquestionably crucial, especially in terms of comprehending non-adherence.

However, it needs to provide a comprehensive view of the relationship, making it insufficient to comprehend the issue as a whole. Despite its shortcomings, the framework developed by Ong et al. (1995) does offer a

systematic and comprehensive view of the doctor-patient interaction. It makes it easier to comprehend how it affects the patient's decision to adhere.

Patients who report strong communication with their doctor are more likely to be happy with their care, especially when they disclose information that is necessary for an accurate diagnosis of their issues, listen to advice, and follow through with the recommended course of treatment. Chandra.S et.al, 2018, found Patients trust their healthcare provider to be competent, compassionate, honest, empathic, dependable, and interested in goodwill and expect a good outcome from their visit. Trust in a doctor-patient relationship is something that involves both confidence and reliance. Thus, determinants of the doctor-patient relationship must be taken care of catalyze the large goal of 'Health for All."

2.2 Determinants of Doctor -Patient relationship

A doctor-patient relationship (DPR) is the fundamental building block of medical ethics. Doctor-patient Relationship typically develops when a doctor satisfies a patient's medical requirements through examination, diagnosis, and treatment pleasantly. Due to the relationship, the doctor has an obligation to the patient to treat the condition or successfully end the relationship. To provide patients with top-notch healthcare, primary care doctors must, in particular, create an acceptable DPR. (Smith, n.d.)
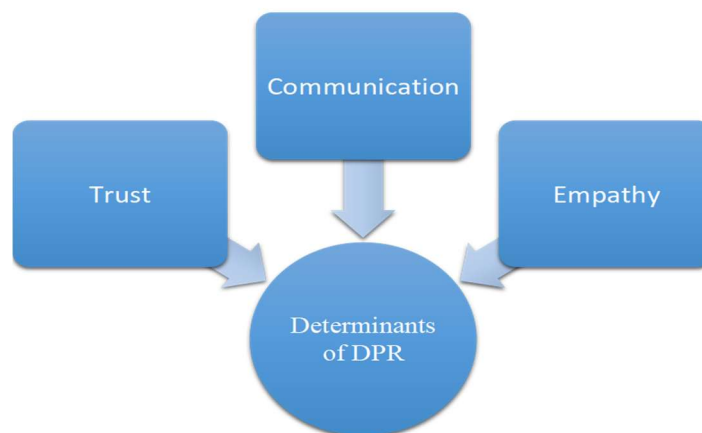

Figure 1: Determinants of Doctor-Patient Relationship

Source: Original Creation by Authors

2.2.1 Communication between Doctor and Patients

The doctor-patient relationship is the essence and art of medicine- requires- effective communication, which is crucial for clinical function and the provision of high-quality medical care. Lack of communication can cause lots of complaints and dissatisfaction among patients. (Doctor-Patient Communication: A Review - PMC, n.d.)

 "Medicine is an artist whose magic and creative ability have long been recognized as residing in the interpersonal aspects of the patient-physician relationship." (Gaga & Cooper, 2022)

 A doctor's communication skills abilities include the way of gathering information about the patient's problem, counseling them effectively and providing them the treatment, and building a trusting relationship with them. (Doctor-Patient Communication and Satisfaction with Care in Oncology, n.d.) This is the ultimate objective of getting the best results and patient satisfaction.

Even when many doctors thought the communication was good or great, doctor-patient interaction studies have

shown patient dissatisfaction. Doctors frequently overestimate their communication skills.

2.2.1.2 Communication Determinant Scale

The Patient-Doctor Relationship Questionnaire (PDRQ-9) was first created in the Netherlands as a brief evaluation of the patient's relationship with their primary care provider. The authors claimed that a research tool should ideally be brief and simple to utilize in a primary care environment. The Patient-Doctor Relationship Questionnaire (PRDQ-9) was a recommended useful tool since it is a short (9-item) questionnaire with great overall internal consistency.

