Original Article

Doctor–patient communication practices: A cross-sectional survey on Indian physicians

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Abstract

Background: Effective communication is a critical and fundamental element of a successful medical practice and exerts a substantial influence on patient contentment, adherence, and disease outcome. This study was planned to identify domains for improvement in doctor–patient communication to enhance good practices in the future. **Methods:** A cross-sectional study was carried out involving 500 randomly selected samples of clinicians from government or private medical colleges across India. Data collection about current communication practices was carried out using google questionnaire forms and analysed. **Results:** Among the practitioners, there were 315 males and 185 females. The average time spent on patients' consultation is 9.8 minutes. Nearly 80% of doctors do not introduce themselves to the patients, while half of the doctors consistently employ the patient's name throughout discussion. The majority (82.8%) of the doctors listen to the patients attentively and showed empathy and positive attitude towards them. The maximum number of the doctors (55%) check that they comprehend what the patient explains about the disease, explain the need of prescribed tests (78%), and inform the result of the examination to the patient (68.8%). Approximately half of the study participants did not discuss the advantages and disadvantages of given treatments, but 78% of them agreed to do so in the future. More than half of clinicians schedule patient interviews to break unpleasant news. The majority of the doctors (60.8%) communicate the future treatment strategy and prognosis to patients. **Conclusion:** Overall, a positive attitude was observed; however, a few domains that needed improvements were discussing awareness of the disease, advantages and disadvantages of treatment, and patient satisfaction.

Keywords: Bad news, clinicians, communication, disease outcome, patient satisfaction

Introduction

Communication is an essential and integral component of a successful medical practice and can have a significant impact on patient satisfaction, compliance, and disease outcome.[1] A positive doctor–patient relationship re-assures the patient and facilitates the elicitation of vital information necessary for disease diagnosis. Accurate and deep knowledge of the disease is beneficial in handling stressful clinical meetings, reducing both the doctor's and the patient's or attendant's aggravation in instances involving emotional outbursts. Diagnostic tests, referrals, and hospital stays are also reduced because of a better understanding of the disease. These improvements enhance the general public's trust in doctors and the medical system.[2] Primary care physicians are the first line of contact for the general public for their diagnosis and treatment of the diseases. Evidence also suggested that primary care physicians or doctors who have undergone communication skills training are more likely to notice and diagnose emotional and psychological distress and respond properly to their patients' needs than doctors who have not received such training.[3] In addition to benefiting patients, improved doctor–patient communication also results in better doctor satisfaction, fewer patient complaints, better job satisfaction, less work-related stress, and reduced burnout.[4]

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There are three aspects of effective communication: verbal, non-verbal, and para-verbal. The content of the message and the choice and arrangement of words are all part of verbal communication. It seems to be very important, but it barely accounts for about 7% of total communication. The part of communication which plays more than 90% role in disease treatment, patient satisfaction, and outcome of the treatment is non-verbal and para-verbal communication. Non-verbal communication includes physiognomy, facial expressions, and gestures and accounts for 55% of all communications. The volume, expression, and pace of the voice all contribute to para-verbal communication and account for 38% of all communications.[5]

Recently, there has been an upsurge in the number of disagreements between doctors and patients or their family members or caregivers, and majorly, they have been attributed to the lack of proper communication between both the parties. It has been discovered that good communication practices such as providing a detailed explanation of the disease, calmly listening to the patient or their families, and providing answers to the patient's or their attendant questions can significantly reduce the number of medical errors and malpractice claims.[5]

Strengthening the doctor–patient relationship is critical for good treatment results, and it can be accomplished by improving medical professionals' or primary care physicians' ability to communicate with their patients and families. The current study is planned to assess the communication pattern of patient–physician consultation and to identify the fronts and domain which could be strengthened to ameliorate the condition and enhance good practices in the future.

Methods

A cross-sectional study was carried out by the Department of Pharmacology, AIIMS, Rajkot, Gujarat, on a randomly selected sample of clinicians across India after obtaining ethical approval from the Institutional Ethics Committee of AIIMS, Rajkot (O.W No./AIIMS Rajkot/IEC/02/2023), from March 2023 to December 2023. A total of 500 clinicians took part in the study.

