**ISSN:**
Print - 2277 - 078X
Online - 2315 - 747X


**Journal of Humanities, Social Sciences and Creative Arts**

# HEALTH COMMUNICATION ANALYSIS OF DOCTOR-PATIENT RELATIONSHIP AND PATIENTS' HEALTH BEHAVIOUR IN SOUTH WEST NIGERIA

***[1]B. R. SEKONI, [1]A. T. ODUNLAMI AND [2]B. I. AKEREDOLU-ALE**

[1]Department of Mass Communication, Olabisi Onabanjo University, Ago-Iwoye, Ogun State, Nigeria.
[2]College of Humanities and General Studies, Federal University of Agriculture, Abeokuta, Nigeria.
***Corresponding Author:** sekonibr@gmail.com **Tel:** 08035790632

## ABSTRACT

Communication in doctor-patient relationship has undergone a transition over time from doctor-dominance to patient-centred approach. Unfortunately, the patient-centred approach adopted today has not positively influenced the health behaviour of patients. For this, health communication scholars wonder if there is any difference between patient-centred and the doctor-dominance approach. The study adopted the descriptive survey research method, using two sets of questionnaires for data collection from patients and doctors. Multi-stage sampling technique was used to select 120 respondents for the study. Data collected were analyzed using frequency counts, percentages and chi-square technique. Communication in doctor-patient relationship had significant influence on patients' follow-up appointments ($\chi^2$ = 112.867) and compliance to prescribed drugs ($\chi^2$ = 48.333). Communication in doctor-patient relationship had significant influence on patients' choice of the hospital ($\chi^2$= 44.083) and consumption of balanced or specific diet ($\chi^2$ = 61.350). Communication in doctor-patient relationship had significant influence on patients' exercising regularly ($\chi^2$ =18.80).The study concluded that doctor-patient relationship in health communication influences patients' health behaviour in South West Nigeria. It is therefore recommended that doctors should apply an integrated/ synergetic approach in communicating with their patients and that audience-specific social media platforms should be utilized to complement the doctor-patient communication for more effective result.

**Keywords:** Health Communication, Doctor-Patient Relationship, Health Behaviour, Synergistic Approach

DOI:

## INTRODUCTION

The doctor-patient relationship has undergone a transition throughout the ages. Prior to the last two decades, the relationship was predominantly between a patient seeking help and a doctor whose decisions were silently complied with by the patient (Kaba and Sooriakumaran 2007). Today, patient - centered care has replaced a one sided, doctor- dominated relationship in which the exercise of power distorts the decision making process for both parties. Such an alliance must take into account not only the application of technical knowledge, but also communication of information calculated to assist the patient understand, control and cope with overpowering emotion and anxiety. The doctor in this patient-centered model is ide-

ally placed to bridge the gap between the world of medicine and the personal experiences and need of his patients.

The doctor-patient relationship has been and remains a keystone of care, the medium in which data are gathered; diagnosis and plans are made; compliance is accomplished and healing patient activation and support are provided (Abiola, Udofia and Abdullahi 2014). Susan and Mack (1999) opined that the medical interview is the major medium of health care. Most of the medical encounter is spent in discussion between practitioner and patient. According to Susan and Mack (1999), the interview has three functions and structural elements, namely: gathering information, developing and maintaining a therapeutic relationship and communicating information. It is also the major determinant of compliance. Increasing data suggest that patients activated in the medical encounter to ask questions and participate in their care do better biologically, in quality of life, and have higher satisfaction. The success of technical procedure, treatment and medication according to Jalil, Zakar, Zakris and Fischer (2017) depends upon favourable communication with patients. Even with the new approach that is patient-center care where there should be mutual participation, respect and share decision making, has this influenced the health behaviour of patients, particularly on their follow-up appointments, compliance to prescribed drugs, choice of the hospital (Hospital visits), eating balanced or specific diet and exercising regularly.

### *Statement of the problem*

Patients are important and need to be loved and cared for. Their presence in the hospital is as a result of their need for what the doctor knows how to do best, which is patient care. Anything short of their expectation will lead to a resultant negative impact/influence on their health conditions. In this paternalistic model of the doctor–patient relationship, the doctor utilizes his skills to choose the necessary interventions and treatments most likely to restore the patient's health or ameliorate his pain. Any information given to the patient is selected to encourage him to consent to the doctor's decisions.

