

Doctor's Communication Skills and Mode of Communication as Determinants of Quality Patient Care Management in Two Selected Teaching Hospitals in Southwest Nigeria.

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ABSTRACT

Quality patient care management is a systematic way to measuring, recording, monitoring, and continually improving efficiency, accessibility to high-quality healthcare, and patient satisfaction. Doctors in the teaching hospitals are at the center of research activities since intense patient care management are usually carried out by them. Previous studies have found that doctors seem not to be working towards quality patient care management in their teaching hospitals which could largely be attributed to certain factors such as doctor's communication skills and doctors' mode of communication. Using descriptive research design of the correlational type, the population comprised 658 doctors in two teaching hospitals namely Ekiti State University teaching hospital (EKSUTH) and OBAFEMI AWOLowo UNIVERSITY TEACHING HOSPITAL (OAUTHC). Two stage stratified sampling technique (proportional type) was used to select samples from the population of the three doctor's cadre in the two selected teaching hospitals. A sample fraction of 3/10 was used across all the cadre to get a total size of 197 for both selected teaching hospitals. A self-structured questionnaire comprising five sections was validated. Out of the 197 copies of the questionnaire administered, 187 representing 94.9% were retrieved and used for analysis. Descriptive statistics of frequency counts, percentages and means were used to analyze the research questions, while correlation and regression were used to test the hypotheses at 0.05 level of significance. There is positive weak relationship between doctors' communication skills and quality patient care management ($r = 0.357$, $p < 0.05$). Doctors' communication skills, and doctors' mode of communication play vital roles in quality patient care management. Associations have been identified between these factors and quality patient care management. It is established by the study that doctors' communication skills and modes monotonically influenced quality patient care management. Doctors' communication skills and modes of doctor's communication has positive effect while no effect on the quality of patient care management. Therefore, it is recommended that the hospital should channel more efforts and resources to improve the standard of communication skills of the doctors.

Keywords: Doctors communication skills, mode doctors' communication and Quality patient care management.

INTRODUCTION

A patient is any recipient of healthcare services provided by a healthcare provider. The patient is usually

sick or injured and requires treatment from a medical professional such as a doctor, nurse, psychologist, or dentist. Every health care professional, whether in medical, nursing, pharmacy, nutrition, therapy, or other fields, is focused on providing high-quality patient care. Despite the fact that some of the work of the many care providers overlaps, each has its own major focus, concentration, and patient-care delivery techniques.

The work of each field is complex in and of itself, but teamwork among care providers adds another layer of complexity. The quality of clinical decisions in all aspects of patient care is determined by the information available to the decision-maker, (Graham, 2011). Quality patient care, according to the World Health Organization, means the level of optimal healthcare services offered to people and patient populations achieve intended health outcomes, (Roy, 2017). From emergency rooms to regular hospitals, the purpose of any healthcare organisation is to offer high-quality care to its patients. What constitutes high-quality patient care can be determined in a variety of ways and from various perspectives. It could be the number of remissions or successful patient treatments for doctors. For nurses, it could be the satisfaction of knowing that they provided care that enhanced the lives of their patients. Quality may include efficient, timely, inexpensive, and equitable care for patients and their families, as well as a positive interpersonal relationship with doctors, (Vladek, 2009).

Quality patient care management is more than a popular phrase as the transition to value based care progresses, the focus in patient care is changing away from quantity and toward quality. For an independent doctor, patient outcomes are more important than the quantity of patients seen during the day (John, 2007). Quality patient care management is a promising team based, patient-centered method for assisting patients and their support systems in a more successfully managing medical issues. It has become a major practice-based strategy for population health management. Healthcare providers are expected to follow a code of ethics as they provide care for their patients. Quality patient care management entails providing the care a patient need at the time and cost that the patient can afford. According to the World Health Organization, quality patient care includes engaging and involving the patient in his or her care management so that the patient accepts responsibility for preventative care and treatment of diagnosed conditions (Roy, 2017).

