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## Effective communication with patients during COVID-19 pandemic

### Abstract

**Introduction.** The COVID-19 pandemic caused that many outpatient clinics implement telemedical consultations. It requires from the physician special skills when providing information during a phone call. Even though there is no possibility of physical examination on such occasions, we need to obtain as much information as possible from the patient or his family members and provide them with instructions that can be understood and applied in practice.

**Aim.** The aim of the article is to review available publications about doctor-patient communication.

**Materials and methods.** The Pubmed database was searched with use of the phrases: 'doctor-patient communication skills' and 'storytelling; doctor-patient communication' in November 2022.

**Results.** Despite obstacles in providing good healthcare for patients during the COVID-19 pandemic, there are effective methods of obtaining a lot of information from the patient and provide him with easy-to-understand messages to take home. Storytelling is one of the methods of visualizing the disease and sometimes may improve patient's mood.

**Conclusions.** Telemedical consultations can be helpful if we spend enough time talking to the patient and provide him with information in an understandable format.

**Keywords:** communication, COVID-19 pandemic, doctor-patient communication skills.

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### INTRODUCTION

The COVID-19 pandemic has profoundly affected the global community. In order to reduce the patients risk of contracting COVID-19 many outpatient clinics implemented telemedical consultations [1]. It required from the physician special skills like building trust when providing information during a phone call [2]. Even though there is no possibility of physical examination on such occasions, healthcare workers need to obtain as much information as possible from the patient or his family members and provide them with information that can be understood and applied in practice. The public health measures: social distance, quarantine, isolation, wearing masks and hand hygiene helped to limit the spread of coronavirus but frightened patients to such an extent that they did not call an ambulance for chest pain or performed cancer screening tests [3]. As a result apart from deaths due to coronavirus infection the pandemic has taken a toll on the mental health, increased the number of deaths from cardiovascular diseases and cancers in the general population [4-8]. However a Chinese study has shown that properly organized system of telemedical consultations not only deepened the doctor-patient relationship, reduced medical violence against doctors, and a negative perception of the healthcare system during the pandemic [9].

### AIM

The aim of the article is to review recent publications about doctor-patient communication during COVID-19 pandemic.

### METHOD

The Pubmed database was searched with use of the phrases: 'doctor-patient communication skills' and 'storytelling; doctor-patient communication' in November 2022. Searching for publications from the COVID-19 pandemic period only articles published between 2019 and 2022 were considered for this review. With the phrase 'doctor-patient communication skills' 198 results were obtained. The phrase 'storytelling; doctor-patient communication' yielded 12 results from 2019-2022. After reading the titles 103 articles were eliminated. After reading the abstracts 57 were disqualified. After reading full texts only 26 articles were selected for this review. Five books from author's library were chosen for this review article too.

### RESULTS AND DISCUSSION

A team of Chinese scientists conducted a study with 772 physicians. Out of these 466 (60.4%) had received at least one training in communication skills during their career. The participants rated the current situation related to patient-physician

relationship in China as highly stressful, 48.2% experienced verbal attacks in the past three years once a year, 14.4% experienced physical attacks. Being female was associated with increased risk of verbal attacks. Interestingly, previous training in communication skills decreased the odds of physical attacks [10]. Before the COVID-19 pandemic it was not easy to communicate with patients but there was less fear of contracting a life-threatening infection and less vaccine hesitancy. The misinformation about vaccines in social media allowed patients to doubt doctors' arguments. As a result, a smaller percentage of patients followed medical recommendations.

Chandra et al. conducted their study on doctor-patient communication in Fiji with 375 patients from three outpatient clinics who filled in a structured questionnaire and 20 of them were selected for the qualitative interview. From the patients' perception, 45.6% of them perceived doctors' communication behaviour as good, 53.6% as fair, and 0.8% as poor communication behaviour [11]. The same team of researchers found out that patients over 50 years of age and those who perceived doctors' communication behaviour as were more likely to have full trust in the doctors than other patients [12]. Similarly, in the study conducted in village clinics in rural China with 574 participants from 25 clinics it was recorded that patient trust in doctors was influenced by patient perceptions of doctors' communication skills and health service quality [13]. Effective communication is of high importance in all patients but especially for patients with cancer. A Chinese study conducted in the cancer hospital showed that doctor-patient conversation is structuralized. Doctors dominate in the conversation and they focus on technology during communication. These characteristics suggest an extreme inequality of power between doctors and patients [14].