All doctors practising in government or private medical colleges were the targeted population of the study and were enrolled only after obtaining informed consent. Doctors who were working in non-clinical subjects and those who denied consent were not included in the study.

Participant selection procedure

A list of all the medical colleges was accessed from the National Medical Commission (NMC) website,[6] and accordingly, the list of the faculties and their contact number were retrieved online. The online google questionnaire form for data collection was sent through e-mail. The google questionnaire form consisted of pre-tested and standardised study questions, which was adapted from a study conducted by Tran Trung Quang *et al.*[7] and divided into five sections:

1. The first section consisted of the goal of the study for the participant's clarity and voluntary consent to take part in the study.
2. The second section dealt with the demographic parameters.
3. The third section of the study consisted of questions related to communication items, which clinicians communicate in their consultation and would like to include or exclude in future.
4. The fourth section dealt with the questions about breaking bad news. These were standard six questions of breaking bad news as per the SPIKES protocol developed by Baile and Buckman in 2000.[8]
5. The fifth section consisted of acknowledgement and thanking the participants for taking the time to fill out the questionnaire.

A reminder e-mail was sent to the clinicians after 15 days of initial intimation for participating in the study, and a total of two such reminders were sent to each clinician. Care was taken to protect the confidentiality and anonymity of participants.

Statistical analysis

The required sample was calculated by an online statistical calculator assuming a 50% anticipated prevalence of good knowledge and practice, 95% confidence interval, and 5% margin of error. Considering a non-response rate of 30%, the final sample size will be composed of 500 clinicians, which was selected by a simple random sampling method.[9]

The data were entered in MS Excel v. 365 and presented as actual frequencies, percentages, mean, and standard deviation as appropriate. Descriptive statistics was applied for presenting the findings.

Results

A survey was carried out among randomly selected 500 clinicians across India who were working in NMC-recognised government or private medical colleges. This encompasses all the medical professionals involved in direct patient care including medical officers, junior residents, senior residents, and consultants. Among the practitioners, 315 were males and 185 were females. The majority (33%) were from the age group of 31 to 40 years. Only 14 clinicians were above the age of 61. Nearly 64% clinicians were working in government settings, while 12.6% were practicing in private settings. The maximum number of clinicians who took part in the survey were from the field of medicine (15.2%), followed by surgery (12.8%) and obstetrics and gynaecology (10%). Clinicians from other specialities also participated in the survey [Table 1]. The participants' years of clinical practice ranged from one to more than 55, with the majority of doctors having 6 to 10 years of experience. More than 65% of doctors never received any training in doctor–patient communication, while 18.4% expressed uncertainty on their

Table 1: Demographic parameters of the study participants

Demographic parameters	*n* (%)
Age	
20-30	63 (12.6)
31-40	165 (33)
41-50	154 (30.8)
51-60	104 (20.8)
≥61	14 (2.8)
Gender	
Male	315 (63)
Female	185 (37)
Practice Setting	
Government	318 (63.6)
Semi Government	119 (23.8)
Private	63 (12.6)
Specialities	
Medicine	76 (15.2)
Surgery	64 (12.8)
Obstetrics and Gynaecology	50 (10)
Orthopaedics	42 (8.4)
Medical Officer	38 (7.6)
Paediatrics	38 (7.6)
ENT	36 (7.2)
Ophthalmology	29 (5.8)
Anaesthesia	28 (5.6)
Dentistry	23 (4.6)
Psychiatry	16 (3.2)
Physical medicine and Rehabilitation (PMR)	11 (2.2)
Dermatology	11 (2.2)
Pulmonary medicine	11 (2.2)
Cardiology	09 (1.8)
Gastroenterology	06 (1.2)
Endocrinology	06 (1.2)
Nephrology	02 (0.4)
Urology	02 (0.4)
Neurology	01 (0.2)
Radiology	01 (0.2)
Year of Experience	
1-5	102 (20.4)
6-10	112 (22.4)
11-15	96 (19.2)
16-20	56 (11.2)
21-25	48 (9.6)
26-30	55 (11)
31-35	22 (4.4)
>35	09 (1.8)
Received training in Doctor–Patient Communication	
Yes	80 (16)
No	328 (65.6)
May be	92 (18.4)
Actual time spent on patient consultation (minutes)	
Mean	9.8
Median	10
Range	1-40
Expected time to be spent on patient consultation (minutes)	
Mean	16.6
Median	15
Range	3-60

