Investigation into The Forms of Doctor-Patient Relationship in Some Selected Specialist Hospitals in Yobe State, Nigeria

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Abstract

This research work intends to examine the forms of Doctor-Patient relationships in some newly upgraded specialist hospitals in Yobe State, Nigeria. A Quantitative approach was adopted in the study. The population of the study is specialists and patients of Specialist Hospital Damaturu, Specialist Hospital Geidam, Specialist Hospital Potiskum, and Specialist Hospital Gashua all in Yobe State, Nigeria. Furthermore, Krejcie and Morgan`s (1970) sampling design for sampling size was adopted which is administered by a published sample size table used in getting the actual sample of the study, and also stratified sampling method was employed in getting the respondents. The major instrument for data collection in this research work is a questionnaire because it is the most popular used in social sciences (Dillma, 2000). Both descriptive and inferential statistics were employed in the data analysis. The findings of this study would be useful to the government, social workers, researchers, NGOs, educationists, policymakers, etc who will use it for policy formulation on how to improve doctor-patient relationships in our health institutions at primary, secondary, and tertiary levels. They revealed these findings and among others that there are many forms of Doctor-Patient relationships (Mutual Participation Type, Guidance-Cooperation Type, and Active-Passive Type) that are prevalent in the newly upgraded Specialist Hospitals in Yobe State. But the one that is more popular and acceptable is the Mutual Participation Type. The study recommends that both the doctors and the patients are advised to choose the most appropriate form of Doctor-patient relationship that is prevalent in the hospitals for betterment and this is the Mutual Participation Type of relationship, also a suitable form of relationship that enhances the Doctor-patient relationship that is prevalent in the newly upgraded specialist hospitals in Yobe State among others.

Keywords: Doctor-patient, Relationship, Specialist Hospital, Forms, Yobe State.

Introduction

The doctor-patient relationship involves both susceptibility and belief between the doctor and the patient. It is one of the most moving and meaningful experiences shared by human beings (Fallon et. al., 20015). Thus, this relationship and the encounters that flow from it are not always perfect it meets with some challenges in the process. The doctor-patient relationship has been defined as a harmonized relationship in which the patient knowingly seeks the doctor`s assistance and support in which the doctor knowingly accepts the person as a patient (Fallon et. al., 20015).

The doctor-patient relationship is fundamental to the practice of medication and is crucial for the delivery of health care in the examination and treatment of diseases. A patient must have confidence in the competence of their doctors and must feel that they can disclose the problems and the current feelings of the patients (Metiboba, 2008). For most physicians, the establishment of a good rapport with a patient is important. This being said, some medical specialties, such as psychiatry and family medicine, emphasize the relationship forms one of the foundations of contemporary medical ethics most medical schools and universities teach medical students from the beginning, even before in hospitals, to maintain a professional rapport with patients, sustain patient's dignity and respect their privacy (Mechanic, 1983).

Objectives of the Study

The main aim of this research is to investigate the forms of doctor-patient relationships in some of the newly upgraded specialist hospitals in Yobe State, Nigeria. The specific objectives are: -

(i) To examine the forms of the doctor-patient relationship that is prevalent in the newly upgraded Yobe State Specialist Hospitals.

(ii) To determine the most influencing form of the doctor-patient relationship in the newly upgraded Yobe State Specialist Hospitals.

(iii) To proffer suggestions on how to enhance doctor-patient relationships in the newly upgraded Yobe State Specialist Hospitals.

Research Questions

While conducting the research, the researcher asked the following questions.

(i) What are the forms of Doctor-Patient relationships that are prevalent in the newly upgraded special Hospital in Yobe State?

(ii) What are the most influencing forms of Doctor-Patient relationships that are prevalent in the newly upgraded special Hospital in Yobe State?

(iii) What are the ways of enhancing the Doctor-Patient relationship that is prevalent in the newly upgraded special Hospital in Yobe State?

Research Hypothesis

$H_{O1:}$ There are no forms of Doctor-Patient relationship that are prevalent in the newly upgraded special Hospital in Yobe State

$H_{O2:}$ There is no influencing form of Doctor-Patient relationship that is prevalent in the newly upgraded special Hospital in Yobe State.

$H_{O3:}$ There is no way of enhancing the Doctor-Patient relationship that is prevalent in the newly upgraded special Hospital in Yobe State

Most sociologists and other social scientists looked at health and illness as a social concept and not a biological concept. Sickness militates against the performance of one's social role and the disability and distress arising there can be very worrisome. Person (1951) suggests that all social actions can be understood in terms of how they help society to function effectively and not when a person is sick, he is unable to perform his social role normally this is a form of deviance that disturbs society`s functioning.

