



Interactions between Physicians and Patients with Neurological Diseases in Albania

Jonida Naska

University of Tirana, PhD candidate in Sociology, Faculty of Social Sciences
Position of Work: Project Coordinator, European University of Tirana, Albania

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Abstract

The aim of this one year study was to assess the interaction between physicians and patients with neurological chronic diseases in public Health Care Settings in Albania. We randomly selected 25 neurologists who are employed at UHC "Mother Teresa" using short semi-structured interviews during 2015-2016. Twelve Female (mean age 37) and thirteen male (mean age 41) were interviewed. The individuals interviewed have worked an average of 14 years as neurologist in Service of Neurology, UHC "Mother Teresa". In this study, we used qualitative methodology to better evaluate the opinion of physicians about the main concerns related to communication with patients suffering from chronic diseases. In Albania the interaction between physicians and patients is underestimated and the lack of confidence of patients for efficient communication in public health care constitutes the main findings of the all studies conducted in Albania from 1995-2017. This study showed that the social and economic characteristics of the patient directly affect the communication. Traditional norms determine the central role of the doctor in treating the patient's illness in Albania. All patients report many obstacles and a bureaucratic system that makes it difficult to meet a specialist doctor at the Service of Neurology, University Hospital Center "Mother Teresa" in Albania.

Keywords: physician, patient, neurological chronic illness, interaction, communication, public health care

1. Introduction

The purpose of this study was to explore factors having an effect on physicians – patients with chronic illness communication in Albanian Public Hospitals. Research evidence indicates that there are strong positive relationships between a healthcare team member's communication skills and a patient's capacity to follow through with medical recommendations, self-manage a chronic medical condition, and adopt preventive health behaviors. Studies conducted during the past three decades show that the clinician's ability to explain, listen and empathize can have a profound effect on biological and functional health outcomes as well as patient satisfaction and experience of care (Bonvicini, 2011).

After World War II, physicians were highly regarded, paternalistic and patients trusted them to behave in their best interests and were disease oriented physician-centred (Kennedy, 2014).

This model of communications seems to be still the centered model of physicians – patient's communication in Albania. Most physicians who are now working were trained in this biomedical focused, physician-centred system. In other words, physicians were taught to have a dialogue that was focused on asking questions to find out what kind of disease or abnormality was sitting in the office (Kennedy, 2014).

In postmodern societies, specifically in Europe, a doctor's communication and interpersonal skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients. These

are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care (Ochsner, 2010). Theorists of Postmodernism say that the health of a society is not determined by its wealth but by social cohesion, unlike the strength of contacts and social ties.

By the mid-1980s in Western countries the call for change in physicians' behaviors was insistent, driven in part by the right's movement, the consumer movement and the appearance of the field of bioethics, which emphasized patient autonomy as a goal of care. In the last 15-20 years, many medical schools recognized the need to revise their curriculum to include communication skills. They began to look to those whose approach to the physician-patient relationship recognized the importance of the patient's role in the dialogue. Among them were: Balint, who started discussion groups to talk about "difficult" patients;; - Engel, whose biopsychosocial model was one of the first models of holistic medicine;; - Cassell, who described the difference between disease and illness and language as a critical tool of medicine;; - Kleinman, who expanded patient-centred attitudes to all cultures;; - Stewart, Levenstein and McWhinney, developers of the Patient-Centred Clinical Method (Kennedy, 2014).

The ultimate objective of this study is to evaluate doctor-patient interaction in public healthcare settings in Albania with special focus within the Service of Neurology, University Hospital Center "Mother Theresa". Neurological disease can be a challenging condition to live with, but good communication considerably improves the quality of life of people with this condition.

2. Methods

We conducted this study to evaluate doctor- patient's communication issues using a short semi structured interview (30 minutes). The interview focuses on the meaning and effect of communication in the patient's life and coping system regarding doctor's views (McDowell, 2006). This study included twenty- five neurologists, all whom agreed to participate and then were subsequently interviewed. The physicians were approached between January 2016 and October 2016, in University Hospital Center "Mother Theresa", UHC. Of the physicians, 12 were female and 13 male. Eligible participants in the study mean age was 42 years (30years –over 65 years). They have worked as doctors on average for 14 years (2–35 years).

