

Research Article

The Relationship of Doctors and Patients in A Educational Hospital

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ABSTRACT

The doctor-patient relationship, in this case communication, empathy and ways of serving patients, can be explored from an early age and continue to be developed and upheld by a doctor for successful therapy and in an effort to improve public health in the future within the educational hospital environment. The purpose of this review article is to determine the importance of the doctor-patient relationship in a educational hospital environment. This review uses 40 journals as sources in order to improve doctor-patient relationships in educational hospitals. From this review it can be concluded that the main goal that young doctors are expected to achieve apart from medical science is soft skills in the form of how to create optimal therapeutic relationships with patients which can be practiced continuously during the professional education period at the Educational hospital.

Keywords: therapeutic relationship, educational hospital, communication, empathy.

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Introduction

Patient health is the main goal of health services. In the last few decades, the doctor-patient relationship has become interesting to discuss considering advances in science and the high expectations of society regarding the services they receive when seeking treatment. The doctor-patient relationship is a relationship between a professional (doctor) and a client (patient). Doctors are responsible for providing direction and information to patients and still giving the patient the authority to make decisions regarding the disease they are suffering from. Building a relationship between doctors and patients requires effective communication so that the information provided by the doctor can be received by the patient. The problem of doctors' professional behavior which is increasingly being highlighted by the public is marked by an increase in public complaints to the Indonesian Medical Discipline Honorary Council (MKDKI), where doctors behavior is felt to be inappropriate, especially the lack of good communication (80%) which is the cause of many complaints of alleged disciplinary violations (the public calls them allegations malpractice) by

doctors.³⁵ Effective communication cannot be separated from empathy, which is the capacity to understand or feel what other people are experiencing from their perspective, namely the capacity to put oneself in another person's position.

Communication, empathy, and the actions of doctors as providers of health services towards patients as recipients of health services are the main aspects in the therapeutic relationship between doctors and patients. It is not uncommon to find criticism that the service received by patients is not balanced with the patient's expectations, resulting in medical disputes or just rumors circulating in the community. It should be noted that criticism conveyed to medical services, whether through doctors, health workers or the media, is like an iceberg phenomenon, where in fact there is a lot of criticism that cannot be conveyed by patients due to many factors. This is what health workers, especially doctors, should be able to reflect on in order to maximize the professionalism of the doctor-patient relationship to increase the success rate of treatment for the community.

The doctor-patient relationship is not only about the physical outcome of

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the patient's treatment, but a doctor is also expected to be able to manage a patient holistically, both from the physical and psychological side of the patient, even to the family and surrounding environment. The expected outcome, apart from recovery, is that it is characterized by the patient's increasing understanding of the disease they are suffering from, compliance with taking the medication given to the patient, as well as compliance with carrying out routine controls in the treatment phase. The health services in question can apply anywhere, whether primary health facilities, doctors' private practices, government hospitals, private hospitals, and educational hospitals.

Educational hospitals act as places for education, research and integrated health services in the fields of medicine, continuing education and other health education in a multi-professional manner. In practice, of course a doctor not only has responsibilities towards patients, but also towards young doctors or residents who are currently studying at the hospital. The main success that young doctors hope to achieve apart from medical science is of course soft skills in the form of how to create optimal

therapeutic relationships with patients in the future. More precisely, communication and empathy must be trained in this phase, armed with existing theory and paying attention to examples in the field by clinical supervising doctors and being able to apply it to patients, considering that training in communication skills and empathy is very rarely obtained after becoming a doctor.^{28, 37}

A doctor-patient relationship that is not optimal can be caused by several conditions, such as language differences between the doctor and patient, the condition of the doctor experiencing burnout due to work overload, a doctor's ability to communicate such as how to speak and listen, the doctor's body language, and the character of the doctor and the character of the patient. which can also affect the therapeutic relationship of doctor and patient.³¹ Therefore, a good doctor-patient relationship, in this case communication, empathy and ways of serving patients, should be trained from an early age and continue to be developed and upheld by a doctor for the success of therapy and in an effort to improve public health in the future.

Method

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This review aims to determine the importance of the doctor-patient relationship in a educational hospital environment. The main problem taken is the problem of the doctor-patient relationship which is still not functioning properly. The questions discussed in this review article are what is called a doctor-patient relationship? How is the doctor-patient relationship in a educational hospital environment? and what things affect the doctor-patient relationship? The literature or journal search tool used uses the PubMed and Google Scholar databases. The studies used are studies from the last 5 years published in English and Indonesian. The keywords used are "therapeutic relationship", "doctor-patient relationship", "young doctor-patient", "clinical supervising doctor-young doctor", "educational hospital", "communication", "empathy". From the search, 40 journals were obtained to answer existing problems.