training. An average time spent on patients' consultation was 9.8 minutes, which ranged from 1 minute to 40 minutes. The maximum number of consultants (37.6%) spent 6 to 10 minutes per patients. The average expected consultation time which doctors want to spend with their patients is 16.6 minutes, which ranged from 3 to 60 minutes. The majority of the doctors wanted to spend minimum 11 to 15 minutes per consultation [Figure 1]. Various circumstances which might have led to less available time for consultation were heavy patient load in hospitals, lack of infrastructure, and lack of additional supportive staffs.

Several questions were asked to the clinicians with the purpose of collecting the information regarding doctor–patient communication in the current practice and to identify the fronts and domains which could be strengthened to ameliorate the condition and enhance good practices in the future [Figure 2].

Approximately more than half (58%) of the physicians could not greet the patient during their initial encounter during an appointment, but more than two-third (76%) of the physicians showed fervour regarding greeting patients in the future. More than 80% of doctors do not introduce themselves. About half of medical practitioners consistently employ the patient's name throughout discussion, and approximately 80% of them showed interest in communicating with the patient with their name. The majority (83%) of the doctors listen to the patient attentively during consultation, and this percentage further increased to 96.6% when doctors are asked to listen to the patient attentively in the future. Similarly, the majority of doctors did encourage patients to talk about their health problems, showed empathy, and express a positive encouraging attitude towards their patients [Table 2].

Majorly, doctors did check that they understand exactly what the patient explains about the disease (55%), routinely inform what they are going to do (81%), and explain the need of prescribed tests (78%) to the patient. In the same note, the physicians explained the procedure of examination to the patient before conducting the examination (81.4%), examined the patient (91%), and informed the result of the examination to the patients (69%). Approximately three-quarters of the participants could not ask about patients' awareness and concerns regarding their illness prior to providing them with information; however, the majority (65%) of them showed their willingness to inquire about a patient's understanding of their ailment before providing information in the future. More than 90% of doctors informed the patient about their diagnosis, and about 79% of doctors informed the patients about the prognosis of the disease. Approximately half of the study participants did not discuss the advantages and disadvantages of given treatments to patients, but almost 78% of them agreed to do so in the future. The majority of them did not make the summary of doctor and patient agreement on disease management, but most of them agreed to do so in the future. Similar responses were observed with physicians regarding inquiring about the challenges patients face during the recommended treatment regimen, patients' satisfaction with their session, and routinely thanking the patient; however, the majority agreed to incorporate these practises in the future [Table 2].

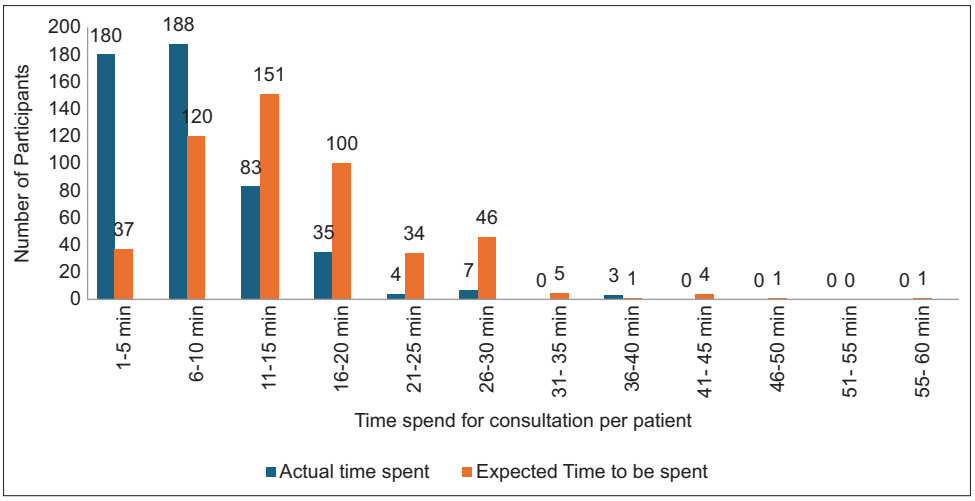

Figure 1: Time spent on consultation (actual time vs expected time)

