

Patient-Healthcare Professional Interaction as a Determinant of the Therapeutic Efficacy

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ABSTRACT

Communication is a basic element of providing care; communication with patients and families, communication with other Healthcare Professionals (HCP) and administrative staff. In every day clinical routine, a form of relationship is built through communication which is called therapeutic relationship or alliance. This professional relationship is based on understanding of patient's point of view, empathy, active listening and positive reinforcement. It is affecting health outcomes and patient's experience of the health system. By effective communication people are informed, educated, persuaded and mobilized on health issues. Nowadays, a patient-centered approach to health management has changed the framework of communication and shaped an equal relationship based on mutual understanding, respect and recognition of rights. The parts involved in the therapeutic process aim at effective management of the health problem along with maximal satisfaction from healthcare services following rules and standards set by them. Training the HCP to develop communication skills is necessary in order to achieve a good therapeutic relationship.

Key Words: Efficiency, Healthcare Professionals, Interactions, Therapeutic Process

INTRODUCTION

In the last decades social sciences, such as psychology, sociology and anthropology, have focused on the study of human relationships and interactions. The importance of a good physician-patient relationship was highlighted, even in the ancient years by Hippocrates in the Ancient Greece. It was the same healer that, among other things, had also highlighted the importance of the social environment as a causal factor of the illness and the curing process. [1]

By the middle of the last century, a competent physician was the one that had high and up-to-date knowledge of medical science, physical examination skills and the ability to treat medical problems. Over time,

the importance of patient-healthcare professional relationship was established. [2] With regard to this relationship, a great number of studies have been published, and terms such as "patient-focused" or "patient-centered" care are at the center of clinical and research studies. [3,4,5]

In this context, patient and health care professionals (HCP) relationship and interaction has been researched. It is a type of professional relationship that is based on understanding of and openness to the patient's agenda, communication, emotional intelligence, empathy, active listening and positive reinforcement. [3] It has been demonstrated that it is directly influencing health outcomes [6] and patient's experience of the health system. [7,8] Literature, in order

to describe this unique interaction, is using, also, the term therapeutic relationship (TR), defining it as “an interactive relationship with a patient and family that is caring, clear, bounded, positive, and professional”.^[9]

An integral part of the TR is the Therapeutic Alliance (TA). It is a kind of alliance/cooperation that develops between the healer and the person treated in order to effectively manage the latter's health status.^[2,10] It is a concept with deep roots in the field of psychotherapy, but it is, also, implemented in all fields of healthcare.^[2]

DISCUSSION

Models of care

The relationship developed between HCP and the patient depends, and is influenced, by the approach adopted by the former regarding healthcare issues - biomedical or biopsychosocial model of care.^[11] In the first model, the biomedical, the goal of each HCP is to diagnose, treat and restore the patient's health as every disease process can be fully explained by an underlying biological mechanism. It is the experts (healthcare professionals) who are responsible for the outcome of the individual's health, as they have the scientific knowledge and skills. The patient is a passive recipient of care and doesn't participate in decision making. Meanwhile he/she is called upon to trust, to comply and to accept any treatment. The relationship he/she develops with the HCP is one-way and uneven, reinforced by the HCP's paternalistic attitude to maintain control and by his/her need to avoid conflicts and criticism.^[2,12] On the other hand, within the framework of the biopsychosocial model of care, the relationship between HCPs and patients is characterized by the effective cooperation. The therapeutic intervention is addressed both to the patient and his/her environment and aims at the organic, psychological and social level. The patient is encouraged to actively participate in his care and to assume his/her responsibilities.^[12] The relationship build between HCP and

the patient is the key to effective care, with the patient considered to be the primary figure in the healing process and the outcome of treatment.^[2,13]

Until recently, a paternalistic model of HCP-patient relationship was followed. It was based on Hippocratic ethics, their subsequent interpretation or modifications by later doctors-philosophers. Within this model of care, the physician decides on behalf of the patient, while the patient is not included in decision making regarding his/her treatment and very few information are delivered to him/her.

The need for a new therapeutic model, different from that internationally prevailing, was recognized in the 1960s. According to this model the patient, referred to as healthcare consumer or client, creates with the HCP a cooperative relationship and is involved in decision making after being informed about the latest scientific achievements and the best evidence-based approach. This model emphasizes in the patient's autonomy and accountability.^[14-16] In most developed countries, there is a tendency to move from the paternalistic to the informational model.^[17] The factors influencing the transition from one model to the other are related to the country's cultural, economic and social development.^[18] The characteristics that influenced the TR and contributed to the change in the care framework are the following: increase in knowledge, medical specializations, availability of various alternative approaches, increase in the citizen's educational level and access to medical information, lack of confidence in physicians, citizens' expectations of the healthcare system, respect of patient's rights and the patient's overall approach.

