

Communication of Doctors With Patients as a Factor For (Not) Quality Health Service

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Abstract

Health policy of every modern country, which shows a responsible attitude towards its citizens, resulting in caring for their health, based on the principles that the doctor and his dignity is guaranteed and constantly upgraded. This attitude of modern states to doctors as part of the health system stems from the need to develop the same satisfaction in the work that would implemetiraat through his humane attitude towards patients, which is attached to complete individual quality health service. Such conditions create a climate in which the physician in its communication with the patient fully exercise its professional and expert knowledge, but also develop conditions for mutual trust and respect to patients by the introduction of assertive communication and implementation of his emotional intelligence. Social systems that their general health policy not based on these principles, contribute directly or create a health environment in which compromise the quality of the health service.

Key Words: *Health Policy, Doctors, Patients, Assertive Communication, Emotional Intelligence, Humanity.*

Introduction

Humanity in the existence of the world is the basis for its development and survival. It is the basis and precondition for the development of civilizations. The modern world today, as to forget the importance of such an important element that is an important determinant of happiness and misery of each individual, but also the social system in which the individual is an integral part thereof. Humanistic approach and the individual approach to the world in which he lives and works enables the creation of an environment in which ethical values become domintni and every individual develops a sense of belonging in the system regardless of whether they are macro or micro environment.

The dominant system in which humanity should prevail is health. It is a system in which the expertise of the doctor is crucial, but not always enough importance. The success of physicians in primary and secondary care, except for so-called doctors in the shade, is determined by their strictly professional, theoretical and practical knowledge but also should possess moral and ethical norms of behavior which are the foundation of their personality which in the most severe pathological disease patient should inspire hope and will to fight and izdejstvvanje the victory of life.

Macedonia is a place that has more to lose these values. One of the many reasons the daily wearing of bad laws, which at first glance give the impression to be good for patients, put the doctor in the bureaucratic framework that burden and stifle his time, as they have counter-productive to use it in order to realize the administrative requirements as systemic maze snatched from the patient and his real health problems. The patient consequently in a position of extreme alienation and helplessness. Bad, while "populist" laws in Macedonia aimed to tarnish the doctor to put in frames and continuous control, resulting in a reality where the patient no longer is an individual person, but is treated as a figure that physician should reach, because otherwise his salary will be reduced or will suffer some repercussions in terms of the "norm" that an individual, who has never been part of the health system, but is part of a privileged cabinet, has set as something that needs daily be reached. The healthcare system in this region is run by individuals who are distinguished by characteristics of personality in the prevailing extreme cruelty and dehumanization, and the life of the patient treated as irrelevant social component. Doctors are in the position of permanent control, while patients are in a state of terror populist whose consequences are often negative and nenadomestivi. Pressed in control of every moment and way of organizing their time filled with unnecessary administrative activities, doctors are unable to apply the postulates of a given Hippocratic oath, have no time for proper communication with their patients, have no time to raise the morale of the patient, which often prevents whether it will end good or bad outcome. Doctors put in a position where the lost dignity of the medical guild that every "healthy" social formation represents a foundation on which to build the state. On the other hand, the laws in the health area create a feeling that protect patients usually because of hidden perfidy of these (laws) develop strong resistance and anger at the medical profession.

Modern living and working impose a different or perhaps, for our conditions, forgotten access of doctors to their patients. The doctor is the one that should also be professional and proactive, have a developed sense of responsibility and initiative, and above all to be a humanist. His success does not mean having only basic skills related to the profession, but, etc. soft skills relating to: communication skills, leadership, developed emotional inteligencija, readiness for team work. Modern doctor should be good at their specialty and continuously improves in certain subspeciality, but also must pay great attention to the need to improved their soft skills that are a function of his humanity which is of great importance to the effects of his work, that the recovery of the patient. One way in which the doctor presented her humanity is communication with their patients. Known phrase that is the good word of the doctor half health patient, that "the placebo effect has a strong impact on patients. If the doctor is persuasive and patient confidence in respect to the established diagnosis and prescribed treatment, then the patient will believe and succeed with it to overcome health problems. Of particular importance is the doctor manifest assertive behavior or self-esteem and use assertive communication with colleagues, other healthcare professionals, patients and their relatives. Asertivnosta is a form of behavior that demonstrate respect for self and of others. This means that asertivnosta about the management of their feelings about themselves and others. Being assertive means being open and honest with yourself and with others, to listen to others' opinion and show understanding for other people... to have respect... to express feelings honestly and with care Daisley (1995).

