Acta Bioethica 2022; 28 (1): 51-57

EVALUATION OF PSYCHIATRIST'S COMMUNICATION WITH PSYCHOSIS PATIENTS

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Abstract: Evaluation of the physician-patient relationship is very important in determining priorities in medical practice and medicine. For this purpose, in this study the psychiatrist's communication with psychotic patients as a sensitive group was evaluated. A questionnaire was administered to 210 patients in a psychiatric clinic of Inonu University Hospital in Turkey to determine how the examination is performed in the facility for outpatients in the psychosis unit. According to the study conducted, it was observed that the evaluation score of the psychiatrist's communication with psychotic patients increased positively with increasing consultation duration. Our work is particularly noteworthy because it deals with a sensitive area, such as a group of psychiatric patients. The scores were obtained based on data from the evaluation of the questionnaires, which showed that the communication between the psychiatrist and the psychotic patient was conducted in a sensitive and careful manner, and without ethical problems.

Key words: psychiatrist, psychotic patients, communication, ethics

Evaluación de la comunicación de psiquiatras con pacientes psicóticos

Resumen: La evaluación de la relación médico-paciente es muy importante para determinar las prioridades en la práctica médica y la medicina. Para este propósito, en este estudio se evaluó la comunicación del médico psiquiatra con los pacientes psicóticos como grupo sensible. Se administró un cuestionario a 210 pacientes de una clínica psiquiátrica del Hospital de la Universidad de Inonu en Turquía, para determinar cómo se realiza el examen en el establecimiento para los pacientes externos de la unidad de psicosis. De acuerdo con el estudio realizado, se observó que el puntaje de evaluación de la comunicación del psiquiatra con los pacientes psicóticos se incrementó positivamente al aumentar la duración de la consulta. Nuestro trabajo se destaca particularmente por tratarse de un área sensible, como es un grupo de pacientes psiquiátricos. Los puntajes se obtuvieron basándose en datos de la evaluación de los cuestionarios, que mostraron que la comunicación entre el psiquiatra y el paciente psicótico se realizó de una forma sensible y cuidadosa, y sin problemas éticos.

Palabras clave: psiquiatra, pacientes psicóticos, comunicación, ética

Avaliação da comunicação de psiquiatras com pacientes psicóticos

Resumo: A avaliação da relação **médico-paciente é** muito importante para determinar as prioridades na prática **médica e** na medicina. Para este fim, neste estudo foi avaliada a comunicação do psiquiatra com pacientes psicóticos como um grupo sensível. Um questionário foi aplicado a 210 pacientes em uma clínica psiquiátrica do Hospital Universitário Inonu na Turquia para determinar como o exame é conduzido nas instalações para pacientes ambulatoriais da unidade de psicose. De acordo com o estudo realizado, observou-se que a pontuação da avaliação da comunicação do psiquiatra com pacientes psicóticos aumentou positivamente à medida que a duração da consulta aumentava. Nosso trabalho é particularmente notável porque trata de uma área sensível, tal como um grupo de pacientes psiquiátricos. Os resultados foram obtidos com base nos dados da avaliação dos questionários, que mostraram que a comunicação entre psiquiatra e paciente psicótico foi realizada de forma sensível e cuidadosa, e sem problemas éticos.

Palavras-chave: psiquiatra, pacientes psicóticos, comunicação, ética

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Introduction

The evaluation of the physician-patient relationship has an important place in medical practice and medical ethics. In the Geneva Declaration of the World Medical Association in 1948, the physician's priority should always be the health of the patient. The International Code of Medical Ethics states that the physician is obliged to present all the scientific knowledge with the traditional approach of the physician-patient relationship, which is rejected by both legal and ethical circles. Patient autonomy is often a problem. After all, many patients cannot make decisions about the health care that will be offered to them*(1-4)*.

This research aimed to evaluate the communication problems of psychiatrists with psychotic patients and the ethical considerations in this process.