Mead and Bower (2002)^[19] report five dimensions of the patient-centered care framework:

1. adopting the biopsychosocial approach to care,
2. approaching the patient as the only person with rights and values and not just as a person who suffers,

3. sharing of power and responsibility between a HCP and a patient,
4. creation of a therapeutic alliance and,
5. approaching the HCP as a person and not just as a carrier of knowledge and skills.

This approach changed the framework of communication between the patient and the HCP and laid the foundation for an equal relationship based on the recognition and respect of the patients' rights, highlighting the moral and ethical dimension in the organization of healthcare systems. [20,21]

The patient-centered approach, as an ideology, has influenced the professional culture of HCP by bringing changes to the culture of healthcare services as well. [22]

Therapeutic Relationship

The relationship between HCPs and patients is greatly affected by the patient's values, views and beliefs, and the cultural, socio-economic and psychological circumstances of his/her life. It is important to recognize and address all these issues in order for the individual to understand and accept the importance, as well as the benefits, of the proposed therapeutic approach. Not only patients' past experiences, but also experiences of those close to the patient, significantly affect his/her attitude and behavior towards the HCP.

The conflict of interest between the patient and HCPs has a catalytic effect on the therapeutic relationship, causing, quite often, misunderstandings and tensions. The TR, as it is documented in the literature, is based on the unconditional commitment of the HCP to the pursuit of the optimal outcome for each individual patient. [23,14] If, by any chance, personal interest becomes a part of this relationship, the patient's trust towards the HCP is withdrawn and the relationship could no longer be characterized as therapeutic. [23-25]

Moreover, other factors deriving from both parts could undermine an effective TR; patient's anxiety and uncertainty during hospitalization and/or HCPs' fatigue due to workload are the most

common. [26-28] Limited provision of information and lack of communication between HCPs and patients could, also, result in tensions and confrontations, which could adversely affect the quality of care provided.

The establishment of the therapeutic relationship, and the roles developed within it, are largely determined by the evolved members' behavior. Achieving aTR requires effective communication and empathy, from the healthcare professional's part, as well as active participation in the process by the patient. The quality of the relationship is the most important element in determining the efficacy of the care provided. The feeling of not being competent or skilled in using patient-centered care, the refusal to delegate power and the fear of losing the health provider identity are some of the obstacles that HCP have to overcome. [14,27,29]

The TR is a collaborative relationship in the sense that the therapist and the person receiving care are working as a group. For patients, the concept of TR includes the sense of security, the need for understanding, trust and accessibility. In order for the patient to consider HCP as "allies" he/she must believe and trust the HCP, his/her expertise and experience, and the commitment to the patient's well-being and health restoration. [2,5] According to Balint (1964), [30] even the face to face contact with a HCP can work as a "placebo", at the time the patient puts his/her hopes on the HCP. For HCPs, on the other hand, the establishment of a TR and the roles developed within it are determined to a large extent by the behavior of all the people involved. Achieving a TR requires effective communication and empathy from HCPs, as well as the patients' positive involvement in the process. [18]

As it has been referred earlier, the good and harmonious relationship between a therapist and a patient/client is the key element of the healing process. The relationship is based on an unspoken "contract" which defines the role of each participant and shapes the context of the

healing alliance. [2] Establishing this kind of relationship means that the person treated sees his/her therapist as someone who is coordinated with his/her thoughts and feelings, shows empathy and understanding, accepts him/her with all his faults and vices without being judgmental, has a high level of communication techniques, and is able and willing to help him/her manage his/her health problem. On the other hand, the therapist shows, for his/her patient/client, genuine interest, understanding and empathy, maintains a good and clear communication and makes sure that his/her therapeutical proposals will not be misinterpreted. Finally both the therapist and the patient/client feel safe and comfortable with each other. [31] In other words, establishing and maintaining the TR in a common ground of trust and creative communication is considered to be a criterion of quality of care and the therapeutic outcome. [28,32]

The relationship between HCP and patient has traditionally been a heterogeneous relationship as a result of differences in scientific knowledge. At the same time, however, with the technological advancement, significant differences in the TR appear. Particular importance in promoting the TR is the understanding of the processes through which communication can achieve positive outcomes. Communication with HCP is the basic process by which people are informed, educated, persuaded and mobilized on health issues. Those involved, aim at maximizing satisfaction by developing interaction relationships that are governed by rules and values, assuming roles from which obligations and rights derive from institutional standards within a delimited environment.

