

The Basic Components of the “Doctor-Patient” Constructive Interaction

Lesya V. Lymar

University of Education Management, the Academy of Pedagogical Sciences of Ukraine, Kyiv, Ukraine

Abstract: Conflicts within the “doctor-patient” relationship system appear quite often and under the condition of their unproductive development can negatively affect the treatment process. Choosing the correct medical behavioral model may provide for preventing the conflict or its positive productive development. The article contains analysis of the notion “intrapersonal interaction” and definitions of the main models of the intrapersonal interaction of doctor and patient during the process of treatment of the patient. The author describes basic components of structure of the colleague model as that one which is the most progressive, providing for the highly effective treatment process. The article defines main spheres of psychology of the doctor which provide for the development and maintenance of a colleague model of interaction with a patient.

Key words: Intrapersonal interaction • Conflict • Colleague model • Patient

INTRODUCTION

The last tendencies of Ukraine directed towards eurointegration provide for the demand for increased medical personnel psychological readiness for constructive behavior’ s level, which stipulate for preventing conflicts with the patient during their interaction.

The situation of conflict between the doctor and patient, defined by the authors as a manifestation of controversy between the doctor and patient during the treatment, which makes an obstacle for achieving the optimum results of their mutual activity- the healing of the patient, is an absolutely natural event characteristic for ordinary interaction of two people- a doctor and a patient [1].

The European standards of medical behavior during doctor’s interaction with the patient himself don’t mean the conflicts’ absence as a necessary requirement to the doctor’s activity, though, the productive development of conflicts if they appear is required for achieving the common goal of the patient and doctor - patient’s healing, under any conditions of intrapersonal interaction [2].

So, the aim of our research was defining the basic models of the intrapersonal doctor- patient interaction models and defining the optimum model of their constructive interaction as well as the basic components of this model.

The Main Part: The notion of the intrapersonal interaction has been studied by various authors. As L. Orban-Lembrik notes, an interaction is a mutually dependent exchange with the activities, organizing by people the joint actions aimed to reach the common results of this activity [3].

The American psychologists J. Tibo and G. Kelly grounded a model of the interaction in the diad, the essence of which is expressed in the following: any intrapersonal relations comprise an interaction, real exchange with the behavioral reactions within the certain situation; the interaction will more likely continue and be positively evaluated by the participants if they benefit from it; to detect the presence or absence of the benefit each participant evaluates the interaction for the data of the benefits(advantages) and losses(disadvantages) after the activities to be exchanged [4].

As G.Andreeva considers, interaction as a type of common activity interaction provides for revealing the sense of their separate activities [5].

The scientists define two types of the intrapersonal interaction: the intrapersonal interaction which favors the common activity and the intrapersonal interaction which harms the common activity, e.g. the destructive one, which may be expressed with the conflict interaction too [6].

As to the intrapersonal interaction of the doctor and patient, we consider this to be the common activity of the

doctor and patient during the curative process (which includes patient's admission with his complaints onto the malaise, diagnosis establishment, administering and performing the analyses and medical procedures, evaluation and correction of the treatment results, secondary administration of the treatment procedures or patient' discharge) to achieve the optimum results of the treatment in the shortest terms, the treatment having maximum results manifested with the patient's health condition.

An outstanding American psychologist famous for his studies of the occupational psychology R.Veatch [7] detects the following models of the doctor- patient interaction:

- The technical type model. The patient in this case represents a broken mechanism which requires repairmen. Within this relationship model each side performs their own functions defined by a certain codex (Hippocratic Oath, etc.). The doctor is a scientist who must act without prejudice, not considering the individual peculiarities of the situation [7].
- Sacral type model. Within this model the doctor's charisma influences the patient, it may even depress him, R.Nilson says that the doctor's cabinet here maintains a kind of the "holiness aura", the patient perceives the doctor as a God.

The classical psychological literature provides for the analogues of such relationships expressed in the Adult and Child images. Though a group of medical workers may approve this principle as a professional moral principle, the society may provide more moral standards. If a group of medical personnel accepts one standard (the possibility of the provoked abortion under the possibility of the child to be born with severe mental retardation) and the society accepts another one (letting the unborn child live), it is the doctor who must decide whether he will join the professional group standards or the society common ideas.

