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# A Review of Doctor-Patient Communication Studies

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## Abstract

The constant rising number of violent events between doctors and patients has drawn great attention from researchers in different fields. Communication is the most fundamental way to solve the problem. The paper makes a brief review of the studies on doctor-patient communication during the past twenty years. It focuses on the features of doctor-patient communication, the reasons for the poor communication, the solutions to the problems and the future research tendencies. The paper gives consideration of the four aspects from the two following aspects, medical and linguistics. The current feature of doctor-patient communication is inconsistent, following the traditional liner model. The main reasons for the problem are the power discrepancy and the inappropriate attitude held by doctors. To handle the situation, measures like adjusting address terms have been proposed. Further research tendencies are also given in the paper, such as building up a communicative model.

**Key words:** Doctor-patient communication; Power discrepancy; Contextual variables; Speech community; Medical jargons

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## INTRODUCTION

Due to the outbreak of the infectious disease COVID-19, the correspondence among doctors and patients is strengthened. From the video clips recorded in mobile cabin hospitals, doctors and patients are singing and dancing together. The number of positive news reports on doctor-patient communication has been increasing. However, it cannot be ignored that violent events between doctors and patients have always been reported over years. Many scholars have noticed the phenomenon and initiated their studies from various aspects. By reviewing previous works on doctor-patient communication from 2000 to 2020, this paper aims to find out the features of doctor-patient communication, the reasons for the poor communication, the solutions to the problems, as well as the future research tendencies.

Figure 2 lists out the studies on topics related to the doctor-patient communication conducted by researchers from home and abroad. It can be seen doctor-patient communication is the most heated topic in Chinese papers. The main tendency is to state the current situation of doctor-patient relationship and communication skills. For foreign studies, researchers tend to focus more on the inadquecy of communication, such as sequency, behavior, etc., which means they initiate the studies from the perspective of language itself.

## 1. AREAS CONTRIBUTED TO DOCTOR-PATIENT COMMUNICATION

Taking doctor-patient communication as the key word, we can get Fig. 1, Fig 2, and Fig. 3 from the CNKI, including studies from home and abroad.

From Figure 1, we can find that the number of studies has overpassed 50 after 2008 and has remained stable with over 100 papers published until 2020. The trend shows that doctor-patient communication has drawn more attention and has become a valuable researching area.

