Psychosocial factors Influencing Doctor-Patient Relationship in Yobe State Specialist Hospital Damaturu

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Abstract
The purpose of this study is to investigate how psychosocial factors influence doctor-patient relationship in Yobe State Specialist Hospital Damaturu. The research method of this study was quantitative approach with survey research design. The population of the study were doctors and patients of Specialist Hospital Damaturu. The sample of this research was 105 respondents which were selected through stratified sampling techniques. Questionnaire was used as instrument for data collection. The data collected was analyzed using descriptive statistics. The findings revealed that the major psychosocial factor influencing doctor-patient relationship was knowledge of the doctor (49.5%), on the types of doctor-patient relationship guidance –cooperation (45.7%) was revealed by the respondents and on how doctor-patient relationship will be enhanced, the respondents unanimously agreed doctors should be more polite and friendly with patients in their relationship. Based on the findings of this research it is recommended that more hospitals should be included in future research in order to generalize the results. Mixed mode approach should be employ in future research in order to have an in-depth knowledge about doctor-patient relationship, doctors should be trained and retrained through workshops and seminars to learn how to create a conducive atmosphere for patients to be able to have confidence in them, and finally, the management of the Yobe State Specialist hospital Damaturu should devise an effective method of monitoring doctor-patient relationship such as use of questionnaires, boxes, telephone lines for complaints from patient etc. should be exploited to elicit responses from patients on their relationship with doctors.

Keywords- *Psychosocial factors, Doctor-Patient Relationship, Specialist Hospital*

1. Introduction

The doctor patient relationship is central to the practice of medicine and is essential for the delivery of high quality health care in the diagnosis and treatment of diseases Metiboba, (2007). A patient must have confidence in the competence of their doctors and must feel that they can confide in him or her. For most physicians, the establishment of good rapport with a patient is important. This being said, some medical specialties, such as psychiatry and family medicine, emphatically, the doctor patient relationship forms one of the foundation of contemporary medical ethics most medical schools and universities teach medical students from the beginning, even before they set a foot in hospitals, to maintains a professional rapport with patients, uphold patients' dignity and respect their privacy (Osunwa, 1999). The typical situation of consultation and treatment in orthodox type medicine involves a one-to-one relationship between doctor and patient. Each of them in the social situation, is expected to be familiar with his expectation as well as the expectation of the other. In a nutshell, the doctor patient relationship involves a mutual kind of behavioral expectation. A patient typically presents a set of complaints (the symptoms) to the physician, who then obtains further information about the patient symptoms, previous state of health, living conditions, and so forth. The physician the make a review of system (ROS) or system inquiry, which is a set of ordered question about each major body system in order general (such as weight loss), endocrine, cardio-respiratory, among others. Next comes the actual physical examination and often laboratory test. The findings are recorded, leading to a list of possible diagnoses. These will be investigated in order of probability (Becker, et al., 2003). The relationship and process can also be analyzed in terms of social power relationship, or economic transactions (Metiboba, 2008).

The quality of the patient physician relationship is important to both parties. The better relationship in terms of mutual respect, knowledge, trust, shared values, the better will be the about disease and life and time available, the better will be the amount and quality of information about the patients disease transferred in both directions. Enhancing accuracy of diagnosis increasing the patient knowledge about the disease where such a relationship is poor the physician ability to make a full assessment is compromised and the patient is more likely to distrust the diagnosis and proposed treatment. Some of the important factors that influence doctor patients relationship include: the knowledge of the professional, expectation of the client exposure of the two to the system, their cultural and religious backgrounds, biological (sex) factors as well as several economic factors affecting human relationship in any situation (Brooks, *et al.,* 2008).

