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Factors that Influence the Practice Orientation of Doctor and Patients: A Case of Federal Medical Center Yola, Nigeria

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Abstract: The extent and types of communication during the consultation and the nature of the doctor-patient relationship are all significantly influenced by the Doctor's clinical practice style.At the Federal Medical Center (FMC), Yola, Nigeria, a study on the doctor-patient relationship was conducted to determine how beliefs, attitudes, religion, and orientations affect the relationship between expectant women and obstetrics and Gynecologist. Pregnant women between 18 and 50 and older made up the study population, which was conducted using an empirical method (quantitative and qualitative). Data was acquired from administered questionnaires that examined how patients and clinicians perceived one another. Individual interviews and personal observations were also conducted. On Tuesdays and Thursdays during anti-natal days and other days for individuals with women-related concerns, an average of 40 interviewers were conducted; this was done in 3 weeks. The average age of the participating doctors was 36 years old (standard deviation: 0.828), with 80% being men and just 20% being women. They had been practicing for an average of 10 years. Eighty percent of the doctors were oriented on providing care on them. About 40% of medical professionals occasionally lack time to discuss patients' opinions and issues. Most individuals who were either doctors or patients (46.7% and 43.3%, respectively) thought that communication barriers harmed their interactions. Nearly 46.7% and 45.6% of doctors and patients disagreed that religion and cultural humility impact doctor-patient relationships. It was once again discovered to be difficult among the doctors and patients surveyed that the patient prefers self-medication, with roughly 53.3% and 32.3% agreeing. According to the findings of this study, the doctor-patient interaction at the federal medical center in Yola, Nigeria, is significantly impacted by communication barriers.

Keywords: Communication barrier, doctor-patient relationship, orientation, FMC Yola doctors

I. Introduction

According to WHO, everyday, approximately 810 maternal and 7000 neonatal deaths take place globally (WHO,2019), and Nigeria has one of the highest maternal death rates (576/100,000 live births) in the world (National Population Commission (NPC), 2014; Etokidem et al., 2022). In an attempt to reduce or eradicate this global maternal modality rate, the third Sustainable Development Goal Target 3.1 calls for reducing the global maternal mortality rate to less than 70 per 100,000 live births by 2030, while Target 3.2 calls for putting an end to newborn deaths that can be prevented and bringing down neonatal mortality to at least 12 per 1,000 live births (WHO, 2019). However, the doctor-patient relationship is crucial to the practice of medicine and the provision of high-quality healthcare for diagnosing and treating various disorders (Babitsch et al.,2008; Deng et al.,2021). One of the foundational principles of current medical ethics is formed by this interaction, or more precisely, by the communication between the two parties (Asamu and Matthias, 2015; Drossman et al., 2021). To control their unconventionality, Talcott Parson, the first social scientist to theorise this relationship, believed that doctors' roles should include symbolising and communicating (information about illness), with patients and doctors being shielded by emotional distance (Hughes, 1994; Trevio, and Staubmann, 2021). The author's interactions with doctors, expectant patients, and some doctor friends served as the basis for this effort. Before being assigned to hospitals, most medical schools teach their students how to maintain a professional connection with patients, respect their privacy, and uphold their dignity (Beltran-Aroca et al.,2021). Compared to other medical specialisations like pathology or radiology, some medical specialities, including psychology and psychiatry, place more emphasis on the doctor-patient interaction (Geraghty and Blease, 2019). The book "The Doctor, His Patient, and the Illness" was published after Michael and Enid Balint instigated a study of the doctor-patient interaction in the United Kingdom (Balint, 1957; Perera, S., 2021). The doctor-patient connection typically has a small but statistically significant impact on the course of treatment outcomes (Kelly et al., 2014, Wei and Wu 2020). The attitudes, beliefs, and orientations that doctors bring into the system have been linked to how well they manage the doctor-patient interaction (Chan and Azman, 2012, Okonkwo, M.C., 2020).

The extent and types of communication during the consultation and the nature of the doctor-patient relationship are all significantly influenced by the Doctor's clinical practice style. Doctor-centered and patient-centred consultation styles were recognised as the two main forms of consultation (Byrne and Long, 1976; Pun et al., 2019; Fritzsche et al., 2020). The Parsonian model and paternalistic approach define a doctor-centred consultation (Emanuel and Emanuel, 1992, Timmermans, S., 2020). According to this approach, the patient merely needs to participate, and the Doctor is the expert. The doctors who utilise this approachconcentrate on the physical elements of the patient's illness before using highly regulated interviewing techniques to provide essential medical information.Commonly asked questions like "how long have you had the pain?" and "is it sharp or dull?" are meant to elicit information that would help the Doctor diagnose the patient's condition. Because of this, patients have little opportunity to communicate their own opinions and worries. The second style is when a doctor consults with a patient using a patient-centred approach. With this approach, doctors foster a supportive relationship with their patients by allowing and encouraging patient participation in consultations. Using queries like "Can you tell me about the pain?" illustrates this technique. How are you doing? And what do you believe is the root of the issue? Marchand et al., 2019; Eklund et al., 2003; Vogus et al., 2020; This approach also enables medical professionals to spend more time with their patients, encouraging them to share their thoughts and feelings before further elaborating on and interpreting their remarks.