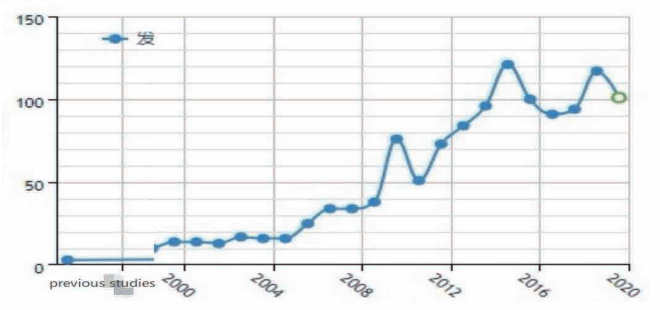


**Figure 1**
**Studies on doctor-patient communication since 2000**

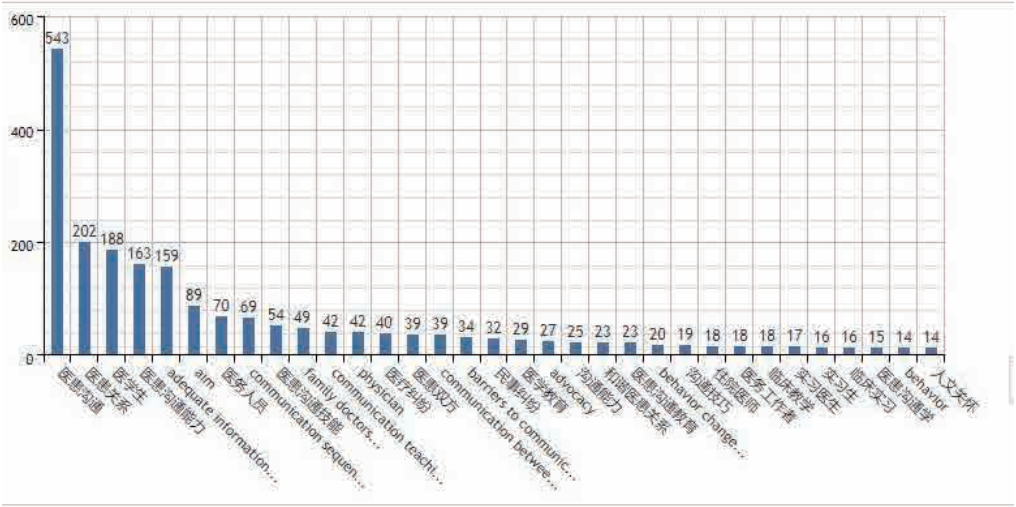


**Figure 2**
**Main topics on doctor-patient communication**

Figure 2 shows that among all the studies about doctor and patient, the topic related to doctor-patient communication takes up the highest proportion. The trend indicates that communication between the two parts has drawn great attention from various fields. Figure 3 has a further illustration of fields that have initiated studies on doctor-patient communication. Areas concerning medicine are listed in the first three positions. Education area is listed as the fourth standing point of researches. Studies in other areas only take up limited proportion, such as society, language, psychology, etc. These relative new fields may bring more fresh opinions in doctor-patient communication studying.


**Figure 3**
**Studies in different majors**

Verbal and non-verbal communication both are essential parts in language. How to use the language efficiently in hospital settings is still a heated topic. In the following parts, studies on communication in medical and language fields will be illustrated under the categories of communication features, reasons and solutions for poor communication, and further studies.

## 2. POOR COMMUNICATION BETWEEN DOCTOR AND PATIENT

In medical field, it is unquestionable that medicine relies a great deal on a complete understanding between health care providers (HCP) and their patients (Lerner et al, 2000). The information combined with doctor's professional interpretation is transferred to the patients, which is the basis for further treatment (Ning & Wei, 2015).To ensure the efficiency, no matter what the emotion is like or which part initiates the conversation, information should be communicated clearly and respectfully (O'Toole, et al., 2019).

Wu and Shu (2007) believe that the utterance made by HCP needs to be informative enough and clear, and be provided in an appropriate speed. According to a survey, HCP on average interrupts the patients in less than 19 seconds. In a relationship, the part with less power may choose to keep quiet. Seen from the linguistic view, it indicates that the communication model lacks of interactivity and becomes a traditional linear mode, in which doctors tend to be providers and patients are taken as receivers (Guo, et al, 2018).In medical consultation, HCP tend to solid their power instead of seeking for solidarity (Deng, 2009).The extensive use of technical language and medical jargon make patients confused. More than 79% patients have difficulties in different degrees to understand the utterance provided by doctors (Yang, et al, 2019).It can be seen that the relationship between doctor and patient, to some degree, is asymmetric and hierarchical.

Due to the power discrepancy and imbalance medical knowledge acquirement, HCP and patient communication has a number of problems. For HCP, they are lack of patience to be listeners and put themselves in higher positions to give commands. Patients, in most occasions, fail to fully understand their doctors and are afraid to express themselves. The relationship between the two parts constantly gets worse, and thus causes the poor communication.

## 3. REASONS FOR THE POOR COMMUNICATION

According to a study reviewing the researches of doctor-patient communication in China from 2005 to 2015, possible reasons for communication barriers are analyzed from doctor perspective, patient perspective and the current system (Ning & Wei, 2015). In the following parts, communication failure will be explained from the doctor and patient point of view.