We used qualitative semi-structured interviews with the intention to allow new viewpoints of clinicians in Albanian public hospitals. An interview schedule was designed on the basis of key themes identified from issues prevalent in the research literature and from focused group of physician's part of Service of Neurology, UHC "Mother Teresa".

3. Results

Studies on doctor-patient communication have demonstrated patient discontent even when many doctors considered the communication adequate or even excellent. Doctors tend to overestimate their abilities in communication (Stevenson, 2005).

Patient-centered medicine is not a common practice in every health settings in Albania. By physician-centred model we mean that the physician's mind is focused on disease and locations of pathology. Communication with the patient is intended to provide information to assist the physician in locating and naming the disease, so that appropriate therapy can be provided (Kennedy, 2014).

In an individual approach, the one suffering from the illness has problems resulting from physical abnormality and this constitutes a personal drama. Under a "social model" in today's society, individuals who have physical and mental deterioration are at a disadvantage and face discrimination (Siegrist, 2005).

The question asked about the social and economic characteristics of patients affecting patient- physician's communication was confirmed by 95% of neurologist participating in this study. The economic level of the patient is presented as a weighting factor in communication model. Regarding their answers socio-educational status of the patient is a direct influencing factor in the communication model of patient-physician in Albania. Thus, the low level of patient education is

mentioned as a key factor affecting a deterioration of communication as reported by doctors.

Gender is another element but less important in placing the appropriate bridges in the doctor-patient relations. Four neurologists (female) and two (males) explained why gender was an evident problem in communication. Age is a controversial factor when some of the interviewed physicians rank the old age as good in interaction, while young patients were very demanding in the information, unreliable, always looking for alternative resources information etc.

Despite all the doctors involved in the study were asked about the doctor-patient relationship most of them did not forget to mention the role of relatives of patients as a very important factor often in the deterioration of the communication. Generally in Albania dominate traditional elements particularly in family aspects, giving explanations of repeated attitudes of doctors on the great influence of the patient's family in interaction.

According to a summary of the semi-structured interviews of specialist doctors at University Hospital Center "Mother Teresa" some reasons that make communication difficult in Albanian society are cultural, educational, sociopolitical etc.

Talcott Parsons recognized the doctor-patient relationship as a social system built according to the idea of Emile Durkheim that goes beyond individuality and the effects of the social cohesion (Parsons, 1964).

Parsons in Social System, published in 1951 describes an ideal type, underlining that the institutional and medical roles of the doctor and patient were mutually, consensually and functioned in such a way as to reduce the social cost of the disease. Parsons was more focused on regulating the social role of patients and has a simplified conjecture at the onset of symptoms. In Parsonian model, people will adopt a passive role as a patient. He saw the mutual obligation on the patient to make an effort to heal so that people return to their normal social roles as quickly as possible, reducing the damage that the disease caused socially and individually (Parsons, 1964).

Patient-centered model that the physician values the individual patient's understanding and meaning of illness as well as the biomedical information needed to manage the disease has been evaluated through a set of questions for physicians. Further, it means that such information is valued because it contributes to the ability of the physician to provide high quality care for the patient. Patient-centered care has been shown to lead to better outcomes (Kennedy, 2014).

To the question as how available the doctors are to giving patients information about the illness and the effects of the treatment most of them responds that this is a patient's right to be informed. However, the average time of subjective examination reported by neurologist ranges between 10 to 15 minutes, indicating that the time to give details of the disease and chronicity is insufficient. The vast majority of patients are unhappy with given explanations and insufficient information about the disease. The information about the disease is often obtained from other sources such as the internet, books, relatives, people with the same illness and other alternative sources. In Albania, patients experience another significant problem related to insufficient time for medical visits.

Insufficiency is mainly related to reduced information or inadequacy in physician's explanation of the disability, treatment or side effects of treatment. Often this basic ethical principle is not respected by health professionals in Albania and often physicians tend to think another decision will be more beneficial to the patient, reflecting a paternalistic behavior.