In connection to the patient's difficulties, doctors can build a specific consulting method that doesn't change much. Patient-focused medical professionals are renowned for being the most adaptable (Vogus et al., 2020). They exhibit the best capacity to adapt to variations in patient demands or consultation situations. This approach demonstrates doctors' attitudes, communication styles, and orientations toward medical procedures. Studies on the doctor-patient relationship had previously been conducted in Nigeria, focusing on patient satisfaction (Ofili and Ofovwe, 2005; Eze, 2006; Iliyasu et al., 2010, Mallat et al., 2020; Fiakpa, E.A., 2020; Moshood et al., 2022). In contrast, in the western world, the orientations the doctors bring into the encounters do not influence the doctor-patient relationship (Simon and Shuman, 2007, Watkins Jr et al., 2019). These investigations demonstrated the importance of doctors' practice orientation toward the doctor-patient connection in the proper delivery of healthcare; because the patient should be viewed as a consumer and the Doctor as a service provider (Gupta and Gupta, 2006; Spinuzzi, C., 2020). Because both doctors' and patients' expectations and the structural environment of the consultation have a significant impact on this connection, the diversity in the doctor-patient relationship cannot be fully explained in terms of the patient's medical state. Using the patient-practitioner orientation scale (PPOS), which was created by Abiola et al. (2014), researchers examined how doctors view their interactions with patients (Krupat et al., 2000). This technique is quantitative and generally includes constant sets of patients' or doctors' individual preferences for how the doctor-patient relationship should be performed (Krupat et al., 2000).

The previous studies on the doctor-patient relationship focused on patient satisfaction and not what influences the relationship. However, this study is therefore aimed at determining how beliefs, attitudes, religion, and orientations affect the relationship between expectant women and obstetrics and gynaecologist and then contribute to the body of knowledge and healthcare industry in Nigeria with the following:

- This study will be strategically employed to assessseveral variables that may help determine patient-doctor effective communication and enhance the provision of maternal healthcare delivery services.
- The study will also aid in identifying barriers and elements that encourage favourable relationships between healthcare doctors and their patients or patients' families.
- This will support the health of Nigerian citizens seeking medical attention, especially in gynaecology and obstetrics. The findings can also be utilised to inform policymakers about the steps needed to improve the contact dynamics between healthcare practitioners and their clients.
- The findings of this study will help Nigerian officials and decision-makers build and strengthen present rules that direct and protect patients' rights and avoid misinterpretation and poor medical prescriptions.
- The study may also assist the Nigerian Ministry of Health in strengthening its policy by enhancing healthcare personnel's communication skills and teaching them how to behave when interacting with patients during their licensure exams.

II. Related works

The reated work from previous studies have been discussed in this section.

2.1 The Doctor-Patient Relationship

The attitudes, beliefs, and orientations that doctors introduced into the system have been linked to the success of their inappropriate behaviour in the doctor-patient interaction (Chan and Azman, 2012). Before students are assigned to hospitals, most medical schools teach them to establish a professional connection with patients, respect patients' privacy and uphold their dignity. The doctor-patient connection typically has a small but statistically significant impact on the course of treatment outcomes (Kelly et al., 2014). The doctor-patient relationship is crucial to practising medicine and providing high-quality diagnosis and treatment in the healthcare

system. This relationship is the foundation of current medical ethics (Asamu and Matthias, 2015). Doctors can refine their consulting techniques, so they don't dramatically change them depending on the patient's issues. Doctors who practice a patient-centred approach are the most adaptable and exhibit the greatest capacity to respond to variations in patients' needs or consultation circumstances.

2.1.1 Doctor-Patient Relationship Frameworks

Since the principal-agent framework stresses the knowledge asymmetry between the Doctor and the patient, it is assumed in health economics that the doctor-patient interaction is one of the agencies. According to this concept, the Doctor, who functions as the agent, maximises the patient's utility, which matters most. The patient's health status and the available therapies are typically known to the Doctor. The patient gains a deeper understanding of how different treatments fit into their lifestyle. The patient also holds certain views towards treatment and sickness. The patient informs the Doctor of their wishes, and the Doctor then represents them on their behalf. Due to its conceptual simplicity, the principal-agent theory model has been widely employed in health economics. However, this strategy has drawbacks and restrictions (Kelly et al., 2014).