In the validation trials of a Spanish version, 188 patients of six internal medicine doctors at a university hospital and 405 patients from six primary healthcare facilities were included. 405 participants from a family medicine outpatient facility participated in a validation study for a Turkish version. (Z. Markus, et; al,2014)

2.2.2 Trust Determinant

A vital component of the patient-physician relationship is trust. Even smart and well-informed patients must rely on their doctors to give them the right information, protect the privacy of their data, deliver competent care, and act in their best interests. There aren't many studies on the elements that influence patients' trust in their doctors, despite the vitality of trust in the patient-physician relationship. (Dunn, n.d.,1984) Many people value having a choice of doctors, and it's feasible that offering more options will boost patients' confidence in the doctor they ultimately select.

More options would promote higher confidence in the doctor ultimately selected. The way doctors are paid may impact how much people trust them, according to recent advancements in the provision of healthcare. The public media frequently publishes stories about how new managed care agreements could affect patient care. Research studies in the healthcare field have shown that payment methods provide clinical decision-making. (Sulmasy, 1992)

A healthy doctor-patient relationship depends on trust. Numerous studies have demonstrated that trust has advantages for both the patient as well as the practitioner. Having little faith in doctors is linked to severe psychological discomfort. (J.Ahnquist,2010)

Poor faith in healthcare results in fewer health-seeking activities and, as a result, a worse self-reported health status. Higher care-seeking behaviors, more adherence to treatment plans, and better patient engagement in decision-making are all linked to higher levels of trust in medical professionals (E. Dugan, et: al,2005).

In a study of diabetic patients, higher levels of self-efficacy and treatment compliance were associated with better self-rated health status and clinical results. (YY Lee, et: al,2009)

Increased levels of confidence in medicine were linked to improved self-management in further research on diabetic patients. Interactions with self-rated health have also shown a relationship between low trust and increased death rates. Thus, trust has intrinsic worth in healthcare, but it also plays a crucial role in producing positive therapeutic results. A high trust level in doctors might be seen as a sign of high-quality medical care (D. Bonds, et: al,2004)

2.2.2.3 Trust assessment instrument

Wake Forest Trust scale: -

To gauge patient confidence in primary care physicians, Hall et al. (2002) created the Wake Forest Physician Trust Scale (WFPTS), also referred to as the Interpersonal Trust in Physician Scale. The same authors' conceptual model of patient trust in primary care practitioners served as the basis for their process of developing

and choosing items. The five trust domains of loyalty, competence, honesty, confidentiality and global trust are the core topics of the model, which was developed following a review of the theoretical and empirical literature (Hall et al., 2001). Ten items on the Wake Forest Physician Trust Scale use a Likert-type rating scale. Researchers would feel more confident in the significance and reliability of the results if the scale of patient-physician trust had good psychometric qualities (Hall et al., 2002; Muller et al., 2014).

2.2.3 Empathy Determinant

Empathy on the part of the doctor is essential to the patient-doctor connection. A considerate interaction with the doctor can help with several things, including better symptom reporting, more accurate diagnosis, increased patient involvement in the diagnosis, patient satisfaction, better ability of things, better symptom reporting, more accurate diagnosis, able to manage the recommended treatment, lessened feelings of hopelessness, and improved quality of life. Additionally, a strong correlation between a physician's clinical burnout and empathy levels has been established between a physician's clinical burnout and empathy levels. (Yao, X.(n.d.)

Physician variables such as age, gender, years of experience, academic performance, emotions, and emotional control, personal experiences, feelings, attitudes toward patients, and academic and clinical experiences influence patients' perception of physician empathy. In addition to this, a variety of patient-level elements like sociodemographic, medical, and consultation-related traits also have an impact on how they perceive things. Understanding how and why specific sorts of patients rank certain physicians are critical for developing effective healthcare services. (Ørnes, 2014)

Since the literature demonstrates that physicians' self-assessments of empathy may not always match with patients' assessments, it is equally crucial to comprehend patients' hopes of their doctors and the elements that affect their views. Therefore, with this knowledge, clinicians may be better trained, and the standard of healthcare services can be raised, leading to better health outcomes. (MO. Bernardo,2008)

According to studies, patients' perceptions of empathy were notably different from what they had anticipated and were related to how well they were responding to therapy and how much they trusted the people providing it. (C.Chiapponi, et: al,2016) Studies done in Saudi Arabia revealed that patients highly evaluated their doctors for privacy, respect, and the perception that the person understood their needs (J. Khalid Al Fraihi, et: al, 2016)

Similar to comparable international studies, local investigations have demonstrated important distinctions between expectation and perception and their important impact on patient satisfaction. (Alghamdi, 2014).

