



GAPS IN DOCTOR - PATIENT COMMUNICATION IN LAFIYA CLINIC AND PRIMARY HEALTHCARE CENTRE OF ATC - JALINGO, TARABA STATE

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ABSTRACT

High-quality healthcare depends largely on effective doctor-patient communication, yet poor communication can result in misinterpretations, incorrect diagnoses, and unfavorable health outcomes. This study sought to investigate the communication gaps between doctors and patients. It explores the patients' experiences of the gaps in doctor-patient communication in Lafiya Clinic and Primary Healthcare Centre of ATC community, Jalingo Taraba State; it examines the impact of communication gap between doctors and patients as well as ascertains strategies that could bridge the communication gaps between medical professionals and patients. The study is anchored by Patient-Centered Communication Theory, the theory emphasizes the importance of healthcare providers' communication styles and approaches that focus on the patient's unique needs, concerns, and experiences. The study is a qualitative one which used in-depth interviews with 10 patients, five from each clinic. The findings revealed inadequate explanations of diagnoses and treatments, lack of prompt attention to patients, lack of emotional support, and insufficient time with healthcare providers as primary communication gaps. Patients expressed concerns about not being heard, understood, and being kept for a long time before they could be attended to. Also, the study reveals that most of the patients do not understand English and Hausa which also compounds the communication problems. The researchers recommend the need for improved doctor-patient communication, giving prompt attention to patients, emphasizing clear explanations, emotional support, and patient-centered care to enhance patient satisfaction, trust, and quality healthcare outcomes in the selected clinics.

Keywords: Gaps, Doctor-Patient Communication, Patient, Primary Healthcare, Centre

Introduction

Communication is paramount to human existence, relationship and development irrespective of any profession. This is so because meanings, ideas, values and beliefs are shared through communication. Healing for instance does not take place except there is proper communication (Adler & Towne, 2015). Understood communication can help build a strong, meaningful and beneficial relationships among people in the society especially between medical professionals and patients to enhance healing.

Researches conducted by Sebastian (2016) and Sekoni et al (2021) have shown that a shared understanding between the patient and medical professional on matters like the patient's role in decision-making, the significance of diagnostic information, and the treatment plan increases patient satisfaction, commitment to treatment, and perceived outcomes of care. Medical Professionals must improve their communication with patients in a more patient-centered custom.

In Nigeria, primary healthcare centres, such as Lafiya Clinic and Primary Health Care Centre of ATC Community, Jalingo, Taraba State, play a vital role in providing accessible healthcare services to rural

communities (Federal Ministry of Health, 2019). This is because the patients in the community can easily access the clinics. Despite their importance, these centers often face unique communication challenges due to cultural, linguistic, and socio-economic factors (Iliyasu et al., 2015).

Investigation has shown that language barriers and limited health literacy among patients can hinder effective communication (Oladimeji et al., 2013). Additionally, cultural differences and power imbalances between healthcare providers and patients can also impact communication (Iliyasu et al., 2015). Furthermore, limited training and resources for healthcare providers to communicate effectively can exacerbate these challenges (Ogunlade et al., 2018).

Odusanya et al. (2019) notes that a study conducted in Nigerian primary healthcare centers found that high patient-to-provider ratios and time constraints were significant barriers to effective communication. Another study revealed that patients' perceptions of healthcare providers' communication skills influenced their satisfaction with care (Afolabi et al., 2017).

Lafiya Clinic and Primary Health Care Centre of ATC Community, Jalingo, Taraba State, is not exempted from these challenges. A 2020 report by the Taraba State Ministry of Health highlighted concerns about patient-provider communication in primary healthcare centers, including Lafiya Clinic.

Villanueva (2022) notes that one of the most important parts of being a doctor is communicating with your patients. Even diagnosing and treating patients relies on effective communication with them to find out what they need. Any specialty you choose will have some degree of patient interactions. These are hindered in the Clinics under study by keeping the patients waiting for a long period of time.

It could be noted that keeping patients waiting for hours without accessing the doctor worsen the condition of their sickness and could play a role in possible misunderstanding. The style of writing of the doctors, their pronunciation and other technical names of illness or its treatments are factors that create gaps in the communication. It is on this light that this study is set to investigate the communication gaps between doctors and patients in Lafiya Clinic and Primary Healthcare Centre of ATC community, Taraba State.