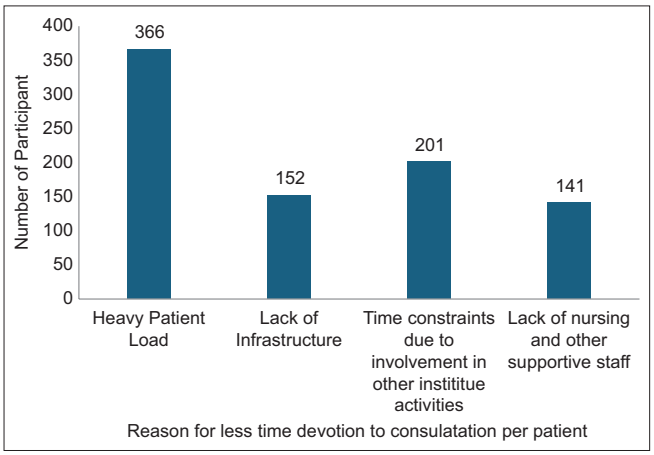

Figure 2: Reason for less time devotion

The third part of the questionnaire dealt with the question pertaining to breaking bad news. More than half (54%) of the practising clinicians occasionally plan the interview for patients for breaking bad news, assess the patient's perception about the disease, and ask them what they know about the disease. A large number of doctors do give knowledge and information about their condition. The majority of the doctors (55%) occasionally assess the patient's emotions empathetically, and the majority (60.8%) of them explain the future strategy to patients in relation to their treatment and prognosis of the disease [Table 3].

Discussion

Trust is the fundamental component of the patient–physician interaction, and communication serves as the method to cultivate trust. Contrary to common belief communication is not only passing the information through words, but it also includes how we effectively utilize the words for communicating. Efficient communication enhances patient and physician contentment and adherence to treatment protocols and diminishes instances of medical errors.

In our present research, the majority of the practising physicians showed an overall fair communication skill and a positive attitude to enhance their communication skills while consultation sessions with their patients.

Conventionally, medical undergraduates used to receive minimal formal instruction in communication skills during their training, and the majority of the communication skills were learnt during their clerkship, where they consciously or subconsciously absorb fundamental communication skills by observing their peers and senior colleagues.[10]

The initial step in building a connection between healthcare personnel and their patients is to greet the patient in a kind and amiable manner.[11] According to our research, 42% of doctors consistently greet their patients, while over 75% of doctors were willing to greet their patients in the future. This is a positive step towards fostering a strong doctor–patient relationship. In the current study, only 17% doctors routinely introduced themselves to the patient and nearly half of the participants take the patient's name during the consultation. The findings are comparable with those of Tran *et al.*,[7] in which 30% of doctors routinely introduced themselves and merely 41% of physicians routinely obtained the identity of the patient during the consultation. Establishing rapport with the patient by introducing oneself and addressing the patient by their name throughout the consultation process foster trust and confidence in the patient. This also creates a favourable environment for the patient to disclose comprehensive personal information. Taking a patient's name is an act of respect that demonstrates the attending physician's concern, regard, and distinction of a patient from an ordinary patient. Therefore, it is important to focus on these areas while discussing doctor–patient communication. Active listening is an intricate and essential aspect of clinical care. Attentive and respectful listening can enhance the healing process and may contribute to improved clinical outcomes.[12] In our study, the majority of the doctors (82.8%) listen to the patient attentively and this percentage is further expected to increase in the future.