Goto et al. (2015) provided empirical evidence that the patient and the Doctor bring distinct agendas to consultation and that the Doctor is frequently unable to understand the patient's demands. If these needs are not addressed, the consultation's results will continue to be unsatisfactory, and patients might not follow the Doctor's advice. Since additional demands must be considered in addition to the patient's and Doctor's needs, the ideal agency model may be unachievable in practice. These limitations include financial, logistical, administrative, and time and time-related ones. In medical sociology, some theoretical models explain how the doctor-patient relationship affects decision-making. These include the models of cooperative decision-making, paternalism, consumerism, and informed choice (Chandra et al., 2013).

2.1.2 Paternalism

The standard model of the doctor-patient relationship is paternalism. In this model, the medical professional who acts as the expert first diagnoses the patient before determining the best course of action. Consequently, the patient is not actively involved in decision-making (Chandra et al., 2013). Coulter (2002) prefers the phrase "professional choice" instead of the word "paternalistic," noting that there may be instances where it is appropriate for the Doctor to make decisions without the patient actively participating. The patient's paternalistic role in the model makes it comparable to the ideal agency in health economics.

2.1.3 Shared decision model

According to Charles et al. (1999), the shared decision model contends that for shared decision-making to be successful, it must include four key elements:

i. The decision-making process for the course of therapy involves the Doctor and the patient to some extent. Both exchange data.
ii. By expressing treatment choices, the patient and the clinician participate in the decision-making process.
iii. A therapeutic decision is reached, and the patient and the Doctor concur on the course of action (Stavropoulou, 2012). In this paradigm, the patient and the Doctor are active participants in the decision-making process.

2.1.4 Informed decision-making model

The informed decision-making model and the shared decision-making model are frequently contrasted. Both theories express a rejection of the paternalism model. According to Stavropoulou (2012), the two models have significant deviations. These differences mostly relate to the sharing of information. In the shared decision-making paradigm, the patient and the doctor exchange information, with the patient relying more on personal factors like experience and preferences and the Doctor relying more on the therapeutic level (Stavropoulou, 2012). In the informed decision-making paradigm, information is typically one-sided instead of the two-sided shared decision-making approach. In this model, the physician provides details about the patient's medical condition (Stavropoulou, 2012).

III. Methodology

Focusing on pregnant women and the factors that influence this doctor-patient style in Federal Medical Center Yola, Nigeria, an empirical study approach was employed to comprehend the prevalent doctor-patient relationship style in Federal Medical Center, Yola, Nigeria,with a focus on obstetrics and gynaecology (O&G) doctors and their pregnant patients' between the ages of 18 and 50 years. Data were acquired by distributing questionnaires designed in both English and Hausa to accommodate those with literacy problems to analyse the perception of patients and doctors. Additionally, focus groups (Hausa and English sessions), one-on-one interviews, and individual observations were conducted. Every Tuesday and Thursday during the twice-weekly antenatal clinic, an

average of 40 interviews were done. The average age of the participating doctors was 36 years (SD = 0.828), with 80% of the men and 20% of the women have worked in the hospital for no more than 10 years.

This study used a triangulation research design and an interpretative case study approach. In a qualitative component of the questionnaires, respondents (doctors, 15; and patients, 110 women) were asked to discuss the factors that influenced their choice of doctor-patient interaction.to maximise the response rate, the questionnaire survey was conducted anonymously. The survey covered ethical and professional attitudes, conduct, and the survey's purported source (the doctors' regulatory body). The survey also asked about gender, age, and the number of years of experience. All interviews and observations were recorded and transcribed for analysis. The replies to the questionnaire survey were entered into a database (SPSS).

3.1 Sample size and technique

To ensure high accuracy in any research,we utilised sampling techniques. Sampling assists in acquiring specific facts or information which evocatively supports a case (Saunders et al., 2012). To accurately represent the study's population, this study used convenient and purposeful non-probability sampling approaches to choose its respondents. However, the saturation concept was used to estimate the sample size. We use the saturation principle applied in this quantitative and qualitative study to lessen the repetition of respondents' responses and the acquisition of huge responses that don't add up to what had already been collected (Mason, 2010).In this study, 12 invalid questionnairesto which respondents failed to respond were discovered and not added to the data analysed.

