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DOCTOR-PATIENT COMMUNICATION AT THE TIME OF COVID 19: A PEEP INTO THE CHANGING PATTERNS

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ABSTRACT

To achieve personal success, one must have the ability to communicate effectively.Non-verbal and verbal communication are two ways in which people express themselves. Communication can be verbal or nonverbal, and the latter refers to any communication that takes place through bodily motions (Patel, 2015, p. 90). The ability to communicate effectively with patients is very important for physicians(Street, 2007). Clinical practice necessitates empathetic patient-physician dialogue (Travaline et al., 2005, p.13). There is a great deal to be said about how doctors communicate with their patients (Travaline et al., 2005, p.13). The patient-physician communication includes not just information about prescriptions but also information about the condition, risk factors/causes, effective help-seeking, and information about treatment regimens (Stewart, 1995). To diagnose, counsel, provide therapeutic recommendations, and build a relationship with patients, a doctor must have effective communication and interpersonal skills (Garg, 2015, p.65).Taking these facts into consideration, it is clear that during the COVID-19 epidemic, the pattern of contact between patients and health professionals underwent significant changes and problems. With this in view, the present paper attempts to explore the changing pattern of communication between the patients and physicians and the challenges associated with it during the pandemic time of COVID-19.

KEYWORDS: *Physician-Patient Communication, Changing Pattern, Challenges, Covid-19.*

INTRODUCTION

In 2020, the COVID 19 pandemic wreaked havoc on the planet, resulting in a global health calamity (Pollard et al., 2020, p.549). The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV2) outbreak swept the globe swiftly and infected millions, with a case fatality rate of roughly 1%.However, the outbreak was limited to the United States (Philip et al., 2020, p.27). The outbreak spread to India in late January 2020, and it persisted until late October when the number of cases started to decline (Worldometers, 2021, Coronavirus cases in India). The next year, the country was hit by far larger and more devastating tsunami of the same type. To prevent the spread of the disease, air travel was halted, severe quarantine laws were enacted, lockdowns were implemented, and required public health measures such as wearing masks and hand sanitising

were implemented. To treat the infected, COVID 19 care centres were developed. The first wave of lockdowns in 2020 was one of the worst ever seen anywhere on the planet (Rukmini, 2020, p.33). People were harmed due to public health efforts due to the spread of disease. Access to health facilities and treatment choices for non-COVID 19 disorders have been severely harmed due to the public health initiatives due to the increased focus on COVID 19 preventive activities (WHO Headquarters,2020). Doctors and other healthcare workers found COVID 19 highly harmful (Karlsson and Fraenkel,2020). As a result, front-line healthcare providers had to change their delivery methods significantly. It was made feasible to postpone non-emergency procedures. Front-line healthcare workers should use masks and other personal protective equipment (PPE) (Occidental et al., 2021, p.111). Meetings between patients and doctors were held at a safe distance of around one metre. As a result, doctors limited the amount of time with each patient. As a result, these changes in medical service delivery may have impacted physician-patient interactions.

LITERATURE REVIEW

Nonverbal communication's value in the diagnostic and therapeutic process cannot be emphasised (Finset, 2007, p. 127). In medical settings, the influence of race on nonverbal communication is poorly known. According to the present study, when minorities engage with whites, nonverbal bias is typically visible in facial expressions, tone of voice, or body language (Dovidio et al., 2002, p. 62-64). It qualifies verbal communications, controls interaction, and expresses emotions like liking, warmth, support, agreement, and interest (DiMatteo et al., 1980, p. 377). Patient-physician trust is associated with nonverbal communication, symptom relief, and long-term health gains, in addition to rapport (Irish, 1997, p. 260).

Effective nonverbal communication is especially crucial when dealing with older patients (Caris et al., 1999, p. 808-814). With the disintegration of social networks, psychosocial care, which includes critical nonverbal components, becomes even more critical. When treating senior patients, physicians, on the other hand, use closeness and direct body orientation less frequently to convey connection and attentiveness (Adelman et al., 2000, p. 6). Patients and physicians engage with one another in a two-way approach; therefore, when examining physician-patient interactions, it's critical to consider both the patient's race and the physician's race. "When patients encounter a physician of the same racial background, the detrimental consequences of minority patient race are mitigated." Visiting with folks of the same race is more enjoyable (Cooper et al., 1999, p. 588).