Viewing from the medical field, one trend is that the relationships between doctors and patients have been materialized. Sometimes, doctors pay more attention to the modern equipment instead of patients. They ignore the importance of communication and give less consideration of the language abilities of their patients. The longer a clinician speaks, the denser the informational chunk is, and the greater the oral literacy demands (Roter, 2011). On the contrary, some doctors, being impatient, prefer to use oversimplified utterance, which will also mislead the patients (Jiang, 2010). The attitude held by HCP will in turn have negative effect on patients, whose unsatisfied emotion keeps accumulating and results in the poor communication.

Another reality cannot be neglected is that some doctors are being intolerant when their patients are short of medical knowledge. Some HCP insists to use jargons, which will undoubtedly bring deleterious effects to both sides. From the linguistic perspective, Guo and Tian (2011) has mentioned that the use of jargon, as a contextualization cue, will show power and exclusiveness, which may distance patients from doctors. The unequal relationship will hinder the effective communication and thus causes the failure of efficient information exchanging. In hospital, one of the most evident interactional challenges faced by doctors is the patients' resistance (Monzoni, et al, 2011). The unbalance leads to vulnerability in the relationship (Toader, et al, 2013), because only both parts do share common believes can mutual trust be strengthened.

Once the power discrepancy is formed, it will hinder patients' willingness to be honest about the illness. Liu, Manias and Gerdtz (2012) focus on the ward round practice in hospital and finds that professional hierarchy and power are sustained there. However, information exchanging has always been an essential part to maintain a relatively peaceful relationship between doctors and patients. Simple linear sequential models may fail to capture the complexity of the continuous feedback relations (Bensing & Verheul, 2009).This may, as a result, lead to devastating results on communication and treatment.

In medical settings, the poor communication can be caused by the attitude held by HCP towards patients. The use of language during the consultation is also a potential reason determining the communication quality. If communication model is inappropriate, the whole process will be affected.

## 4. SOLUTIONS TO THE PROBLEMS

To guarantee the harmony of medical settings and the efficiency of treatment, problems of communication

between doctors and patients need to be solved. Two fields have close connections to the problem, including medical area and communication strategies. It is widely accepted that communication is an essential part of language. Therefore, in the following part, solutions to the problems will mainly take two perspectives that are medical fields and linguistics. Language is the fundamental tool being used to communicate, thus more solutions below are proposed from the linguistic view.

Researchers in medical area tend to initiate their studies from the doctor-patient communication patterns or education of medical students. Wensing et al. (2010) conduct an observational study to examine the usefulness of information exchanging in primary care practices by collecting questionnaires from HCP to document their information exchange relations. From medical education, Bourquin et al. (2014) explores medical students' use and perception of technical language in a practical training setting, and infers that students' skills in breaking bad news in oncology should be enhanced. Schultz et al. (2017) has a deeper investigation on the use of plain language in cancer clinical trial app, in order to testify that plain language is easier for users to comprehend.

While, when analyzing doctor-patient communication from linguistic view, scholars tend to solve the problems with the help of linguistic theories. Kjos and Bryant (2019) focus on the communication networks in ambulatory care setting and draw a conclusion that the current communication structure is interdisciplinary and hierarchical. Thus, it is of great importance to eliminate the hierarchy by using the utterance spoken in that community. To have a better understanding of the utterance made by the interlocutors, it is salient to understand patterns of interactions within a group (Kjos & Bryant, 2019). Complicated utterance can be accepted much easier if it is explained in a way with which the hearer is familiar. According to cognitive context theory, objective factors do have influence on communication, but interlocutors can subjectively use or create conditions for better communication (Tong, 2009).Besides the patterns, HCP should also have a proper understanding of the community context in order to make sure the information can be accepted and conveyed correctly (Sandhu, et al, 2020).

Piccolo et al. (2007) analyze the sources of patient cues (unsolicited new information or expressions of feelings) in consultations under the situation of power discrepancy. It clarifies what kind of cues should be paid extra attention by HCP to strengthen the relationship. With the help of a multilevel approach, which takes different contextual variables into account, patient cue in communication can be noticed (Piccolo, et al, 2007).