3.2 Methodological Steps Diagram

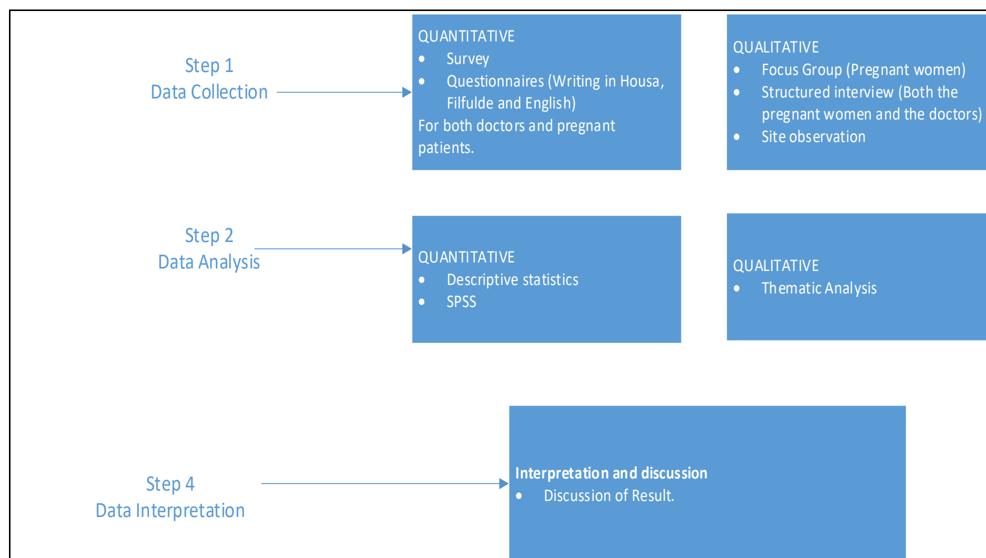

Figure 1: Methodological steps

IV. Results and discussion

This sectiondiscusses the findings from the analysis of our data.

4.1 Doctors responses

Table 1 displays the mean values, standard deviation, and frequencies of the doctors' responses. 66.7% (10) of the doctors interviewed had between 1 and 5 years of experience working as O&G doctors, and 20% (3) had between 6 and 10 years.The final 13.3% had between 11and 20 years. This deduction of this study demonstrates the dearth of experienced physicians in the O&G department of the hospital, which is also one of the factors affecting the doctor-patient relationship because the younger physicians could have learned a valuable lesson from the more seasoned ones on the job.

About 60% (9) of the doctors are unmarried, while 40% (6) are married. The largest frequency is between the ages of 26 and 33, with 60% (9), followed by 34 to 40, with 20% (3), 41 to 50, and 18 to 25, with 13.3% (2). This finding demonstrates the dominance of young doctors at FMC and explains why they have limited job experience. A doctor-patient relationship is a skill that can be taught, according to 53.3% (8) of the doctors interviewed; (40%) 6 strongly agreed with this assertion, while 6.7% (1) disagreed. In the O&G unit of Federal Medical Center Yola, 73.3% (11) physicians strongly agreed that establishing a rapport with patients is

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a talent crucial to patients' treatment, and four more physicians concurred. This demonstrates the O&G doctors' strong belief in this interaction since they perceive it as an effective means of helping their patients heal. 46.7% (7) doctors were surveyed to determine whether the different specialisations required distinct kinds of doctor-patient relationships. 33.3% (5) of them agreed, two strongly disagreed, and one responded in the neutral category. The reasons for this were further elaborated during the oral interview. The physicians always work to save time to get through to all their patients. 26% (4) of the doctors strongly agreed that they do not always have time to examine the patient's thoughts, concerns, and expectations. They consequently don't spend enough time with their patients. 33.5% (5) respondents agreed with the remark that they do not allow their patients time to examine their problems, whereas 5 disagreed with the claim that they do. This finding demonstrates how the doctor-patient interaction is more significantly impacted by the lack of a suitable number of physicians and other facilities.

80% (12) of the interviewed doctors strongly agreed that doctors must show real concern for their patients. 26.7% (4) strongly agreed, and 6.7% (1) strongly disagreed that such a decision may result in casualty, whereas 33.5% (5) doctors agreed and 33.5% (5) disagreed that patients should always have the final say when choosing among treatment options. When asked if doctors and patients share the same kind of relationship, 46.7% (7) responded positively, 33.5% (5) highly positively, 13.3 (2) disagreed, and 6.7% (1) responded neutrally.

Only 33.5% (5) of the doctors agreed with the statement that "Religion and cultural humility affect my relationship with my patients," 46.7% (7) disagreed, 6.7% (1) strongly agreed, and the other 13.3% (2) were neutral, supporting the conclusion drawn from the patient's responses that neither religion nor cultural humility has an impact on the doctor-patient relationship in FMC, Yola. 40% (6) of doctors out of 15 strongly agreed that it is essential for doctors to work as partners with their patients; another six also agreed; two disagreed, and one was neutral.

According to the findings of this study, the doctor-patient interaction at the federal medical centre in Yola, Nigeria, is significantly impacted by communication barriers. It is similar to how the patients responded. Most of the doctors interviewed, 7 (46.7%) in total, felt that poor communication negatively impacts their relationships with their patients.

