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COMMUNICATION AND BEHAVIORS TOWARDS PATIENTS AMONG THE HEALTHCARE PROVIDERS WORKING AT TERTIARY CARE INSTITUTE OF SOUTH GUJARAT: A CROSS-SECTIONAL STUDY.

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ABSTRACT

Introduction: Effective communication by healthcare providers is essential for building strong doctor–patient relationships and improving teamwork in healthcare settings. Empathy and appropriate behavior contribute to patient satisfaction and professional conduct. However, conflicts in hospitals are often associated with poor communication skills, language barriers, non-verbal communication gaps, stress, fatigue, time constraints, and heavy workload. **Objectives:** To assess the perception of healthcare providers regarding communication and behavior and to identify barriers and suggestions for improving workplace communication. **Methods:** A cross-sectional study was conducted among healthcare providers (N=263) at New Civil Hospital, Surat, in December 2022 using a self-administered semi-structured questionnaire before the commencement of Social and Behavioral Change Communication (SBCC) training proposed by the Health and Family Welfare Department. Data on communication practices, behavior, barriers, and suggestions were collected after obtaining informed consent. Data were analyzed using MS Excel and SPSS. **Results:** Nurses constituted 46.38% (n=122) and doctors 34.62% (n=91) of participants. About 55.55% of doctors and 53.27% of nurses reported introducing themselves to patients, while communication tricks were more frequently practiced by nurses (61.47%). Major barriers included patient overload, staff shortages, language barriers, and inadequate medicine supply. Participants suggested improving doctor–patient ratios, strengthening human resource management, burnout management, better inquiry systems and signage, and adequate medicine supply. **Conclusion:** Most providers showed positive attitudes toward communication, but gaps remain. Regular training and institutional support are needed to strengthen patient-friendly healthcare delivery.

KEYWORDS : Behavior, Communication, Healthcare Providers

INTRODUCTION

Effective communication is a fundamental clinical skill that strengthens doctor–patient relationships and promotes teamwork within healthcare settings. It reflects a holistic approach to patient care where empathy and professional behavior play a crucial role. In recent years, healthcare systems have experienced increasing incidents of conflict in hospitals, often associated with poor communication skills, language barriers, lack of attention to non-verbal cues, stress, fatigue, time constraints, heavy workload, and professional burnout. Strengthening communication practices can therefore improve patient trust, quality of care, and job satisfaction among healthcare providers (Ranjan et al., 2015).

Communication in healthcare organizations is essential for patient safety and effective healthcare delivery. It involves the exchange of verbal and non-verbal messages and forms the basis of the doctor–patient relationship, which has ethical, psychological, and sociological dimensions (Moeini et al., 2019). Effective communication includes verbal, non-verbal, and paraverbal components that influence patient satisfaction, adherence to treatment, and clinical outcomes (Roter et al., 2006).

However, barriers such as inadequate training in communication skills, language differences, insufficient patient information, and workplace stress may hinder effective communication (Ranjan et al., 2015). Therefore, this study aims to assess healthcare providers' perceptions of communication and professional behavior and to identify barriers and suggestions for improving communication practices in the workplace.

Objectives

- To assess the perception of healthcare providers regarding communication and behavior.
- To explore their barriers and suggestion at work place.

Methodology

- A cross-sectional study was carried out among healthcare providers (n=263) of New Civil Hospital, Surat through purposive sampling using self-administered semi-structured questionnaire (Paper based) during December 2022, before commencement of SBCC (Social and Behavioral Change Communication) Training proposed by HF&W (Health & Family Welfare) Department.
- Data was collected for communication, behavior, barriers and suggestions domains under supervision in two batches after briefing and getting their consent. Data was collected and analyzed using MS Excel and SPSS.
- The study protocol was approved by the Institutional Ethics Committee before initiation of the study. Informed consent was obtained from all participants, and confidentiality of the information collected was maintained.

RESULTS

- Among the total 263 participants, 190(72.25%) were female and 73(27.75%) were male. Mean age was 34±9 year.
- According to profession, 122(46.38%) were nurses, 91(34.62%) were doctors, and remaining 50(19%) include lab technician, ward boy, aaya masi, security staff, Xray technician and data entry operator.

Table-1 Details Regarding Communication Domain of Participants (n=263)

Sr No.	Communication domain (n=263)	Yes Fq (%)	No Fq (%)	Others Fq (%)
1	Introduce themselves and explain their duties to patients	134 (50.95%)	52 (19.78%)	77 (29.27%)*
2	Addressing patients by their name	81 (30.80%)	182 (69.2%)	-

3	Immediately inform the patients and their relatives if there is any improvement in health condition	113 (42.98%)	-	150 (57.02%)**
4	Believe that their dress, behavior and personality can affect the quality of health care	232 (88.21%)	20 (7.60%)	11 (4.18%)***
5	Believe that their job is only to make diagnose or prescribe medication	24 (9.12%)	211 (80.22%)	28 (10.64%)****

*Not getting enough time, No need, NA (Not Applicable)
**Sometimes not said, if asked from the front then tell, NA
***No need that affect
****NA

In the communication domain, notable variations were observed in the interaction practices of healthcare providers. Among the 263 participants, 134 (50.95%) reported that they routinely introduced themselves to patients and explained their professional role, whereas 52 (19.78%) reported that they did not follow this practice and 77 (29.27%) indicated other responses. Personalized communication was less commonly practiced; only 81 (30.80%) participants reported addressing patients by their names, while the majority, 182 (69.20%), did not adopt this approach. Regarding communication about patient progress, 113 (42.98%) participants reported that they regularly informed patients or their relatives about improvements in the patient's health condition, suggesting inconsistency in providing updates during care.