Quality patient care management cannot be achieved without doctors, with good and effective communication skill and proper mode of communication. Doctors are assured leaders of the healthcare team within healthcare system. They need to communicate with other members of the team who work directly with patients to provide quality healthcare. Healthcare is a team work and communication is considered as a huge factor that holds the medical team together to produce positive results. This is in addition to been able to communicate effectively with the patient. Communication with patients is an important aspect of medical practice, a patient need to be well informed on their conditions and actions to be taken. The provision of quality care to patients goes beyond performing procedure and making diagnosis. Communication is essential at every stage of the healthcare process. The need for concise, effective communication is always present and a vital aspect, whether at the clinic or when appropriately exchanging patient information with another health institution, expert, or other healthcare team members.

In healthcare system, communication is germane to quality healthcare. Patients and doctors, as well as doctors and other healthcare workers, communicate with one other. The information can be verbal (spoken or written) or nonverbal (not spoken or written) (body language, physical appearance, or vocal tone). Information-carrying messages can also come from the communication's context, such as the location and time. For example, if you decide to make a critical remark to someone, the location and timing of your remark will have a significant impact on how it is received (Kreps and Thornton, 2011). Conversations, interviews, and phone calls are used to exchange information between the doctor and the patient. A doctor must be a good communicator to achieve quality healthcare. The doctor must rely on information from the patient and medical peers to reach an informed judgment, he needs to be skillful in the act of communication. It is important that a doctor must know how to overcome barriers in communication to

provide quality healthcare.

Communication is a two-way process that can include both verbal and nonverbal exchanges. In contrast to employing gestures or mannerisms (non-verbal communication), verbal communication involves the use of sounds and words to convey yourself. Verbal communication involves using speech to exchange information with others. Communication between the doctor and patient are mostly verbal in face-to-face conversations, and occasionally by phone calls. Non-verbal communication involves the use of signs, gestures and objects, and these approaches are also essential in-patient care. A doctor must be able to understand and read the action of patient. Doctors therefore must be able to read patients expression in agreement or disagreement. Health-related exchanges in which both patients and doctors attribute meaning to their experiences, their efforts to share such meanings and adapt behaviour appropriately, and the factors that influence this interaction are referred to as communication between the doctor and the patient, (Finnegan and Viswanath, 2013).

Active listening skills, the use of intelligible terminologies while addressing the patient, allowing the patients to express themselves, and assisting the patients to understand the information given to them can all help improve doctor communication skill. Active listening assists the doctor in comprehending the emotional components that contribute to the patient's misery and disease. Doctors should maintain good communication with patients regardless of their social and cultural backgrounds (Hall, 2007). To avoid the patient blocking out the rest of the conversation during consultation, the sequence in which information is chronologically provided to them (positive news first vs. negative news first) must be considered. This is also important for interpreting the diagnosis. Effective communication requires appropriate opening messages. If care is not exercised with the early messages, the message may be completely misunderstood. Doctors must sometimes adequately counsel their patients prior to telling them of their health condition. This move will undoubtedly increase the patient's willingness to collaborate with the doctor in the treatment process (Jackson, 2012). In addition, doctors should avoid using medical jargons, which are likely to stymie good communication by hindering patients' understanding of the message delivered by their doctors as well as their ability to reply. The doctor's attitude toward his patients, his ability to elicit and respect the patients' concerns, the presentation of appropriate information, empathy, and the development of patient trust have all been demonstrated to be major drivers of patient compliance with medical treatments (Safran et al, 2013). Furthermore, teaching doctors how to communicate better may be cost-effective because it increases compliance, which improves patients' overall health.

Doctors who have good communication skills and proper communication mode tend to get a better history from their patients, which helps them make better decisions and manage their patients. Doctors with good communication skills promote the sharing of information with patients and incorporate them in decision-making, resulting in higher-quality care.

Objectives

The general objective of this study is to investigate the influence of doctor's communication skills and doctor's mode of communication as determinants of quality patient care management in two selected teaching hospitals in Southwest Nigeria.

The specific objectives are to:

1. Find out the mode of doctors' communication in the selected teaching hospitals.
2. Find out the communication skills of doctors in the selected teaching hospitals.
3. Assess the effect of doctor's communication skills on quality patient care management in the selected teaching hospitals.