Table 1: Frequency table for the doctors' responses

Statements	Frequency					M	STD
	A	SA	N	D	SD		
Doctor patients' relationship, is a skill that is taught	8	6	1	0	0	1.53	0.640
Doctor- patients relationship, is a skill that is inborn	2	0	3	8	2	3.53	1.187
Doctor-patient relationship is a skill that is important in the treatment Obstetrics and Gynaecology patients	4	11	0	0	0	1.73	0.458
Different specialties require different types of doctor-patient relationship	5	2	1	7	0	2.67	1.397
The Doctor - patient relationship should be taught in Medical School	6	0	0	0	9	1.60	0.507
I don't always have time to explore the patient's ideas, concerns and expectations	4	0	1	6	4	3.40	1.595
The patient should always have the final say when deciding between treatment options	5	4	0	5	1	2.53	1.457
Having a genuine concern from doctors towards patient is important	3	12	0	0	0	1.80	0.414

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I try to establish the same kind of relationship with all my patients	7	5	1	0	0	1.87	1.060
Religion and cultural humility affect my relationship with my patients	5	1	2	7	0	2.73	1.387
It is always necessary to be partners with my patients in treating them	6	6	1	2	0	1.93	1.033
Communication barrier affects my relationship with my patients	7	3	2	3	0	2.07	1.223
I think training in communication should be an important skill at medical school	8	6	0	1	0	1.60	0.828
Patients prefer self-medication than visiting doctors	8	0	5	1	1	2.13	1.356
Doctor-patient relationship training improves how doctors relate to their patients	5	9	1	0	0	1.73	0.594
The doctor-patient relationship should be the same regardless of specialty	6	5	2	2	0	2.00	1.069
I always explore the patient's ideas, concerns and expectations	8	4	2	1	0	1.73	0.961
The Doctor should always have the final say when deciding between treatment options	1	1	9	4	0	4.00	1.000
It is not always possible to involve patients in medical decisions	2	0	2	7	4	3.73	1.280
Doctors and patients should always work together in the treatment of patients	6	9	0	0	0	1.60	0.507
Patients are becoming increasingly demanding of their doctors	10	1	2	2	0	1.73	1.163
Doctors have ultimate responsibility for their patients' health	6	5	1	2	1	2.13	1.302
Patients should be more knowledgeable about their illness	7	3	1	7	1	2.20	1.424

*A: Agree, SA: Strongly agree, N: Neutral, D: Disagree, SD: Strongly disagree, M: mean and STD: Standard deviation

Most patients speak Fulfude, as was already indicated, although the doctors also speak Hausa and English. Due to this difficulty, doctors frequently use interpreters to communicate with their patients. Only one of the doctors who participated in the interview disagreed, while eight doctors strongly agreed that medical schools should emphasise communication skills.

There is a major need to address this issue because self-medication frequently results in infant mortality and early pregnancy abortion. Of the doctors, 53.5% (8) agreed that most patients prefer self-medication over visiting doctors, 33.3% (5) were neutral, and just 6.7% (1) disagreed. Doctor-patient interaction training can improve how doctors relate to their patients; according to 60% (9) out of 15 doctors, 33.3% (5) doctors agreed, and one Doctor remained neutral. 40% (6) of doctors agreed, 13.3 % (2) disagreed,

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and 13.3% (2) were indifferent on the issue of whether or not the doctor-patient interaction should be the same regardless of speciality. It is desirable for a doctor to always investigate their patients' thoughts, concerns, and expectations, according to 8 out of fifteen doctors; 26.7% (4) strongly agreed, 13.3% (2) agreed, and 6.7% (1) disagreed. 60% (9) of doctors disagreed with the notion that medical professionals should have the last word when deciding on a course of treatment, while 26.7% (4) strongly agreed, 13.3% (1) were indifferent, and one strongly disagreed.

46% (7) of the doctors who were interviewed disagreed with the statement that it is never possible to involve patients in medical decisions since doing so could result in injury or death, with four strongly disagreeing, 13.3% (2) neutral, and 13.3% (2) agreeing. 60% (9) of the 15 doctors surveyed agreed that treating patients together should always be the best course of action, with six disagreeing. There was no denial or neutral response to this assertion. Among the doctors surveyed, 33.3% (5) strongly agreed that they should be ultimately responsible for their patient's health, while 40% (6) agreed, 13.3% (2) disagreed, and 1 was neutral. 46% (7) of the 15 doctors surveyed agreed that 20% (3) strongly believe patients should be more informed about their health.

The results show that there is a correlation between patient demand for medical attention and hospital wait times; this is because there aren't enough medical professionals. 6.7% (1) was neutral, 13.3% (2) disagreed. It is another issue that needs to be researched and addressed. Despite the doctors' assertive reactions, Krupat et al. (2000) found that the mean values were in the low range, indicating a doctor-centred relationship. However, the highest number was 4.07, and some readings were 4 (The Doctor should always have the last say when deciding between treatment alternatives) (Communication skills training in Vocational Training Scheme will improve doctor-patient relation). The study's observation (a doctor-centred interaction) echoed findings revealed by Abiola et al. (2013) in Kano, Nigeria. It can be a result of the common training that most doctors receive. These findings diverge from the American primary care (Chan and Azman, 2012) and the Malaysian specialist care (Krupta et al., 2000), both of which had mean scores in the fairly low range. The observation obtained in the current study may be related to the high patient-to-doctor ratio compared to these two countries.