Table 2: Insight into communication

Questions	Number of Participants *n* (%)
1a Do you routinely greet the patient?	
Yes	210 (42)
No	290 (58)
1b Would you like to greet the patient in future?	
Yes	380 (76)
No	120 (24)
2a Do you routinely introduce yourself to the patient?	
Yes	87 (17.4)
No	413 (82.6)
2b Would you like to introduce yourself to the patient in the future?	
Yes	244 (48.8)
No	256 (51.2)
3a Do you routinely use the patient's name in communication?	
Yes	236 (47.2)
No	264 (52.8)
3b Would you like to use the patient's name in communication in future?	
Yes	395 (79)
No	105 (21)
4a Do you routinely listen to the patient attentively while he/she talks?	
Yes	414 (82.8)
No	86 (17.2)
4b Would you like to listen to the patient attentively while he/she talks in future?	
Yes	483 (96.6)
No	17 (3.4)
5a Do you routinely encourage patients to talk about all their health problems and their concerns in detail?	
Yes	295 (59)
No	205 (41)
5b Would you like to encourage patients to talk about all their health problems and their concerns in detail in future?	
Yes	439 (87.8)
No	61 (12.2)
6a Do you routinely express empathy with the patient?	
Yes	269 (53.8)
No	231 (46.2)
6b Would you like to express empathy to the patient in future?	
Yes	414 (82.8)
No	86 (17.2)
7a Do you routinely express a positive and encouraging attitude towards patients' efforts in taking care of health?	
Yes	330 (66)
No	170 (34)
7b Would you like to express a positive and encouraging attitude towards the patient's efforts in taking care of health in the future?	
Yes	445 (89)
No	55 (11)
8a Do you routinely check that you understand exactly what the patient would like to say?	
Yes	274 (54.8)
No	226 (45.2)
8b Would you like to check in future that you understand exactly what the patient would like to say?	
Yes	381 (76.2)
No	119 (23.8)
9a Do you routinely inform the patient what you are going to do?	
Yes	407 (81.4)
No	93 (18.6)
9b Would you like to inform the patient in the future what you are going to do?	
Yes	474 (94.8)
No	26 (5.2)
10a Do you routinely explain the need for any prescribed examinations/tests to the patient?	
Yes	390 (78)
No	110 (22)
10b Would you like to explain the need for any prescribed examinations/tests to the patients in future?	
Yes	476 (95.2)
No	24 (4.8)

Contd...

Table 2: Contd...

Questions	Number of Participants *n* (%)
11a Do you routinely conduct examinations with respect to patients?	
Yes	454 (90.8)
No	46 (9.2)
11b Would you like to conduct an examination with respect to the patient in future?	
Yes	485 (97)
No	15 (3)
12a Do you routinely ask a patient about their knowledge and attitude concerning their disease before giving information?	
Yes	123 (24.6)
No	377 (75.4)
12b Would you like to ask a patient about their knowledge and attitude concerning their disease before giving information in future?	
Yes	325 (65)
No	175 (35)
13a Do you routinely inform patients about the result of the examination (signs)?	
Yes	344 (68.8)
No	156 (31.2)
13b Would you like to inform the patient about the result of the examination (signs) in future?	
Yes	449 (89.8)
No	51 (10.2)
14a Do you routinely inform patients about diagnosis?	
Yes	467 (93.4)
No	33 (6.6)
14b Would you like to inform the patient about the diagnosis in the future?	
Yes	485 (97)
No	15 (3)
15a Do you routinely inform patients about the possible prognosis of the disease?	
Yes	396 (79.2)
No	104 (20.8)
15b Would you like to inform the patient about the possible prognosis of the disease in future?	
Yes	476 (95.2)
No	24 (4.8)
16a Do you routinely consider patient's reaction to provided information?	
Yes	237 (47.4)
No	263 (52.6)
16b Would you like to consider patient's reaction to provided information in the future?	
Yes	388 (77.6)
No	112 (22.4)
17a Do you routinely discuss with patient about treatment methods with advantages and disadvantages of each method?	
Yes	251 (50.2)
No	249 (49.8)
17b Would you like to discuss with patient about treatment methods with advantages and disadvantages of each method in future?	
Yes	372 (74.4)
No	128 (25.6)
18a Do you routinely make a summary of what you and the patient agreed?	
Yes	123 (24.6)
No	377 (75.4)
18b Would you like to make a summary of what you and the patient agreed in the future?	
Yes	291 (58.2)
No	209 (41.8)
19a Do you routinely ask patients if he/she will meet any difficulty in following the treatment course prescribed by the doctor?	
Yes	198 (39.6)
No	302 (60.4)
19b Would you like to ask patient in future that if he/she will meet any difficulty in following the treatment course prescribed by the doctor?	
Yes	345 (69)
No	155 (31)
20a Do you routinely ask patient if he/she is satisfied with the results of the consultation?	
Yes	120 (24)
No	380 (76)

Contd...