METHODOLOGY

The stratified sampling technique (proportional type) was used in selecting samples from the population of doctors in the two selected teaching hospitals. The population of doctors was stratified by their cadre and samples selected from each of the cadre. This was to ensure that each of the cadre are proportional represented in the sample. This approach was adopted for the two selected teaching hospitals. Therefore, a sample fraction of 3/10 was used across all the cadre to get a total size of 197 for both selected teaching hospitals. As shown in Table 1

TABLE 1: Sample of the population of Doctors in Ekiti State University Teaching Hospital (EKSUTH) and Population of Doctors in Obafemi Awolowo University Teaching Hospital Complex Ile-Ife (OAUTHC)

| S/N | Cadre | EKSUTH Population | EKSUTH Sample Size | OAUTHC Population | OAUTHC Sample Size | Overall Sample Size |
|-----|--------------------|-------------------|--------------------|-------------------|--------------------|---------------------|
| i | House job officers | 53 | 16 | 107 | 32 | 48 |
| ii | Residency doctors | 134 | 40 | 291 | 87 | 127 |
| iii | Consultants | 24 | 7 | 49 | 15 | 39 |
| | Total | 211 | 63 | 447 | 134 | 197 |

Descriptive statistics involving tables and percentages was used in analysing the data collected and also to show the questionnaire response rate. The data collection through the questionnaire were subjected to statistical analysis using Statistical Package for Social Sciences (SPSS). Hypothesis were tested using multiple regression analysis, the test was at 0.05 level of significance.

Table 2: Questionnaire administration and response rate

| Names of the selected teaching hospitals | No of questionnaires administered | | |
|--|-----------------------------------|------------------|----------------|
| | Number distributed | Number retrieved | Percentage (%) |
| EKSUTH | 63 | 63 | 100% |
| OAUTHC | 134 | 124 | 92.5% |
| Total | 197 | 187 | |
| Overall response rate = 94.9% | | | |

Key: ESUTH= Ekiti State University Teaching Hospital, OAUTHC= Obafemi Awolowo University Teaching Hospital.

The sample size for this study was one hundred and ninety seven (197) doctors in two teaching hospitals in south-west Nigeria. Therefore, 197 copies of the questionnaire were administered to the respondents in each of the two selected hospitals. Out of this number, one hundred and eighty seven (187) copies of the questionnaire were returned and found usable for analysis. This gave a response rate of 94.9% as presented in Table 2

An observation of the information provided in Table 4.1 revealed that ESUTH recorded the highest response rate of 100% while OAUTHC recorded 92.5% which was the lowest.

It could also be observed that the response rate in both teaching hospitals were high thus giving the overall response rate of 94.9% which was far above the recommended return rate of 60.0% acceptable in the Humanities (Kothari, 2004).

Table 3: Demographic profile of the respondents

| | | Frequency | Percentage (%) |
|---------------------------|----------------------|-----------|----------------|
| Hospital | <i>ESUTH</i> | 63 | 33.7 |
| | <i>OAUTHC</i> | 124 | 66.3 |
| Education | <i>first degree</i> | 61 | 32.6 |
| | <i>Postgraduate</i> | 126 | 67.4 |
| Cadre | <i>house officer</i> | 37 | 19.8 |
| | <i>Residency</i> | 125 | 66.8 |
| | <i>Consultant</i> | 25 | 13.4 |
| Year of experience | <i>0-10</i> | 108 | 57.8 |
| | <i>11-20</i> | 71 | 38.0 |
| | <i>21-30</i> | 8 | 4.3 |
| | <i>31-40</i> | 0 | 0.0 |
| | <i>40+</i> | 0 | 0.0 |
| Gender | <i>Male</i> | 126 | 67.7 |
| | <i>Female</i> | 60 | 32.3 |
| Age | <i>21-30</i> | 57 | 30.8 |
| | <i>31-40</i> | 86 | 46.5 |
| | <i>41-50</i> | 34 | 18.4 |
| | <i>51-60</i> | 8 | 4.3 |
| | <i>61+</i> | 0 | 0.0 |

Key: ESUTH= Ekiti State University Teaching Hospital, OAUTHC= Obafemi Awolowo University Teaching Hospital.