Addressing terms can be counted as an approach to cultivate the mutual trust and elevate the communication result. Xu, Wang and Sun (2006) claim that HCP should use 'us' more to strengthen their solidarity. Social network analysis can be used to interpret the hierarchical interactions, which will clarify the communication structure. It has been used to evaluate patterns of professional's interactions in some medical settings, such as ambulatory (Kjos & Bryant, 2019).In the analysis, specific network variables are given consideration, including geodesic distance, densities, and reciprocation (2019). Researchers can use the variable centrality to distinguish the information provider and the receiver, which can be used to find out the gatekeeper in a conversation, who is considered as the central role. By using Netdraw, the information flow between HCP and patients is clarified. Then, the communication structure can be established, which will provide clues for the effective policies.

Chen and Tang (2014) propose that it would be useful to decode the language. There is a code model in conversation, which explains how interlocutors transfer the message. In doctor-patient communication, patients are always the listeners. To understand the utterance made by HCP, they have to decode the encoded messages. Schultz, Carlisle, Cheatham and O'Grady (2017) propose that plain language use and simple sentence structure are much easier to attain mutual understanding. Doctors should try to make the utterance much easier for the patients to understand, by combing the patients' experience with these medical terms. As Roter (2011) mentions, the medical terms must be taken to convey meaning and relevance and not simply a dictionary entry. That means that linguistic variables can be developed, which shares the common sense with the original words but are easier to be understood. Finset (2008) believes that studies should combine turn structure and sequence analysis to have better understanding of patient cues. For sequence analysis, Picclolo and other scholars have conducted a research focusing on the expressions made by doctors and patients and divided them into speech units. They have made a formula to calculate the partnership index (PI) between general practitioners (GP) and patients (Pt).

From the above discussion, it can be concluded that in medical field, the solutions have more relations with education on how to communicate and how to use technical words or terms. Linguists dig into the deeper reasons and emphasize the importance of setting up a community in which language used and patterns are accepted by both sides.

## 5. THE FUTURE RESEARCH TENDENCIES

Most studies initiated in medical field attach their emphasis on a single perspective, such as chronic illness communication, communication in ambulatory settings, etc. They list out the existing problems instead of figuring

out solutions. In the future study, researchers need focus more on multiple dimensions. At the same time, attention should be paid to informal communication, guarantee that it can share the equal position of formal communication in doctor-patient relationship. There are also no studies to examine medical students' perceptions of patient knowledge about medical terminology (LeBlanc, et al., 2014). Medical students should be given more opportunities to practice instead of simply learning from the textbooks.

Studies in doctor-patient communication made by different fields are still separated. Therefore, joint efforts should be made by experts from various fields, such as sociolinguistics, medicine, etc.to create a communicative model. Ning and Wei (2015) believe communication patterns belonging to this institutional setting will be established once the communication laws are found. Researchers from various fields should pay more attention to the establishment of the communication principles. Gradually, a speech community may be built up, where participants can receive satisfying communication by proper identity construction. By doing this, researchers may find out the most effective way to facilitate communication.

## CONCLUSION

The doctor-patient relationship does have been alleviated during the COVID-19 period. The communication barriers among HCP and patients have aroused researchers' attention from various fields since twenty years ago. It can be seen from the previous research that joint efforts have been made to tackle the communication issue in medical settings. Most of the current studies emphasize on explaining the reasons why conflicts exist during the communication process. The theoretical bases are in a large proportion chosen from the medical areas. When referring to the solutions to the problem, the focuses are mostly put on the education of medical students, the improvement of HCPs' moral standard and law enforcement. The research scope is relatively limited, which means that it is an immature area full of academic value.

In the future study, researchers can have further exploration on language itself. For hospital, efforts can be made to establish a system of simplified medical utterance. If possible, the utterance should be understood easily by people from different culture and education background, different age and even different nations. It will facilitate communication, minimize the damage and maximize profits to both sides.

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