Nonverbal communication enhances interpersonal communication by adding a sense of warmth, empathy, compassion, reassurance, and support. Disinterest, boredom, wrath, impatience, or unbelief, on the other hand, can be revealed.Non-verbal communication serves different functions, including conveying meaning by reinforcing, substituting for, or contradicting verbal communication. In addition, it has been found to be useful in influencing people and regulating conversational flow. Nonverbal communication is also used to complement verbal communication, modify the spoken word, contradict verbal communication intentionally or unintentionally, regulate conversation, express emotions and interpersonal attitudes, negotiate relationships, convey personal and social identity through dressing and adornment, and contextualise interaction by creating a particular social context, according to Eunson (2012). (p.73). Researchers have recognised different forms of nonverbal communication. These include facial expressions that convey the speaker's mood, emotions, and intentions, among other things. In this case, the face is the primary source of responses. Another form is eye gazing, which involves the use of the eyes to look, stare, and blink in such a way that when people see people or things they like, their blinking rate increases and their pupils widen. Looking at someone else can elicit a wide range of feelings, including animosity, intrigue, and desire. The third type is body

gestures, which are simply movements done with a limb, often the hands, to indicate, reinforce, emphasise, or back up the speaker's attitude or intention. Body posture is a type of nonverbal communication that is more or less constant in nature and is assumed to have a certain purpose or correspond to typical potentials in the context of a specific circumstance. When one is laying down, sitting, or standing, this is the situation" (Akoja et al., 2019, p. 18).

"It is less well understood how white physicians interact with white patients. In part, this is because minority physicians are under-represented in the medical workforce, but their numbers are expected to increase as medical schools actively recruit minorities into the professions. We can use gender studies as a basis for reasoning about the communication processes of these pairs. Race and gender are associated with widely held cultural beliefs about competence that can have an impact on the workplace" (Nunez et al., 2007, p. 45-51).

Because it is connected to treatment adherence, patient satisfaction, and treatment results, the doctor-patient relationship (DPR) is vitally essential in health care. McCabe and Thompson, 2012, p. A good DPR has an impact on the care of chronic and acute disease, independent of sociocultural context, and is a predictor of patient satisfaction and improved therapeutic outcomes (Shrivastava et al., 2014, p. 159). DPR is assumed to be limited or encouraged in numerous aspects, including quality and kind, which might impact how medical personnel and patients view a particular medical occurrence (Welch, 2010, p.65). The environment shapes and evolves DPR, which is a dynamic social, interpersonal interaction. It is influenced by a variety of social and medical variables (Szasz et al., 1958, p.522).

The coronavirus 2 (COVID-19) pandemic that is expected to hit the United States in 2020 has revolutionised how oncologists treat their patients (Holstead & Robinson, 2020, p. 363). The desire to use social distancing procedures to limit COVID-19's spread throughout the community, as well as the fear of potentially worse outcomes in cancer patients who become infected, has prompted a significant shift to telemedicine, which uses video or audio capabilities depending on what is feasible for both providers and patients (Ohannessian et al., 2020). The transition from in-person to telemedicine sessions might lead to serious departures from normal practice. Clinicians who care for cancer patients practise a skill termed "discussion of crucial news" on a regular basis. If critical news is conveyed without enough thought, it may have a greater influence on the patient's emotional state, understanding of their illness, and satisfaction with the medical system/medical practitioner than it otherwise would (Baile et al., 2000, p. 302).

An in-person clinic visit is quite similar to the evaluation of the patient's appraisal of their look, ailment, or treatments, as well as the request for an invitation to share the knowledge and the knowledge itself. This is a difficult treatment even in a clinic environment. Communication is significantly more delicate and challenging in telemedicine, and it takes a lot of discipline to employ the best practices correctly. In telemedicine, it is more important than ever to provide unambiguous signposting and assessment of comprehension (Taylor, 2007).