Therefore, health and illness have been looked at as a social concept and not a biological concept. Illness militates against the performance of one's social role and the disability and discomfort arising there from can be warri some. Person (1951) posits that all social actions can be understood in terms of how they help society to function effectively or not when a person is sick, he is unable to perform his social role normally this is a form of deviance which disturbed society functioning. Helping the sick into performing their social roles once again leads to some form of social interaction or relationship. Thus, the dominant form of social interaction in the health industry has traditionally been the physician and patient. The doctor-patient relationship is intended to serve some therapeutics functions in most societies and promote some significant change in the health of the patient. In most health institutions like the Yobe State Specialist Hospital Damaturu, doctor-patient relationship in some cases is much more complex and many other people are involved when somebody is ill- relative, neighbors rescue specialists, nurses' technical personnel social worker and other. Most often, the mutual cooperation or participation of both the doctor and patient are affected. This either led to the patient abandoning the treatment or the doctor not interested in the treatment in most cases. It is against this background that this study seeks to examine psychosocial factors influencing doctor-patient relationship in Yobe State Specialist Hospital Damaturu. However, it is aimed at providing a guide that enhances and promotes effective social therapy in many disease/illness conditions. The general objective entails psychosocial factors influencing doctor-patient relationship. In order to achieve the research objective, the study has the following specific objectives:

vi. To determine which of the factors influencing doctor-patient relationship most in Yobe State Specialist Hospital Damaturu.
vii. To identify which of the types of doctor patient relationship is prevalent in Yobe State Specialist Hospital Damaturu.
viii. To proffer suggestion on how to enhance doctor-patient relationship in Yobe State Specialist Hospital Damaturu.

2. Literature Review

2.1 Illness Behaviour

The study of illness behavior, in contrast to health behavior is concerned with the way people monitor their bodies and interpret bodily indication make decisions about needed treatment and use informal and formal sources of care (Mechanic, 1983). Like other behaviors, illness behavior is conceived through socialization in families and peer groups through exposure to the mass media and education. There is a great diversity of attitudes, beliefs, knowledge and behavior. The diversity affects the definitions of problematic symptom, the meaning and casual attribution that explain those socially anticipated responses and the definitions of appropriate remedies sources of care. Motivation and learning affect initial recognition of symptoms reaction to pain the extent of stoicism and hypochondriacs and other readiness to seek release from, schools, and other obligation and to seek help (Mechanic, 1983). Illness behavior beings prior to the use of services with the recognition of illness or sickness while a complex array of variable might explain variation interpretation of sickness which can be summarized in ten **(10) general categories:**

(1) The visibility recognizability, or perceptual process of deviant signs and symptoms
(2) The extent to which the person perceives the symptoms as serious that is the persons

estimate of the present and future probabilities of danger
(3) The extent to which symptoms descript family work and other social activities
(4) The frequency of the appearance of deviant sign and symptoms or their persistence or their frequency of reoccurrence.
(5) The tolerance threshold of those who are exposed to evaluate deviance sings symptom,
(6) The information available to the knowledge of and the cultural assumption and understanding of the evaluator.
(7) The degree to which autistic psychological process perceptual processes that distort reality are present.
(8) The presence of needs that conflict with the recognition of illness or the assumption of the sick role;
(9)The possibility that competing interpretation and their sign to the symptoms once they are recognized.
(10) The availability of treatment resources their physical proximity and the psychological and monetary costs of time, money, and effort but also stigmatization, resulting social distance and feeling of humiliation resulting from a particular illness decisions (Mechanic 1983)

2.2 Concept of the Sick Role

The concept of the sick role represents the most consistent approach to explaining the behavior pattern of sick role. According to Talcott Parsons (1951), being sick is not a deliberate choice of the sick parson even though illness may occur due to exposure to infection or injury. Instead of accepting the idea of sickness as a biological concept, Parsons suggested that it was a social concept. Therefore, being ill meant acting in different, deviant Way's to the norm. Being sick was therefore a form of social role, with people acting in particular ways according to the culture of society. In modern Western societies, it involves four elements two of which are rights and two of which are obligations. The specific attributes or right and obligations of the role are highlighted by Haralambos and Holborn (2004). The rights of the sick role are as follows:

1. The sick parson has the right to be exempted from normal social obligations, such as attending employment, or fully engaging in family activities. However the extent to which the parson can take on the sick role depends upon the seriousness of the illness and other people's acceptance that they are genuinely I'll. They are not merely feigning illness.
2. The sick role is something that the parson can do nothing about and for which they should not be blamed they therefore, have the right to be "looked after" by others. The sick role effectively absolves the parson from any blame for their social deviance.