4.2 Discussion

According to Stewart and Roter (1989), there are two different forms of doctor-patient relationships: patient-centred and doctor-centred. The types of doctor-patient relationships that predominate at the Federal Medical Center in Yola, Nigeria, were studied using the factors on doctor-patient relationships. 110 patients and 17 doctors, of whom 15 (12 males and 3 females) practised obstetrics and gynaecology (O&G), were given questionnaires and verbal interviews. Both the patients and the doctors were asked to respond to the questions by saying whether they "strongly agree," "agree," "disagree," "strongly disagree," or are indifferent**.** The types of doctor-patient relationships seen in this study were categorised using the Krupat et al. (2000) scale as low (doctor-centred with a mean score of 4.75), high (patient-centred with a mean score of 5.00), and moderate (between > 4.57 and 5.00).

Only 90 valid replies to the questionnaires were received from the patients. About 78 valid interviewees usually visit FMC, whereas the remaining 13 do so infrequently. Only roughly 69 of the patients who went to the O&G were pregnant, and the other 21 were there to see the doctors for various problems specific to women. Of the women I met, about 75 were married, and the other 14 were single. Most of the females were aged 26–33 years (51), followed by ages 18–25 (23), 34–40 (13), 41–50 (2), and over 50 (1).

Most patients (54) agreed with the statement, followed by 18, who strongly agreed, which suggests that developing a positive doctor-patient connection is a skill that can be taught. One (1) patient strongly disagreed with the remark, whereas 10 other patients disagreed, and 6 patients neither agreed nor disagreed. Most patients concur that a doctor-patient relationship is innate since they see it as a talent one can display that finally manifests in one's work. The remaining 13 patients were impartial, whereas about 20 strongly agreed, and 16, 3, and 3 disagreed with this.

Most respondents (43) thought that developing strong doctor-patient relationships is crucial in patient care and should be treated significantly in medical schools. About 40 patients firmly concurred with this remark as well. 1 patient disagreed, nonetheless, and 5 neutral comments were made. A doctor-patient relationship depends on the Doctor's speciality, according to 54 patients, who also agreed that different specialities call for different kinds of doctor-patient relationships. 18 people also strongly agreed with the statement, 8 people disagreed, 1 person strongly disagreed, and 8 were neutral, as shown in Figure 2.

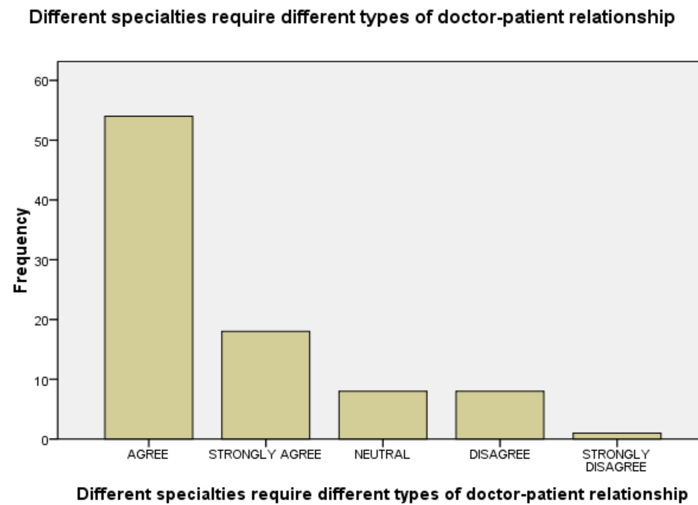

Figure 2: Frequency chart on the effect of speciality on the doctor-patient relationship

Patients were asked how often doctors had time to consider their suggestions, worries, and expectations. If the doctor-patient interaction has not previously been covered in the medical school curriculum, 50 of the patients who participated in the discussion believed it preferable to do so (Figure 2). It is so because a patient's treatment and recovery process are strongly influenced by how the Doctor interacts with them. A total of 50 people highly agreed, 4 disagreed, 4 were neutral, and 1 severely disagreed, while 31 strongly agreed.