Closely related to assertive behavior and emotional intelligence, ie the ability of the individual to recognize and control their own emotions; be able to recognize emotions interlocutor, have an understanding of them (empathy) and to conform their behavior to those emotions and be able to find his way in an unfamiliar situation and problem. "Being related to our emotional depth is crucial for the liberation of our most powerful and creative forces." Esiner(2010) "Emotional intelligence refers to a different approach to what it means to be smart. It is not their own IQ... It is the capacity to recognize their own feelings and the feelings of others and as self-motivation for good to manage emotions in themselves and in relationship or interaction with other people." Bantam Books (2005) describe that it is the "ability to sense, understand and effectively apply the power of emotions" Cooper (1998) wherein covers three aspects: Emotional literacy (emotional self-awareness, emotional expression and emotional awareness of others); Emotional competence (intentionality, creativity, flexibility, interpersonal relationships and constructive dissatisfaction); Values and benefits (compassion, intuition, value range or radius of confidence, personal power and integrity).

In this context it should take into account the need and non-verbal communication, which is in direct correlation with the essential importance of empathy - the feeling that others have no voice. Other people's feelings are not expressed only through the words they use, but also through body language - their tone of voice, facial expressions and other nonverbal ways. According to Nelson Mandela: "To see the world through the eyes of a man must walk it kilometer in his shoes." Empathy or compassion is the basis for social competence, and it is the understanding of the needs and feelings of others, whether they are colleagues, superiors or customers/patients Konstantin and Joshevska (2015).

Research Methodology

The relationship between patients and doctors is a current topic that is the subject of interest of this paper. The problem here will be treated stems from the chaotic health system in Macedonia that results in an individualistic approach a doctor to a patient who nearly does not create conditions for a team approach to solve the health problem of the patient. Doctors are daily placed in a position to build defense mechanisms of bad laws, and the unprofessional attitude of managers of treating human resources. This reality kidney them and puts them in a position of alienation from both colleagues and patients. In this to health chaos, usually a large part of health care workers lose motivation and will to anything more than what it means only professional specialist opinion for a particular health problem of the patient and establish only one-way communication in which there is no opportunity to hear the problems of the patient, to establish a humanistic relationship that will penetrate the personality of the patient and review the real causes of the disease, from which arise ways to overcome it. Doctors put in a maze of controlled confusion, forgetting to listen, communicate, empathize, be humanely responsible. The patient in such circumstances feel alienated and unhappy in the system that often result in fatalities. This problem has imposed the need for research, based on which is founded the academic journal, where the object of the research process is the extent of developed and effective soft skills among physicians that perceived level of development and applicability to their assertive communication and emotional intelligence relationships with patients.

In order to spot the views of patients relating to the level of developed "soft" skills that doctors apply in communication with them and communication horizontally and vertically hierarchical level health institutions that condition the success in determining the health problem in patient and overcome, a survey was conducted. For the purposes of the research procedure conducted a questionnaire which included 9 questions to which respondents were able to express their views determining for one of the proposed alternatives (1 disagree, 2 partly agree, 3 agree, 4 totally agree). For the purpose of this professional work will be analyzed five.

The survey was conducted among patients from two cities in Macedonia. The sample upon which to realize this survey was 387 respondents, thus satisfy the needs for appropriate age, gender, ethnicity and by level of education, structural diversity among them. The data obtained from the survey were subject to quantitative and qualitative analysis. Along with the survey where the target group were taken patients, conduct free and interviewing doctors. For that purpose, 23 doctors (specialists and subspecialists) were interviewed in two cities in Macedonia (Skopje and Bitola), where healthcare institutions-hospitals function as clinics. The data gathered from this interview will be presented in qualitative analysis as part of this work.

Empirical Research

The process of the survey was conducted smoothly. Patients placed in the role of subjects without showing the slightest reservation to this procedure, after earlier promise by researchers that it will be anonymous, have expressed their views regarding the set statements. In the process of completing the questionnaire verbally expressed a number of its comments that could be perceived their dissatisfaction with the overall atmosphere in the health institutions, which most often as the main culprits pointed them doctors. However, it must specify a number of subjects that are characterized mostly by a higher level of education, age group

45 to 60 years, regardless of gender or ethnicity, who had their views of which is evident condition as realistic picture also emerged from the interviews with the doctors, that they clearly perceived causes of insufficient communication of the doctor with the patient, which often stem from laws and poor management of health institutions and illogical demands imposed by the Ministry of Health directly implement the policy of the Government of Macedonia.