Psychotic patients in the psychiatric patient group are also considered to be a sensitive group in which this dilemma can be experienced. Physician-patient communication emerges as an important process before these patients are transferred for treatment. It may be necessary for the physician to communicate with the persons accompanying the patients in this sensitive group. The fact that a physician has good communication skills can facilitate his/her communication with psychotic patients who are unknown.

Having theoretical knowledge about medical ethics in the provision of health services does not mean that appropriate behavior will be demonstrated. Ethics is about the behaviors that people make on the social scale and which have consequences that affect others and the thinking processes that shape them. As a subfield of philosophy, it deals with what ethics is, what goodness means in terms of behavior, and what is good; aims to formulate the ideal behavior of the human being*(5-7)*.

Ethical values are the criteria for thinking processes that determine behavior in mind, and they provide a source of rules governing behavior at the community level. Ethical rules are those that are more concrete than ethical principles and are derived from ethical principles, which guide behavior such as ethical principles*(5-7)*.

The principles of beneficence, non-maleficence, justice, and autonomy are accepted as international ethical principles. The greatest damage that may occur while providing health care is the death of the patient. Medical faculty students are trained to be a benefit to their patients during medical education. In this process, it is also in the direction of "primum non nocere" (non-maleficence) principle which is included in Hippocratic teachings to provide health services without deteriorating the current situation of the patients. Beneficence and non-maleficence ethical principles have complementary processes. Anyone willing to benefit from health services under the justice principle shall be entitled to any ethnic origin, material status, gender, nationality, country, religion, profession, and it is necessary to ensure that all patients are available without any discrimination. Autonomy requires that patients be included in the decision-making process by adding them to their diagnosis and treatment processes*(8)*.

Approaching patients in the direction of ethical principles in the provision of health care services will prevent many problems from occurring. One of the most important steps in accessing the physician's diagnosis and treatment processes is physician-patient communication. Communication can be seen as the main element of medical care. In the last two decades, the communication between the physician and patient has greatly attracted attention. Descriptive and experimental studies have shed light on this communication process*(9)*.

One of the main features of communication is who is at the center. In general, there are important differences between the observed and criticized relationship of the physician in the center or the relationship of the patient in the center. At the physician's center, the time to separate the patient is very small and the physician insists on the first symptom expressed by the patient. The physician, who is reluctant to devote time to the patient's emotions, will lead to closer contact with the patient and avoid a real connection with human beings. It is important to listen and tolerate the processes of silence, to interpret the patients'

conditions, to explain them to the patient, and to be informed*(10,11)*.

Questioning technique is important in the ability of a physician to empathize and listen effectively. The emphasis on psychiatry emphasizes the mental state of another human being. The physician who can see through the eyes of the patient is considered to have taken an important step in communication*(10,12)*.

Effective relaxation is to make the patient feel that all of what he says is perceived. Behaviors such as repetition, approval, and maintaining eye contact with the patient are important*(10,13)*.

Many authors talk about the difficulties of communication with schizophrenia cases*(14-18)*. Communication difficulty is not experienced only by psychiatric patients. The physician may also have communication problems with a patient with an illness for any reason. But a healthy communication with the physician's patient will have consequences for the benefit of the patient*(19,20)*.

Methods

Our study was planned to evaluate the psychiatrist-psychosis patient interview with a questionnaire. A physician who has received communication training was employed to observe the prepared questionnaire survey, the process was carried out in the Psychiatric Unit Clinic of the Inonu University Medical School. Interpretation of the questionnaires was done by other authors. The first three questions of the questionnaire are "sex", "age" and "interview duration". The next

Table 1: Survey to assess the doctor's communication with the patient

ASSESSMENT OF DOCTOR-PATIENT COMMUNICATION

Evaluating the doctor's behaviors include items related to communication with the patient.