2.2.3.2 Jefferson Scale

The Jefferson Scale of Patient Perceptions of Physician Empathy. This short (5-item) survey measures how well patients feel that their doctor understands and cares about them. A 5-point Likert-type scale (from 1 = strongly disagree to 5 = strongly agree) was used to ask patients to evaluate each item on their doctors' prescriptions. Answering the scale requires some time.

The American Board of Internal Medicine's patient rating form, designed to assess many characteristics of a physician's communication skills, humanistic values, and expertise in medicine, was used to prove the accuracy of the Jefferson Scale of Patients' Perceptions of Physician Empathy (RS.Lipner, et: al,2002)

The Jefferson Scale of Patients' Perceptions of Physician Empathy and the item that depicts physicians as constantly being in a hurry had an unfavorable link, which shows that being in a hurry does not promote empathetic participation in the situation of patient care. These results provide additional evidence for the Jefferson Scale of Patient Perceptions of Physician Empathy's criterion-related validity (MJ.Weaver, et: al,1993)

3. METHODS

3.1. Methodology

Modern urban residents often accept pricey medical care and are willing to spend more money and time if they have faith in a specific doctor. Patients in metropolitan areas avoid using a government-run free facility in favor of traveling to a privately operated clinic, where they may be guaranteed a thorough examination and diagnosis from the doctor. The current study, "Determinants of Doctor-Patient Relationship: A Study of Patients' Perceptions in Faridabad," is conducted against this background. The current study seeks to investigate how patients who visit doctors in private practice in Faridabad view the Determinants that influence the doctor-patient relationship. This study was done at two different locales of Faridabad district in Haryana, i.e., Ismailpur and Palla by approaching stakeholders from both areas and inquiring from them about their perception of various three determinants of doctor-patient relationships. The study took various aspects into consideration like, the perception of patients on the communication factor between the doctor and patient, the trust of patients in their private clinic doctor for their health, and also the doctor's empathy towards the patients. The respondents were approached with a structured interview schedule with few embedded standardized tools used to meet the objectives of our study.

3.2. Objectives of the study

General Objectives of the study: -

- To study patients' perceptions about the determinants of doctor–patient relationship in Faridabad

Specific Objectives of the study: -

- To assess the efficacy of communication between doctor and patients as perceived by the patients.
- To seek insight into the patient's perception of the doctor's Empathy towards them
- To understand the determinants of trust between the doctor and patients

The present study was descriptive in nature as it aimed to gather insights about various aspects related to the doctor-patient relationship. It focused on the perception of adult women patients revolving around the communication factor, trust, and empathy regarding Doctor-patient relationships. The study was conducted within the state of Haryana in the Faridabad district. Faridabad district of Haryana has the highest literacy rate among states which can be an attributing factor in the patient's perception of the doctor-patient relationship. The study was carried out after the COVID-19 pandemic in an offline or physical mode to understand their perception of the determinants of doctor patients' impact on their health-seeking behavior of them effectively.

3.3. Selection Criteria

Two study areas were selected in Faridabad which are Ismailpur and Palla. Ismailpur, commonly referred to as Ismailpur Extension, is a neighborhood in Haryana's Faridabad district. Both the residential and business areas are developing in the region. The neighborhood is well connected both inside the city and to the locality's surroundings thanks to Ismailpur Railway Station. The Ismailpur bus depot provides excellent transportation services and links the neighborhood to all of the district's important locations. Palla is a well-known neighborhood in Faridabad, Haryana. This location is part of the Gurgaon division and is close to the neighborhoods of Chauhan colony, sector-34, sector-35, and Vedram colony. Additionally, Palla, is close to places like Noida, Greater Noida, Delhi, and Gurgaon. Palla is also easily accessible by bus or rail. This area is adjacent to the train stations in Tughlakabad and Faridabad. The study aimed to understand patients' perceptions about the determinants of the doctor-patient relationship in Faridabad, the perception of women gradually expanded to all 18 years and above age group, thus the sample was selected accordingly taking the key respondents as 18-45 years adult women who have visited a doctor doing private practice at his/her clinic for

any ailment/health issue, etc in the last 180 days.