There is evidence that without listening to the patient carefully, doctors easily misdiagnose his problem. Table 1. shows the rules of talking to the patient.

Unfortunately patients forget doctor's messages very quickly:

- after 1 hour – they usually forget 50% of the information;
- after 8 hours – they usually forget most of the remaining information;
- after 1 day – patients usually forget about 97% of the information.

However, patients almost always remember the mood of the conversation and their feelings about it [15-17]. The doctor has to listen to the patient and let him feel cared, eliminate street noise or sounds from the corridor. The physician should try to be clear and lucid in his talks. The electronic devices (TV set, stereo, other telephones at doctor's office and at patient's room should be muted). The physician should try to ex-

plain unknown terms, use direct, clear and neutral language, use paraphrases to check if the doctor and patient understand each other well, ask questions (especially open questions). The physician must be aware of the existence and influence of emotions and moods (both his own and on the message recipient). Doctors should try to create an atmosphere of trust and openness, get to know the point of view of the interlocutor and feel into him, remember that he does not have to react right away – one can take time to consider the relevant information [15].

The model of physician-patient communication 'Care' consists of:

- C – comfort,
- A – acceptance,
- R – reacting,
- E – empathy [16].

Sometimes we have to admit that what the patient describes is a medically unexplained syndrome.

It is of key importance to listen actively, i.e:

- to show interest in what our interlocutor says;
- to ask additional questions;
- to use a paraphrase (You just said that ..., You said that ..., If I understood you correctly, you said that ...)
- to encourage the patient to talk;
- do not give advice, do not comment;
- express tolerance and patience;
- skillfully organize the conversation [3].

Here are the types of questions physicians should ask:

- open: What else would you like to ask?
- targeted at a specific issue, for example: When do symptoms get worse?
- closed, for example: Do you agree to such a proposal?
- facts and interpretation, e.g. What diseases did you have as a child?
- voltage-discharging, e.g. How do you understand it?
- indicative of focusing attention on the interlocutor, for example: At the beginning of our meeting, you said that ...
- improving the atmosphere, e.g.: How can I help you?
- suggestive, for example: How about if we do this procedure on November 24, will it suit you? [5].

Translation technique is highly effective in training patients, nurses and doctors [18]. Like in a game of chess, the activity of translation is about selection various, constantly modified procedures and continuous decision-making. During the game, intellectual skills, often contradictory, are activated simultaneously in order to plan and implement the optimal strategy. The translating or doctor-patient communication is a process that follows certain rules and which must be planned tactically in advance, carefully selecting procedures such as methods, strategies and tricks. Moreover, every champion develops his own style of play that suits his skills and character.

Manalastas et al. conducted a study analysing transcripts of 78 medical consultations with the scheme of six phases: initiating, gathering information, summary, explanation, planning and closing. They noticed that the dominant phases were gathering information, planning and explanation (66%, 10% and 12% of talk respectively). Only less than a third (23/78) contained all six phases. The closing and summary most frequently were absent. As many as half of consultations (40/78) did not include phases in the predicted order [19].

**TABLE 1. The rules of talking to the patient.**

Rules	How to obey
Explain	Remember that for people not related to the medical community, professional language may not be understandable enough.
Customize style	Try to speak to the patients in their language – make sure that the message is clear to them
Ask	Ask questions to make sure both parties understand their messages properly.
Make things simple	Keep your messages short and simple.
Direct the message to the patient	Always try to speak to the person, not in front of them

One of translation techniques is telling a story. Digital storytelling is getting popular in training of medical students and in postgraduate courses, as well as for the general public [20]. For example on Internet there are story maps offering a snapshot of COVID-19 cases, background information, and links to additional resources. The simple visuals: maps, dashboard, and chart updated daily with concise descriptions make the complex information more accessible to the average reader.