Discussion

What is the Doctor Patient Relationship?

The doctor-patient relationship is a relationship between a professional (doctor) and a client (patient). The doctor-patient relationship is a relationship of trust, without trust

between the two, treatment cannot be carried out well.²

The doctor-patient relationship has developed over a very long period of time. Starting from ancient Egyptian practice between 4000 – 1000 BC in the form of a relationship between a healer and a petitioner using mystical methods, then followed by Greek medicine in the 5th century BC which then developed with the Hippocratic oath, until then entering the era of modern medicine since 18th century to the present.³⁴ The form of doctor-patient relationship has several forms of implementation, such as paternalism and partnership.

(1) Paternalistic. Paternalism comes from the Latin word for father. (the doctor exclusively decides on the therapy plan for the patient, where the patient is more passive) The doctor's authority in this case comes from the strong social legitimacy, knowledge and skills acquired. However, over time this type of doctor-patient relationship has been widely criticized in the world of medicine and has begun to be abandoned;

(2) Partnerships. (the doctor as the patient's partner, who not only plays a role in the therapy plan, but also in the patient's interpersonal and social

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relationships to help the patient achieve the expected goals at each stage, from diagnosis to therapy). This form has a high level of trust and forms a better bond between doctors, patients and the patient's family. Apart from that, the emotional condition and motivation to recover and the patient's discipline in treatment are also higher. Effective doctor-patient relationships can be achieved through the involvement of doctor relations and holistic communication with patients.^{3,4,15,29,33} Practically, the principles of the doctor-patient relationship also include consideration of aspects of patient autonomy, beneficence, non-maleficence, and justice.³³

Important aspects in building trust in doctor-patient communication are generally dominated by the doctor's body language (55%) (posture, eye contact, facial expressions, touch, body movements and physical appearance) and the way the doctor relates to the patient (38%) (vocabulary, simplicity in communication, empathy, perception, accuracy, and speed of speech).¹⁵

Nowadays, the doctor-patient relationship is less than optimal if a patient tends not to have enough time to be heard by a doctor, especially if the

patient is in an anxious or irritable emotional condition and the waiting time is quite long. This problem has increased, especially during the Covid-19 pandemic in recent years.^{32,40} Apart from that, patients also tend to often misdiagnose and treat themselves due to the easier and greater access to medical information they obtain themselves.³³

"The patient trusts the doctor", means that a patient trusts his doctor and believes that the doctor will consider and provide the best assistance regarding the patient's therapy plan and health condition.³⁹ This aligns with a range of skills, including verbal, non-verbal, attentive listening, emotional handling, and building trust. Lack of communication easily leads to medical disputes, negative medical experiences, litigation malpractice, and distrust of doctors.^{39,32}

Connection good doctor -patient can built through a number of aspect following:¹⁵

- Individual approach to patient
- Credibility, professionalism
- Openness, kindness, empathy
- Listen actively and do not judge the patient's words
- Clarity, simplicity in communicate

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- Understand need patient Then try for fulfill it
- Use question open
- Push patient for ask
- Explain the patient's problem and condition clearly
- Election proper vocabulary
- Be quiet and don't interrupt at the right time

Trust in doctors is not only the quality of doctor-patient communication. Several other factors also play a role, namely age, gender, professional experience, professional title, and a doctor's knowledge. In addition, the patient's previous experience and the doctor's workplace also play a role.

Doctor Patient Relations in Educational hospitals

The doctor-patient relationship is formed by good communication and empathy between the doctor and the patient which results in the desired service for the success of patient therapy and prevention of disease in society. Doctor patient relationships can be found anywhere, including educational hospitals.⁵ Educational hospital is a hospital that functions as a place for education, research and integrated health services in the fields of medicine and/or dentistry,

continuing education and other health education in a multi-professional manner. The education hospitals referred to in this case are generally secondary or tertiary hospitals which are also referral centers in a particular area. In practice, of course a doctor not only has a responsibility towards patients, but also sets an example for young doctors or residents who are currently studying at the hospital.²⁸

