

Becoming a Physician Who is a Good Communicator to Patients

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Dear Editor,

I have read with great interest the article entitled “Factors Affecting Satisfaction With Inpatient Services Among Adult Patients Admitted to Arba Minch General Hospital, Southern Ethiopia: A Mixed Method Study” by Sabo et al.¹ I highly applaud the authors for their contribution to help us to get more insights of satisfaction with inpatient service. As the results show, in the 4 dimensions of health workers’ relationships, attitude and communication, health problem diagnosis and management, physical environment, and foodservice, inpatient satisfaction is just over 50%. In my opinion, health workers’ relationships, attitude and communication can be improved by physicians’ subjective efforts, while there are many objective factors in the other 3 dimensions.

As we already know, poor physician–patient communication is one of the most cited reasons by patients for their low satisfaction.² The main reason for this phenomenon is that when physicians are medical students, they are taught to promote dehumanizing views and value systems that favor technical power, speed, and efficiency over interpersonal skills.³ As physicians who provide care to inpatient patients, they often face more physician–patient communications than physicians in other specialties, and often these communications are more difficult.

My purpose in writing this letter is to help physicians better cope with the challenges of physician–patient communication and to help them become more trusted by their patients and improve patient satisfaction. I would like to offer the following suggestions to physicians.

Listen Actively and Fully to the Patient’s Voice

In the vast majority of cases, physician–patient communication is characterized by rapid, high-frequency output of expertise from the physician, with the patient completely unable to intervene. Often the physician thinks he or she has explained clearly enough, but the patient thinks his or her problem is still not solved, and this creates conflict between the physician and the patient. This phenomenon may be caused by the fact that physicians occupy a strong position in the physician–patient relationship and often neglect to listen to patients because they are too busy or think that patients’ ideas are not important, or because physicians lack the necessary communication knowledge and skills to communicate effectively.

Generally speaking, good communication often stems from the willingness and behavior of both parties to listen to each other, and physician–patient communication is no exception.⁴

Therefore, I recommend that physicians ask their patients one question each time before they expressing their views and opinions, that is, “How are you feeling, is there anything you want to share with me?/Are there any questions you would like to ask me?” Such a simple question will often start a high-quality physician–patient communication.

Always Maintain Empathy Rather Than Compassion

First of all, it is important to emphasize that empathy is different from compassion. Empathy often represents an overriding concern for the person being empathized with, and is often not accompanied by action to solve the problem. Empathy is an attempt to solve a problem for the other person by incorporating one’s own emotions into the situation in a relationship of equality with the other person. It is important to understand that a patient has received a lot of sympathy from others since they learned of his illness, but few people can really empathize with him, especially from physicians. For some physicians, the difference is subtle and it can be difficult to determine whether they are communicating with their patients out of compassion or empathy.

My advice is to try to imagine themselves as the patient’s closest relative or best friend, when it is often empathy rather than compassion that you inspire. Of course, this is difficult, so you may need some actor-like practice about a sense of conviction. The good news is that this is really an ability that can be acquired through practice and is also helpful in improving the quality of physician–patient communication.

Keep Enough Rest and Regularly Empty Your Emotional Garbage

High-quality physician–patient communication requires physicians to have good physical and mental state. Physicians are often under more mental stress and put in more hours of work than other professions,⁵ so if they can complete every communication with patients with high quality, they must have put in more than the usual effort. So, I recommend that every physician ensure adequate rest and find a way to let go that works for them. It might be reading, fitness, music, communicate to friends, and even drowse. In short, you need to regularly empty your mind of the emotional garbage that has built up in your head in order to cope with the work and challenges that lie ahead.

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Author Contribution

HX wrote the article and approved the final version of the article.

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