- The colleague model. This model is characterized by the interaction of a doctor and a patient as two equal partners. This model is considered to be the most perspective one and it complies with the European criteria, so it will be analyzed in the article.

- The contract model. This model is based on the agreement accepted by the two sides, which contains the functions, rights and duties of each side. A patient is informed about all the stages of his treatment.

During the transaction to the patient- oriented system within the national healthcare area [8] the necessity of activating the positive conflict function on the colleague interaction model appears to be extremely urgent. The other models (the contract, technical and sacral one) contain a kind of the conflict negative development possibility).

The colleague interaction of the doctor and patient must be studied thoroughly. This type of interaction doesn't mean that a patient and a doctor are the "colleagues", but it means that that the patient and doctor have equal rights, they must respect each other and try to interact to reach the common goals.

The structural components of the colleague interaction make up the Table 1. These components are the motivation of the interaction, communication side of the interaction, the cognition of the doctor and patient, emotional side and the outcome of the interaction.

The doctor- patient interaction is aimed to achieve the common goal - correct diagnostics of the disease, treating the patient and his recovery. The highest value for the doctor is the patient's emotional and physical health condition (not an "interesting" from the medical viewpoint case). The doctor should keep to the subordination principles in his relations with the patient, not harming his psychological health in any way. A medical specialist must possess the intrapersonal doctor- patient interaction motivation which is aimed to achieve the constructive interaction, to provide for the further patient's recovery, as well as some important personal characteristics like altruistic orientation, low egoism level, high tolerance, open character, professional principles, etc [9].

Both the doctor and patient can control their emotional condition, but it is the doctor who realizes that the disease may specifically reflect on the emotional condition of the patient and the doctor must consider these peculiarities. Even of a patient attempts to provoke a conflict due to his emotional instability, the doctor should do his best to avoid the conflict. The qualities characterizing this component are doctor's empathy, affiliation level, emotional stability, emotional sensitivity, etc.

Table 1: Colleague interaction of the doctor and patient' model

Parts	Doctor	Subject of interaction	Patient
Interaction motivation	The doctor realizes the correspondence of his activity to the patient's interests. The doctor is aimed to achieve the positive interaction to cure the patient.	Diagnosing and treating the patient. Motivation orientation: the patient's health.	The patient realizes his own interests according to the doctor's information. The patient's motivation is aimed to reach the positive interaction for his own healing.
Communication	The patient should be informed by the doctor about his health condition, the required procedures and medications, etc. The doctor must choose the communication style in accordance with the patient's age and intellectual level.	Communicative orientation: the verbal and non-verbal communication	The patient trusts the doctor during their communication
Cognition	The doctor must realize the patient's health condition, his psychological condition and possible behavioral motivation.	The cognition orientation is represented with realization of the interaction situation.	The patient must objectively estimate his own health condition, understand the necessity of the procedures and treatment, etc.
Interaction situation	The doctor must adequately estimate the situation, with adequate self-control and self-monitoring. The doctor must understand the patient's motivation. If necessary, the doctor must re-evaluate situation to correct it further. The doctor must be in an active search of the positive situation development (or positive conflict development).	The activity orientation: the interaction situation, common goals, implementation of it and the controversies which may appear.	The patient should adequately estimate the situation, the patient must have adequate self-control. The patient should understand the doctor's motivation.
Emotional side	The doctor must minimize his own negative emotions. The doctor must exhibit increased conflict resistance.	Emotional side of the interaction,	The patient must minimize his own negative emotions.
Interaction result	The doctor must creatively solve the situations and task which appear during the treatment process.	Individual activities of the sides - interaction. Non-conflict interaction. Positive outcome of the conflict situations.	The patient should contribute to the positive solution of the conflict situations

The combination of the motives for professional activity provide for the readiness of a doctor for preventing conflicts or their productive solution. This motivation may be interconnected through the system of a doctor's attitudes to the conflict situations, professional conflicts, their readiness for solving the conflicts. We consider that the increased motivation level for preventing conflicts and non-conflict interaction is evidenced by predominant within the doctor's motivation scheme of such values as psychological and physical health, love, interesting job, self-development, self-confidence, self-development, responsibility, etc. If a specialist defines such qualities to be vitally important as material welfare, entertainment, self-directed activity, then the altruistic qualities' absence may cause increased

conflict-provoking abilities of the doctor and, appropriately, low motivation level of the future doctors for the non- conflict interaction.