The patient-centered approach has been described as one where "the physician tries to enter the patient's world, to see the illness through the patient's eyes" (Stewart and Roter, 1989) and has become the predominant model in clinical practice today.

Unfortunately, even with the patient-centered approach adopted today, the problem remains that some doctors do not communicate well with their patients specifically to influence their health behaviour, which makes it imperative to know if there is any difference between the patient-centered approach and the doctor dominance approach. In view of this, this study investigated the communication in doctor-patient relationship and its influence on follow-up appointments, drug compliance, patients' choice of the hospital, eating balanced or specific diet, exercising regularly as health behavior in southwest Nigeria.

### *Research Questions*

The study sought to provide answers to the following questions:

- To what extent does communication in doctor-patient relationship influence the health behaviour of patients on follow-up appointments?
- To what extent does communication in doctor-patient relationship influence the health behaviour of patients on compli-

ance to prescribed drugs?
- How does communication in doctor-patient relationship influence the health behaviour of patients' choice of the hospital?
- How does communication in doctor-patient relationship influence the health behaviour of patients eating balanced or specific diet?
- To what extent does communication in doctor-patient relationship influence the health behaviour of patients exercising regularly?

## LITERATURE REVIEW

Communication is a transactional process; in the health context, it is an important part of health care delivery. Communication is vital in the achievement of healthy individuals and populations and contributes to the reduction in inequalities (Suresh, 2011). Communication transaction is one of sharing information using a set of common rules (Northouse and Northouse, 1998). In health care delivery, communication in doctor- patient relationship is an essential process in the achievement of health outcomes. It is usually a process that comes to fruition when the patient has achieved, acted on or responded to messages that ultimately aim to increase health goals.

Patient-physician communication is an integral part of clinical practice. When done well, It produces a therapeutic effect for the patient, as has been validated in controlled studies. However, the manner in which a physician communicates information to a patient is as important as the information being communicated. Indeed, patients who understand their doctors are more likely to acknowledge health problems, understand their treatment options, modify their behaviour accordingly and follow their medication schedules. As a result, communicating with patients has long been identified as an important physician competency. More recently, there is growing consensus regarding the components that define physician-patient communication. There continues to be emphasis on both the need to teach and to assess the communication skills of physicians (King and Hoppe 2013).

A physician's approach to the doctor-patient relationship may affect how engaged patients are in their health care, patient who feel that their physicians treat them with respect and fairness, communicate well and engage with them outside of the office setting (Valerie, 2011). However, the quality of the physician-patient relationship has the greatest effect on patient engagement. This suggests patient activation which according to Valerie (2011) is a patient behaviour such as being knowledgeable about one's health and health care and having the skills and confidence to engage in self- management of chronic condition. Corroborating this statement, getting patients to be more active in their own care is important and this can be decreased by a power differential in the relationship between physician and patient (Jennifer and Nancy 2010).

Jennifer and Nancy (2010) stated that patients who are less activated do not understand the importance of the role they play and do not understand that they can have an effect on how their conditions influence their lives.

Effective communication is central to our ability to function as a member of the society. It is a key aspect of all relationships, whether it occurs in the family, education, work or social settings. Indeed, when such relationship breakdown or become stressful,

the central complaint frequently relates to poor communication. The area of health care is no exception. Effective communication is now generally acknowledged as central to effective health care. It is no longer viewed as an add-on extra; rather it is recognised by many as being at the heart of patient care and playing a pivotal role. As Kreps, Bonguro and Query (1998) noted, communication as pervasive in creating, gathering and sharing health information. It is a central human process that enables individual and collective adaptation to health risks at many different levels (Kreps, 2003)

A significant event in relation to health communication in the United Kingdom was the publication of the patient's charter (UK Department of Health, 2004), which informed patients that they had a right to be given a clear explanation of any treatment purposed, including any risks involved and alternatives to the recommended treatment. At a similar time, an international conference on health communication produced the "Toronto consensus statement on the relationship between communication practices and health outcomes" (Simpson, Buckman, Stewart, Maguire, Lipkin, Novack and Till, 1991). The statement made eight key points including;