Regarding the level of skills that have developed the ultimate goal, the doctor carefully to hear the problems of the patients studied, 97 respondents (25.06%) think that doctors it is not practiced, 192 respondents (49.61%) partially agree with this statement, 77 agree (19.90%), while 21 respondents (5.43%) think that doctors have fully implemented it. On average the average score that was received as a result of these answers is 2.05.

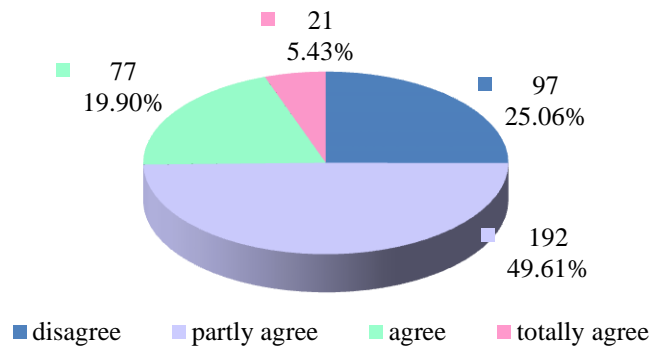


Figure 1: Doctors always carefully listen to the problems of patients

In order to gauge attitudes and opinions among respondents about how we perceive doctors, or whether they think they have a responsible approach to them, whether patients feel that the doctor indicates proper care for health problems the patient has, or whether establishing healthy communication among them over which builds confidence like feeling and situation in which the patient freely and unreservedly express their problems and emotional conditions which are as a result of the health problem facing, set an appropriate statement in the questionnaire. With regard to this 68 respondents (17.57%) do not share the view that this need is real, 144 respondents (37.21%) only partly agree that doctors establish such relationships in which odgovornost dominant position, 113 respondents (29.20%) agree that doctors apply it in their practice, while the remaining 62 respondents (16.02%) completely agree that doctors behave responsibly and develop relationships with patients that prevailing sense of mutual trust. The average score that was received from the respondents' answers, in terms of this statement is 2.44.

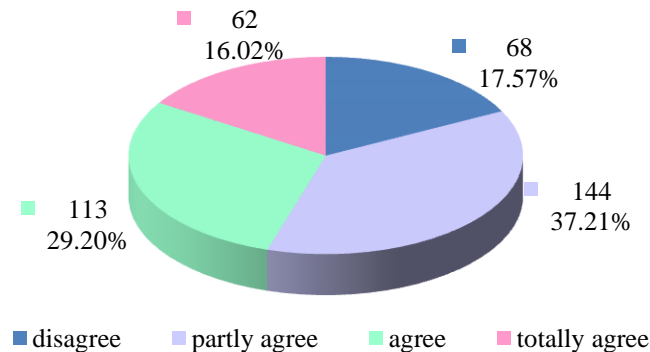


Figure 2: Doctors refer responsibly with patients that develop a sense of mutual trust

Need a doctor in its communication to applied behavioral serenity intertwined with ethics and morals that are based on the culture of his personality, which combined with his expertise build his integrity doctor set as an object of interest in the questionnaire. , On this statement, 84 (21.71%) respondents answered that doctors do not have that characteristic behavior, 163 (42.12%) respondents partially agree that doctors behave in this way, 99 (25.58%) think it is often observed in the medical profession, while 41 (10.59%) respondents think it always observing physicians. The average score in terms of this statement is 2.25.

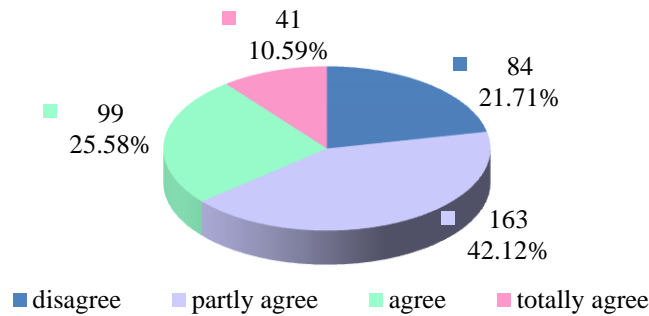


Figure 3: Doctors show serenity and cultural relationship towards patients

Doctors in the determination or the diagnosis of the health problem and overcoming istiod need to have appropriate professional communication with their colleagues and with ostanatitiot medical staff at the health institution, and even beyond its boundaries. How patients perceive this situation, that they think in terms of what is the real picture regarding this issue in our clinics, hospitals and health centers, put a statement in the questionnaire, which gives certain indicators. 99 or 25.58% have a clear position that our health institutions there is such a professional and necessary communication, 189 or 48.84% does exist but only partially, 73 or 18.86% of the respondents agree with the existence the professional communication between doctors and ostanatitiot medical staff, while 26 or 6.72% completely agree with the existence of such conditions. The average grade of this statement is 2.06.