Obligation of the sick role as well as the two rights, they are related obligations:

32. The sick parson must accept that situation they are in is understandable and that they should seek to get well as soon as possible.
33. The sick parson must seek professional help and cooperate with the medical profession required (Haralambos and Holborn 2004:294).

According to Parsons (1951) the right of the sick role are completely dependent on the sick person undertaking these obligation mentioned above if not their illness is not regarded as legitimate and are reckoned as unfairly appropriating the sickness, thereby suggesting that illness is just on a number of forms of deviance that could be harmful to society. Parsons expands the idea of illness to include a social dimension. Being ill become not just a physical abnormality but also a social abnormality. Illness is deviant and dangerous to society which must be controlled. The sick role provides a way in which society can swiftly deal with the deviance and bring people back to their normal pattern of functioning with benefits society.

2.3 Doctor–Patient Role Relationaship

A doctor-patient relationship is an opportunity of exchanging information the doctor and the patient. The conventional idea is that the patient attended a facility because he has one or more hurtful symptoms with a reasonable hope that the doctor can diagnose and relieve them. It is expected that with this objective in view. The patient will describe his symptoms to the best of his ability and that he will cooperate in the provision of information the doctor requires (Metiboba, 2007) the patient physician role relationship involves mutual relations between two patient. The patient is on one side of the party and the physician on the

other. Each participant in the social situation is expected to be familiar with his expectation as well as the expectation of the other in the same social situation.

The patient of what a physician is in term of the social roles. Also the patient is expected to recognize the fact being sick is undesirable and that he has an obligation to get well term by seeking the physician help. The physician in term has an obligation to return the sick person to his/her normal state of functioning. In a nutshell the patient physician relation. The patient doctor relationship is involves mutually as a kind of behavioral expectation. The patient physician relationship is intended to serve some therapeutic functions in most societies and promote some significant change in the health of the patient (Millerson, 1964).

The medical drama that occurs between doctor and patient has to do with a patient willingness to believe that a doctor can and wants to help him. The faith has great impact on the independence of the natural course of illness or other physiological intervention. Scholars like Millerson, (1964) had struggled to make a clear distinction between profession and non-profession eventually, a series of traits were identified that distinguished between profession and non-profession. Eventually, a series of traits were identified that distinguished profession from other exculpations.

1. Millerson suggests that a profession is based on theoretical knowledge. As opposed to practice developed from what works and what does not. therefore, a body of academic knowledge underpinning the role
2. Millerson also suggest that the profession has a clearly developed programme of specialized education such as found in medical schools those specialized in providing the specific high level education required.
3. Professional must have and independent body to represent their interest, but also is able to regulate the quality of care. Those who do not maintain the level of care cannot continue to practice.
4. Professionals are faced by a series of formal examination which they must pass in order to practice.
5. There is a compulsory professional code of behavior and any one breaking this is prevented from working medicine
6. The aim of the profession is the public good as opposed to personal financial interest.

2.4 Factors Influencing Doctor Patient Relationship

Brooks *et al*., (2008) identified the following as some of the factors that might influence doctor-patient relationship in health institution. These are;

- ✓ Knowledge of the doctor: the physician undergoes rigorous training through which she/he is coached on inter-personal relationship, discourse and counseling such knowledge affects the flow of his relationship with his patient.
- ✓ Psychological make-up: every individual, either a doctor or a patient has his/her own psychological make-up. Some persons are extraverted and open. Others are introverted and shy. These personality traits have tremendous effects on our relationship with others some people will remain shy even though they are sick and off course, doctors regardless of their psychological tendencies to be open or secretive this have serious effects on their relationship.
- ✓ Culture and religious: both this physician and the client one affected in several ways by their cultural and religion backgrounds. Whereas some cultures seem more liberal and permissive, other cultures seem on dominant and restrictive. Some religious permit free interacts closely with individuals others are not. Infect culture and religion play a very important roles in our behaviors personality and interactions.
- ✓ Gender: in sociological perspective gender is a social construction that identify individual base on biological make-up which refer them to sex that is male or female. Gender differences is consider a factors that influence patient/doctor relationship for example, in our society now a day due to culture and religion factors are influence both patient and doctor diagnosis and treatment a male doctor is partially not friendly to examine

female patient, like wise a female doctor is also not openly diagnose male patient.