Statement of the Problem

Communication between doctor and patient is crucial in enhancing adherence to medication, improving patients' satisfaction and reducing medical errors Sebastian (2016). Although doctors play significant roles in improving patient's health condition but communication is key in finding out patients' health problems which the doctors seek to address.

For the fact that doctor's role is paramount in improving the health condition of patient(s), a good communication is necessary to enhance better understanding between both parties. Over the years, there have been issues related to understanding the medical doctors' language either spoken or written which makes it difficult for patients to properly comprehend the physicians (Odusanya et al., 2019). Despite the fact that doctors and medical professionals generally are being taught specifically on how to approach patients; it has not actually reduced the challenges faced between patients and doctors in terms of communication. (Kaushal, 2015).

Lafiya Clinic and Primary Health Care Centre of ATC Jalingo is not exempted from these challenges. For instance, Wolf (2007) notes that it is difficult for average patient to understand written medical instructions, prescription of drugs, names of diseases and other professional jargons of doctors.

Browning (2018) posits that there is pervasive evidence that patients' personal attributes such as age, sex, and socioeconomic status may influence how informative physicians are with their patients. Patients who are better educated and from upper or upper middle-class positions generally receive higher quality and quantity of information from physicians than those toward the other end of the social spectrum".

Fong (2019) notes barriers affecting doctor-patients communication to includes several factors like patients' anxiety, fear, doctors' workload, fear of litigation, fear of physical or verbal abuse and unreasonable patient expectations.

However, notable problems in Taraba State hospitals are the difficulties in understanding medical practitioners' writings, their verbal expressions which are often considered by the patients as technical, strange and professional (Fong, 2019). Patients' waiting too long before accessing the doctors after which the doctors give such patients less time. This among other issues have constituted enormous communication gaps between doctors and patients of which this study intends to investigate.

Research Questions

The study is guided by the following research questions:

- i. What are the patients' experiences of communication gap with Doctors in Lafiya Clinic and Primary Healthcare Centre of ATC community?
- ii. What is the impact of communication gaps between doctor-patient in Lafiya Clinic and Primary Healthcare Centre of ATC community?
- iii. What are the strategies to bridge the communication gaps between doctor-patient in Lafiya Clinic and Primary Healthcare Centre of ATC community?

Literature Review

Doctor – Patient Communication

Doctor-patient communication according to Kaplan, Greenfield and Ware (2019), refers to the exchange of information, ideas thoughts and feelings between health care providers (doctors, nurses, medical personnel etc.) and patients. Effective doctor patient communication is essential for building trust, ensuring patient's satisfaction and improving health outcomes (Street & Millay, 2018). As soon as the patient enters the clinic, the doctor-patient interaction begins.

That patient now falls under the doctor's care until they are properly attended to. Every Physician interact with patient in their own unique approach. Scholars have argued that in the doctor-patient communication, both the amount of information doctors give their patients and their communication abilities have a tendency to be overestimated by doctors. Distinctions in race, ethnicity and language have consistently proven to have a significant impact on how medical professionals perceive and interact with patients.

However, medical professionals mostly create gaps in their communication with patients due to their slangs and even style of writing which often leaves such patients confused and out of ideas. Communication between medical professionals and patients has a very important impact on health outcomes; as a result, it should be very strong and comprehensive.

Good Doctor – Patient Communication.

Given the many implications that good communication may have on patient care, researching the exchange of information between physicians and patients is crucial. Building a rapport with one's doctor is essential to the process of improving communication. Regretfully, there are many variables that influence the doctor-patient relationship, which makes it quite complex. According to Street et al, (2018), the

interaction is commonly non voluntary, involving people from different social and educational backgrounds, and is usually focused on important subjects with a significant emotional component. The main means of information exchange between a doctor and patient is interpersonal communication, even when advanced technology can be used for medical diagnosis and treatment. The adequate and efficient exchange of information may even improve a patient's health.

As a result, good communication between a physician and their patient is crucial for satisfying medical experiences and can be seen as a necessary precondition for receiving the best possible care. For instance, poor communication between doctors and patients is a key contributor to medical errors (Street et al, 2018).

Additionally, individuals' attempts to manage with uncertainty associated with their disease depend heavily on communication as clear communication can help prevent medical errors (Hoving et al., 2018). The effectiveness of the doctor-patient dialogue can also have a direct impact on the medical visit in a number of ways. The degree of communication between a patient and their physician affects a number of factors, including the patient's behavior, health, adherence to treatment, memory and comprehension of medical information, quality of life, anxiety level, and outcome.