1. Communication problems in medical practice are important and common.
2. Patient anxiety and dissatisfaction are related to uncertainty and lack of information, explanation and feedback.
3. Doctors often misperceive the amount and type of information that patients want to receive.
4. Improved quality of clinical communication is related to positive health outcome.
5. Explaining and understanding patient concerns, even when they cannot be resolved, results in a fall anxiety.
6. Greater participation by the patient in the encounter improves satisfaction, compliance and treatment outcomes.
7. The level of psychological distress in patients with serious illness is less when they perceive themselves to have received adequate information.
8. Beneficial clinical communication is routinely possible in clinical practice and can be achieved during normal clinical encounters, without unduly prolonging them, provided that the clinician has learned the relevant techniques.

There is now a substantial body of evidence to show that healthcare providers who communicate well with patients are more likely to make more accurate and comprehensive diagnosis, to detect emotional distress in patients, to have patients who are more satisfied with their care, less anxious and who agree with and follow the advice given (Llyod and Bor, 1996).

## Theoretical Framework

### *Health Belief Model (HBM)*

The Health Belief Model (HBM) is a social psychological health behaviour change model developed to explain and predict health-related behaviours, particularly in regard to the uptake of health services. The Health Belief Model was developed in the 1950s by social psychologists at the United States of America Public Health Service and remains one of the best known and most widely used theories in health behaviour research. The Health Belief Model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-promoting behaviour. A stimulus, or cue to action, must also be present in order to trigger the health-

promoting behaviour.

The relevance of this model to this work for any individual with a potential health threat is to apply any relevant health behaviour(s). As a matter of importance, such patient will consult his/her physician for the appropriate health behaviour (one-on-one interaction). According to the model, perceived threat motivates people to take action, but beliefs about potential behaviours determine the specific plan of attack.