Demographic information of the respondents

Table 4.1 presents the distribution of the demographic information of the respondents, it is revealed that majority of the respondents with 66.3% were in Obafemi Awolowo University Teaching Hospital Complex, while 33.7% were in Ekiti State University Teaching Hospital. Majority of respondents (67.4%) had postgraduate educational qualification. Meanwhile, over half of the respondents (66.8%) were resident doctors, 19.8% were house officers and 13.4% were consultants. Over half of the respondents (57.8%) had less than 11-year work experience, while 38.0% had 11-20 years of work experience. Majority of the respondents (67.7%) were males. 46.8% of the respondents were between the age group 31-40 years, 30.8% were within the age group 21-30 years, 18.4% were between age group 41-50 years, while none of the respondents were 61 years and above.

Answers to research questions Research Question

1: What is the mode of communication used by the doctors in the selected teaching hospitals?

Table 4.a. Mode of Communication used by doctors during consultation in teaching hospitals.

| Variable | SD | D | A | SA | Mean | SD |
|-------------------|-----------|-----------|-----------|------------|------|------|
| Oral conversation | 0 (0.0) | 0(0.0) | 43 (23.0) | 144 (77.0) | 3.77 | 0.42 |
| Sound | 55 (29.4) | 71 (38.0) | 30 (16.0) | 31 (16.0) | 2.20 | 1.04 |
| Sign | 0 (0.0) | 0 (0.0) | 67 (35.8) | 120 (64.2) | 3.64 | 0.48 |
| Demonstration | 0 (0.0) | 0 (0.0) | 67 (35.8) | 120 (64.2) | 3.64 | 0.48 |
| Writing | 0 (0.0) | 0 (0.0) | 67 (35.8) | 120 (64.2) | 3.64 | 0.48 |
| Bossy language | 81 (43.3) | 82 (43.9) | 0 (0.0) | 24 (12.8) | 1.82 | 1.82 |

Key: SD= Strongly disagree, D= Disagree, SA= Strongly Agree, A=agree

Table 4.a shows that majority of the respondents 187 (100%) used oral conversation while communicating with patients (mean =3.77, SD= 0.42). All the doctors also agreed that they use sign 187 (100%) (mean = 3.64, SD= 0.48), demonstration 187 (100%) (mean= 3.64, SD= 0.48) and writing 187 (100%) (mean = 3.64, SD= 0.48) as Communication mode when communicating with patients. Findings also show that the respondents use sound 61 (32%) (mean = 2.20, SD= 1.04), while the respondents indicated that respondents who found bossy language useful in hospital are lesser 24 (12.8%) (mean = 1.82, SD = 1.82).

Table 4.b Effective mode of communication used by the doctors in quality patient management in teaching hospitals.

| Variable | SD | D | A | SA | Mean | SD |
|-------------------|-----------|-----------|-----------|------------|------|------|
| Oral conversation | 0 (0.0) | 0 (0.0) | 67 (35.8) | 120 (64.2) | 3.64 | 0.48 |
| Sound | 55 (29.4) | 71 (38.0) | 30 (16.0) | 31 (16.0) | 2.20 | 1.04 |
| Sign | 0 (0.0) | 0 (0.0) | 67 (35.8) | 120 (64.2) | 3.64 | 0.48 |
| Demonstration | 0 (0.0) | 0 (0.0) | 67 (35.8) | 120 (64.2) | 3.64 | 0.48 |
| Writing | 24 (12.8) | 0 (0.0) | 43 (23.0) | 120 (64.2) | 3.39 | 1.01 |
| Bossy language | 81 (43.3) | 82 (43.9) | 0 (0.0) | 24 (12.8) | 1.82 | 0.96 |

Key: SD= Strongly disagree, D= Disagree, SA= Strongly Agree, A=agree

Result from the study, table 4.b it is revealed that majority of the respondents agreed that oral conversation 187 (100%) (mean =3.64, SD= 0.48), sign 187 (100%) (mean = 3.64, SD= 0.48), and demonstration 187 (100%) (mean = 3.64, SD= 0.48) are the most effective mode of communication used by respondents in

quality patient care management in the selected hospitals. Respondents indicated that writing 163 (87.2%) (mean = 3.39, SD= 1.01) also effective as a mode of communication while sound 61 (32%) (mean = 2.20, SD= 1.04) and bossy language 24 (12.8%) (mean = 1.82, SD= 1.82) was less effective as a mode of communication quality patient care management.

Research Question 2: What are the communication skills used by the doctors in the selected teaching hospitals?