Female patient ( ) Male patient ( ) Age of the patient: Duration of interview:

	Lowest				Highest
The doctor is in line with the person being spoken to	1	2	3	4	5
The use of the person's name by the doctor during the conversation	1	2	3	4	5
The person and the doctor establish eye contact	1	2	3	4	5
The doctor uses clear language.	1	2	3	4	5
The physician uses body language to show what he understands	1	2	3	4	5
The doctor verbally expresses what he understands.	1	2	3	4	5
The doctor does not interrupt the person speaking.	1	2	3	4	5
The doctor occasionally expresses what he hears in his own words.	1	2	3	4	5
The doctor will test the truth of what he understands	1	2	3	4	5
The doctor gives a descriptive answer to the questions.	1	2	3	4	5
Test by asking the doctor if he understands what is told.	1	2	3	4	5
The doctor can understand his point of view by putting himself in the place of the person opposite.	1	2	3	4	5
The doctor verbally expresses that he/she understands the feelings and/or thoughts of the person opposite.	1	2	3	4	5
The situation where the doctor avoids judicial statements.	1	2	3	4	5
Your doctor's talking without giving advice.	1	2	3	4	5

fifteen questions are evaluating physician-patient communication (Table 1).

With the approval of the Ethics Committee of Malatya Clinical Researches with the protocol number 2017/51 dated 19.04.2017 and permission of the Presidency of the Department of Psychiatry, a study was started in Inonu University Medical Faculty Psychiatry Department.

The communication of the psychiatrist with the psychotic patient who applied to the outpatient clinic in Inonu University Medical Faculty Psychiatry Department requires that at least 208 interviewees analyze the power analysis. In our study, 210 patients with psychosis diagnosed by a communication evaluation questionnaire were evaluated and related findings were made. Our survey was completed within three months.

The obtained data were entered into the SPSS 15.00 program and the statistics were analyzed. The normal distribution fitness of the data was assessed by the Kolmogorov-Smirnov test. Numerical data are summarized with median, minimum, and maximum values. Mann Whitney U test was used in the comparison. Relations between numerical variables are determined by Spearman's correlation coefficient. The significance level was accepted as $p < 0,05$ in all tests. In the questionnaires, 3 points were neutral and 3 points were positive and 3 points were negative. At least 15 points and at most 75 points can be taken from the questionnaire.

Results

The study consisted of 210 patients with psychosis, 88 female patients (41.9%), and 122 male patients (58.1%) (Table 2).

Psychotic patients were found to be around 36 years of age and an average of 15 minutes of physician/patient interview with these patients. The shortest interview time was 7 minutes. According to the research we conducted, it was seen that the evaluation score of the physician-patient communication improved in the positive direction as long as the duration of the physician's interview with the patient was prolonged (Table 2).

No correlation was found between 15 survey questions related to communication that we prepared for our study. Since we accepted 3 points as neutral in the questions that are included in the questionnaire, we evaluated positive above 3 points and negative below 3 points. According to this, it was accepted that 45 points for each questionnaire are positive. At least 15 points and at most 75 points can be taken from the questionnaire. It was seen that the communication of the physician with the male and female patients had 64 points for females and 63 points for males. It has been determined that communication with

Table 2: Communication questionnaire scores made by male and female psychotic patients, patient age, and duration of an interview with the patient

	n	%	Mean	Median	Min.	Max.	Std. Dev.
Female	88	41,9	-	64	55	71	-
Male	122	58,1	-	63	54	74	-
Age of the patient	-	-	37,28	36	18	86	13,38
Duration of interview (minute)	-	-	15,26	15	7	35	3,55
Total score	210	100	63,20	63	54	74	4,34

female patients has a minimum score of 55 and a maximum score of 71, while communication with male patients has a minimum score of 54, and a maximum score of 74 points (Table 2).

It is understood from the answers given to the related questions that communication is important in the study of psychiatric patients. Significant results were seen in both female (P = 0.006) and male (P = 0.040) psychotic patients. In addition, it was significant for both females (P = 0.008) and males (P = 0.049) that the physician understood his/her words.