Brown and Benson noticed that storytelling is an effective tool for convincing vaccine-hesitant individuals during the COVID-19 pandemic [21]. Storytelling is used in therapy of pregnant women, patients with chronic kidney disease, elderly people and in many other clinical situations [22-24]. In this paper author (being a rheumatologist) recommends from her own experience telling a story about celebrities, who had similar health problems as the consulted patients. Professor Andrzej Szczeklik was right that medicine and art have a lot of common features [25]. Studying the bibliographies of famous musicians we can learn that many of them had rheumatic diseases (Table 2) [26]. If the patient is told that his symptoms resemble the ones described in biographies of famous people, he feels a very important person. However, it is time-consuming to tell a story and convince the patient to diagnostic methods and treatment recommended by a physician. Being a rheumatologist keen on music I present some examples in Table 2.

When doctors have a fluid and close communication with the patients, they can get better results. A bad doctor-patient communication contributes to increasing conflicts, reflected on complaints, demands and bad practice. The doctor patient interview determines the type of relationship they establish, because when a physician gets the trust of the patient the relationship is strong and efficient. The goal of the doctor patient relationship is to improve patient health and medical attention [27]. A study conducted in Greece during the COVID-19 pandemic on the effectiveness of doctor-patient communication

with 426 participants from two general hospitals in Greece showed discrepancy in the satisfaction rate, with 67.3% satisfied patients from doctors' communication vs. 83.7% satisfied doctors. The respondents agreed that staff shortage is a deterrent factor for effective communication. The factors that affect the communication satisfaction level are the duration of communication, time allowed for expressing questions and interest in patients' personal situation [28]. Different results were obtained in Vietnam in a study with 480 patients and 473 doctors participating. Both patients and doctors assessed that the communication was generally good. The doctors had higher expectations than did the patients [29]. It could be explained with culture differences between countries and continents.

A study conducted during the COVID-19 pandemic in Iran with 400 physicians has shown that nearly 80% of family physicians had good knowledge about doctor-patient communication skills, however, 55% of them reported moderate to poor level of practice in this regard [30]. Despite the confirmed data about usefulness of artificial intelligence in diagnostic procedures [31], still patients prefer face to face visit at the clinic or a telemedical consultation with the live person than messages generated by the artificial intelligence. However, many patients still compare information about symptoms, medications and diseases obtained on the Internet with doctors' statements. Therefore, the ability to gain the patient's trust, communicate effectively and, consequently, obtain compliance with medical recommendations is a very valuable skill.

## CONCLUSION

To sum up, telemedical consultations can be helpful if we spend enough time talking to the patient and provide him with information in an understandable format.

**TABLE 2. Famous musicians and their health problems.**

	Name	Symptoms	Disease
1	Johan Sebastian Bach	suffered from headache at older age located in the temporal region and behind the eyeballs	giant cell arteritis
2	Wolfgang Amadeus Mozart	erythema nodosum and arthritis	Henoch Schonlein purpura
3	Nicola Paganini	long fingers	Marfan's syndrome
4	Frideric Chopin	pulmonary hypertrophic osteoarthropathy	mucoviscidosis
5	Ferenc Liszt	Hebernen's nodes and Bouchard'a nodes	advanced osteoarthritis
6	Edward Grieg	clubbing of his fingers	tuberculosis
7	Percy Grainger	pathologic fracture of the femoral neck	prostate cancer
8	Gustav Mahler	after pharyngitis developed endocarditis with skin rash and fever; in his blood culture staphylococcal growth was seen; Libman detected systolic murmur over his bicuspid valve	Libman-Sachs' endocarditis
9	Giachino Rossini	Raynaud's phenomenon, gonococcal infection causing urethra stenosis and arthritis	Reactive arthritis (due to sexually transmitted disease-STD)
10	George Gershwin	used to smell burning rubber	Brain tumor
11	Ludwig van Beethoven	ascites	Pancreatitis due to alcohol overuse

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