Table 5: Communication skills used by the doctors in teaching hospitals?

| Variable | SD | D | A | SA | Mean | SD |
|---|---------|-----------|-----------|------------|------|------|
| Types of communication skills | | | | | | |
| I prefer verbal communication with my patient through face-to-face conversation | 0 (0.0) | 0 (0.0) | 36 (19.3) | 151 (80.7) | 3.81 | 0.40 |
| I occasionally communicate with my patients using sign and body language | 0(0.0) | 0 (0.0) | 55 (29.4) | 132 (70.6) | 3.71 | 0.46 |
| I make use of speech and sound when communicating with patients | 6 (3.2) | 29 (15.5) | 69 (36.9) | 83 (44.4) | 3.22 | 0.82 |
| I use logos, maps, graphs charts and pictures to explain situations to patients during the treatment | 0 (0.0) | 0 (0.0) | 30(16.7) | 150 (83.3) | 3.83 | 0.37 |
| Active listening | | | | | | |
| I usually engage in “active listening” by asking open ended questions and information provided by patients | 0(0.0) | 0 (0.0) | 32 (17.1) | 155 (82.9) | 3.83 | 0.38 |
| I normally refrain from avoidable interruption when patients are presenting their problems | 0 (0.0) | 0 (0.0) | 50 (26.7) | 137 (73.3) | 3.73 | 0.44 |
| I usually set aside longer time for those patients requiring greater attention | 0 (0.0) | 0 (0.0) | 56 (29.9) | 131 (70.1) | 3.70 | 0.46 |
| I usually develop an understanding of patient as an individual, not as disease condition | 0 (0.0) | 0 (0.0) | 26 (13.9) | 161 (86.1) | 3.86 | 0.45 |
| I give room for feedback and observation coming from patients | 0 (0.0) | 0 (0.0) | 56 (29.9) | 131 (70.1) | 3.70 | 0.46 |
| Information presentation | | | | | | |
| In situation of conveying bad news, I usually advise patients to bring with them a relation of their choice | 0 (0.0) | 0 (0.0) | 54 (28.9) | 133 (71.1) | 3.71 | 0.45 |
| I usually elicit concerns and calm patients fears | 0 (0.0) | 0 (0.0) | 56 (29.9) | 131 (70.1) | 3.70 | 0.46 |
| I usually develop an understanding of patient as an individual, not as disease condition | 0 (0.0) | 0 (0.0) | 38 (20.3) | 149 (79.7) | 3.80 | 0.40 |

| | | | | | | |
|--|-----------|-----------|-----------|------------|------|------|
| Inform patients of the consequences of their actions or inactions in terms they would clearly understand | 0 (0.0) | 0 (0.0) | 38 (20.3) | 149 (79.7) | 3.80 | 0.40 |
| In communicating news to patients, I always present it in the order of good news first, then bad news | 6 (3.3) | 30 (16.6) | 26 (14.4) | 119 (65.7) | 3.43 | 0.88 |
| Medical jargons | | | | | | |
| I do use medical jargons when communicating with patients | 58 (31.0) | 87 (46.5) | 30 (16.0) | 12 (6.4) | 1.98 | 0.85 |
| Use of medical jargons during prescription to reduce patient self-medication | 18 (9.6) | 48 (25.7) | 70 (37.4) | 51 (27.3) | 2.82 | 0.94 |
| I sometimes unknowingly switch to the use of medical jargons while addressing patients | 80 (42.8) | 37 (19.8) | 64 (34.2) | 6 (3.2) | 2.75 | 1.37 |
| Weighted mean | CI | | | | | |
| Active listening | 3.76±0.37 | | | | | |
| Information presentation | 3.68±0.44 | | | | | |
| Medical jargons | 2.52±0.79 | | | | | |
| Overall mean score | 3.49±0.33 | | | | | |