Despite these variations in communication practices, most participants recognized the importance of professional conduct in healthcare delivery. A large proportion, 232 (88.21%), believed that their dress, behaviour, and overall personality influence the quality of healthcare provided. Furthermore, 211 (80.22%) participants disagreed with the statement that their professional responsibilities are limited solely to diagnosing illness or prescribing medication, indicating an awareness of the broader role of healthcare providers in patient care, including communication, counselling, and supportive interaction.

Table-2 Details Regarding Behavior Domain of Participants (n=263)

Sr No.	Behavior Domain (n=263)	Yes Fq (%)	No Fq (%)	NA Fq (%)
1	Using phone/laptop during attending patients	71 (27%)	182 (69.2%)	10 (3.8%) *
2	Answer calmly when patient's relatives ask about any information	240 (91.25%)	19 (7.22%)	4 (1.53%) **
3	Accepting their mistake if they made in patient's treatment	149 (56.67%)	81 (30.79%)	33 (12.54%) ***

* NA
** Gets angry
*** NA

In the behaviour domain, several aspects of professional conduct during patient interaction were assessed. Among the 263 participants, 71 (27.0%) reported using a mobile phone or laptop while attending to patients, whereas the majority, 182 (69.2%), denied engaging in this practice and 10 (3.8%) indicated that the question was not applicable to them.

With regard to communication with patient's relatives, a large majority of participants, 240 (91.25%), reported that they respond calmly when relatives seek information about the patient's condition. In contrast, 19 (7.22%) reported that they do not consistently maintain calm responses, while 4 (1.53%) considered the question not applicable. This finding suggests that most healthcare providers recognize the importance of maintaining a composed and respectful behaviour while interacting with patient's families.

In terms of professional accountability, 149 (56.67%) participants stated that they accept their mistakes in patient treatment, whereas 81 (30.79%) reported that they do not acknowledge such mistakes, and 33 (12.54%) marked the response as not applicable. Acceptance of errors is an important component of ethical medical practice and contributes to transparency, trust, and opportunities for learning and improvement in clinical care.

Overall, the findings indicate generally favourable behavioural practices among the participants, particularly with respect to maintaining calm communication with patients' relatives. However, the presence of mobile device use during patient interactions and the relatively lower proportion of participants acknowledging clinical mistakes highlight areas where further emphasis on professionalism, accountability, and patient-centre conduct may be beneficial.

Perceived Barriers in Workplace Communication by Participants

- Patient overload and lack of servant staff
- Language barrier
- No any code of conduct and rules regulations for employee
- No fix duty hours for resident doctors, so not getting enough time to sleep
- Lack of intra-team communication
- Non availability of basic USG machine like facilities sometimes.

Participant's Suggested Improvements for Healthcare Services-

- Maintain doctor-patient ratio and increase hospital staff in all cadre
- Develop proper signage board for patients in hospital
- There should be inquiry office for patients at every floor of the ward
- Essential medicines and other diagnostic facilities should be provided adequately and in proper time period
- Conduct training before recruitment of any health staff specially class-3 and 4
- Trained security guard recruit at emergency department and OPD area.

DISCUSSION

The present study explored the communication and behavior of healthcare providers towards patients at a tertiary care institute in South Gujarat. It focused on understanding perceptions, identifying barriers, and collecting suggestions for improvement. The findings offer meaningful insights into existing communication practices and areas that require strengthening within the health care system.

The study results highlights that the majority of healthcare providers working in a tertiary care hospital practiced good communication and appropriate behavior with patients. This finding reflects a general awareness among providers regarding the importance of patient-center communication. Similar observations have been reported in other Indian studies conducted in public healthcare settings.(Fong Ha et al., n.d.)

The predominance of female participants and nursing staff in this study is consistent with staffing patterns observed in tertiary care hospitals. Inclusion of multiple cadres of

healthcare providers strengthens the findings, as patient experience is shaped by interactions with various categories of hospital staff.

Despite positive practices, significant barriers to effective communication were identified. High patient load, lack of time, stress, and fatigue were the most frequently reported challenges. These factors are commonly encountered in public sector hospitals and have been documented in previous studies as major contributors to compromised patient-provider communication.

Burnout and emotional stress were also found to influence provider behavior. Healthcare providers working under constant pressure may experience reduced empathy and patience, which can negatively affect patient interaction. Similar findings were reported by Sharma et al. (2019), who noted that occupational stress and burnout among healthcare providers can adversely affect communication with patients and the quality of care. Therefore, addressing provider well-being is essential for improving communication outcomes.(Sharma et al., 2019)

Participants emphasized the need for periodic communication skills training and institutional support. Training programs such as SBCC (Social and Behavioral Change Communication) can enhance interpersonal skills, empathy, and confidence among healthcare providers. Incentives and appreciation from authorities were also identified as motivating factors for sustaining patient-friendly behavior. Similar observations were reported by Sharma et al. (2019), who highlighted that regular communication training and institutional encouragement improve provider motivation and patient-centred care. (Sharma et al., 2019)

CONCLUSION

Most healthcare providers showed positive attitudes toward patient communication and behavior. However, practices such as self-introduction, addressing patients by name, and providing regular updates were inconsistently followed. High patient load, staff shortages, language barriers, and long duty hours were major barriers. Strengthened institutional support and communication training are needed to improve patient-centred care.

Recommendations

- Conduct regular communication skills training such as SBCC for healthcare providers.
- Improve staffing and maintain appropriate doctor–patient ratios.
- Develop clear institutional communication guidelines.
- Strengthen patient guidance systems and supportive work environments.

Limitations

The cross-sectional, single-center design and reliance on self-reported data may limit generalizability and introduce response bias.

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