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LETTER

The Psychological Effects of Physicians' Communication Skills on COVID-19 Patients [Letter]

Alvin Gardner
James Millwater

School of Medicine, University of Manchester, Manchester, UK

Dear editor

We read with great interest the original work of Al-Zyoud et al exploring the psychological effects that physician's communication skills have on Covid-19 patients in Jordan. As 4th year medical students located in the UK, we appreciate the significance of establishing patient rapport and how a lack of appropriate physician communication can hinder that relationship.[1] In this letter we suggest some changes, largely to study methodology, which we believe would result in more robust conclusions about the impact of physician communication skills and evaluation of their benefit on patient psychological status.

Al-Zyoud et al aim to explore physician communication and its "psychological impact" on Covid-19 patients by implementing a two-stage questionnaire for both physician and patient perspectives.[2] Despite this, 'patient's psychological status' is poorly defined in the study aims – something which is challenging given its subjective nature. In the methodology, the authors state that the study "further uncovers the extent of a positive effect of such skills on a COVID-19 patient's psychology".[2] However, the questionnaires are designed in such a way that the outcome that is measured is the statistical agreement between what skills the physicians say they use and how these communication skills then impact how the patient feels, instead of measuring true outcomes of patient–physician interactions. A more useful method might be to have the patient respond through a questionnaire to a specific consultation or physician, where they evaluate what communication skills were used and how this impacted their experience of healthcare services. This would also allow for more robust conclusions to be made about specific communication techniques.

Typically, there is an element of response bias in self-reporting frameworks.[3] Termed the discrepancy between submitted answers and actual experience, this may further be complicated by acquiescence bias and recall bias. The former concerns the tendency of participants to provide affirmative answers to a questionnaire whilst the latter impacts participant submissions simply on the basis of the infallibility of memory.[4] Whilst these biases can be moderated in the design phase, we believe a more appropriate method would be to utilise patient evaluation of physician communication, eliminating the inherent challenge of response bias in self-reporting frameworks.

Correspondence: Alvin Gardner
School of Medicine, University of Manchester, Manchester, UK
Email alvin.gardner@student.manchester.ac.uk

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The study would also benefit from demonstration of specific communication examples used by physicians in the discussion, through thematic analysis. This would improve the utility of the study to medical educators with respect to educating healthcare professionals about how to facilitate effective patient interaction to better patient outcomes. For example, the use of thematic analysis by Amelung et al showcases clear examples of effective communication skills utilised to benefit both physical and psychological patient outcomes.[5]

We believe these changes to the study would provide more robust conclusions about physician communication during Covid-19 and its impact on patient experience – which could then be utilised by medical educators in the future. Despite this, the authors are to be commended on their exploration of a vital aspect of the Covid-19 pandemic and physician communication skills, which remain a neglected aspect of medical education.

Disclosure

The authors reported no conflicts of interest for this communication.

References

1. Truglio-Londrigan M, Slyer JT, Singleton JK, Worral P. A qualitative systematic review of internal and external influences on shared decision-making in all health care settings. *JBI Libr Syst Rev*. 2012;10(58):4633–4646. doi:10.11124/jbisrir-2012-432
2. Al-Zyoud W, Oweis T, Al-Thawabih H, Al-Saqqar F, Al-Kazwini A, Al-Hammouri F. The psychological effect of physicians' communication skills on Covid-19 patients. *Patient Prefer Adherence*. 2021;15:677–690. doi:10.2147/PPA.S303869
3. Sedgwick P. Non-response bias versus response bias. *BMJ*. 2014;348:g2573. doi:10.1136/bmj.g2573
4. Messick SJ. The psychology of acquiescence: an interpretation of research evidence. In: Berg IA, editor. *Response Set in Personality Assessment*. Chicago: Aldine; 1967:115–145.
5. Amelung D, Whitaker KL, Lennard D, et al. Influence of doctor-patient conversations on behaviours of patients presenting to primary care with new or persistent symptoms: a video observation study. *BMJ Qual Saf*. 2020;29(3):198–208. doi:10.1136/bmjqs-2019-009485

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