

## **Effectiveness of interpersonal communication between physicians and diabetic patients in the salem district of tamilnadu**

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### **INTRODUCTION**

Interpersonal communication is an interactional process in which one person sends message to another. It encompasses of oral, written and non- verbal. People around the world are very cautious about their health. The nature of human beings differs from person to person. Communication is one of the normal activities which play the major role among every human being. Communication may be verbal or nonverbal. Verbal communication does not create an impact whereas non-verbal communication creates impact on the behaviour of human beings. Non- verbal communication consists of sign language, body language, eye contact, gesture, touch, space, ocalics and so on. Non- verbal communication creates an impact among every one. A person's expression says more than that of words conveyed verbally.

Health communication is a rich, exciting, and relevant research area that investigates and elucidates the many ways that human and mediated communication dramatically influences the outcomes of health care and health promotion efforts. In the last few years health specialists cultivate a mounting indebtedness of the life-threatening role that communication plays in healthcare. Crucial role of communication in healthcare are found to be everywhere. Communication between doctors and patients, between health educators and their clients, between pharmaceutical companies and consumers, between parents and children express the effectiveness of communication. Communication between doctors and patients is found to be very formal. Much Interpersonal communication will help them to identify every single moments of each other in a very close manner. 80% of diseases can be cured without drugs when interpersonal communication takes place. Physician communication involves the habit of communication procedures to enlighten and guide individual and community Physicians givesupportin all aspects of infection prevention and health development. The Patients who communicate with their physicians are not understandable which makes the physician overwrought. Physicians go through hassle due to the deeds of their patients. A major reason for the tremendous growth and development of conflict between physicians and patients is because of less understanding capacity and lethargies about their health.

In 1978 India was a signatory to the Alma Ata declaration, undertaking to provide -Health for All by the year 2000. With that the country can in fact point to significant improvements in health status. Life expectancy, for example, has risen from 50.2 in 1974 to 64.8 in 1999, and infant mortality rates have declined from 132 per thousand in 1974 to 71 per thousand in 1998(United Nations Population Division 1998). Evaluating where India lies on the road to this noble if intangible goal is however, necessarily a matter of both record and

interpretation. One of the first questions we are faced with is whether health for all should be interpreted in relative or absolute terms. The above statistics point to strong relative improvement even while other indicators suggest that basic health needs continue to go unmet for large segments of the population.

In the case of Tamil Nadu, once again, relative indicators are positive. When compared with All-India statistics, health status in Tamil Nadu is considerably above average and has also seen significant improvement, as can be seen from the health statistics. Health infrastructure in Tamil Nadu has also been fairly good compared to other states, and this has had a benefit in terms of relatively low costs for outpatient treatments (Krishnan 1994).

## **NEED FOR THE STUDY**

Health is the state of being sound in body and mind. It is physical and mental wellbeing freedom from defect pain or disease normality of mental and physical functions. Health has been defined as absence of disease as deviation from biochemical norm. The concept is known as germ theory of the disease which has dominated the medical world at the turn of 20th century. Developments in social science revealed that disease is both biological and social phenomenon. Health is the state in which the mental and physical activities of the body are adjusted satisfactorily to the environment. It can be imperilled either by doing or by neglecting to do certain things. Health is capable of enrichment or deterioration. The health of the individual is not static. It fluctuates within a range varying from optimum wellbeing to various levels of dysfunction including the state of total dysfunction.

In Indian society health continues to be neglected entity. At the individual level health occupies a less important place and it is usually subjugated the other needs defined as more important as wealth power prestige knowledge and security. Health is taken for granted and its value is not fully understood until it is lost. Health is wealth is an old saying. If health is lost everything is lost and it is very difficult to regain it. Therefore utmost care and attention should be paid on health. It occupies topmost rug of the ladder.

Communication encompasses a great deal of human activity. Reading, writing, listening, speaking, viewing images and creating images are all acts of common. Communication activities that may be conscious or un conscious such as expression, gesture, body language and non- verbal sounds.

Interpersonal communication is found to be common among every individual. Parents and children, brother and sister, husband and wife, between lovers. These communications are very intimate and they have a trust among relationships. But Interpersonal Communication between doctor and patients differ from the above. Their communication is filled with fear, anxiety, in agitation. They come to doctor with lots of doubts in their minds. Their communication is more formal. Physicians don't give importance to patient's communication. They mechanically treat the patients. The government doctors are always duty conscious in their timings and most of the private doctors are money minded and conscious only on their income. The expectations of patients are affection, kindness, eye contact and a good body language from doctors but the physicians never bother about their patients. There is a communication gap between physicians and patients; this made me to study the interpersonal communication between doctors and patients.

## **METHODOLOGY**

The broad objectives of the study were, to study the various aspects of the interpersonal communication viz. emotional experience of patients and physicians, the non

verbal communication, the level of feedback, the level of disclosure during interaction and the rapport they maintain in diabetic treatment.

### **Objectives**

To understand how important the non-verbal cues were, to different patients and different levels of feedback achieved during treatment.

To analyze the needs, conflict and feedback of diabetic patients while communicating with their physicians.

To study the disclosure levels and the demographics of patients during treatment with their physicians

### **Design of the study**

This is a qualitative study. The research was carried out in Salem. At first a pilot study was carried with 100 samples.

### **Sampling method and procedure**

For the purpose of the study the respondents were young adult and old diabetic patients' selected based on random sampling method. The sample was taken from the government and private hospitals in and around Salem district. Salem consists of 18 hospitals of both government and private. I have taken 7 private hospitals and two government hospital for my study. 110 of both in and out patients were selected from each hospital. The diabetic patients were chosen from the register and were followed for my study. The questionnaire was evenly distributed for qualitative study. The questionnaire was distributed to the same patients after 15 days to find the difference in their answer. Government hospitals consist of 800 patients per day. Among them there are about 300 to 350 diabetic patients. They are advised to come once in 15 days for their check-up. Out of 1000 questionnaires distributed 720 patients gave response and their data were taken for qualitative analysis. Among the remaining 280, 70 of them were not interested to explain their views. 210 of them did not come for their regular check-up. They didn't turn up after 15 days. So 280 of them are dropped. In addition to the patient's qualitative study, an interview was conducted among 15 Physicians to study their interpersonal communication with their patients.

### **Tools and data collection**

A structured closed ended questionnaire covering various aspects of Doctor and patients interpersonal communication was prepared and used for the data collection for the present study.

### **Construction of the tool**

The researcher has constructed five point Likert scale to elicit responses from the respondents on various parameters related to Assertion of needs, Conflict, Impact and Feedback, Disclosure and interpersonal closeness, Emotional experience and expression on doctor and patients interpersonal communication.

### **CONCLUSION**

Goal of Interpersonal communication between doctors and patients is not only to give treatment but also to understand more about the disease and to develop self-control. Patients who have been with their physician for at least one year develop an intimate relationship with their physician and focus on physician attribute. Good doctor-patient communication makes a

difference not only in patient satisfaction but in patient outcomes including resolution of chronic headaches, changes in emotional states, and lower blood sugar values in diabetics, improved blood pressure readings in hypertensive, and other important health indicators. Emphasis on better communication has increased in recent years as the medical community has become more aware of its effect on patient healing. Physician-patient communications paves way to patient satisfaction, patient involvement in decision-making, agreement to the treatment plan, and positive patient outcomes. Physicians find the importance of good interpersonal communication but require training to ensure effective delivery. There is an urgent need for coordinated approaches to facilitate interpersonal communication at the undergraduate, residency and post-graduate levels.

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