Despite the fact that signposting was not included in the original SPIKES protocol, it is widely acknowledged as a critical approach to use before disclosing potentially harmful material (Schofield et al., 2001, p.365). "I'm going to inform you about your cancer's alternatives and prognosis," "I'm going to talk to you about treatment options and their possible advantages and dangers," and so on. "I'm going to inform you about the alternatives/prognosis of your cancer," "I'm going to talk to you about treatment options along with their possible advantages or hazards," etc. Signposting, or forecasting, prepares a patient for the direction in which the discussion is headed. It can help a patient examine their list of questions and recognise that the majority of them will be addressed, as well as prepare them for the upcoming news. This is especially useful in telemedicine, where patients may be reticent to ask inquiries.

Methodology

The present study uses a qualitative research design approach. Data was collected through a literature survey of research done and papers published in the said field. Data was also collectedby interviewing the patients and the doctors with the help of an unstructured interview schedule. The unstructured interview consisted of Open-ended questions. Following a medical consultation, respondents were invited to participate in the study. The interviews ranged in length from 30 minutes to 2.5 hours. Only a few interviews were conducted on the day of the consultation, and the entire interview was completed within two weeks of the invitation. The data was analysed using thematic analysis.

Importance of Physician-Patient Communication

It is unavoidable to presume that different communication skills are required at different levels of a doctor-patient meeting. Doctors must build a rapport and identify the meeting's purpose before beginning a session. They must gather information, plan the session, establish a rapport, and present pertinent information (Gull, p.9). As a result of a healthcare trend, medical practitioners are being pushed to improve their communication abilities. There is a greater emphasis on collaborative decision-making and risk disclosure (Spencer & Silverman, 2004, p.116). "Communication skills can help healthcare personnel communicate the findings of epidemiological research or clinical trials to specific patients in a way that helps them understand the danger" (Sedgwick & Hall, 2003, p. 694). Doctors can better serve their patients by developing relationships with them and considering public perceptions of health risks (Alaszewski & Horlick, 2003, p.728).

"Patients who can successfully communicate with their doctors are more likely to accept their health problems, understand their treatment options, change their behaviour, and follow their medication regimens" (Stewart, 1995, p.1423). Further study suggests that good communication between patients and doctors can improve a patient's health; in clinical trials, a positive response to placebos is an indication of good communication (Bogardus et al., 1999, p.1037). Long-term patient-physician partnerships have resulted in significant advancements in health care and prevention. As a result, physicians have a better understanding of the psychological aspects of their patients, and patients are more comfortable admitting their issues and listening to their doctors' advice. More than two-thirds of medical schools have made a concerted effort to incorporate communication skills into their curriculum (Kalet et al., 2004, p.511). These courses' main purpose is to assist aspiring doctors to improve their communication skills so that they can better serve their patients. The reason for this is because patient-physician communication training is now a required skill (Duffy et al., 2004, p.495). As indicated below, both physicians and patients can benefit from effective communication.

Benefits for Patients

- Improved communication between the doctor and patient. The doctor needs to communicate with the patient and listen attentively to get the most out of a patient's visit. Therefore, a more accurate diagnosis can be made of the patient's issues as a result.
- Effective communication promotes patient satisfaction by retaining information and following treatment instructions. Patients' health and results may be enhanced by greater communication, according to (Hulsman et al., p.125). "Reiteration and repetition between the doctor and the patient, among other things, can help with emotional wellness, symptom resolution, and pain control" (Meryn, 1998, p.27).
- Ensuring that patients' wishes and opinions are taken into account throughout a collaborative decision-making process may improve overall care quality.

- Clinical errors may be reduced if doctors communicate effectively with their patients. Doctors need to improve their communication abilities—the Scottish Executive (Edinburgh).

Benefits for Physicians

- With the use of effective communication skills, doctors may be able to better handle challenging situations that arise during their work. Stress and low personal accomplishment in doctors are assumed to be caused by poor communication with patients (Feinmann, 2002, p. 1572). Job satisfaction may also be improved if they can communicate effectively.
- Doctors who interact well with their patients are less likely to have patients complain. Doctors are less likely to be sued as a result.