Key: SD= Strongly disagree, D= Disagree, SA= Strongly Agree, A=agree

Result from Table 5 reveals that the overall weighted mean score of doctor’s communication skills in the selected teaching hospitals 3.49, SD= 0.33, which implies that the doctors have good communication skills. Results from the table also shows that all of the doctors 187 (100.0%) (mean=3.81, SD=0.40) prefer verbal communication with their patients through face-to-face medium, and that they occasionally communicate with patients using sign and body language. Also, 152 (81.3%) of the respondents (mean=3.22, SD= 0.82) agreed that they make use of speech and sound when communicating with patients, all respondents 187 (100.0%) confirmed that they use logos, maps, graphs charts and pictures during patient management to explain situations or conditions (mean=3.83, SD= 0.37). The results also shows that the doctors exhibit active listening skill (mean= 3.76, SD= 0.37). Information presentation (mean=3.68, SD= 0.44), use less of medical jargons (mean=2.25, SD= 0.79) when communicating with the patient during consultation or treatment.

Research Question 10: What are the quality of care rendered to patients in the selected teaching hospitals in the selected teaching hospitals?

Table 6: Quality of care rendered to patients in your teaching hospital

| Variable | SD | D | A | SA | Mean | Std |
|---------------------------|---------|---------|------------|-----------|------|------|
| Effective health services | 0 (0.0) | 0 (0.0) | 123 (65.8) | 64 (34.2) | 3.34 | 0.48 |
| Patient-centered | 0 (0.0) | 0 (0.0) | 123 (65.8) | 64 (34.2) | 3.34 | 0.48 |

| | | | | | | |
|---|---------|---------|------------|------------|------|------|
| Timely health services/prompt care delivery | 0 (0.0) | 0 (0.0) | 64 (34.2) | 123 (65.8) | 3.66 | 0.48 |
| Efficient and equitable patient care | 0 (0.0) | 0 (0.0) | 70 (37.4) | 117 (62.6) | 3.63 | 0.49 |
| Numbers of competent doctors for health service delivery | 0 (0.0) | 0 (0.0) | 64 (34.2) | 123 (65.8) | 3.66 | 0.48 |
| Improved level of patient safety | 0 (0.0) | 0 (0.0) | 72 (38.5) | 115 (61.5) | 3.62 | 0.49 |
| Attention to patient safety | 0 (0.0) | 0 (0.0) | 84 (44.9) | 103 (55.1) | 3.55 | 0.50 |
| Continuous improvement in clinical performance | 0 (0.0) | 0 (0.0) | 141 (75.4) | 46 (24.6) | 3.25 | 0.43 |
| Patient care outcome | 0 (0.0) | 0 (0.0) | 141 (75.4) | 46 (24.6) | 3.25 | 0.43 |
| Medical team work engagement for standard health outcome | 0 (0.0) | 0 (0.0) | 141 (75.4) | 46 (24.6) | 3.25 | 0.43 |
| Level of patient related | 0 (0.0) | 0 (0.0) | 135 (72.2) | 52 (27.8) | 3.28 | 0.45 |
| Cost effectiveness of health services to patient | 0 (0.0) | 0 (0.0) | 111 (59.4) | 70 (37.4) | 3.58 | 0.49 |
| Improved health sector performance | 0 (0.0) | 0 (0.0) | 78 (41.7) | 109 (58.3) | 3.69 | 0.46 |
| Doctors communication to increase patient engagement in self care | 0 (0.0) | 0 (0.0) | 45 (24.1) | 142 (75.9) | 3.76 | 0.43 |
| Doctors communication may influence adequate quality patient care | 0 (0.0) | 0 (0.0) | 31 (16.6) | 156 (83.4) | 3.83 | 0.37 |
| Level of education of doctor may influence quality patient care management | 0 (0.0) | 0 (0.0) | 43 (23.0) | 144 (77.0) | 3.77 | 0.42 |
| Curriculum for doctors in medical school helps to improve quality patient care management | 0 (0.0) | 6 (3.2) | 102 (54.5) | 79 (42.2) | 3.39 | 0.55 |
| Regular training and re-training of doctors improve quality patient care management | 0 (0.0) | 0 (0.0) | 37 (19.8) | 150 (80.2) | 3.80 | 0.40 |
| Overall weighted mean:3.56 ± 0.36 | | | | | | |