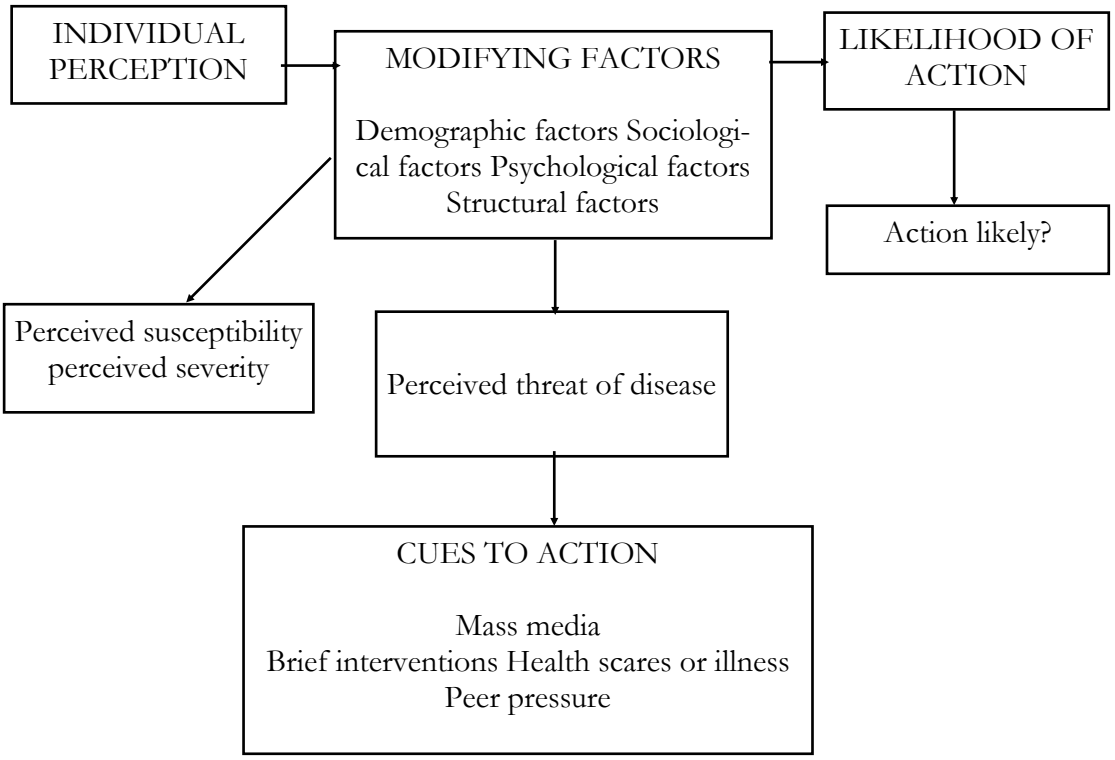


**Figure1: The Health Belief Model, adapted from Rosenstock et al. (1988)**

## RESEARCH METHOD

This study adopted the descriptive survey research method. This strategy was chosen because of the nature of the research topic which demanded the collection of significant amount of data from a meaningful population size in an efficient manner.

The population of this study consisted of the patients (One Thousand One Hundred and Eighty-One) and doctors (Sixty-Seven) of the Consultative Out-Patient Departments (COPD) of the teaching hospitals and Federal Medical Centres in the south-west geo-political zone of the Federal Republic of Nigeria comprising six states.

### *Sampling Technique and Sample Size*

In the multi-stage sampling procedure, Stratified technique was used to categorise the states in the south-west into three strata and simple random technique by ballot method was utilised to select three (3) hospitals where complete consultative out-patient clinics are run. Sample size was selected using Taro Yamane's formula.

As a result of the inability of the researchers to study the whole patients attending the consultative out-patient clinics of all the teaching hospitals/federal medical centres in the south-west geopolitical zone of Nigeria, a representative number was chosen as the sample size population. One thousand One Hundred and Eighty-One patients were derived with 398 patients from Olabisi Onabanjo University Teaching Hospital Sagamu, 394 patients from Ladoke Akintola University Teaching Hospital Osogbo and 389 patients from Federal Medical Centre Owo.

Thus, 10% of 398 for Olabisi Onabanjo University Teaching Hospital equal 39.8 Ω 40, 10% of 394 for Ladoke Akintola University Teaching Hospital equal 39.4 Ω 40 and 10% of 389 for Federal Medical Centre equal 38.9 Ω 40. As a result, the total sample size for this work equal 120 for patients. For doctors, the sample size was 30, 10 for each hospital and these were distributed to doctors on ground using purposive sampling technique. The research instrument that was employed in this research work was a structured questionnaire. The questionnaire for this study was made up of open-ended items.

**Table 1: Sample Framework**

| MONTH | HOSPITAL | | |
|---|---|---|---|
| | OOUTH, SAGAMU | LAUTECH, OSOGBO | FMC, OWO |
| JANUARY | 7068 | 2532 | 887 |
| FRBRUARY | 7227 | 2765 | 1206 |
| MARCH | 7044 | 3292 | 1209 |
| APRIL | 7710 | 1773 | 1222 |
| MAY | 5655 | 3276 | 1095 |
| JUNE | 5038 | 3495 | 1319 |
| JULY | 6754 | 812 | 1628 |
| AUGUST | 7455 | 753 | 1462 |
| SEPTEMBER | 6837 | 1937 | 1137 |
| OCTOBER | 6968 | 2977 | 1392 |
| NOVEMBER | 7191 | 2814 | 1171 |
| DECEMBER | 6213 | 2511 | 1262 |
| TOTAL | 81,160 | 28,937 | 14,990 |

Source: Researchers

OOUTH: Olabisi Onabanjo University Teaching Hospital
LAUTECH: Ladoke Akintola University of Technology Teaching Hospital
FMC: Federal Medical Centre

**Findings and Discussion Research Questions One**

To what extent does communication in doctor-patient relationship influence the health behaviour of patient on follow up appointment?