Helping the sick to perform their social roles once again leads to some form of social interaction or relationship in whatever form. Thus, the central form of social interaction in the health industry has traditionally been the physician and patient. The doctor-patient relationship is intended to serve some therapeutic functions in most societies and promote some significant change in the health of the patient in most of the health institutions such as newly upgraded Specialist Hospitals in Yobe State, the doctor-patient relationship in some cases is much more complex and many other people are involved when somebody is sick relative, neighbors, rescue specialists, nurses, technical personnel, doctors, social worker and other in the hospitals. Most often the cooperation or participation of both the doctor and patient is affected. This either led to the patient abandoning the treatment or the doctor not being interested in the treatment in most cases.

It is against this background that this research intends to investigate the forms of the doctor-patient relationship in some of the newly upgraded specialist hospitals in Yobe State, Nigeria to find a lasting solution to the problem and offer positive recommendations to concerned authorities on how good rapport and relationship can be form, enhance, maintain and implement in our hospitals.

Review of Related Literature

Concept of Health and Illness Behavior

Health Behavior

Health behavior usually refers to preventive orientation and positive steps people take to enhance their physical well-being and vitality. Traditional work in health behavior has focused on the use of preventive services. Such as immunization, medical check-up hypertension screening, and prophylactic dentistry (Becker, 1974). It also includes research on such behavior as cigarette smoking, seat belt use medication adherence, substance abuse, nutritional practice, and exercise (Becker, et al., 2003). The conventional approach to health behavior has been limited focusing on the origin of particular behavior damaging to health and strategies the health belief model conceptualizes preventive health action within a psychological cost-benefit analysis (Korsch and Negrete, 1972). The health belief model conceptualizes the decision to take positive health action as motivated by a perceived threat (either susceptibility to a particular condition or perception that the condition is severe) and judgment about the barriers and benefits associated with specific change is seen as following motive that is silent in an institution when people have conflicting motives following those that are perceived as yielding valuable benefits. An important component of the model involves cues to action since an activating stimulus often appears to be necessary for the initiation of a new behaviour sequence. Both internal (feeling of symptoms) and external (suggestions from doctors, peers, or the media). Stimuli may act as a cue's mitigating change over the year this model has been expanded ((Becker, et. al., 2003).

Illness Behaviour

The study of illness behaviour, in contrast to health behaviour is concerned with the way people monitor their bodies interpret bodily indications make decisions about needed treatment, and use informal and formal sources of care (Mechanic, 1983). Like other behaviour, illness behaviour is concerned with socialization in families and peer groups through exposure to the mass media and education. There is a great diversity of attitudes beliefs knowledge and behaviour all of which affect the definitions of problematic symptoms, the meaning and causal attribution that explain those socially anticipated responses, and the definitions of appropriate remedies and sources of care. Motivation and learning affect initial recognition of symptoms and reaction to pain to the extent of stoicism and hypochondriacs and other readiness to seek release from, schools, and other obligations and to seek help (Mechanic 1983).

Concept of the Sick Role

The concept of the sick role represents the most consistent approach to explaining the behaviour pattern of the sick role.

According to Parsons (1951), being sick is not a deliberate choice of the sick person 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, so being ill meant acting indifferent, deviant ways 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 rights and obligations of the role are highlighted by Haralambos and Holborn (2004). The rights of the sick role are as follows:

- The sick person 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 person can take on the sick role depends upon the seriousness of the illness and other people's acceptance that they are genuinely ill. They are not merely feigning illness.
- The sick role is something that the person 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, are related obligations:

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

Parsons (1951) further suggest that the right of the sick role are completely dependent on the sick person undertaking this obligation mentioned above if not their illness is not regarded as legitimate and they are seen as unfairly appropriating the sick. By suggesting that illness is just one of several forms of deviance that could be harmful to society. Parsons expands the idea of illness to include a social dimension. Being ill becomes not just a physical abnormality but also a social abnormality.

Doctor-Patient Role Relationship

A doctor-patient relationship is an opportunity to exchange information between the doctor and

the patient. The conventional idea is that the patient attends 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 he will cooperate in the provision of information the doctor requires (Singer et al., 1999).