Health Literacy

Health literacy which involves medical terminology, medical understanding, and initiative may be necessary for an individual to acquire health literacy. Even patients with high reading proficiency could not understand health issues. Furthermore, older patients are particularly vulnerable since reading and comprehension skills are influenced by cognitive, visual, and auditory status, and a good number of patients in the Lafiya Clinic and Primary Healthcare of ATC-Jalingo are aged patients from rural areas who do not understand English but use local languages like Hausa and Kona.

The fact that only a high school education or basic literacy level ensures that a patient can comprehend and absorb health and medical information appropriately makes the situation even more troubling. Indeed, there is a link between poor reading comprehension and bad health; nevertheless, basic reading comprehension might not be sufficient in the context of healthcare. The majority of health care materials are written at a grade level of 10 or above, even though the majority of adults can only read at an eight-grade level. Safeer cited in (Hoving et al, 2018). Thus, inadequate health literacy can affect patients beyond those with poor reading skills (Pollak et al., 2018).

A medical professional or doctor who is aware of their patients' actual literacy levels might act to support those patients who do not have them by speaking with them instead of just giving them books or pamphlets about health-related topics. This will go a long way in helping such patients. The patients in the two selected clinics are often interacted with at individual level, yet gaps seem to exist in such communication leading to inappropriate comprehension.

Review of Empirical Studies

Sebastian et al (2016), conducted a study on: Gaps in Doctor-Patient Communication: A Community-Based Study in Karela, India. The study method used was community based cross sectional, and it collecting information by interviewing 105 patients who had consulted a doctor in the previous 15 days. The study used a semi structured pretested questionnaire on whether the patients are satisfied with the outcome of consultation, behavior of consulting doctors, the information provided during consultation and the additional information that the patients wanted from their doctors.

The results show that 39% of patients are not satisfied with the outcome of consultation and behavior of doctors and also that sufficient information is not provided to patients in many cases. Patients had suggestions like need for more time for communication, to be friendlier, to use simple language, clearing fears and worries, not to be money oriented, and to provide more privacy. It could be seen from this study that strategies to improve good communication between doctors and patients was not captured which is one of the questions the study at hand seeks to answer. Geographical gap equally exists here in the sense that the study under review was conducted in India; while the study at hand focuses on ATC community of Taraba State.

Miscommunication between Patients and General Practitioners: Implications for Clinical practice. This study was conducted by Sonya, M. (2013). A multi-method case study approach was used. The primary data collected for each case included a video-recorded consultation and post-consultation interviews with each general practitioner (GP) and patient. Instances of communication mismatch were examined using in-depth interaction analysis techniques. GPs and patients may not be aware when misunderstandings have occurred. In-depth analysis of the case studies revealed the complexity of miscommunication.

It was not a straightforward matter to locate when or why instances of communication mismatch had occurred, and each of the mismatches was quite distinctive. Methodologically, gap exist in the sense that this study explored communication mismatched between patients and general practitioners using multi-methods; while the study at hand will use qualitative method to explore the perspectives of patients regarding communication gap.

Kumar, M. et al (2017) conducted investigated Gaps in Doctor-Patient Communication: A Community-Based Study. The study aimed to identify gaps in doctor-patient communication from the patients' perspective. The study's objectives were to assess the patients' satisfaction with doctor-patient communication and to identify the gaps in doctor-patient communication. The study adopted patient-centered communication model, which emphasizes the importance of effective communication in healthcare.

The study used a qualitative approach, which collected data through semi-structured interviews with 105 patients who had consulted a doctor within the previous 15 days. The study found that 39% of patients were dissatisfied with the outcome of their consultation and the behavior of their doctors. Patients reported that doctors often failed to provide sufficient information, and when they did, it was often unclear or incomprehensible. This study is similar to the study at hand but it did not provide information of the community of location it covered thereby creating a geographical gap.

Exploring the Perception of Doctor-Patient Communication is a study conducted by Carmelo, et al (2018). The study employed survey with focused on 400 residents of Alabama who constituted the sample size of the study via stratified random sampling techniques. Questionnaire were used to generate data from the participants. Results revealed that large proportion of the participants felt they had unaddressed issues once they had left the doctor's office. When asked to determine the following statement, "When I leave my doctor's office, I typically feel like I have issues and concerns that have not been addressed," twenty-one percent (21%) of the participants agreed and thirteen percent (13%) strongly agreed.