In daily practice at a education hospital, it is not only doctors who meet patients. Apart from doctors and other medical personnel, there are young doctors who are currently undergoing their professional phase at educational hospitals who will also always meet with patients. This becomes a learning process in the form of " learning by doing " to become a doctor in the future, which of course remains under the guidance and supervision of clinical supervising doctors at the hospital by paying attention to existing limitations.^{38,29} The main success that young doctors hope to achieve apart from medical science is of course soft skills in the form of how to create optimal therapeutic relationships with patients in the future. More precisely, communication and empathy must be

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trained in this phase, armed with existing theories and paying attention to examples in the field by doctors and being able to apply them to patients, considering that training in communication skills and empathy is very rarely obtained after becoming a doctor.^{6,7}

A young doctor is also expected to be able to uphold ethics in his daily learning process like a professional doctor-patient. Some aspects that are expected from young doctors when establishing relationships with patients include communication, respect, empathy, responsibility, service, altruism, as well as honesty and integrity.³⁸ The emotional condition of a young doctor also often becomes a challenge when dealing with patients and their families. Therefore, young doctors must uphold and practice medical ethics in daily practice even though they are also faced with challenges in the daily learning environment such as burnout, emotional conditions, and other academic tasks for the sake of better patient outcomes in the future.^{29,34,31}

Some young doctors in Indonesia are able to communicate well in health services.³⁵ Effective communication between doctors and patients can

increase patient satisfaction in receiving medical services from doctors or medical service institutions, increase patient trust in doctors, increase the success of diagnosis, therapy and medical procedures, and increase self-confidence and resilience in terminal phase patients in facing the disease.³⁵

Professional behavior is a competency that a doctor must master. One of the professional attitudes in this case is acting in accordance with the medical code of ethics. A doctor not only builds relationships with patients, but is able to work together and position himself towards other health workers, accept constructive criticism and suggestions, provide public health services, and respect differences in other people's characters, lifestyles and cultures of patients and medical workers, others, as well as colleagues.³⁵ The professional learning that a doctor obtains does not just appear, but rather through the learning process and clinical experience during medical education, especially during the clinical learning phase in the hospital.^{35,28}

The professional behavior of a young doctor can be evaluated from the perspective of a clinical educator, both in terms of knowledge, attitudes and

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professional behavior of young doctors. The professional behavior in question can be in the form of honesty and personal integrity, building trust and responsibility in carrying out the profession, respect for others, the desire to develop oneself and maximize existing potential, awareness of the limits of one's abilities, communication and cooperation skills, and altruism.^{35,28}

The example of a clinical supervising doctor is an important component in medical education that influences the professional attitudes and behavior of a young doctor in the future. The personal characteristics of the clinical supervising doctor are the main role models to pay attention to, followed by aspects of clinical competence and skills, teaching ability and professionalism. A doctor's professionalism is formed during education, especially during the clinical education phase in hospitals. Indirectly, a young doctor will observe and follow how his clinical supervising doctor communicates and interacts with patients, colleagues and other medical personnel.^{30,36} Therefore, a doctor is expected to be able to have good professionalism.

It should be noted that the quality of doctor-patient relationships in tertiary and secondary hospitals is better than doctors in primary hospitals. This certainly deserves attention considering that primary care doctors should be able to have better relationships with patients because they interact more often and not only treat them but also provide education about the importance of preventive measures against the threat of a disease.⁸

Doctor on service tertiary nor secondary own connection doctor more ability communication nor more empathy to the patient. This thing no regardless influence from each the individual only , but opportunities available to doctors the For develop and train ability communication and empathy through home - facilitated training.^{7,9} In addition, doctors in primary care tend not to develop their communication skills and only rely on experience in the field. Patient factors also play a role in this condition, where patients with a high level of education have a better level of understanding and find it easier to establish good communication for successful diagnosis and therapy compared to patients who have a low level of education. However,

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it does not rule out the possibility that doctors in educational hospitals may not always meet expectations considering that there are several factors that can make the doctor-patient relationship not optimal, such as language limitations, fatigue, lack of support, as well as other individual aspects, both from the doctor's side. as well as patients.^{10,11}

These skills in the form of communication and empathy should be trained during the education period under the supervision of the doctor in charge, bearing in mind the main goal of professional education .⁷ The level of quality of the doctor-patient relationship when the doctor was a junior when compared to when he was a resident apparently experienced several changes in various aspects. Professionalism and respect increase the longer a person becomes a doctor along with the experience and learning gained. However, it turns out that aspects of responsibility and altruism decreased in the resident phase. Of course, it is necessary to investigate what factors cause this to happen.¹²