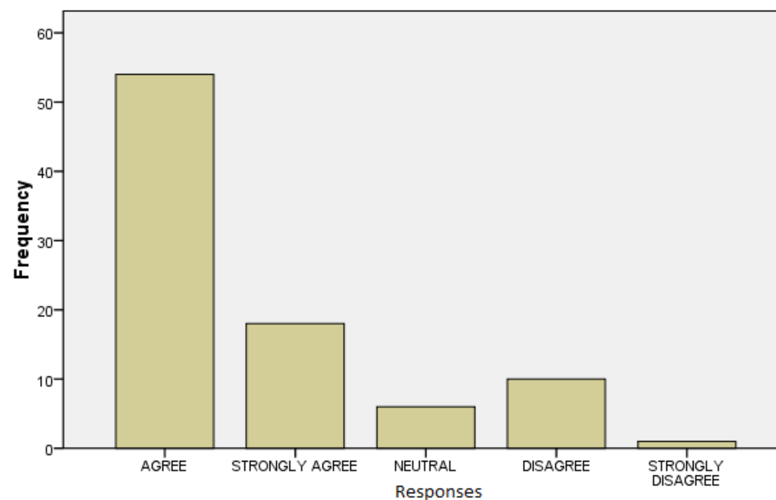

Figure 3: Frequency chart of incorporation of communication in doctors' training

34 of the patients agreed, with 16 strongly agreeing that it is preferable for doctors to constantly make time to listen to their patients' views and concerns. It is because doctors frequently carry out treatments without considering the patients' worries. Even though 11 patients were neutral and 23 patients disagreed with this remark, 3 patients severely disagreed. The low category of the mean value for this outcome indicates a doctor-centred relationship (Krupta et al, 2000).

A larger percentage of patients 32 opposed giving patients the final say in treatment alternatives since it would result in many casualties. Patients may eventually lose their lives if they are given a choice. In the meantime, roughly 31 patients consented to give patients the final say. Nine patients strongly disagreed, six were impartial, and eleven strongly agreed.

This study found that the doctor-patient relationship at FMC Yola, Nigeria, was significantly impacted by communication barriers (Figure 3). Most44% (39) surveyed patients felt that poor communication with their doctors negatively impacts their relationship.

Most patients speak Fulfude, whereas some doctors also speak Hausa and English, which causes misunderstandings. About 21% (19) of the patients strongly agreed with this statement, which shows that effective doctor-patient relationships require addressing the issue of miscommunication.

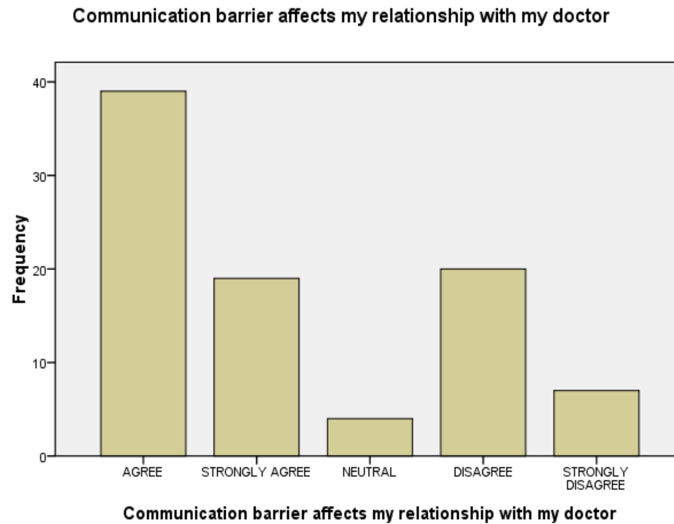

Figure 4: Communication barrier effects on the doctor-patient relationship

The relationship between the doctors and their patients at FMC Yola was also viewed as unaffected by religious and cultural humility; however, there are still a few minor examples. It is because, while 21 patients agreed with the statements, 41 disagreed that "faith and cultural humility do affect doctor-patient relationships." 11 patients strongly agreed, 13 patients strongly disagreed, and 4 were neutral. Approximately 50 patients agreed, with 22 strongly agreeing, that it is always essential for doctors to work closely with their patients to treat them since doing so will make treatment options simple and hasten the healing process. 5 patients disagreed, 5 were neutral, and 1 strongly objected with the idea of doctors and patients collaborating on their care.

Some societies or religions forbid men O&G from treating expectant women. However, the findings of this study demonstrated that neither cultural humility nor religion impacts the interaction between doctors and patients. Our survey data supported asking patients whether they accept pregnancy treatment by a male or female O&G. Most respondents strongly agreed and agreed that gender has no barriertothe treatment of pregnant women. 9 people disagreed, 9 were neutral, and 1 strongly disagreed that treating a pregnant lady by a male O&G doctor is not the best course of action as shown in Figure 5.