2.5 Types of Doctor Patient Relationship

The typical situation of consultation and treatment in western type medicine involves a one to one relationship between the doctor and patient, nurses and other staff may act as interpreters when there is language barrier, as there is often in Africa. This is merely to facilitate communication Szasz and Hollender (1976) have argued that in this one–to-one relationship between doctor and patient the interaction that take place is usually one of three types namely activity passivity, guidance cooperation and mutual participation. The types that operates in any particular situation is determined by disease condition of the patient and the treatment the doctor considers suitable.

Activity Passivity Type

In this type of doctor-patient relationship, the doctor is activity while the patient is a passive recipient of treatment. Emergencies where the patient is almost completely, helpless due to for example serve injury, delirium etc. fits well into this type. Treatment procedures are carried out on him without much contribution from him.

Guidance Cooperation

Here the doctor guides and the patient cooperates this types is implied in most discussions of the sick role. Here the patient defers to the greater expertise of the doctor. This deference is evidenced by the symptomatic person's conscious decision to consult the doctor and his willingness to obey the instruction of the doctor.

Mutual Participation

In this type of doctor-patient relationship the doctor tells or teachers the patient what to do in order to help himself. This applies in condition of chronic illness (for example, diabetes mellitus) where the treatment regiments is this direct responsibility of the patient with only occasional direction and teaching from the doctor. In this situation the doctor and patient need the cooperation of each other if the treatment is to be completed. In diabetes-mellitus, the expert knowledge of the doctor needed to instruct on treatment while the doctor requires the cooperation of the patient who is expected to monitor his blood sugar levels, to watch his diet, to administer his insulin and alter the dose when the need arises (Szasz and Hollender, 1976)

2.6 Theoretical Framework

The study is based on the functionalist theory which is prominent in the work of Auguste Comte (1978-1857), Herbert spencer (1820-1903), Emile Durkheim (1958-1917), and refined by Talcott parsons (1902-1979). The concept of "function" in functionalist analysis refers to the contribution of the part of the whole. More specifically, the function of any part of society is the contribution to meet the functional prerequisite of the social system part of society are functional in so far they maintain the system and contribute to its survival. Functionalist also employ the concept of dysfunction to refer to the effect of any social institution which detract from the maintenance of society. However, in practice they have been primarily concerned with the search for functions. And relatively little use have been made of the concept of dysfunction functionalist analysis focused on the question on how social systems are maintained this focus has tended to result in a positive evaluation of the part of society. With their concern for investigating how functional prerequisite are met, functionalists have contracted on function rather than dysfunctions this emphasis has resulted in many institutions being seen as beneficial and useful to society. In his contribution parsons (1951), observed that social life is characterized by mutual advantage and peaceful cooperation rather than mutual hostility and destruction. Considered a functionalist, parson regarded society as tending toward a self-regulating, self-maintaining entity with certain basic needs, including the preservation of the social order, the delivery of goods and services, and the care of children. According to functionalist theory, society is an organism and each part serves a purpose or maintain a function. Members of society cooperate to fulfill societal needs because they share common goals and values.

The relevance of the functionalist theory to the study finds expression in the facts that Talcott parsons was the first social scientist to theorize the doctor-patient relationship, and his functionalist role-based approached defined analysis of the patient relationship for the next two decades. Parson (1951; 1958; 1978) began with the assumption that illness was a form of

dysfunctional deviance that required reintegration with the social organism. Illness or feigned illness, exempted people from work and other responsibilities. This was potentially detrimental to the social order if uncontrolled. Maintaining the social order required the development of a legitimized "sick role" to control this deviance and make illness a transitional state back to normal performance. Looking at Doctors-patient relationship from the stand point of social life characterized by roles, norms mutual cooperation, the functionalist theory becomes very much relevant to this research. However, imperatively, it (functionalist theory) provide for this study a base, a guide and a focus by which interpersonal relationship at this level (doctor-patient relationship) could be analyzed. Although in this type of relationship the patient clearly depends on the doctor for enquiry, counseling and assistance it is functional that the patient needs being there for the doctor to play his role. By this outright symbiotic affair functionalist explanation appears to be the ideal analytical tools. It also emphasized that one cannot function without another. However, bond now is the temporary interpersonal relationship which is characterized by both verbal and nonverbal components of communication. The long and short of it therefore, is that applicable theories and model in the study of this relationship is best provided by the scholars of the functionalist perspectives.