Metiboba (2008:25) argued that the patient-physician role relationship involves mutual relations between two parties. 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 expectations as well as the expectations of others in the same social situation. The patient of what a physician is in terms of the social roles. Also, the patient is expected to recognize the fact being sick is undesirable and that he must get well term by seeking the physician`s help. The physician in term must return the sick person to his/her normal state of functioning. In a nutshell the patient-physician relation. The patient-doctor relationship is involved 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 (Mechanic, 1983).

Types of Doctor-Patient Relationship

Szasz and Hollender (1956) argued that in this one-to-one relationship between doctor and patient, the interaction that takes place is usually one of three types of models namely; Active-Passive, Guidance-Cooperation, and Mutual Participation Model. The types that operate in any particular situation are determined by the disease condition of the patient and the treatment the doctor considers suitable.

Active-Passive Type

In this type, the relationship is based on the doctor acting upon the patient, who is treated as a lifeless object. This type may be appropriate during an emergency when the patient may be unconscious or when a delay in treatment may cause irreparable harm to the patient. In this situation, consent and complicated conversations are ignored which means treatment procedures are carried out on the patient without much contribution from him (Szasz and Hollender 1956).

Guidance-Cooperation Type

Here the doctor guides and the patient cooperates because the patient believes that the doctor is placed in a position of power due to having medical knowledge that the patient lacks. In this type, most of the discussion is of the sick role. The patient submits 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 because the doctor is expected to decide what is best for the patient and to make recommendations accordingly while the patient is expected to comply with these recommendations (Szasz and Hollender 1956).

Mutual Participation Type

In this type, mutual participation is practiced between the doctor and the patient based on an equal partnership. The patient is viewed as an expert in his or her life experiences and goals, making patient involvement essential for designing treatment. The doctor's role is to elicit a patient's goals and help achieve these goals. This type requires that both doctor and patient have equal power, are mutually interdependent, and engage in activities that are equally satisfying to both parties.

While each of these types may be appropriate in specific situations, over the last several decades there has been increasing support for the mutual participation model whenever it is medically feasible but the outcome of this research can also open a new direction of doctor-patient relationship in Yobe State Hospitals.

Theoretical Framework

The study will be based on the theory of functionalism. The Functionalist theory is prominent in the work of Auguste Comte (1778-1857), Herbert Spencer (1820-1903), and Emile Durkheim (1858-1917), 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 it makes to meeting the functional prerequisite of the social system part of society is functional in so far they maintain the system and contribute to its survival.

Functionalist also employs the concept of dysfunction to refer to the effect of any social institution that detracts from the maintenance of society. However, in practice, they have been primarily concerned with the search for functions. Relatively little use has been made of the concept of dysfunction functionalist analysis focused on the question of 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 prerequisites are met, functionalists have contracted on function rather than dysfunctions this emphasis has resulted in many institutions being seen as a society. In his contribution, parsons (1951), observed that social life is characterized by mutual advantage and peaceful cooperation rather than mutual hostility and destruction.

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 approach 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 and 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.

The Research Design

Research design is a plan or a blueprint strategy of investigation in which researchers engage to obtain answers to research questions (Kothari, 2004). This study will use a quantitative approach with a survey research design because it is a method of gathering data from a large sample of people relatively quickly and cheaply (Ary, et. al., 2010). The Questionnaire is a method of data collection especially, in survey research design that is widely used in social science (Dillma, 2000). The use of a questionnaire is appropriate in research because it can reach many respondents within a short period, it offers a sense of confidentially and sufficient time for the respondents to answer the questions. Moreover, the population of this study includes doctors and patients of Specialist Hospital Damaturu, Specialist Hospital Geidam, Specialists Hospital Potiskum, and Specialists Hospital Gashua all in Yobe State, Nigeria. The study adopted Krejcie & Morgan (1970) in which twenty-five (25) respondents from each specialist hospital, made up of a total of one hundred (100) respondents from both Doctors and patients were selected for data collection

and subjected to analysis. A stratified sampling technique which is the most effective method of sampling when a researcher wants to get a representative of a population was equally employed in getting the respondents. Furthermore, the Statistical Package for Social Sciences (SPSS) version 22 was used to analyze the data.

Data Presentation and Analysis

Table 1: Analysis of Hypothesis 1

The analysis stated the first null hypothesis; that there are no forms of Doctor-Patient relationship that is prevalent in the newly upgraded Specialist Hospital in Yobe State.