The following inclusion criterion was used for the selection of respondents:

Gender: Female

Age: 18-45 years old adults

Locale: Residents of Faridabad, Haryana

Patients: who have visited a doctor doing private practice at his/her clinic for any ailment/health issue, etc in a span of last 180 days.

Total of 100 female adults (18-45 years) were the sample of the study of which 50 respondents were from Ismailpur and the other 50 were from Palla respectively.
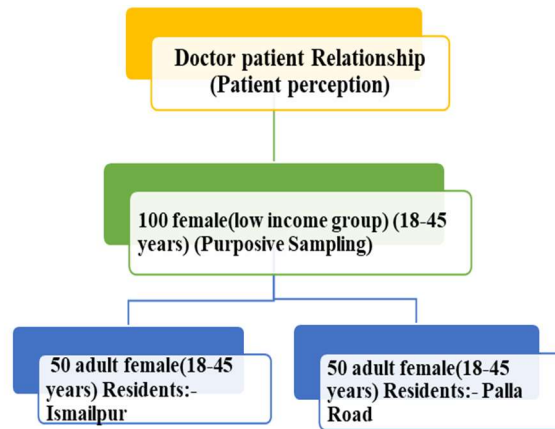

Figure 2: Sampling Distribution for the Study

For this particular study, a purposive sampling technique was used to collect data from the women patients who were the key respondents of the study via a structured interview schedule using standardized tools for each section of the determinants of doctor patient relationship.

3.4. Data Collection

The tools used for the study to seek the perception of patients was a structured interview using standardized tools consisting of close-ended questions covering all aspects of the doctor-patient relationship standardized tools were adapted to the study purpose and its elements were incorporated in the tool to ascertain the doctor-patient relationship determinants.

- ❖ Doctor-patient communication: - This tool has been adopted from a patient-doctor relationship questionnaire (PDRQ-9) development and psychometric evaluation of General Hospital Psychiatry.

- ❖ The Wake Forest Physician trust scale from the Patient: - The tool has been taken from Education and Counseling book and used by Academic Medical Centre, University of Amsterdam, The Netherland Department of Clinical Psychology, University of. Amsterdam, The Netherlands. It has been suitably adapted for the purpose of our study to assess the component of trust between doctor and patient

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❖ This scale measures Empathy towards Patients and has been developed by the Department of Psychiatry and Human Behaviour of Thomas Jefferson University. It has been suitably adapted for the purpose of our study to assess the component of empathy between doctor and patient.

3.5. Data Analysis

A coding sheet was prepared with the help of data collected through structured interviews using standardized tools. Frequencies and percentages were collected and data was analyzed both qualitatively and quantitatively under various determinants of the doctor-patient relationship. The correlation coefficient was computed between Trust & Empathy, Communication & Trust, and Communication & Empathy to ascertain if these parameters of the doctor-patient relationship are correlated or not.

3.6. Ethical Concerns

- The researcher took proper care of ethical concerns by explaining the purpose of the study and ensuring informed consent to the respondents.

- The respondents were assured about the anonymity of their information and that their shared data will be used only for research and academic purposes.

- Only those Patients were selected who were visiting the doctor doing private practice at their respective clinics.