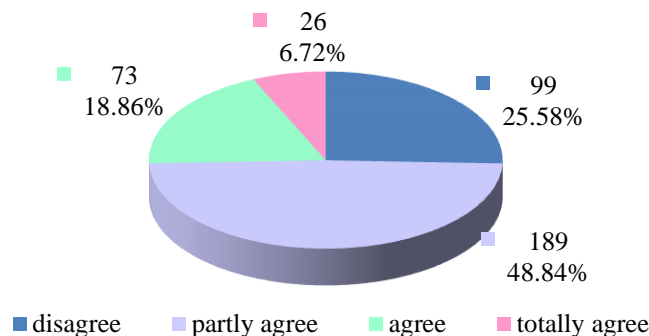


Figure 4: Professional communication between medical staff in health facilities at the necessary level

Non-verbal communication is one of najzufistiranite ways that express individual feelings that develop as a result of their experiences that are part of it or a part of the outside world which is an integral part. The doctor, in communication with their peienti, is subject to the full observation and analysis of all gestures, facial expressions and gestures that makes those moments. His word very often, patient's do not even listen but try to "read" speech of his body that says much more than the verbal act. For this reason, the questionnaire set statement aimed respondents to express their thoughts in terms of whether doctors pay adequate vnimaanie speech nivnosto body in direct communication with patients. Based on the processed data concluded that 80 or 20.67% of respondents believe that doctors do not pay attention to this kind of

communication, 198 or 51.17% only partially agree with such application, 86 or 22.22% of respondents agree that doctors have and implement such a skill, while only 23 or 5.94% of respondents believe that they can ascertain how everyday behavior among doctors. The average grade of this statement is 2.13.

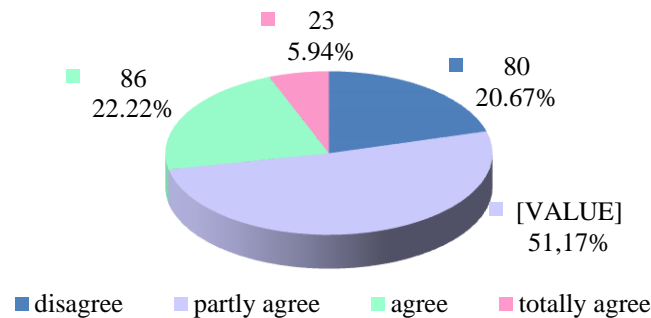


Figure 5: Doctors devoting enough attention to non-verbal communication with patients

Discussion

The data obtained from the survey are disappointing. It can be entered situations that are perceived attitude of the doctor to his patients which is very different from what patients expect from him. The resulting mean value after the first statement which is 2.05 clearly shows that doctors almost did not listen to their patients that develop one-way communication (doctor-patient) which exists exclusively verbally expressed diagnosis without major explanations patient expected to get them. The patient often comes out of the health institution with a small degree of knowledge about the health problem facing, which is a major reason for suspicion, a sense of helplessness, alienation, loss in the system to provide a very different approach. As a consequence of this situation is expected to received data regarding the second statement which refers to the need for building mutual trust between the patient and physician. The resulting average grade for this statement which is 2.44 clearly shows that doctors who do not listen to their patients with appropriate care, give the impression that they do not respect primarily as patients and then as individuals. These conditions result in a very small number of cases where the developed level of mutual trust between patient and physician. In addition to the reality that they represent data already analyzed statements predictably received data from third statement indicating that serenity and cultural behavior in the process of communication between doctor and patient is not satisfactory. The data that is correlated with the average grade in terms of this problem which is 2.25 indicates that bucket of rasolozhenie lekator and not his strong side. It follows that doctors often have nepristupachen attitude towards patients, build walls that show a high degree of vanity and prepotentnost which patients at the same time seen as elements that do not correspond with the culture of conduct of the profession doctor. The data received in respect of the fourth proposition provide an opportunity to discern some of the weaknesses that reason, perhaps not complete, but the cause of the previously presented situations deriving from the three statements. The data from the fourth proposition which is an average grade 2.06 shows that clinics and other health institutions in Macedonia are no problems at all in the communication, ie the professional communication among health workers is in doubt, the patients have their idea that she enough. Professional communication is an important factor which affects the formation of a complete Bill picture of the patient's disease, the same analysis of all segments and finding a way to overcome it, or its recovery. The lack of this kind of communication shows that our health institutions no possibility of the formation of teams, if you want to be successful, primarily should be an area in which we are developing a sense of community among its members. Defying data derived from the average grade 2.06 shows that there are obvious problems with organizational climate to work in our health institutions, and the consequences of this situation is directly reflected in the behavior of doctors to their patients. The fact is that the received data is the finding that one of the elements of disturbed working climate are problems in interpersonal relationships, a great and perhaps the crucial point mostly depend on the managers of health institutions apparently such problems