The quality of empathy apparently varies in several areas of the hospital. Internal medicine and hemato-oncology doctors were found to have

better communication and empathy skills, resulting in a more desirable therapeutic relationship when compared to doctors in other fields.¹³ Patients generally require more time and attention from doctors who treat them. In this case, the doctor is expected to patiently listen and direct the patient and be able to interact with better body language in order to create comfort and trust in the patient.¹³⁻¹⁵

Factors that influence the doctor-patient relationship are not only direct factors between the doctor and the patient. In fact, several doctors still experienced bullying and harsh remarks from their colleagues at the hospital. The fields in question include radiology, general surgery, neurosurgery, and heart and blood vessels. This is caused by workload and hierarchy in the scope of work. A junior doctor (only working <3 years) is exposed more often than a senior doctor (>3 years) or consultant. It is not uncommon for these harsh words to affect the doctor's life and have been proven to have an impact on the relationship between the doctor and patient, especially resulting in unexpected outcomes.¹⁰ To produce the desired therapeutic doctor-patient relationship, of course you have to focus

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on the main aspects, namely communication and empathy from a doctor.

What is included in the doctor-patient relationship?

- **Communication**

Communication is a tool that helps doctors provide quality care for their patients.¹⁶ Communication is a continuous reciprocal process involving two parties. Communication is needed to achieve common goals between doctors and patients in seeking health. Achieving effective communication requires several communication models, such as patient-centered communication and doctor-centered communication. Patient-centered communication involves 6 aspects, including:¹⁷

A. Strengthening relationships (Fostering the Relationship)

The aspect of strengthening the relationship between doctors and patients, where doctors are responsible for fostering and building relationships connection with patient, visible warm, open and honest, respectful opinion, privacy and autonomy patient, and express concern and commitment. In this aspect the doctor must smile while greeting him in a friendly manner, try to hear complaints while making eye

contact with the patient, respect the patient's privacy, show a caring attitude towards the patient.

B. Gathering information (Gathering Information)

In this aspect, the doctor tries to listen and understand the illness suffered by the patient by gathering as complete information as possible so as to obtain complete information about the symptoms felt by the patient.

C. Providing information (Providing Information)

The third aspect is providing information, doctors must try to understand the information needs of patients. Share information with patients about the disease they suffer from but also do not blame the patient. The doctor facilitates the patient's understanding, and provides information and helps the patient evaluate it.

D. Making decisions (Decision Making)

Aspect taking decision, where doctor prepare consideration patient and possible taking the right decision was reached from information provided by the patient so that honest information from patient will help doctor For take the right decision, as well push making plan good collaboration between doctor and patient.

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E. Respond emotions (Responding to Emotions)

Aspect fifth that is possible behavior related disease and treatment, where doctor responsible answer For evaluate interest and capacity patient in management yourself, giving advice (needs information, skills coping, strategies for success), helpful patient For use autonomy and optimize management self from the problem is for the patient No blame himself Alone on the disease he was suffering from did advocacy, and helping patient with system health .

F. Enabling behavior related to disease treatment. (Enabling Disease and Treatment Related Behavior)

The last aspect is response to emotion patient, where doctor responsible answer For facilitate expression emotional patient against the disease and have ability For know and explore emotion patient, express empathy , providing related assistance with emotions and judgement distress psychology patient .

Physician centered communication show that doctor more dominant from patient like doctor dominate and control interview or ask answer with patient , participation

patient are limited even that it's means doctor didn't see patient in a way holistic, doctor didn't discuss impact disease in life patient , doctor choose maintenance and creation decision end without involving patients.¹⁸

Build effective communication is not easy. Because various influencing factors from doctor nor patient . A number of factor the mentioned by *Chaney in Grace and Rini (2020)*, language barriers occur because sender message and recipient message use different language or use of words that are not understood by the recipient message. Perceptual barriers are related to the level of motivation of the listener, meaning that the listener who receives the message does not want to receive the message or does not have the motivation so it can become a communication barrier. Cultural barriers, a person's cultural values can influence him in taking alternative or other means of achieving treatment goals.¹⁹ Apart from that, the gender factor also plays a role where female doctors prioritize feelings so that in communicating they tend to spend more time with their patients and involve their patients more in discussions about their social and psychological context, and this will have

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an impact on joint decision making. Female doctors communication skills are better than male doctors.²⁰ Other factors are also sufficient both moment communication between doctor and patient like the doctors sometimes busy to handle a number of patients at the same time, like accept calling telephone emergency from room patient care.²¹