The analysis of the literature data and authors own experience provided for the following classification of the doctor's professional activity motivation within the model [10]:

- *Social* motivation determining the direction of the medical specialists onto curing the patient, this includes the ability to estimate the patient's condition adequately and choosing the behavior line which will provoke the least conflict. This motivation includes the desire of treating the others, possibility of helping people in this way, etc;

- *Scientific motivation* which provides for the doctor's interest in acquiring the new knowledge and skills when treating the patients; solving the scientific problems, studying the new diseases and the ways of their treatment. In this case a specialist directs all his efforts onto the treatment process itself, including the scientific and practical constituents of it, but the human person may become insignificant in this case which may cause conflicts.
- *Pragmatic motivation* defining the future medical personnel interest in the material welfare first of all, focusing on his own benefit, consequently, no motivation to the professional support of the patient within the curative process. This motivation is the most conflict-provoking one: if a doctor chooses the profession because of the future possibility of the great financial rewards, influence onto his patients, etc., this may cause conflicts during his interaction with his patients. This motivation is greatly disagrees with the colleague model.

The increased level of motivation for the conflict prevention within the colleague interaction model is characterized with the predominant social motivation for the professional activity, providing for the altruistic tendencies of the doctor, directed towards the non-conflict interaction of a doctor and a patient.

Having analyzed the motivation of the doctor-patient interaction itself, we define the following three groups: a) pragmatic motivation (the material or social-psychological self-enrichment): the financial reward obtaining, acquiring social contacts, influencing the patient; b) scientific motivation (interaction motivation with the scientific interests): the discovery of the new diseases and the ways of their treatment, acquiring the new skills, acquiring the respect in the scientific society; and c) altruistic motivation (directed towards the patients' health improvement): the good emotional contact with the patient, readiness to help the patient, all activity directed to improving the patient's condition.

The predominant pragmatic motivation evidences about dominating egoism and direction of the doctor onto the material personal enrichment. If such person obtains high salary, he may perform his professional duties well. But taking into account some peculiarities of the state financing of healthcare, if such person works in the state clinic, he may provoke conflict situations.

The scientific motivation for the interaction evidences about the patient being a scientific event, training device in the doctor's mind. This motivation

dominating, the humanistic professional activity aspect decreases and a doctor may put the patient's health under the threat to realize his own scientific ambitions.

We suppose that the altruistic motivation combined with the appropriate professionally important qualities will completely provide for the success of the medical personnel professional activity, providing for the non-conflict interaction of the doctors and patients.

After analyzing all mentioned groups of professional characteristics required for realization of the colleague doctor-patient interaction model we have defined the following groups: the required characteristics, useful characteristics and non-acceptable characteristics.

The required characteristics and values which are professionally important for the doctors and provide for the non-conflict interaction with the patients during their treatment may be: the productive communicative attitude, doctor's discipline, organizational skills, emotional stability, psychological protection, altruism, self-control. The discipline and organizational qualities provide for the qualified aid to the patient. The productive communicative attitude and emotional stability provide for the efficient interaction with the patient even if he tends to be aggressive. The self-control is important as a doctor interacts with the ill person who may perceive the reality in a perverted way and express pretensions without reason. Altruism is a main determinant of the doctor's professional activity stipulating for the equal interaction within the doctor-patient relationship.

The useful qualities specific for the doctor's profession but not providing for the complete absence of conflicts with patients are self-confidence, adaptation, tolerance, intuition. Self-confidence is required for the doctor to be able to make decisions quickly, to treat and discharge the patient. Intuition and adaptation (professional adaptation when the doctor responds quickly onto the changing clinical situation) are the necessary professional qualities but they may exhibit no influence onto the non-conflict interaction and the colleague interaction. The non-acceptable qualities and values are the severity of the character, rude attitude to the patients and superior position of the doctor over the patient. These qualities destroy the colleague model of relationship with the patient.