Effect of COVID-19 on the Patterns of Physician-Patient Communication

Doctor-patient communication appeared to be challenging during the COVID19 period, according to several research. Patients in Africa reported that the doctor-patient interaction was negatively impacted by physical distance and personal protection equipment, according to a study (Gopichandran& Sakthivel, 2021, p.16). As a result, patients, particularly the elderly, became more anxious at the hospital because they feared being exposed to doctors in PPE (Sturmey& Wiltshire, 2020, p.1814). Initially, the physician's face was covered by a mask and PPE. This caused a rift in the physician-patient relationship. The physicians could not show empathy, compassion, or kindness because they had to wear a mask to cover their faces, preventing them from doing so. Furthermore, lip-reading, which happens to be a primary method of communication for people who are deaf or hard of hearing, also faces challenges. This was for the reason that the patients were unable to hear their doctors' voices because of the masks and headgear they were wearing or see them as they wore the PPE. These hampered the doctor-patient relationship to a significant extent (Samarasekara, 2021, p.408). Patients found it difficult to communicate effectively with their physicians because of the mask, PPE, and distance. Again, it has been observed that, as people get older, they are more likely to suffer from vision and hearing impairments, which could make communication more challenging. However, it also found that younger people have an equal number of communication issues. There is a possibility that this is due to the fact that younger people are more demanding and expect their doctors to communicate openly with them.

Many people's lives have been drastically altered as a result of the COVID-19 epidemic, as seen so far. As the pandemic progressed, patients faced new obstacles, including reduced community movement, limited access to treatment, and a heightened risk of depression. The physician-patient relationship was tested due to the danger of SARS-CoV-2 transmission from one another. Wearing a face mask and maintaining a safe distance from one another seems to be two of the most common recommendations for lowering the danger. When people cover their faces, nonverbal communication is disturbed, which accounts for more than 93 percent of our interpersonal interactions. Whether consciously or unconsciously, our faces are used to communicate our feelings. However, facemasks make it difficult for doctors to transmit their feelings, such as worry, empathy, and readiness to support their patients, through nonverbal communication. It is to be remembered that a patient's first impression of a doctor is largely based on his or her facial expressions(Benbenishty and Hannink, 2015, p.1359–1360). Randomised controlled research found that doctors wearing facemasks reduced patients' faith in the doctor's ability to empathise (Wong et al., 2013, p.200). Nonverbal communication also gets hindered by physical distance, which prevents closeness and the use of haptics (the ability to communicate through touch). The doctor's gentle patting of the patient's shoulder or stroking of her hands conveys support and understanding. Doctors have been robbed of this opportunity to create trust with their patients. Another key part of effective physician-patient communication is determining the patient's

emotional condition. Facemasks, again, obscure patients' facial expressions, which might provide significant clues about their emotional state and perspective. There are many subtle indications that a doctor must be aware of, such as the patient's bodily movements or uncovered facial features that can indicate their state of mind and generate a continual loop of feedback that is crucial for the two-way conversation.

While treating COVID-19 patients, nonverbal communication approaches like the following are found to be helpful in order to make the patients feel more confident and build physician-patient rapport.

Eye Contact

Nonverbal communication relies heavily on the eyes, so they should be allowed to play their role effectively by using their unique lexicon. The importance of eye contact and gazing increases greatly when the facial expressions are almost completely obscured by face masks. The patient's trust in the doctor may be bolstered if the doctor maintains a steady stare. It is impossible for the patient to feel safe and secure when the doctor is unable to keep eye contact with him or her, despite the doctor's repeated assurances. It is possible to communicate a lot without saying anything by raising or lowering your brow, even when wearing a mask or cap. Frequent eye movements, frowning, and forehead furrows indicate pain for patients. If the patient seems particularly distressed, it's crucial to take this into account while making treatment decisions.