This results in 34% of the patients either strongly acknowledging or agreeing that their issues have not been addressed upon leaving the doctor's office. Sixty-five percent (65%) felt their issues had been addressed. Only 1% of those evaluated were unsure. This means there is less or no communication gap between doctors and patients in Alabama, USA. Aside geographical gap, this study employed survey method; while the study at hand is a qualitative one.

Theoretical Framework

Patient-Centered Communication (PCC) Theory was propounded by Stewart et al. (1995). The theory emphasizes the importance of healthcare providers' communication styles and approaches that focus on the patient's unique needs, concerns, and experiences. It prioritizes the patient's perspectives, values, and preferences in the communication process. According to the theory, patient-centered approach to communication acknowledges the whole person, their personality, life history, and social structure in order to develop a shared understanding of the problem, the goals of treatment, and the barriers to that treatment and wellness.

Core Assumptions of the Theory.

1. **Patient-focused:** the theory holds that healthcare providers should prioritize the patient's concerns, values, and preferences.
2. **Emotional empathy:** medical professionals should acknowledge and validate patients' emotions.
3. **Shared decision-making:** this stresses that patients should be carried along in decision-making processes on their healthcare. They should be made to see the benefits of such decision to them.
4. **Contextual understanding:** Healthcare providers need to consider patients' social, cultural, and environmental contexts, which form the patient's orientation of healthcare.
5. **Empowerment:** Here, the emphasis is that the healthcare providers should encourage patients to take an active role in their care.

Strengths of the Theory.

- It focuses on patients' needs, values and preferences.
- It improves health outcomes.
- It enhances patients' engagement.

Weaknesses of the Theory.

- It is time consuming on the part of health care providers.
- There could be cultural and language barriers.
- Limited providers training in PCC skills.

The study is anchored by this theory on the basis that assessing patients' experiences of doctor-patient communication aligns with PCC theory's focus on patient-centered care. Also, exploring strategies to improve doctor-patient communication aligns with the theory's goal of enhancing patients' engagement and satisfaction.

Methodology

The study is a qualitative one which collected data from the population of 10 patients, 5 from each of the clinics. Through in-depth interview. The researcher adopted qualitative research approach because the research considered patients from two clinics in ATC-Jalingo.

The researcher employed availability sampling to select the patient and doctors available in the two clinics. Choji et al (2024), posit that availability sampling is a non-probability sampling that involves selecting units or individuals who are readily available and accessible. Therefore, ten patients were selected, five from each of the two clinics under study. Interview guide was the instrument used for data collection after which the data collected were analyzed and presented in form of narration.

Results and Discussions

Do you experience any communication gap while interacting with medical personnel? The respondents with eagerness said, “yes! We do experience misunderstanding here in terms of communication with doctors”. “There is communication problem especially when they write the results of tests, they had run to us, and not only while interacting with them” [Respondent 2].

Other respondents revealed nodding their heads, that, we do experience communication gaps. It has been like that. How do we do? However, 40% of the respondents (4 out of 10) revealed that they don’t experience communication problems with the medical professionals. The findings validate that of Epstein & Street (2011), which revealed that patients often experience communication gaps with medical practitioners. They maintain that studies have consistently shown that patients frequently report difficulties in communicating with their healthcare providers, leading to misunderstandings, misdiagnoses, and inadequate care.

What are the patients’ experiences of communication gap with medical professionals? According to most of the respondents, the Doctors/medical professionals use big-big grammars which are not familiar to them (patients) and they find it difficult to understand them well. “We hardly understand their terminologies, except if it is interpreted” [Respondent 4]. Another respondent said, he does not know how to speak Hausa or English but, is his son that interprets for him so he is not always on the same page with them in terms of communication.

One of the respondents said she does not experience communication problem with the medical professionals. They are simple and straightforward to her understanding. [Respondent 3 of Lafiya Clinic]. Seven (7) out of the ten (10) respondents admitted experiencing communication problems and the fact that medical care providers keep them for hours before attending to them; while three (3) respondents did not experience any problem.