Table 2: Contd...

Questions	Number of Participants *n* (%)
20b Would you like to ask patient in future if he/she is satisfied with the results of the consultation?	
Yes	268 (53.6)
No	232 (46.4)
21a Do you routinely thank the patient at the end of the consultation?	
Yes	114 (22.8)
No	386 (77.2)
21b Would you like to say thank you to the patient at the end of the consultation?	
Yes	269 (53.8)
No	231 (46.2)

Previous studies also support the findings.[7,13] A smaller number of doctors (17%) reported that they do not listen to the patient attentively. The possible reason could be the substantial influx of patients and time limitations resulting from engagement in other endeavours. However, these doctors are determined to enhance their listening skills despite the obstacles they face.

Listening alone is not enough to reach clinical diagnosis. Encouraging patients to discuss about their health problem is equally important to make complete diagnosis and disease management. Occasionally, a symptom that may not seem important to the patient might really serve as a diagnostic indicator for a disease and significantly alter the course of treatment. In our study, 60% of the doctors encouraged their patients to talk about their health issues and the number increased (88%) when they were asked if they would like to do the same in the future.

Language barriers between a physician and the patient are not infrequent. This may result in compromised access to high-quality medical services and negatively impact the clinician and patient relationship.[14] It is observed that patients who face language barriers are more likely to consume more healthcare services and experience more adverse events[15] The language barrier is especially significant in a country like India, which is home to 1652 native languages, including 103 foreign languages.[16]

Hence, it is crucial to ensure that the doctor comprehends precisely what the patient intends to convey. Our study found that more than half of clinicians regularly ensure their understanding of the patient's intentions, while 76% expressed their willingness to continue doing so in the future.

The majority of the doctors conduct examination with respect to the patient (90.8%) and explain the procedure of examination to the patient before conducting the examination. Some physicians choose not to regularly communicate the examination results to patients, possibly because of variations in the patients' educational background, making it difficult for them to comprehend complex medical terminology within the limited time available.

Nearly 80% of clinicians explain the need of prescribed test to patients routinely, while 95% were ready to explain it in the future. The findings are contrary to a previous study where only 33.3% doctors discuss investigations with patients.[17] Explaining the need of the prescribed test is important in a country like India, where 21.9% of the population is below the poverty line and more than 50% of healthcare expenditure is out of pocket.[18,19] If the patients or their relatives do not understand the need and importance of the prescribed test, which is for the proper diagnosis of their treatment, they might shy away from the doctor in view of increased expenditure with regards to conducting the investigations. This could delay the diagnosis and prompt treatment of the said condition at an early stage, further increasing the chances of worsening prognosis due to a delay in appropriate treatment and inflated healthcare cost to treat the condition at a later stage.

Patient-centred care demands involvement of patients in all aspects of their health-related decisions. Awareness about diagnosis, treatment plan, and prognosis are essential components of patient-centred care. According to our research, the majority of doctors (93.4%) provide information about the diagnosis and prognosis (79.2%) of the disease. The findings exhibit variability across several studies. Tran *et al.*[7] found that 80% of doctors provided information about the diagnosis of the disease, but Sebastian *et al.*[17] discovered that only 66% of clinicians disclosed the diagnosis to the patient. Two separate studies revealed that 60% of the patients were aware of the prognosis of their disease.[20,21] In the previous studies, the exact reason why doctors did not discuss the prognosis of the disease is not clear. However, it is plausible that they believe such discussions could potentially have a detrimental impact on the patient's health and treatment course, probably due to fear and over-thoughtfulness in the patient. Another vital step in patient-centred care is discussion of the treatment plan. Nearly half of doctors discussed the treatment plan with the patients and three fourth of doctors were ready to discuss the advantages and disadvantages of the treatment with the patient. The findings are comparable with other studies.[1,20] Forty percent of clinicians discuss the challenges which the patients face during the treatment course, while 24.6% doctors make the summary of agreement of doctor–patient discussion. These findings suggest a need and crucial fronts to be highlighted and stressed upon during the communication training.