Paralinguistics

The words we use and how we say them are equally crucial in communicating our message. As part of paralinguistics, a doctor can change a person's pitch (how high or low their voice is), volume (how loud or quiet they can talk), rate (how quickly they can speak), and voice quality (how pleasant or awful they sound). To analyse the patient's symptoms and corroborate the available data, voice modulation might be used at the patient's end.However, with the masks put on the face, physicians and patients cannot read each other's lips, hence facing communication challenges.

Movements and Gestures

The body's motions and movements amplify or intensify the consequences of spoken words. Constantly leaning back to prevent the spread of SARS-CoV-2 infection will only engender suspicion and apathy for the sufferer. A forward lean displays to the patients that the doctor cares about them as long as he or she is sitting at a distance (Pensieri etal., 2018, p.224). Frequent head nodding or hand motions may indicate a doctor's attentiveness and active participation in the discussion. Shaking patients' hands is considered a significant no-no in the current COVID-19 situation. The Indian salutation "Namaste" has endured the test of time as a symbol of goodwill and compassion. In the meantime, until the global epidemic is solved, world leaders and notable persons have already adopted it and pushed the medical community to replace the formal handshake with a "Namaste." As one goes through the door, the first thing that should be done is to greet someone with a smile.

Listening Patiently

It is found that to be a "patient listener to patients" is essential. This is especially important when dealing with patients who are towards the end of their life or who have locally advanced malignancies for which the treating oncologist has nothing to give owing to the current pandemic scenario. When delivering the devastating news, oncologists and, in general, physicians must keep in mind the "Kubler-Rossmodel" of mourning stages and prepare themselves for the wave of emotions that will wash over the patient and those who care about him (Smaldone&Uzzo, 2013, p.425). It is critical at this time to listen attentively to what the patient has to say. Because of the

COVID-19 pandemic, it is not recommended to comfort a patient by holding their hand or arm or patting them on the back or shoulders while they are undergoing treatment. "Compassionate care for bereaved patients and caregivers can be provided in a variety of ways, like listening intently with your head nod frequently, bringing a drink of water and a tissue, or suggesting hospice care" (Garg et al., 2020, p.1257). To deliver great treatment, doctors must be able to communicate effectively verbally and in writing with a wide range of healthcare professionals, management, patients, families, and carers.

Scope and Limitations

The application of Open-ended interview questions, which helps to explore exhaustive information, is the strength of the study. The findings of this paper intend to help researchers, medical students, and physicians better understand how physicians' nonverbal behaviour during a time of crisis affects patient happiness, adherence, and clinical outcomes. It would further educate them on the significance of appropriate nonverbal behaviours in the development of successful physician-patient relationships. Again, the paper's qualitative data can serve as a springboard for future quantitative studies on Physician-patient communication.

However, the findings of the study are limited to a few literature surveys and feedback received through the questionnaire from a small number of samples. If the literature survey in the said arena is extended and the sample size is increased, there is a scope of identification of additional diverse information. Despite this, the fact that is important is the quality of the information gathered. Eventually, if other non-verbal cues are to be identified in the said context, then additional research is needed. The ability to generalise is limited, and it is influenced by its size and usual characteristics. Nonetheless, this limitation applies to the majority of qualitative studies, and there is a lot of information to be gained from this type of research design.

CONCLUSION

The report indicates that physician-patient interaction was restricted during this period because of the COVID 19 pandemic and preventative measures such as lockdown, physical distance, face masks, and personal protective equipment (PPE).This pandemic provides doctors with yet another opportunity to reconfirm their commitment to serve humanity, no matter what the future contains (Garg et al., 2020, p.1262). Face masks are an inescapable part of modern medical practice, and doctors must discover ways to avoid them if they want to improve physician-patient trust. While public health efforts are critical during pandemics, it is equally crucial to maintain patients and their families at the heart of the health care system. To be effective, any public health or disease prevention program must be people-centric. It is not enough for healthcare workers to recognise the importance of effective communication; they must also actively work to improve their abilities in this area. Educators must ensure that doctors have access to suitable and practical training opportunities to acquire and refine these abilities to facilitate their interactions with patients and other healthcare team members (British Medical Association, 2004).

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