have had little meaning. The image is obtained from the data regarding this issue, resulting in a number of sub questions, but also answers clearly show that most of the problems in the behavior of doctors to patients resulting from impaired working climate that performs discourage the doctors develop a sense of self nepripaganje and alienation in the overall health system. By the way these conditions are attached and data regarding the fifth statement, in favor of revealing a different approach to the doctor to the patient who does not correspond to the needs and expectations of the patient.

The data received from the survey gave a picture of a particular issue which is a reality which patients face every day. But the purpose of this paper was to arrive only to such data that are obvious and can be ascertained and no major research. The aim was to identify the reasons for the reality that mostly everyone is familiar. For these reasons, interviewing doctors realized as a necessity. Summarized data, has led the authors of this paper to the opportunity to present the situation in the healthcare system that directly reflect and give the answer, why doctors have serious behavioral problems to their patients.

In Macedonia, the health institutions that are part of the public sector, the real picture features an atmosphere in which prevailing high degree of alienation of health workers in the institutions where they work, interpersonal relationships that are far from what means "healthy" organizational communication, while bureaucratic and totalitarian regime of governance both at the level of the health service and the overall level of the Ministry of health, represent reliable for the persistent state of "aging" and probably "dying" of the health system. In this set and imposed conditions the doctor there is neither time nor motivation to show and prove its maximum humanity in terms of communication with the patient which will implement their moral and ethical capabilities aimed at raising the will of the patient to improve his health condition.

There are a number of determinants that create this reality. Macedonian health system in one of the biggest problems is the basis and reason for the decline is the same lack of personnel policy. The Ministry of Health is no planning process required medical staff from different specialties that should meet the needs of healthcare organizations, and the population that they should meet with their healthcare providers. In the Macedonian health care system has a terrible lack of almost all specialties, especially the young specialist staff and specializes in Macedonia and went to Europe or directly specializes in Western countries and remains to work and live there. It is called migration of medical staff in countries that offer better working conditions and life. These are countries that may not care about the personnel policy in their health systems, and perhaps there is little interest among young people for education in this field because of the long period that should "sacrifice" (12 years or over), and that We do not like it, because in those countries there is a lot more profitable professions whose need for education period lasts much shorter. The migration of medical staff is najizrazita of Central Eastern and Balkan countries, which includes Macedonia. Because of the seriousness of the problem of migration medical profession is considered more plenums that are analyzing the reasons for it, and looking for ways such everyday occurrences to lead to a reasonable number. Such analysis and efforts result in no success. Only in the last 3 years, from Macedonia with a population less than 2 million people have migrated from 700 to 800 young specialists.

Why is that? To reach the title of specialist doctor in Macedonia young person needs to supply the domestic budget of his parents 150,000 to 200,000 euros. It is the sum for which the physician specialist must work continuously in the public health system more than 17 years to recover such assets, ie to reach etc. positive zero in the family budget. If the doctor is sent to specialized studies by health institution or the Ministry of Health, then he must sign a mortgage contract worth 100,000 euros if specialization performed in the Macedonian capital, or 400,000 euros if performed specialization beyond national borders for example in Belgrade.

In the general policy of the health system in Macedonia, made criminal legal acts that aim to prevent the migration of young doctors with etc. which has forced retraining character. Such additional education of one or several months and forced grudgingly to the individual. According to the program of the ministry in

that instance, if the doctor had sent a meces of training in a hospital that is outside the borders of our country, the physician specialist who is placed in a forced position to have to sign an agreement that commits it owes the Ministry of Health, ie the state 30,000 euros. Notably, he undertakes not to leave his job in the health organization for 4 years. The fact that Macedonia is a country where the loss of job, for political and other reasons, an unknown phenomenon, so if the physician specialist who was of such additional education which the state forced him lose his job, he also loses license for work and was put in a position must have "return" those 30,000 euros at the health department or the state.