Table 3: Questions pertaining to breaking bad news

Questions	Responses *n* (%)		
	Usually	Sometimes	Never
Do you set up (plan) the interview for the patient to feel comfortable and keep privacy?	111 (22.2)	272 (54.4)	117 (23.4)
Do you assess the patient's perception (what he already knows) about the condition?	125 (25)	272 (54.4)	103 (20.6)
Do you obtain the patient's invitation (ask him what they want to know)?	117 (23.4)	268 (53.6)	115 (23)
Do you give knowledge and information to the patient about its condition?	287 (57.4)	190 (38)	23 (4.6)
Do you assess the patient's emotions with emphatic responses?	191 (38.2)	277 (55.4)	32 (6.4)
Do you explain future strategy including treatment options and prognosis?	304 (60.8)	190 (38)	6 (1.2)

To identify the shortcoming in the consultation process, it is better to ask about the patient satisfaction or feedback at the end of the consultation. In our study, 24% of doctors asked about patient satisfaction at the end of the consultation and 53% were ready to ask the same in future. A significant proportion of research participants fail to inquire about patient satisfaction, which is a noteworthy gap that warrants discussion.[22] As per our study, half of the doctors were ready to say thank you to their patients in the future, which is important as maintaining a sense of gratitude towards our patients.

The delivery of distressing information is a frequent occurrence in the field of medicine, and it has been noted that such interactions or disclosures can lead to acts of destruction, difficulty in adapting, and acts of aggression. Sharing the bad news with someone is the matter of experience which comes with practice and time.[23] Several protocols have been devised to facilitate the communication of bad news. The SPIKES protocol is one of them which we used for our survey.[24]

The majority of the doctors assess the patient's perception about the condition and plan the interview of the patient to maintain the privacy and to provide a comfortable environment. The findings are comparable with previous findings.[25]

According to the survey, a considerable proportion of physicians inform patients about their conditions and discuss potential future treatments, which is praiseworthy. The majority of the doctors (55%) occasionally assess the patient's emotions empathetically to provide emotional support to the patient. It is important as lack of emotional support can be detrimental to individuals experiencing emotional distress and should be addressed.

India is a country where the majority (64%) of the populations resides in rural areas.[26] Because of this unequal distribution of the population among the urban–rural regions, the majority of the population are basically to be treated by primary care physicians. A varied type of acute, chronic, and preventive services and medical care are provided by primary care physicians.[27] This makes the primary care physicians a crucial link in the healthcare system, and hence, ensuring better communication practices by them can remarkably help in improving the doctor–patient trust and relationship, which can further improve the healthcare outcomes.

The study highlights that there are certain domains of communication which need improvement. One of the best ways to improve communication practice is to include the communication teaching in medical education. It is advised that emphasis on communication should be given from the first day of medical school and must be continue till the exit of the same. As per our view, ensuring a proper and regular training on communication can ensure the physicians to develop positive communication skills and attitude in the midst of whatever challenges they face during their daily practice and consultation. Repeated discussion on importance of communication will inculcate the habit of including soft communication skills in routine consultation.

Limitations

The major limitation of the study is that it discusses one side of the coin. We did not evaluate patients' perception about what they think about doctors' communication skills. The sample size of the study was small to conclude the facts; however, larger studies should be planned taking the views of both doctors and patients to have a robust survey in order to conclude on this crucial subject.

Conclusion

The findings of the study regarding communication between doctors and patients revealed that the majority of the clinicians listen to the patients' concerns attentively, encourage patients to discuss their health issues, and explain them procedures of examination and diagnosis despite the heavy patient load and time constrains. Certain soft communication skills like greeting the patient, introduction of oneself, addressing the patient by his name, and saying thank you were areas of further reinforcement. However, there was a willingness to work towards future improvements. For a more pragmatic and tangible doctor–patient communication in practice, stress should be laid upon right from the undergraduate medical training period so that a right manner of communication is inculcated in them and a right way of communication sets as a modus operandi regardless of the patient load or other non-modifiable factors in daily practice.

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Conflicts of interest

There are no conflicts of interest.

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