- **Empathy**

Empathy used as base treatment humanistic who gives a lots benefit for patients and doctors.²² Clinical empathy is an important element in maintaining the quality of medical care. Empathy is a neologism used to describe a variety of different psychological phenomena.²³ This covers a wide spectrum, including feeling concern for others that creates motivation to help or care for the patient, experiencing emotions that match the patient's emotions, knowing what the patient is thinking or feeling, and blurring the boundaries between self and patient.²²⁻²⁴

Empathy is defined as a communication skill or as an emotional experience in which physicians identify and temporarily feel their patient's emotions based on visual and verbal cues.²⁵ The "humanistic" attitude of a doctor is characterized by attention,

concern, expression of concern for the patient's well-being, and the ability to listen attentively and respond warmly to what the patient has to say.

Interpersonal sensitivity means understanding another person's situation objectively. This is the initial process of getting to know someone. The ability to understand another person's situation refers to flexibility and an objective understanding of the patient's perspective.^{25,26}

Sympathy, empathy, and compassion are closely related terms that are often used interchangeably. Sympathy is defined as an emotional reaction of pity towards another person's misfortune. Empathy is understood as a more complex interpersonal construct involving awareness and intuition, whereas compassion is a complementary social emotion, elicited by witnessing another's suffering and associated with feelings of concern, warmth associated with support motivation.^{22,23,27}

Empathy is one of the fundamental tools of the therapeutic relationship between healthcare professionals and patients.²³ It has been proven that empathy is very important and can lead to better health outcomes.²⁶ Empathy is very important in the

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relationship between health workers and patients. When this happens, health service users or patients will feel safe and have confidence in the abilities of health workers. Therefore, the distance between health workers and patients is decreasing and the two are getting closer, so that they can benefit each other. Empathy can improve the quality of care, errors or miscommunication can be reduced, and increased acceptance of health care for patient problems is received positively.^{26,27}

Based on several literatures, various groups of patients with different health problems give positive results regarding the progress of their health from the services provided by doctors or other health workers.²⁶ Studies of patients with diabetes show that there is a relationship between empathy and a positive course of disease therapy. Additionally, patients with cancer have lower levels of stress, depression, and improved health when receiving empathetic nursing care from medical personnel. The empathetic relationship between the midwife and the expectant mother increases the satisfaction of the expectant mother and reduces stress, suffering and pain during the upcoming birth, the mother feels security, trust and

encouragement about what she is about to go through.^{26,27}

Additionally, relationships based on empathy can help healthcare workers reduce stress and burnout in the workplace and improve their quality of life. It has been proven that doctors who have higher levels of empathy have lower levels of burnout or depression.²³

One of the most important tools for quantitative assessment of empathy is the Jerson Scale of Empathy (JSE) which was originally used to evaluate empathy in medical students. This scale includes 20 questions and the overall score ranges from 20- 140, with higher scores indicating better empathetic relationships in medical and therapeutic care.^{22,23} According to some literature using samples of medical students, empathy increases in the first year of education, but begins to fall around the third year and remains low until graduation.²³

As mentioned previously, although research has demonstrated the high value of empathy, there are still many difficulties in implementing it in clinical practice. Around 70% of health workers find it difficult to develop empathy for patients.²⁷ This is influenced by several factors such as age,

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self-reflection, way of assessment, and emotional expression. Health workers who have more work experience have higher empathy scores. Additionally, there is research to support that women have higher levels of empathy.^{22,23,27}

Conclusion

Relationship between doctor and patient is professional relation between doctors and patients are built on base each other believe for reach healing is just right. The doctor-patient relationship in a educational hospital acts as a place for education, research and integrated health services in the fields of medicine and/or dentistry, continuing education and other multi-professional health education. In practice, of course, a doctor not only has a responsibility towards patients, but also as a role model and clinical educator for young doctors or residents who are currently studying at the hospital. The main success that young doctors are expected to achieve apart from medical science is of course soft skills in the form of how to create optimal therapeutic relationships with patients which can be trained continuously during professional education at educational hospitals. The doctor-patient relationship can be affected by poor communication due to

various factors such as the doctor's lack of communication skills or the doctor communicating in a way that prioritizes the doctor's interests without involving the patient, lack of empathy from the doctor so there is no openness from the patient as a result it is difficult to find the main problem from the patient. The doctor-patient relationship is also influenced by the patient, such as the patient's use of language that the doctor does not understand because of the patient's low educational background.

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