3. Methodology

Research design is a blueprint strategy of investigation by a researcher in order to obtain answers to research questions. It is employed in research in order to ensure one has effectively addressed the research problem (Kotori, 2004). The survey research design was used with quantitative method. The approach was used, because it involves a numeric/statistical approach in conducting a research. The data collected were used objectively to measure reality (Creswell, 2003). The sample of this study consists of (25) doctors and (80) patients making it to be (105 respondents) of the Yobe State Specialist hospital Damaturu. To derive the sample of this research, statistical apparatus and equations of Cochran, (1977) was used by the researchers in which a sample of 105 respondents were gotten from the population of the study area. Simple random sampling technique was employed. In order to have equal representative of respondents from the hospital, stratified sampling technique was used to select the respondents from different wards in the hospital. This is because, adopting stratified technique can enable a researcher to determine desired levels of sampling precision that is required in the research (Hunt & Tyrrell, 2001). In collecting the data, the instrument (questionnaire) was distributed to all respondents and the researchers also went ahead to interpret the questionnaire to those that cannot read/write in order to get accurate information from the respondents particularly, the patients. Questionnaire was used because it can reach many respondents within short period and also give respondents adequate time to respond to questions (Owens, 2002). The respondents were also informed about the purpose of the research and at the same time, the researchers assured them confidentially in all the process. Finally, the data collected were analyzed using descriptive statistics in statistical package for social sciences version 22 (SPSS).

4. Results

The data for this research were obtained from doctor-patient relationship. A total of (105) questionnaires were distributed to doctors and patient in Yobe Specialist Hospital Damaturu and (105) questionnaire were filled and returned.

4.1 SECTION A (BIO-DATA OF THE RESPONDENTS)

Response	**Frequency**	**Percentage (%)**
Sex		
Male	62	59.0
Female	43	41.0
Age		
20-29	37	35.2
30-39	24	22.9
40-49	25	23.8
50-59	19	18.1
Status of the respondents		
Doctor	25	23.8
Patient	80	76.2
Marital Status of the Respondents		
Single	31	29.5
Married	65	61.9
Divorced	7	6.7
Widow/widower	2	1.9
Total	**105**	**100%**

Source: Field work, 2019

4.2 SECTION B

Table 4.2 present information on the factors that influencing doctors-patient relationship.

Response	Frequency	Percentage (%)
Knowledge of the doctor	52	49.5
Psychological make up	24	22.9
Cultural and religion	21	20
Gender	8	7.6
Others	0	0
Total	105	100

Source: field work, 2019

The highest number of respondents held that the most important factors for evaluation of doctor patient relationship is the knowledge of the doctor 52,(49.5%) this means that the more knowledge of doctor better his skills to relate with patient. Interestingly, only 8, (7.62%) of the respondent consider gender as a factor in relationship. But a significance respondent also is that culture and religion 21 (20%) which implies that culture and religion are important in this regard.

Table 4.3 presents information on the types of doctor patient relationship Prevalence in (YSSHD).

RESPONSE	FREQUENCY	PERCENTAGE %
Activity-passivity	21	20
Guidance-cooperation	48	45.7
Mutual-participation	36	34.2
TOTAL	105	100

Source: Field work, 2019

Table 4.3 shows that the predominant relationship pattern is guidance cooperation type (45.7%). The reason for this is that patients ordinarily are dependent on their doctor for guidance except in situation where the doctor are skillful enough to involve the patient in a mutual relationship which is (34.2)

and only (20%) responded as activity-passivity type.