4. RESULTS

With an aim to find understand the perceptions of the patients and assess the determinants of doctor patient relationship the study was carried out in Faridabad with 100 women as key respondents who were 18-45 years old and had visited a doctor doing private practice at his/her clinic for any ailment/health issue, etc in the last 180 days. The findings of the study have been discussed under the following heads: -

4.1.1 Demographic Profile

The respondents' backgrounds are included in the demographic profile, which is necessary to derive the sample profile. Age, marital status, education, and occupation were key faces of the demographic profile that were studied for this research, and so forth are included. Table below shows the division of respondents as per age of the respondent's

Table 4.1: Distribution of respondents by age

AGE	Ismailpur		Palla		Total	
	n1	%	n2	%	N(n1+n2)	%
18-25 Years	7	14%	9	18%	16	16%
26-35 Years	26	52%	30	60%	56	56%

36-45 Years	17	34%	11	22%	28	28%
Total	50	100%	50	100%	100	100%

 Majority of the respondents, fifty-six percent, were from the early adulthood age group (26-35 years), followed by respondents (28%) that were from the age group 36-45 years. The remaining sixteen percent of the total respondents were from the age group of 18-25 years, where 14% were from Ismailpur and 16% from Palla respectively.

4.1.1.2 Distribution of Respondents by Marital Status

Table below shows the number of married and unmarried respondents in the 2-study area.

Table 4.2 Distribution of respondents by Marital status

Marital Status	Ismailpur		Palla		Total	
	n1	%	n2	%	N(n1+n2)	%
Married	41	82%	41	82%	82	82%
Unmarried	9	18%	9	18%	18	18%
Total	50	100%	50	100%	100	100%

Majority of the respondents, i.e. more than 3/4th of the total were found to be married and the remaining 18% respondents were unmarried. The data indicates that may be married women were more concerned about their health and that of their family members or they faced more health issues as compared to unmarried women.

4.1.1.3 Distribution of Respondents by Educational Qualification

 Table shows the level of education qualification by the respondent's

 Table 4.3 Distribution of respondents by education qualification

Educational Qualification	Ismailpur		Palla		Total	
	n1	%	n2	%	N(n1+n2)	%
Illiterate	6	12%	7	14%	13	13%
5th / 8th class	7	14%	8	16%	14	14%

10th /12th class	30	60%	29	58%	59	59%
BA/ Graduate	7	14%	6	12%	14	14%
Total	50	100%	50	100%	100	100%

It was found that more than half of the respondents (59%) were educated up to 10th or 12th grade, while 14% were graduates and a similar percentage had only studied up to Vth or VIIIth grade and the remaining (13%) respondents were illiterate. It indicates that the sample constituted majorly of well-educated individuals that were conscious of their health needs & practiced judicious health-seeking behaviors.

4.1.1.4 Distribution of Respondents by Occupation

Table below shows the type of occupation that the respondents were doing for livelihood.

Table 4.4 Distribution of respondents by occupation

Occupation	Ismailpur		Palla		Total	
	N1	%	N2	%	N(n1+n2)	%
Factory Worker	19	38%	17	34%	36	36%
Housewife	26	52%	28	56%	54	54%
Student	5	10%	5	10%	10	10%
Total	50	100%	50	100%	100	100%

More than half of the respondents (54%) were housewives while a little more than one-third of the respondents were engaged in factory worker jobs while the remaining 10% respondents were still pursuing their education

Table 4.4 indicates that the majority of the women respondents being housewives may have been under the influence of patriarchal norms and did not work. Haryana is a state with a skewed sex ratio and has more men as bread earners than women.

4.1.1.5 Distribution of Respondents by Number of Family Members

Table below shows the number of family members in respondents' families

Table 4.5 Distribution of respondents by the number of family members

No. of Family Members	Ismailpur		Palla		Total	
	n1	%	n2	%	N(n1+n2)	%

2-4	16	32%	23	46%	39	39%
5-7	34	68%	27	54%	61	61%
Total	50	100%	50	100%	100	100%

As shown in Table 4.5, the majority of respondents' families (61%) have 5-7 members and the remaining respondents' families have 2-4 members (39%). The data that is obtained indicates the prevalence of a joint family system in rural parts of Haryana or maybe there has been a lack of awareness about family planning which is rejected by increased family size. For the latter scenario it was confirmed from respondents that out of 5-7 members, 3-4 were children in the family. Possible reasons for this may again be son's preference, not practicing the family planning methods and age-old belief that the maximum number of members means maximum earning for the family.