**Table 2: Chi-Square of the extent to which communication in doctor-patient relationship influence the health behaviour of patients on follow-up appointment.**

| Responses | Observed | Expected | O-E | $(O-E)^2$ | Chi-Square | p-value |
|---|---|---|---|---|---|---|
| Very great extent | 79 | 30 | 49 | 2401 | | |
| Great Extent | 24 | 30 | 6 | 36 | | |
| Very rare | 12 | 30 | 18 | 324 | 112.867 | |
| Not at all | 5 | 30 | 25 | 625 | | |
| **Total** | **120** | | | | | |

**Source: Field Survey,**

Calculated value = 112.867; Tabulated value = 8.25 at 5% level of significance

The Chi-square calculated value of 112.867 which is greater than the tabulated value of 8.25(Table 2) shows statistically that there is a significant evidence to conclude that communication in doctor-patient relationship influences the health behaviour of patients on follow-up appointments. Thus, communication in doctor-patient relationship greatly influences the health behaviour of patient on follow-up appointment.

**Research Question Two**

To what extent does communication in doctor-patient relationship influence the health behaviour of patient on compliance to prescribed drugs?

**Table 4: Chi-Square of how communication in doctor-patient relationshipinfluences the health behaviour of patient choice of the hospital.**

| Responses | Observed | Expected | O-E | $(O-E)^2$ | Chi- Square | p-value |
|---|---|---|---|---|---|---|
| Happy | 50 | 24 | 26 | 676 | | |
| Unhappy | 12 | 24 | 12 | 124 | | |
| | | | | | 44.08 | |
| Does not matter | 15 | 24 | 9 | 81 | | |
| | | | | | 3 | |
| Very difficult | 5 | 30 | 25 | 625 | | |
| Never happen to me | 13 | 24 | 11 | 121 | | |
| Total | 120 | | | | | |

**Source: Field Survey,**

Calculated value = 44.083; Tabulated value = 8.25 at 5% level of significance

The result influences the health behaviour of patient's choice of the hospital. The result of the Chi-Square calculated value of 44.083 which is greater than the tabulated value of 8.25 (Table 4) shows statistically that there is a significant evidence to conclude that communication in doctor-patient relationship influences the health behaviour of patient's choice of the hospital.

**Research Question Four:**
Does communication in doctor-patient relationship influence health behaviour of patient eating balanced or specific diet?

**Table 5: Chi-Square of how communication in doctor-patient relationship influences the health behaviour of patient in eating balanced or specific diet.**

| Responses | Observed | Expected | O-E | (O-E)2 | Chi- Square | P-value |
|---|---|---|---|---|---|---|
| Yes | 78 | 40 | 38 | 1444 | | |
| No | 33 | 40 | 7 | 49 | | |
| Not really | 9 | 40 | 31 | 961 | 61.350 | |
| Total | 120 | | | | | |

**Source: Field survey,**
Calculated value = 61.350, Tabulated value = 8.25 at 5% level of significance

The result of the Chi-Square calculated value of 61.350 which is greater than the tabulated value of 8.25 (Table 5) shows statistically that there is a significant evidence to conclude that communication in doctor-patient relationship influences the health behaviour of patient in eating balanced or specific diet. Thus, communication in doctor- patient relationship influences the health behaviour of patient eating balanced or specific diet.

**Research Question Five**
To what extent does communication in doctor-patient relationship influence the health behaviour of patient exercising regularly?

**Table 6: Chi-Square of the extent to which communication in doctor-patientrelationship influences the health behaviour of patient exercising regularly**

| Responses | Observed | Expected | O-E | $(O-E)^2$ | Chi- Square | Probability |
|---|---|---|---|---|---|---|
| Very often | 17 | 7.5 | 9.5 | 90.25 | | |
| Often | 8 | 7.5 | 0.5 | 0.25 | | |
| Occasionally | 2 | 7.5 | 5.5 | 30.25 | 18.80 | <.05 |
| Never | 3 | 7.5 | 4.5 | 20.25 | | |
| Total | 30 | | | | | |

**Source: Field Survey,**
Calculated value =18.80; Tabulated value = 8.25 at 5% level of significance

The result of the Chi-Square calculated value of 18.80 which is greater than the tabulated value of 8.25 shows statistically that there is a significant evidence to conclude that communication in doctor–patient relationship influences the health behavior of patients exercising regularly and very often (Table 6).