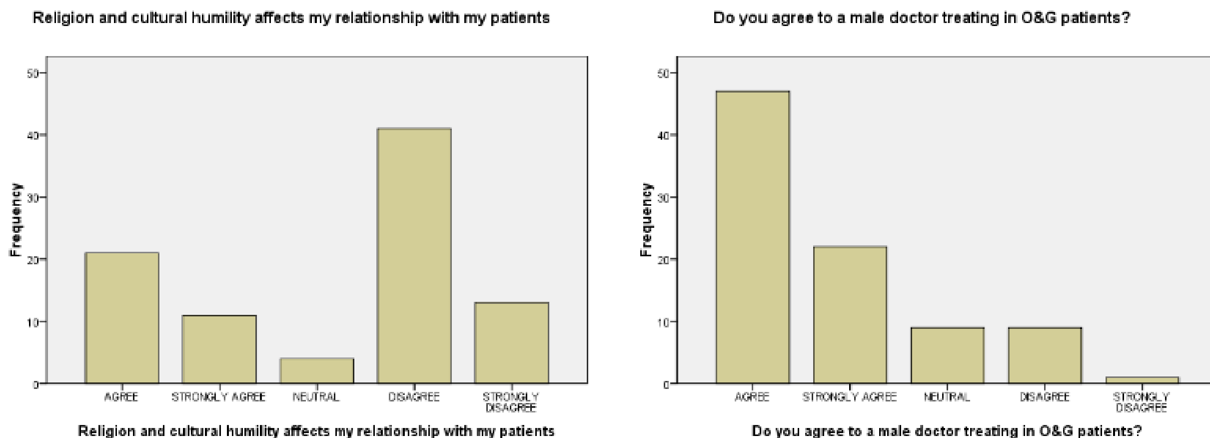

Figure 5: Effects of gender, religion and cultural humility on doctor-patient relationship

Fifty-seven patients (57) believed that doctors always consulted before making medical decisions and were attentive to examining patients before administering treatment. 3 people firmly supported the latter. 13 disagreed with the first, 6 disagreed with the second, and four and three severely disagreed with the first and second, respectively. 37 patients indicated that they would prefer to visit the clinic than self-medicate. 29 people prefer to self-medicate due to the long lines they frequently experience and the shortage of specialists. Four patients greatly preferred the clinic to self-medication, whereas eight individuals were neutral. It is critical to understand whether the O&G professionals caring for pregnant women listen to them speak or briefly hear what they have to say before deciding. Most patients (37) agreed that their doctors pay attention to them, whilst 20 indicated the opposite. 22 respondents highly supported doctors listening, 2 strongly disapproved, and 5 were neutral on this. The patient's knowledge of their sickness may impact the doctor-patient relationship. 43 and 35 patients agreed and strongly agreed that patients should be informed about their sickness. 1 strongly disagreed, while 1 and 3 were indifferent. Patients think that doctors frequently choose the best course of action. 17 people disagreed, while 55 agreed. The mean value also shows that the relationship is focused on the Doctor.

V. Conclusions and Recommendations

At the Federal Medical Center (FMC), Yola, Nigeria, a study on the factors that influence the doctor-patient relationship was conducted to determine how beliefs, attitudes, religion, communication and orientations affect the relationship with a focus on the expectant women between the ages of 18 and 50 years and the obstetrics and gynecologist. An empirical study approach was employed to accomplish this study. Data were acquired by distributing questionnaires designed in English, Hausa and Fulfulde to accommodate those with literacy problems. The doctor-patient relations and communication during the consultation are all significantly influenced by the Doctor's clinical practice style. Most individuals who were either doctors or patients (46.7% and 43.3%, respectively) thought that communication barriers harmed their interactions. Nearly 46.7% and 45.6% of doctors and patients disagreed that religion and cultural humility impact doctor-patient relationships.

As a result, maintaining efficient doctor-patient relationships and communication in the healthcare industry is demanding and difficult due to the personalities of the parties involved. The study contrasted the various patient-physician interaction styles present in the study area. The study makes it abundantly evident that communication channels are important in determining service quality and customer happiness. The verbal and nonverbal forms of engagement are frequent in care facilities, and as a result, they operate as a means of conveying and comprehending medical demands. According to the study, patients would feel more confident speaking up when healthcare professionals uphold the medical ethics of the patient centre and informed decision-making model as put forth by Stavropoulou (2012). It will improve efficient provider-patient communication.

This study will be strategically employed to assessseveral variables that may help determine patient-doctor effective communication and enhance the provision of maternal healthcare delivery services. It will also support the health of Nigerian citizens seeking medical attention, especially in gynaecology and obstetrics. The findings can also be utilised to inform policymakers about the steps needed to improve the contact dynamics between healthcare practitioners and their clients. The replies from patients and doctors revealed that at FMC, Yola, the main obstacle to and influence doctor-patient relationships is language and communication barriers demonstrated by all the mean values to be doctor-centred. The doctor-patient relationship at FMC, Yola, is unaffected by cultural or religious humility. However, the low doctor-to-patient ratio at FMC Yola also prevents doctors and patients from interacting well. It was also discovered that patient prefers self-medication, with roughly 53.3% and 32.3%, respectively, which encourages patients to self-medicate rather than seek medical attention.

It is advised that future studies compare provider-patient communication in private and public hospitals using larger sample sizes since the sample size of this study is deemed insufficient for statistical analyses. More studiesneed to be done on the effect of Self-Medication in maternal care.

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