Another reason is directly reflected on the minimized motivation of doctors, which means high degree of alienation in the system rights of doctors who are directly related to and conditioned by the "rights" of patients. The patient to be so manipulated by the state which provides the basic conditions for health care, but because his "guaranteed rights" that most often oskrnavuvaat name and dignity of the medical profession. The patient is always in the "right" without having to hear the opinion and the doctor. With that, he gets the false impression that the state is "take care" of him and provides the conditions in which they realize their health needs and deficiencies of the system experienced as nebrizhnost and irresponsibility of doctors, which is often far from the truth.

The maximum politicization of the health system is determinant that directly affect trampling the dignity of the doctor. Party employments in the last decade tend to rapidly increase, resulting in the employment of staff which is often due to the high position and the power that the party in power, refers extremely irresponsible, unprofessional and with a high degree of vanity to the patient and to the profession of doctor. One gets the impression that the real "general policy" in the Macedonian health care system is based on quantitative party employments in which instead Hippocratic Oath exists party oath which is far from what it means ethics and morality to the doctor. In parallel with this, "managers" of health care institutions have only concern relates solely to the control of other medical staff, constantly jeopardizing his "rights" as well as questionable tender processes have meant to meet the actual conditions in which the doctor and the patient would function better. This situation affects the irritation and frustration on the part of the medical profession that most professional performs his job, but is continually developing its alienation to the system.

Doctors in Macedonia lose the ability to maximize their posfetat their patients. Pressed on one side by administrative requirements during the medical examination must exercise, and on the other side etc. "My term" in which to realize the huge number of appointments with regular and irregular "delivered" objectively not have the time in which the patient will devote necessary time full of communication through which to express their ethical and moral values, ie their humanity will become operational at maximum improvement of patient health in terms which will complement its expert procedure.

While doctors are forced to be sent to training in foreign countries, where for one or three months, not able significantly to increase their expertise (analysis of the questionnaire and interviews to those figures is shown), the Ministry of Health general not considering conducting trainings for doctors and other medical staff and will gain knowledge about the development and application in everyday practice etc. soft skills. "Expert" teams in the Ministry of Health "obsessed" with the organization of additional education that doctors are forced to see, do not want us to think it is a priority for patients.

The patient needs a doctor who despite their expertise, will be able to hear his problem, to show care and responsibility, be absolutely inventive, establish a system that would prevail confidence, conscience, a physician with a high degree of emotional awareness and integrity . In the absence of such training, the doctor in Macedonia is put in a position to apply assertive communication and emotional intelligence to the extent and in a manner that comes within his own nature and character, and not as a result of in-depth training that despite the gained new knowledge, it will It has realized the necessity and need for the use of "soft" skills in daily communication with their patients.

Conclusion

Macedonian health care system is facing a permanent pathological disease which is directly reflected on the professional conduct of doctors as well as patients themselves. Unconstructive and unfathomable laws that aim to introduce some reforms that are not well planned and are koshtec humniot with respect to which the state should implement as to doctors and to patients. General health policy, in particular for job relating to health personnel, especially of the needs of practitioners and specialists supspebijalisti far from the required constructivism. In our medical institutions there working climate in which health staff feels alienated, demotivated, confused by the daily wearing of the new laws, the rules that apply to everyone except the doctors who form part of the ruling party. It is a climate that prevails deliberately constructed chaos, which can hardly be a good doctor with their ethical, moral and professional and expert features to function smoothly.

Ministry of Health as enforcer of government policy, with all its procedures puts the doctor in a position to be constantly vilified by the patients and the general citizenry. The doctor in Macedonia is in a "crushed" dignity. Managers of health facilities that are directly appointed by the Minister of Health, only they do is to fully implement the "politics" which obviously is far from functional and that reflects on the patients themselves who are the reason for being of the health system. This maze of irregularities in the intellectual capital that the doctor is not valued, not only material but also on other aspects of the evaluation, the reason for the situation where doctors have a limited paying attention to assertive communication and implementation of emotional intelligence. In this chaos the health of small number of doctors who objectively have the energy to think and also to apply these important elements in daily communication with patients. The real picture of the health system which is commonplace in Macedonia impression that humanity is in the margins of its disappearance.

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