4.1.2 Communication between Doctors and Patient

Health outcomes are significantly impacted by doctor-patient communication. It is an essential part of any connection, but notably one between a doctor and a patient. It should be really robust and thorough. The consistency and happiness of the patient are enhanced through effective communication. It is a moral duty of a doctor that he should clarify each and every query of the patient and facilitate a patient regarding treatment and its implications. For understanding the perception of patients regarding the communication determinant, we applied the Likert scale type standardized tool that was adapted suitably for our study. The tool used was Doctor-patient communication (PDRQ-9) and it was suitably adapted for the study. The table below indicates the responses of women patients regarding the communication parameters of the 4 point Likert type PDRQ-9 scale for an effective doctor-patient relationship.

 Table 4.6 Communication between doctors and patients:

Response frequency of each respondent

Communication Tool Statements	No	Possibly no	Possibly Yes	Yes	Total
1) Did the doctor listen to you carefully during the consultation?	0	9	31	60	100
2. Did the doctor allow you to talk without interrupting you?	14	22	55	9	100
3. Did the doctor encourage you to express yourself / talk?	1	29	48	22	100
4. Did the doctor examine you thoroughly?	1	14	52	33	100

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5. Do you feel that the doctor understood you?	0	24	59	17	100
6. Was it easy to understand what the doctor said?	2	50	47	1	100
7. Do you feel you were given all the necessary information?	2	14	74	10	100
8. Did the doctor explain the advantages and disadvantages of the treatment or care strategy?	17	50	27	6	100
9. Did the doctor involve you in the decision-making?	0	20	75	5	100
10. In your opinion, did the doctor have a reassuring attitude and way of talking?	1	30	48	21	100
11. Do you think the doctor was in general respectful?	3	9	22	66	100
12. Did the doctor make sure that you understood his explanations and instructions?	15	27	45	13	100
13. Do you think the doctor told the whole truth?	0	13	71	16	100
14. Do you have confidence in this doctor?	0	14	67	19	100
15. Did the doctor reply to all your expectations and concerns?	4	36	46	14	100
Total	60 (4%)	361 (25%)	767 (51%)	312 (20%)	1500

Table 4.6 shows that slightly more than half of the respondents i.e. fifty one percent were in favor that

communication between doctor and patient most possibly happens and impact the health seeking behavior which was reflected by the doctor's way of talking, explanation of medication, understanding and carefully listening to patients or recommending the best treatment for them. One fourth of the respondents said that most of the time doctors are not properly communicating, or sharing concerns or strategies for solving their medical problems which creates a lack of confidence in doctors regarding the treatment. One fifth of the respondents were in complete agreement with all the parameters of communication and confirmed that doctors properly communicated with them, listened and advised them regarding their medical problems, with a reassuring attitude. The remaining 4% of respondents were in complete disagreement and confirmed that doctors were not trying enough to understand their condition and concerns. Key parameters that led to such a stringent attitude of the patients towards their care provider were not letting the patient talk by interrupting her, inability of doctor to explain the advantages and disadvantages of the treatment, inability of doctor to confirm if the patient has understood the instructions. Thus, these factors of communication need to be strengthened to ensure an effective Doctor-patient communication.

4.1.3 Trust of Patients on Doctors

At the center of health care is the doctor-patient connection, and the foundation of that relationship is patient trust. If a patient trusts their doctor and believes they can be honest with them without being judged, they are more likely to share information that will help in providing better care. The Wake Forest physician trust scale from the Patient Education and Counseling book used by Academic Medical Centre, University of Amsterdam, The Netherlands, Department of Clinical Psychology, University of Amsterdam, The Netherlands, was suitably adapted for our study to assess the trust component of our DPR investigation. Table below shows the trust parameters used in the 5 point Likert type Wake Forest trust scale for building bonds based on trust between the doctors and patients.