On the issue of how can doctor-patient relationship can be enhanced. Majority of the respondents, responded that doctor-patient relationship would be enhanced through understanding the demographic data (background) of the patient and other sociocultural variables should be instituted. Another group of respondents "stated that" their relationship would enhanced through mutual understanding of their roles, and the problem of the patient. Finally doctor-patient relationship would be enhance by welcoming the patient in polite manner, understanding the problem of the patient by asking polite questions among others, while the patient most keep aside all his/her cultural and traditional beliefs and abide by all what is prescribed by the doctor.

5. Conclusion and Recommendations

Based on the findings of this research it can be concluded that guidance cooperation (45.7%) is the type of relationship that exists between doctors and patients in Yobe State Specialist Hospital Damaturu. In this kind of relationship, the doctor guides and the patient cooperate. This type of doctor-patient relationship is implied in most cases of the sick role. Here the patient relies on the expertise of the doctor. This is evidenced by the symptomatic person's concision decision to consult the doctor and his willingness to obey the instructions of the doctor. It was emphasized in the study that doctor-patient relationship is very important in the provision of health care service. This implies that doctor-patient relationship should be that of mutual participation, if provision of health care service must be achieved. It was for this reason that Brooks *et al.,* (2009) asserted that, medical professional is important in the provision of health care services. The professional is all about services doctors given to patients who voluntarily commit themselves to their professional knowledge and skills concerning health and diseases.

The study also discovered that there are factors that influence doctor-patient relationship. In (YSSHD) knowledge of doctor (49.5%) ranked highest among other influencing doctor-patient relations and followed by culture and religion, economic factors and the psychological makeup of the doctor. It was revealed by the patients' respondents that they prefer a doctor with vast knowledge and experience in his field. Such a doctor does not discriminate, because of his religion, not too money conscious and who is jovial or friendly with patients. Doctors who are seen or known as professional, but religion fanatic are always avoided by patients from the opposite religion. Those who are money conscious, not friendly but highly experienced are also avoided by many patients.

The findings also revealed that doctor-patient relationship would be enhanced through understanding the demographic data (background) of the patient and other sociocultural variables should be taken into consideration. Another group of respondents "stated that" their relationship would be enhanced through mutual understanding of their roles, and the patients problems. Finally doctor-patient relationship would be enhance by welcoming the patient in polite manner, understand his/her problems in a very polite manner would go a long way in enhancing doctor patients relationship in many health institutions

Recommendations

Based on the issues and findings discussed in this study, the following recommendations were made:

- ✓ This study was conducted in only one hospital. More hospitals should be included in future research in order to make generalization of findings to many population (hospitals).
- ✓ This research was done based on quantitative approach. Future researches should employ qualitative method (interview) or both mixed method approach in order to have an in-depth knowledge about doctor-patient relationship.
- ✓ Patient should be encouraged to cooperate with doctor. The patient should describe his/her symptoms to the doctor to the best of his/her ability. The situation where patients hide information of their sickness from their doctors, then the doctors would be angry and this will affect doctor-patient relationship which will results to ineffective health care system.
- ✓ Doctor should be trained and retrained through workshops and seminars to learn

how to create a conducive atmosphere for patient to be able to have confidence in them.

- ✓ Patient should always learn to make appointment with their doctors, follow doctor instructions and prescription. Most doctors' loose interest in patient, if they discover that patient does not keep appointment or follow their prescription or instruction and committed to service within the professional. They should also be supportive, humanly and friendly to patients.
- ✓ The management of the Yobe state specialist hospital Damaturu should devise an effective method of monitoring doctor-patient relationship. The use of questionnaire, boxes, telephone lines for complaints from patient etc. should be exploited to elicit responses from patients on their relationship with doctors.
- ✓ The problem of prolonged or delayed diagnosis and treatment prevalent in the hospital should be addressed. The internal process and procedure of the hospital should be over -looked.
- ✓ The Yobe State specialist hospital Damaturu should employ more doctors, most of the delays experienced by patients in receiving treatment is as a result too many patients to one doctor. The one (1) doctor to one hundred (100) patient ratio par day does not favor doctor-patient relationship and is not effective health care service delivery.
- ✓ Both parties should be discouraged from answering relationship on religion, family ties, and personality influence. Doctors should treat everybody the same way irrespective of religion or influence of the person.

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