Therapeutic Alliance

The Therapeutic Alliance (TA) as a concept, not as a term, has its roots in Freud's first publications (1912-1913) on the nature of the relationship between the therapist and the person treated. The term

TA was first used by Greenson (1965), [33] who pinpointed the positive collaboration during the therapist and patient interaction, as one of the key elements for a positive outcome.

Therapeutic Alliance refers to a kind of professional agreement and/or co-operation that develops between the therapist and the patient/client in order to address the latter's problem, [10] as well as the safe base on which the health problem's management will be built. According to Fuertes et al. (2017), [2] TA is characterized by the agreement between healthcare provider and patient about the goals of the treatment, and incorporates cognitive and emotional dimensions, communication and trust aiming to effective care. Bordin (1994) [34] stated that the TA is an active ingredient of any therapeutic relationship that contains three important elements: 1. Agreement and partnership towards the therapeutic goals, 2. Consensus and active dedication to the goals and work required by the therapeutic approach, and 3. An emotional bond between therapist and patient/client involving mutual trust, respect and interest. Reciprocal acceptance of the treatment goals is very important. Bordin (1994) [33] also argues, that when the patient/client has a good TA with the therapist, he accepts the therapeutic interventions and techniques in a more positive way. In addition, when the therapist's interventions are effective the patient's trust is reinforced and thus the TA becomes stronger. [35,34]

In other words, the TA is, in great amount, determining the patient's compliance with the HCP's suggestions and the treatment outcome. It is a type of collaboration that provides the patient with a safe environment to explore his/her needs and expectations. The process of developing this relationship can clarify and identify the most important elements of the HCP-patient relationship. The TA is based, on one hand, on the cooperation between the HCP and the patient, and on the other hand on the potentials and skills of the physician and the patient's needs. It is a type of contract

extremely important for achieving an effective TR. [35,36]

Research on the building of the TA is based on two main issues: the qualitative evolution of the TA over time, and the quantitative development at the various stages of therapeutic approach. The first group of researchers looks into the various types of TA during the treatment period, such as feelings, thoughts, actions and reactions of the therapist and the patient/client and the way the TA evolves and matures. On the other hand, the second group of researchers studies the emotional proximity that is developing between HCP and patient/client as a result of the TA, as well as the factors affecting it. Both types of studies are considered as complementary to each other and help researchers to more secure conclusions and optimal interventions. [10] The TA and its elements, in other words the emotional bond, the cooperation towards the therapeutic goals and the strategies adopted to achieve them, are the most important elements in the therapeutic process.

Panagopoulou and Benos (2004) [37] stated that during the communication process among HCPs and patients a constant interaction takes place in a way that each transmitter is a receiver at the same time, whether he/she knows it or not. Through this interaction, each part affects the subjective sense of reality of the other part, triggering various corresponding reactions. Thus, interpersonal communication is never unambiguous, as it includes a constant exchange of concepts. So the type of communication that will be built will depend on certain skills that each part has in the context of their specific social roles.

The relationship between the two sides is based on mutual respect, trust and understanding, while both sides contribute equally to setting goals and priorities, and spouse actions. These principles govern the patient-healthcare professional throughout the care process. Nursing care is also a very important element during this process. Patient-nursing personnel

relationship is at the center of scientific research since nursing staff are in immediate and constant contact with the patient, influencing the quality of the care provided. [38]

CONCLUSION

In the recent years, the establishment and organization of the Health Systems, worldwide are based on a structure at the heart of which is the user of those services. In accordance to that, the healthcare professional-patient relationship has been redefining due to various factors, such as the advancements in medical technology and the plethora of information on medical issues available both in electronic and printed media. [39,40] In addition, healthcare professionals understand how important it is to take into account the needs and feelings of patients and their families, building in that way a relationship of reciprocity and trust. Thus, constructive healthcare professional-patient collaboration could help to achieve the common goal of the Therapeutic Relationship, the healing of the patient.

It is well documented the need for effective and unconditional communication between healthcare consumer and the provider of healthcare based not only on empathy, active listening and positive reinforcement [41] but on special training. Training, and re-training, the HCP to develop communication skills is necessary in order to achieve a good therapeutic relationship. Healthcare professionals in various studies both in Greece and abroad have stated their wish to be more trained in communication techniques through specially designed continuing education programs.

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