## DISCUSSION

This study investigated communication in doctor-patient relationship and its influence on patients' health behaviour in south west Nigeria. From the data, it could be deduced that doctor-patient interaction during clinic session highly influenced patients' next clinical appointments through interaction and information received by the patient on the health issues. Most of the respondents indicated they were "highly influenced"; this outcome is in line with Susan and Mack (1999), which stated that most of the medical encounter is discussion between practitioner and patient. They stated further that the interview has three functions and structural elements, the three functions are gathering information, developing and maintaining a therapeutic relationship and communicating information. The study also showed that 62.5% of patients had not in any way received phone calls to remind them of their next appointment as a way of doctor-patient relationship through the doctor's office. This is related to the submission of Llyod and Bor (2009) that for doctors whose communication approach with patients are transactional; they are better positioned for vintage results in terms of accuracy and comprehensive diagnosis as well as easy and quick detection of emotional distress in patients. There was a significant evidence to conclude that communication in doctor-patient relationship influence the health behaviour of patient on follow-up appointment.

It was deduced that in terms of interaction on drug compliance, the relationship had been great but looking at the statistics, one would also wonder why and with the patient centered approach it gives a lot to ponder upon because about one-tenth of the patients said their interaction with their doctors particularly on drug compliance was poor. A patient who is anxious will not comprehend information clearly. Abiola et al (2014) posited that the doctor-patient relationship has been and remains a keystone of care: the medium in which data are gathered, diagnosis and plan are made, compliance is accomplished and healing patient activation and support are provided. A cursory look at the findings of the study revealed that doctor personal experience has great influence on the patient drug compliance. This to some extent plays some roles in influencing patients to take some prescribed drugs. There was a significant evidence to conclude that communication in doctor-patient relationship influences the health behaviour of patient on compliance to prescribed drugs.

The doctor-patient communication was found on the average which shows that the relationship between doctor-patient, particularly under the patient-participation technique needs to be reviewed. Health is an area where effective communication is particularly important as good communication contributes to virtually all aspects of health care. There is now a substantial body of evidences to show that patients who are treated by doctors with good communication skills have better health outcomes. The converse, ineffective communication whether at the individual, health professional or wider public health levels, can lead to patients not even engaging with the health care system, refus-

ing to follow recommended advice or adhere to treatment regiments and failing to cope with the psychological consequences of their illnesses; without information there is no choice. Information helps knowledge and understanding; it gives patients the power and confidence to engage as partners with their health service.

The study revealed that patients during their consultations with doctor and visit to the hospital, had the opportunity to talk about their problems. Unfortunately, we still had patients who were not given the opportunity to talk about their problems at this stage of patient-centered care. Tongue, Epps and Forese, (2005) reported that 75% of the orthopedic surgeon survey believed that they communicated satisfactorily with their patients, but only 21% of the patients reported satisfactory communication with their doctors. Patients' surveys have consistently shown that they want better communication with their doctors. The patient will never care how much you know, until they know how much you care. Doctors with better communication and interpersonal skills are able to detect problems earlier, can prevent medical crises and expensive intervention and provide better support to their patients. Perhaps, this may lead to higher-quality outcomes and better satisfaction. There was significant evidence to conclude that communication in doctor-patient relationship influence the health behaviour of patient choice of the hospital.

Patients need adequate and effective communication about their diet from time to time particularly during their follow-up appointments even on telephone to clarify issues. There was a significant evidence to conclude that communication in doctor-patient relationship influences the health behaviour of patient eating balanced or specific diet.

This is related to the submission of Otinwa (2014) in Oduyale (2018) which identified the essential dimensions of wellness to include social, spiritual, intellectual, emotional, environmental, occupational and physical dimensions, they are said to be of equal importance in the pursuit of optimum health. Therefore, for a complete wellness of patients, the doctors should recommend specific exercise that is appropriate and in line with the ailment of the patient for better health outcome during doctor-patient communication. There was a significant evidence to conclude that communication in doctor-patient relationship influences the health behaviour of patient exercising regularly.