The questions that gave meaningful results evaluation of the interview between the physician and the female patients were the question of whether the doctor verbally understood what was explained (P=0.01), the doctor does not interrupt the person who spoke (P=0.021), the question of whether the doctor understood what was explained (P=0.045), and the doctor has avoided judicial expressions (P=0.028). It is thought that the gender of the physician may also be effective in generating these results. For example, in the evaluation of the interview of the physician with the male patients, it was seen that the doctor who gave meaningful results talked without giving advice (P = 0.037).

Discussion

Considering that a maximum of 75 points and at least 15 points could be taken from our questionnaire in this survey which was conducted to evaluate the communication between psychiatric physicians and psychotic patients, it was seen that 64 points were obtained for female patients and 63 points for the male patients.

Our work has been particularly featured because it was created in a sensitive area, such as a psychiatric patient group. According to our research, physicians should score 45 points in their communication with a patient, indicating that the ethical problems that may arise due to the inability of the physician/patient to communicate can be reduced.

A questionnaire survey was conducted at a University Hospital Psychiatry Department through this pathway; the psychiatrist/psychosis patient has been trying to maintain the communication very precisely and carefully without causing ethical problems.

When there is a communication problem, it is most likely that the patient will suffer from this process. Physicians and patients should be able to establish communication properly for both diagnosis and treatment. In particular, the communication of the physician with a sensitive group of patients needs to be realized with more importance.

Physician-patient communication evaluation surveys at other clinics will provide us with information about this process. It is possible to benefit from these findings by going out of the way.

If our study had been conducted with a validated questionnaire, it could be ensured that the research was more original. In another research to be done later on the subject; it is important to determine the gender of the physicians and to determine their communication with the patients. In addition, comparing the outcomes of different outpatient clinic/physician communication evaluations will provide us with important results.

We did not find any other literature evaluating psychiatric patients and psychiatrist communication in Turkey. However, if we were to examine the study of informed consent from schizophrenia patients that we thought might be related to the topic, the study of Combs and colleagues found that the group of patients with schizophrenia had a low evaluation score in this process*(21)*. As a result of this literature review, it was seen that there was no study similar to our research.

Although the work of Combs and colleagues is not communication work, the informed consent process necessarily requires communication. It has been determined that our literature surveys have more patient satisfaction studies.

In addition to the possibility of speech disorders in schizophrenia patients*(22)*, communication skills are very important to the physician who can experience communication problems even in patients without speech impairment.

In the study we did, the duration of the interview with the patient and the psychiatrist was at least 7 minutes and at most 35 minutes. As the time allocated to the patient increased, the score of the communication questionnaire increased positively. In our study, the patients were separated for an average of 15 minutes. It is clear that in the physician/patient communication, it would be beneficial for the patient to perform the interview by allocating a suitable patient for each patient.

The principles are mostly generic, but their implementation can be particularly challenging in psychiatry. They may guide further empirical research on effective communication in psychiatry and be utilised using different personal skills of psychiatrists*(23)*.

Conclusion

Our work is important because the psychiatrist/psychosis patient interviews were conducted on a sensitive group. The scores obtained based on the data obtained from the evaluation of the questionnaires showed that the communication between the psychiatrist/psychosis patient was tried to be provided without any sensitive and careful ethical problem.

It has been argued that the data we obtained may lead to useful conclusions in the physician-patient relationship. Especially, it has been tried to put into question whether psychiatrists' ethical problems are caused by evaluating communication with psychotic patients.

This study in which the psychiatrists tried to show the sensitivity that they showed in their communication with psychosis patients, should be evaluated and compared with the questionnaires of the physicians and the patients other than psychiatric patients, and communication problems in health service presentation will be determined and solutions will be found.

Acknowledgments: I would like to thank the authors of publications related to this research.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

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Received: July 7, 2021
Accepted: July 18, 2021