	Test Value=						
		T	**Df**	**Sig. (2-tailed)**	**Mean Difference**	**Interval of the Difference** **Lower**	**Upper**
Forms of Doctor-Patient Relationship		40.811	111	.000	3.95536	3.7633	4.1474

Source: Author`s Computation from Field Survey, 2023.

The above result shows that the calculated value of 40.81 is greater than the p-value of 0.000 at a 5% significant level. Therefore, in compliance with the decision rule, the null hypothesis 1 **(Ho_1),** stated that there are no forms of Doctor-Patient relationship that are prevalent in the newly upgraded specialist Hospitals in Yobe State.

This indicates that there are many forms of Doctor-Patient relationships (Mutual Participation Type, Guidance-Cooperation Type, and Active-Passive Type) that are prevalent in the newly upgraded Specialist Hospitals in Yobe State. But the one more acceptable is the Mutual Participation Type.

Table 2: Analysis of Hypothesis 2

The analysis stated that the second hypothesis is that; there is an influencing form of Doctor-Patient relationship that is prevalent in the newly upgraded specialist Hospitals in Yobe State.

	Test Value=0						
		T	**Df**	**Sig. (2-tailed)**	**Mean Difference**	**Interval of the Difference** **Lower**	**Upper**
Ways of influencing Doctor-patient relationship		17.862	111	000	2.15179	1.9131	2.3905

Source: Author`s Computation from Field Survey, 2023.

The result above shows that the calculated value of 17.86 is greater than the p-value of 0.000 at a 5% level of significance. Therefore, in compliance with the decision rule, the null hypothesis 2 (**Ho$_2$**) is that there is no influencing form of Doctor-Patient relationship that is prevalent in the newly upgraded specialist Hospitals in Yobe State. Therefore, going by the analysis it is evident many influencing forms of Doctor-Patient relationship that is prevalent in the newly upgraded specialist Hospitals in Yobe State.

Table 3: Analysis of Hypothesis 3

The analysis stated that the third hypothesis was; that there is no way of enhancing the Doctor-Patient relationship that is prevalent in the newly upgraded specialist Hospitals in Yobe State.

	Test Value=0						
		T	**df**	**Sig. (2-tailed)**	**Mean Difference**	**Interval of the Difference Lower**	**Upper**
How to enhance the Doctor-Patient relationship		23.700	111	.000	2.02679	1.8573	2.1962

Source: Author`s Computation from Field Survey, 2023.

From the result in Table 3 above, the calculated value of 23.70 is greater than the p-value of 0.000 at a 5% level of significance. Therefore, in adherence with the decision rule, the null hypothesis 3 (**Ho$_3$**) is that there is no way of enhancing the Doctor-Patient relationship that is prevalent in the newly upgraded Specialist Hospitals in Yobe State.

The researchers then concluded from the analysis that there are several ways of enhancing Doctor-Patient relationships in the newly upgraded Specialist Hospitals in Yobe State.

Findings

At the end of the study, the researchers revealed the following findings

i. The study revealed that there are many forms of Doctor-Patient relationships (Mutual Participation Type, Guidance-Cooperation Type, and Active-Passive Type) that are prevalent in the newly upgraded Specialist Hospitals in the study area, but the Mutual Participation Type of Doctor-Patient relationships was the most popular enjoyed by the respondents in the study area.

ii. The study also revealed many influencing forms of Doctor-Patient relationships that are prevalent in the newly upgraded Specialist Hospitals in Yobe State.

iii. The researchers further revealed that there are several ways of enhancing Doctor-Patient relationships in the newly upgraded Specialist Hospitals in Yobe State. But the study prevails in these ways to enhance the relationships (i.e. through local campaigns, Focus Group

Discussions (FGDs), workshops, seminars, etc.)

Recommendations

Based on the study, the researchers recommend the following:

both the doctors and the patients are advised to choose the most appropriate form of Doctor-patient relationship that is prevalent in the hospitals for betterment, the researchers also recommended that a suitable form of relationship that the Doctor-patient relationship that is prevalent in the newly upgraded specialist hospitals in Yobe State. Furthermore, both the Doctors and the Patients should be careful in choosing the best way of enhancing the Doctor-Patient relationship that is prevalent in the newly upgraded Specialist Hospitals in Yobe State.

Acknowledgement

This work is supported by Tertiary Education Trust Fund (Tetfund). The authors want to send special gratitude to the management and staff of the fund, and the management and staff of Mai Idris Alooma Polytechnic Geidam for finding the research worthy for financing

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