## CONCLUSION AND RECOMMENDATIONS

The study examined health communication analysis of doctor-patient relationship and patients' health behaviour in South West Nigeria. The study was conducted to find out if communication in doctor-patient relationship influences the health behaviour of patients on follow-up appointment, determine whether communication in doctor-patient relationship influences the health behavior of patients on compliance to prescribed drugs, investigate if communication in doctor-patient relationship influences the health behaviour of patients' choice of hospital, examine whether communication in doctor-patient relationship influences the health behaviour of patients eating balanced or specific diet and to discover whether communication in doctor-patient relationship influences the health behaviour of patients of exercising regularly. the outcome of the study showed that doctors predict the health behaviour of their patients by communicating infor-

mation. In conclusion, doctor-patient relationship in health communication had significant influence on patients health behaviour. Thus, based on the forgoing, the paper recommends that doctors should apply an integrated/synergetic approach in their communication with their patients and that audience-specific social media platforms should be utilized to compliment the doctor -patient communication for more effective results.

## REFERENCES

**Abiola, T., Udofia, O., Abdullahi, A.** 2014. Patient-doctor relationship: The practice orientation of doctors in Kano, Nigeria *Journal of Clinical Practice* 17(2): 241-242.

**Jalil, A., Zakar, R., Zakria, M., Fisher** 2017. Patient satisfaction with doctor-patient interactions: a mixed methods study among diabetes mellitus patients in Pakistan. *BMC Health Services Research* 17(1): 155.

**Jennifer, F., Nancy, L.** 2010. Doctor-patient communication: A review. *The ochsnerJournal* 10(1): 38-43.

**Kaba, R., Sooriakumaran, P.** 2007.The evolution of the doctor-patient relationship. *International Journal of surgery* 5(1): 57-65.

**King, A., Hoppe, R.** 2013. "Best Practice" for Patient-centered communication: A Narrative Review. *Journal of Graduate Medical Education* 5(3): 385-393.

**Kreps, G. L.** 2003. Opportunities for health communication to shape public health policy and practice: Examples from the National Cancer Institute. In Thompson, T.L., Dorsey, A.M., Miller, K.I., & Parrot, R. (Eds.), Handbook of health communication. Mahwah, NJ: Lawrence Erlbaum Associates.

**Kreps, G. L., Bonaguro, E. W., Query J. L** 1998. The history and development of field of Health communication. In L.D.J. Bernard K. Duffy (ed.), Health communication research: A guide to development and directions (pp.1-15). Westport, CT: Greenwood Press.

**Llyod, M., Bor, R.** 2009.Communication skills for medicine (3rded.) Elsevier Health Services.

**Llyod, M., Bor, R.** 1996. Communication Skills for Medicine. Royal Free Hospital School of Medical, London.

**Oduyale, O.** 2018. Achieving Wellness for all: The Aerobic Culture Mandate. Inaugural Lecture Series. Olabisi Onabanjo University, Ago-Iwoye, Olabisi Onabanjo University Mass Communication Press, Ago-Iwoye Ogun State.

**Northouse, L. I., Northouse, P. G.** 1998. Health communication strategies for health, professionals, 3rd edition. Appleton and Lange, London.

**Rosenstock, I. M., Stretcher, V. J., Becker, M. M.** 1988. Social learning theory and the health belief model. *Health Education Quarterly* 15 (2): 175-183.

**Simpson, Buckman, Stewart, Maguire, Lipkin, Novack and Till** 1991. Doctor-patient communication: the Toronto consensus statement. Toronto-Bayview Regional Cancer Centre, University of Toronto, Ontario, Canada.

**Stewart, M., Roter, D.** 1989.Communicating with Medical Patients

Sage, London.

**Sunresh, K.** 2011. Evidence-based communication for health promotion: India lessons of the last decade. *Public Health Education* 5 (4): 276-285.

**Susan, D., Mack, L.** 1999. The doctor-patient Relationship: challenges, opportunities and strategies. *Journal of General internal medicine*. 14(suppl I): 526-533.

**Tongue, J. Epps, R., Forese, L.** 2005 Communication Skills for Patient-Centered Care. Research-Based Easily Learned Tecniques for Medical Interviews That Benefit Orthopaedic Surgeons and their patients. J Bone Joint Surg Am. 2005 87: 652-658.

**United Kingdom department of health.** 2004. Choosing health: Making healthy choices Easier (and 6374). London: UK Department of health.

**Valerie, D.** 2011. Doctor-Patient Relationship Influences Patient Engagement: Contributing Writer Research Source: Health Services Research.

(*Manuscript received: 20th September, 2021; accepted: 8th November, 2021 )*