Other respondents said there is a problem that they often experience with Doctors, “they are always busy whenever we need their attention most. They keep us waiting for long when we need them urgently. By so doing, our state of mind is affected and our problems are complicated.” They stressed that others end up leaving to other alternative clinics or hospitals. Another respondent revealed with lamentation that she was left on the bed where they admitted her as if she was a forgotten issue. No one communicated to her about the next line of action pertaining her health.

“I waited here for more than an hour before I could be attended to, without given me any reason nor apology for the delay. So, there is always a problem when you come to this clinic (primary health care). That is how they will delay you asking for card and when you came to their clinic last. Imagine someone who is going through pains you are asking him when he came to hospital last? It is not fair!” – [Respondent 3].

This however draws attention to imbibing Patient-Centered Communication (PCC) Theory which according to Stewart et al. (1995), accentuates communication styles and approaches that focus on the patient's unique needs, concerns, and experiences.

These findings corroborate those of Epstein & Street (2011), which revealed that the gap in doctor-patient communication may result to patients misunderstanding their diagnosis, treatment, or medication due to unclear explanations. Manojlovich & DeCicco (2018), note that patients from diverse backgrounds may encounter language or cultural barriers, hindering effective communication. This according to Levinson & Roter (2014), may cause them feel unheard, dismissed, or unsupported emotionally, leading to feelings of frustration and anxiety.

What is the impact of communication gaps between patients and medical professionals? The respondents revealed increased anxiety, stress, health uncertainty and reduction of trust in medical professionals as the impact of communication gaps between medical professionals and patients. Some said the misunderstanding between them and doctors make them spend more time in hospitals or clinics than necessary. Because they wouldn't know the next step to take and in try to avoid risks of medical error, they have to stay back to have clear understanding of their conditions and the possible things they should be doing to improve their health conditions. "The impact is that it will discourage people from coming to your hospital. Others like our old people coming from remote areas and who do not even believe in modern medical treatment would be discouraged to go traditional, and as such you have not help people." [Respondent 5].

The findings are in line with that of Manojlovich and DeCicco (2018), which confirmed that repeated communication breakdowns among doctors and patients can erode trust in the healthcare system. It can exacerbate patient anxiety and stress. Also, Levinson and Roter (2014), argue that poor communication among medical practitioners and patients lead to decreased patient satisfaction.

What are the strategies that could be put in place to bridge the communication gaps between medical professionals and patients? The respondents pointed out that, "since we are living in a Kona community, and majority of the people coming here are Kona people, then the clinics here should get people who understand English, Hausa and Kona languages to interpret for the patients who may not understand English and Hausa." [Respondents 1, 2, 3, 4, 5 and 6].

Other respondents said, there should be active listening from the side of medical practitioners. They should treat the patients as their relatives and device a means of attending to them on time without keeping them too long. This finding is in line with the Patient-Centered Communication (PCC) Theory which guides the study. The theory prioritizes the patient's perspectives, values, and preferences in the communication process. The results here tally with those of Manojlovich and DeCicco (2018), which state that doctors and medical professionals should always show compassion, understanding, and validate patients' emotions during their interactions. Physicians should schedule follow-up appointments to ensure patients understand treatment plans and address concerns (World Health Organization, 2018).

Conclusion

Effective physician-patient communication is crucial for high-quality healthcare, because poor communication can lead to misunderstandings, misdiagnoses, and poor healthcare outcomes. Therefore, this study highlights the need for improved doctor-patient communication in selected clinics of ATC-Jalingo, Taraba State. The patients' perspectives explored emphasizes the importance of clear explanations, emotional support, prompt respond and attention to patients by the medical practitioners; patient-centered communication as well as care. It is pertinent that medical professionals and clinics should prioritize addressing these gaps to enhance patient satisfaction, trust and quality healthcare outcomes.

Recommendations

The study explored patients' perspectives and experiences in doctor-patient communication because the patients are always the ones at the receiving end as such improved doctor-patient communication in the selected clinics is paramount. It is on this basis that the researchers recommend the following:

1. Doctors in Lafiya Clinic and Primary Healthcare Centre of ATC – Jalingo should promptly attend to patients, imbining empathy, active listening and ensure clear explanations in their communication with patients.
2. Doctors in Lafiya Clinic and Primary Healthcare Centre of ATC should allocate sufficient time for patients to avert negative impacts.
3. Clinics in ATC community should offer interpretation services for non-English speakers.

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