In some cases (4%), an independent decision is given by medical professionals excluding patients from active interaction. Of course, patients should have the capacity to get information to understand and this is conditioned by the way this information is provided by doctors.

In regards to the question of which group of patients with neurological chronic illness is more difficult in communication and what are the reasons that hinder communication, 80% of neurological doctors answer that patients with chronic neurological diseases are the most difficult to communicate with. Specific neurological diseases mentioned by the doctors interviewed included, - neurodegenerative diseases such as dementia (due to compromised cognitive ability), but also multiple sclerosis, epilepsy, tumors and psychological disorders.

Parsons' individual behavioral analysis sought to put in the context of a broad range of social systems. His interest in sick roles was in fact the consequence of his widespread influence on the theory of the functioning of society. According to him, the high level of illness and the low level of

health are ineffective for society prevented people from fulfilling their social roles. According to Parsons, the safe level of good health in the population was a key social resource for the efficient functioning of society, with the work of medicine to protect this level of health preferable (Parsons, 1964).

Of course social structures are created as a result of interaction between people where the model and standards of behavior are crucial in this process. Interaction between a physician and a patient is a social action or otherwise a permanent negotiation, it never ends and the meaning on it is not the same in different situations (Brindley, P, 2017).

In Albania the interaction between physicians and patients is under estimated and there are a few studies conducted in this field. The lack of confidence of patients for efficient communication in public health care constitutes the main findings of the all studies conducted in Albania 1995-2017.

4. Conclusion

Doctor-patient communication is a major component of the process of health care. Doctors are in a unique position of respect and power. Effective doctor-patient communication can be a source of motivation, incentive, reassurance, and support. Most complaints about doctors are related to issues of communication, not clinical competency. Patients want doctors who can skillfully diagnose and treat their sicknesses as well as communicate with them effectively (Ochsner, 2010).

According to Michel Foucault, power and knowledge are key elements in understanding medical institutions and how the "morality" character of disease works in a daily medical practice. Foucault theory is based on the physician-centered model. This model defines the human body as a subject of study and where it can be interfered. The second model proposed by Foucault, the medicine of social space defines public health as a subject of observation and regulation by the medical and civil authorities (Foucault, 1973).

Thus, 95% of interviewed physicians insist that the social and economic indicators of the patient directly affect the communication and thus determine the central role of the doctor in treating the patient's illness. On the other hand, all patients report many obstacles and a bureaucratic system that makes it difficult to meet a specialist doctor at the Service of Neurology, University Hospital Center "Mother Teresa" in Albania.

Parsons talks about the problematic behavior of the patient during the illness and takes into account the role of the doctor in regulating this behavior. Parsons' analysis ranges from psychodynamic traits of disease and health care to inequalities in power and regulation of the deviant. He treated the role of sick person as a deviation and seems to fit the most clinician centered model, which we observe regularly in public health care settings in Albania.

Doctors with better communication and interpersonal skills are able to detect problems earlier, can prevent medical crises and expensive intervention, and provide better support to their patients. There is currently a greater expectation of collaborative decision making, with physicians and patients participating as partners to achieve the agreed upon goals and the attainment of quality of life (Ochsner, 2010).

While theorists of the conflict considered the interaction not as appropriate to be consensual characterization and the doctor-patient communication may be mostly conflicting. So in 40% of the cases the doctors had experienced psychological violence and in few cases referred to physical violence against their medical colleagues mainly in the Emergency of University Hospital Center "Mother Teresa".

According to this study, the inequality in power and the lack of common interests between the physician and the patient mean that patients' efforts to receive professional help for the chronic disease are more difficult in the Public Hospital Services in Albania, UHC. This study shows a direct correlation between social and economic status of patients and lower interaction rate in health care settings. Accomplishment of social functions and roles is associated with the scale of the severity of neurological disability. Psycho-social stress that characterizes a considerable part of patients is associated with the impossibility of socialization, education, communication, development of individual skills etc. Neurological diseases reduce opportunities and appropriate choices of patients and an effective communication plays an important role to the patient's life.

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