Table 4.7 Trust between Doctors and patients:

Response frequency of each respondent

Statements	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
1. Your doctor will do whatever it kes to get you all the care you need.	8	51	29	12	0	100
2. Sometimes your doctor cares bre about what is convenient for him or her then	4	31	23	41	1	100
3. Your doctor's medical skills are not as good as they should be	9	16	5	63	7	100

Your doctor is extremely thorough and careful	2	18	43	17	0	100
You completely trust your doctor's decisions about which medical treatments are	15	39	17	28	0	100
6. Your doctor is totally honest in telling you about all of the different treatment options available for your condition.	9	61	18	12	0	100
7. Your doctor only thinks about what is best for you.	2	58	24	16	0	100
8. Sometimes your doctor does not pay full attention to what you are trying to tell him or her.	13	15	37	36	0	100
You have no worries about putting your life in your doctor's hands.	8	17	20	46	9	100
10. All in all, you have complete trust in your doctor.	1	44	27	28	0	100
Total	71(8%)	35 (35%)	243 (25%)	299 (30%)	17 (2%)	1000

Table 4.7 shows that the majority of respondents thirty five percent were in agreement whilst 8% of the respondents were in strong agreement that patients have complete trust their doctors. The trust of patients in doctors could be attributed to parameters like doctors' medical skills, doctor being known to best treatment for patients, full attention to their patients and more consideration about patients and their emotions. A little less than one third of the respondents disagreed and 2% strongly disagreed about the factor that patients completely trusted their doctors. Remaining 25% of respondents were in favor of the neutral option which means that the trust bond between doctors and patients is not developed and maintained easily but, in many cases, patients show trust in doctors for better treatment. Thus, the findings from this sub-section indicate that mutual efforts need to be made from the doctors and patients alike to build on trust for effective treatment and

comfort between the doctor and patient.

4.1.4 Doctor's Empathy Towards Patient

Empathy is a connection and understanding that involves the mind, body, and spirit. Empathy is a highly effective and strong tool for increasing patient trust, calming anxiety and improving health results. Empathy and compassion have been linked to greater medication adherence, fewer malpractice charges, fewer errors, and more patient satisfaction. One patient at a time, expressing empathy increases humanism in healthcare. Empathy tool (Jefferson empathy scale) of tool is adapted from the Department of Psychiatry and Human Behaviour Faculty Papers of Thomas Jefferson University for this study.

Table 4.8 Doctor's empathy towards patients:

Response frequency of each respondent

Statements	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
1. Your doctor understands your emotions, feelings and concerns.	0	28	68	4	0	100
2. Your doctor seems concerned about you and your family.	0	22	46	31	1	100
3. Your doctor can view things from your perspective (see things as you see them).	0	21	30	49	0	100
4. Your doctor asks about what is happening in your daily life	0	4	37	41	18	100
Total	0	75 (19%)	181 (45%)	125(31%)	19(5%)	400

Table 4.8 showed that the majority of the respondents i.e. forty-five percent were in favor of neutrality, which means that doctors show empathy to patients depending on the situation or medical case. A little less than one third of the respondents were in disagreement and confirmed that sometimes doctors did not consider or understand their situation or conditions other than a medical issue. Nineteen percent of the respondents agreed with the statements pertaining to empathy and asserted that doctors showed empathy through different parameters like viewing things from patients' perspective, understanding and considering their emotions and being concerned about their family as well. The remaining 5% of respondents completely disagreed that there is any empathic relationship between doctors and patients. Thus, the findings of this sub-section reiterate that

doctors need to empathize more with their patients and go beyond the surface level treatment strategy. When doctors take note and empathetically enquire about other family and contextual parameters affecting the patients, the latter would be able to share his/her concerns at ease and hence build on trust as well.

4.1.5 Correlation between DPR determinants

For conducting the statistical analysis, correlation was used to find if the three determinants of doctor-patient relationships i.e., Communication, Trust, and Empathy are correlated with each other or not. The following 3 hypotheses were made and tested for assessing the correlation.