Key: SD= Strongly disagree, D= Disagree, SA= Strongly Agree, A=agree

Table 6 shows that all of the respondents 187 (100%) in the selected teaching hospitals agreed that factors influencing quality health care management of patients includes; effective health services (mean=3.34, SD= 0.48), patient-centered (mean=3.34, SD= 0.48), timely health services or prompt are delivery (mean=3.66, SD= 0.48), efficient and equitable patient care (mean=3.63, SD= 0.49), number of competent doctors in health service delivery (mean=3.66, SD= 0.48), improved level of patient safety (mean=3.62, SD=0.49), attention to patient safety (mean=3.55, SD= 0.50), continuous improvement in clinical performance (mean=3.25, SD= 0.43), patient care outcome (mean=3.25, SD= 0.43), medical team work engagement for standard health outcome (mean=3.25, SD= 0.43), level of patient related (mean=3.28, SD= 0.45), cost effectiveness of health services to patient (mean=3.58, SD= 0.49), improved health sector performance (mean=3.69, SD= 0.46), doctors communication to increase patient engagement in self-care (mean=3.76, SD= 0.43), doctor communication to influence adequate quality patient care (mean=3.83, SD= 0.37), level of education of doctors (mean=3.77, SD=0.42), present curriculum for doctors in medical school helps to improve quality patient care 181 (96.7%) (mean=3.39, SD= 0.55), and regular training and re-training of doctors that improve quality patient care (mean=3.80, SD= 0.40).

Testing of the Hypotheses

One null hypothesis was tested at 0.05 level of significance using regression analysis and the result is presented below.

Hypothesis one: There is no significant relationship between doctors’ communication skills and quality patient care management in the selected teaching hospitals.

Table 7 Relationship between doctors’ communication skills and quality patient care management in the selected teaching hospitals.

| Table 7.a: Model Summary | | | | |
|--------------------------|-------------------|----------|-------------------|----------------------------|
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
| 1 | .357 ^a | .127 | .122 | 5.41553 |

a. Predictors: (Constant), Doctors’ communication skills

| Table 7.b: ANOVA | | | | | | |
|------------------|------------|----------------|-----|-------------|--------|-------------------|
| Model | | Sum of Squares | Df | Mean Square | F | Sig. |
| 1 | Regression | 735.293 | 1 | 735.293 | 25.071 | .000 ^b |
| | Residual | 5044.408 | 172 | 29.328 | | |
| | Total | 5779.701 | 173 | | | |

a. Dependent Variable: Quality patient care management
b. Predictors: (Constant), Doctors’ communication skills

| Table 7c: Coefficients | | | | | | |
|------------------------|-------------------------------|-----------------------------|------------|---------------------------|-------|------|
| Model | | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 42.109 | 4.414 | | 9.540 | .000 |
| | Doctors’ communication skills | .369 | .074 | .357 | 5.007 | .000 |

a. Dependent Variable: Quality patient care management

Simple linear regression was used to test the relationship between doctors’ communication skills and quality patient care management. On table 7a – 7c, the results of analysis reveal that the overall regression model was statistically significant ($R^2 = 0.122$, $F(1, 172) = 25.071$, $p < 0.001$). $R^2 = 0.122$ in table 4.14a, indicates that 12.7% of the variation in quality patient management can be explained by doctors’ communication skills; and $r = 0.357$, implies there is positive weak relationship between doctors’ communication skills and quality patient care management.

Interpretation: since the p-value is less than the significance level of 0.05, we cannot accept null hypothesis. Therefore, we conclude that there is significant relationship between doctors’ communication skills and quality patient care in the selected teaching hospitals.

CONCLUSION

Doctors were found to exhibit active listening and proper information presentation skill with minimum use of medical jargons, to enhance the quality of patient care. The doctors in the selected tertiary hospital have good knowledge of appropriate modes of communication and skills useful for quality patient care.

Doctors' communication skills and modes of communication play vital roles in quality patient care management. Associations have been identified between these factors and quality patient care management. It is established by the study that doctors' communication skills and modes monotonically influenced quality patient care management. Doctors' communication skills and modes has positive effect on the quality of patient care management.

RECOMMENDATIONS

Based on the findings, the following recommendation were made:

In view of the findings that there is positive relationship between doctors' communication skills and quality patient care management, which implies that improvement on doctors' communication tend to result to improvement on quality patient care management; it is recommended that the hospital should channel more efforts and resources to improve the standard of communication skills of the doctors in order to produce same effects on quality patient care management.

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