While considering the individual peculiarities of thinking, memory, attention of the patient and doctor's ability to communicate with the patient due to all above mentioned features (for example, to explain in details about the treatment to the elderly patients), it seems to be quite possible to avoid the conflict appearance. A doctor

must possess a system of knowledge, abilities and skills of the communication psychology, conflictology, occupational psychology, the theoretical and practical ways of the productive intrapersonal medical conflicts' solution.

A doctor must realize all the processes occurring to a patient during his treatment, the interaction peculiarities as well as monitor his own conditions (transfer- contratransfer), providing for the self-monitoring. The combination of the practical skills and abilities of the prevention and productive development of the conflicts refer to the regulation. A doctor must realize all the processes occurring during his interaction with the patient and monitor his own psychoemotional conditions. The skills providing for the regulation of the colleague model can be classified into the two levels: the conflictological and psychological ones. Self-monitoring, tactics of behavior in conflicts, ways of stress management make up the conflictological level of regulation while self-monitoring and self-esteem are the psychological bases for the conflicts regulation.

The characteristics required for the good functioning of the regulation component are the abilities of the self-control within the emotional area, communication, self-regulation, self-confidence, decisiveness, etc.

The interaction of a doctor and a patient includes mutual informational exchange, a doctor must explain a patient the information about the condition of his health, the patient trusting the doctor and informing him of all peculiarities of his health. The doctor must choose the acceptable for the patient communication style, keeping to the professional ethics bases. This means that the doctor must possess the combination of the theoretical knowledge on the communicational psychology, conflictology, as well as the skills of the productive interaction and abilities of the conflict resolution with predominant strategies of cooperation and adjustment. The qualities which provide for this component are the abilities to overcome the intrapersonal communicative barriers, flexibility in communication, adequate psychological protection, politeness, etc.

The emotional component of the colleague interaction model is provided by the emotional doctor's readiness and absent emotional barriers for the interaction. The doctor's emotional readiness stipulates for emotions expression, ability to manage his own emotions, keep unwanted emotions and regulate his own behavior, the ability to perceive his own mood and the emotional condition of his patients, which will cause trust and confidence in the patients.

An important quality of the emotional component of the colleague interaction is the doctor's ability for expressing his affiliation and empathy, as well as his emotional stability.

As to communication being the situation of the doctor-patient interaction, such characteristics as the communicative tolerance and communicative attitude are the most important qualities providing for the colleague model of interaction. Communicative tolerance as the doctor's ability to accept the others, including the patient, with all their positive and negative qualities different from what the doctor has, provides for low conflict provocation, it is the basis for the mutual doctor-patient respect. The absence of the negative communicative attitudes as the steady doctor's ideas on the manifestation of the patient's behavioral patterns (cruel attitude, grounded negativism, negative experience of communication) is a communication constituent of the colleague model.

As a result, in case of the colleague interaction the possibility of conflicts which detract both the doctor and patient from the treatment process decreases and even if they appear, the possibility of their productive development is quite high, so, the healing of the patient is considered to be successful.

CONCLUSIONS

According to the offered model we have come to the following conclusions:

- The doctor-patient relationship during the curative process may be defined as an intrapersonal interaction of the two sides- a doctor and a patient, which is directed towards achieving the common goal- healing(recovery) of the patient after his treatment.
- The modern authors have defined the main models of the patient-doctor interaction as these ones: the technical, sacral, contract and colleague one and that one which corresponds to the European criteria most of all if the colleague one.
- The colleague model is characterized by the mutual trust and respect of the interaction sides –the patient and doctor, it is aimed to reach the common results by their interaction. To maintain the colleague model the following characteristics are required: the patient's trust to the doctor and an attentive, caring approach of the doctor, which provide for the communicative component of their interaction;

objective realization by the doctor of the patient's psychological features in general and related to the disease itself, making up the cognitive component of their interaction; the interaction situation as it is may include lots of stages during which conflicts may arise between the interaction sides, in this case the negative emotions of both the patient and doctor should be minimized.

As to the doctor's contribution into the productive development of the conflict situations, the regulative component of interaction must be developed, the doctor must possess good self-esteem, self-control, etc.

- If all the above-mentioned characteristics are present, we may consider the doctor-patient interaction as the colleague one, in which there may occur conflicts, which will always attain the positive development, with the cooperation strategies predominating. In other case it is regarded as the non-conflict interaction.

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