Correlation between the variables (Communication, Trust, and Empathy)

Ho1: - There is no significant correlation between communication and Trust

Ha1: - There is a significant correlation between communication and Trust

Ho2: - There is no significant correlation between Communication and Empathy

Ha2: - There is a significant correlation between Communication and Empathy

Ho3: - There is no significant correlation between Trust and Empathy

Ha3: - There is a significant correlation between Trust and Empathy

Table 4.9 Correlation between three determinants of doctor-patient relationship

	Communication	Trust	Empathy	P value
Communication	1			0.05000057 (Between Communication and trust)
Trust	0.495875821	1		0.02500029 (Between Communication and empathy)
Empathy	0.666094031	0.40589392	1	0.05000009 (Between Trust and empathy)

From the table 4.9, the following can be interpreted

❖ Communication score is moderate positively correlated with Trust (r = 0.495)

  ● It means that communication and trust are variables with a proportional change in the same direction of the graph.

  ● It shows that if communication between doctor and patient is effective then the trust of the

patient in the doctor also increases.

- It also shows that the better the communication between doctor and patient, the better will be the trust of the patient in the doctor.

❖ Communication score is moderate positively correlated with Empathy (r = 0.6660)

- A high degree of positive correlation indicates in communication and empathy are directly proportional to each other.
- Communication with empathy show high positive degree of correlation
- It shows that if communication between doctor and patient is enhanced then empathy of doctor toward patients is also enhanced.

❖ Trust score is moderate positively correlated with Empathy (r = 0.4058)

- Correlations(r=0.4058) are moderately positive, which means that if patients show more trust in doctors, then empathy of doctors toward patients is also enhanced.
- This positive correlation between trust and empathy develops the doctor-patient relationship effectively and strongly.

For p-values of the respective value with the level of significance (0.05), the p-values is less than 0.05, we conclude that null hypothesis is rejected which means that there is a significant correlation between the variables (Communication, Trust, and Empathy) are exist.

5. DISCUSSIONS

Effective communication is an important tool to foster an effective Doctor-patient relationship for understanding each other to solve the problem of the patient. Doctor-patient relationship changes are dependent on the attitude and behavior of the doctor, the perception and reaction of the patient, and prevailing systems. Empathy skills increase patient satisfaction, improve patient compliance, and enhance doctors' ability to diagnose and treat their patients. Health outcomes are significantly impacted by doctor-patient communication. It is against this backdrop that the current study "Determinants of Doctor-Patient Relationship: A study of patients' perceptions in Faridabad" was undertaken. With an aim to study the determinants of a doctor-patient relationship (DPR) as perceived by patients visiting doctors doing private practice in Faridabad, this study explored three key determinants of DPR i.e.c ommunication between the doctor and patient, the trust of patients in their care provider , and doctor's empathy towards the patients, for which a structured interview schedule having merged standardized tools for communication, trust, and empathy in DPR. The study found that the majority of respondents were married and were between the age of 26-35 years. Most of them were 10th or 12th-grade qualified and were housewives. Through the standardized communication tool, it was elicited that majority of the sample believes that communication between patient and doctor is helpful in developing a bond between them, even though it is punctuated with challenges like not always explaining the strategies of care treatment, not carefully listening to them, not taking their opinion seriously and attitude or way of talking. Similarly using the other two tools the study pointed that trust and empathy development also have gaps such as: not providing possible financially satisfactory treatments to patients, not regarding their opinion about the treatment, not understanding their emotions or viewing things from their perspective. Scores of these tools were statistically correlated for the study and it was found that communication, trust, and empathy are moderately positively correlated to each other, which means that all these determinants are mutually dependent on each other, i.e. if communication is effective between doctors and patients then it helps in building trust and enhances empathy. Similarly, if trust and communication are developed then it enhances the level of empathy, which helps in understanding emotions of each other for their better treatment. Thus, an essential dependency exists

between communication, trust and empathy to determine a positive doctor-patient relationship and all these determinants critically effect the health-seeking behavior of patients. Consequently, improvisation of Doctor Patient Relationship requires forces from both sides with unblemished and transparent communication giving an opportunity for obtaining lucidity and encouraging mutual empathy & trust between patient and practitioner.

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