



THESIS - Vol. 11, No. 2, Autumn 2022

International Research Journal



ISSN: 1848-4298 (Print)

ISSN: 2623-8381(Online)

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How to cite this article:

Orhani, Z. & Gjoka, A. (2022). The impact of the Pandemic on doctor-patient communication in the primary public health service. *Thesis*, 11(2), 180-203.



Published online: March 16, 2023.



Article received December 20, 2022.

Article accepted February 20, 2023.



Conflict of Interest: Authors declare no conflict of interest.

The impact of the Pandemic on doctor-patient communication in the primary public health service

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Abstract

The Covid'19 Pandemic created a global public health crisis. State measures and protocols created difficulties in effective doctor-patient communication, therefore the psychological assessment of this communication during the Pandemic becomes the object of research on this topic. The purpose of the study is to describe the impact of the Pandemic on the functioning of the doctor-patient relationship in the primary health service. The study was carried out in the District of Lezha, in the cities of Rrëshen, Laç and Lezha. The sample of the study are 6 family doctors and 24 patients, who communicated with the family doctor during the rehabilitation period in home conditions.

This study is built on the qualitative approach of scientific research, using as an instrument the in-depth interview focusing on the impact of the Pandemic on doctor-patient communication. The results of the study showed that doctor-patient communication during the Pandemic had barriers and a negative impact on this relationship.

Keywords: doctor-patient relationship, interaction, effective communication, primary care, psychological assessment of communication.

Introduction

The purpose of this study is to know the impact of the Pandemic on the functioning of the relationship between the doctor and the patient in the primary service during the Pandemic.

The main objective of the study is the psychological assessment of the doctor-patient relationship during consultations and communications over the Pandemic period. The main focus of the study was to understand the impact of the Pandemic on this relationship.

Research question: How does the Covid'19 Pandemic affect doctor-patient relationship?

Many studies and scientific assessments have been conducted on the doctor-patient relationship, in almost all countries of the world and by WHO. In Albania, real scientific studies on the doctor-patient relationship are limited and there is not enough background to refer to similar topics as longitudinal studies. The methodology used in the studies conducted in Albania does not comply with the requirements of scientific research, at least in the field of Psychology. However, the time of the Covid'19 Pandemic gave an impetus to scientific studies on the doctor-patient relationship, due to the emergence of a new dynamic in human relationships in general, after state rules and protocols, which did not leave much space for interaction, as a result of keeping distance from possible infections during interpersonal communication. Against the backdrop of this social reality, this study tries to shed light on the doctor-patient relationship under the influence of the Covid'19 Pandemic, making a psychological assessment of this relationship.

The study is important for the fact that it affects an issue of professional, social, legal, ethical and vital interest in the nature of the health service and the emotional support of patients in the conditions of the Pandemic and state protocols. This study analyzes doctor-patient relationships in Pandemic conditions, in a new reality of human relationships as a whole.

Theoretical background of the studyThe study focused on the theoretical conceptualization of some basic theories on human relationship. The foundations of a scientific study comprise the theories the research must draw upon; hence, the study was guided precisely by communication theories.

Social Exchange Theory. Social Exchange Theory represents an "economic" (beneficial) exchange for interpersonal relationships, in this case, doctor-patient communication, their interaction. This theory proposes that social behavior is the result of an exchange process. The goal of this exchange is to maximize benefits and minimize costs. According to this theory, developed by sociologist George Homans, people weigh the potential benefits and risks of social relations (Cherry, 2022). In this theory, self-interest is not considered a bad thing, but rather a relationship-building concept.

Cognitive dissonance theory. Cognitive dissonance theory of personality is based on the belief that every person seeks to find and maintain inner harmony. This theory is otherwise called correspondence theory (Oimurschool, 2020). Cognitive dissonance is the psychological conflict that results from holding two irreconcilable conflicting beliefs or attitudes. For example, one may like the doctor or the technology, but does not believe in medicine as a system, seen in the context of the protocols and conditions of the Pandemic, as well as the out-of-control hospital systems in many countries during the Pandemic. The theory suggests that a person seeks balance in his beliefs. Even more so, this applies to the doctor and the patient in a complicated relationship, where trust is the bridge of this communication and interaction. Dissonance falls through communication and

acceptance, which means that it is very important in doctor-patient relationship.

Carl Rogers' customer-centered theory. The theory (Carl Rogers, 1959) gives some of the guidelines that every good therapist should have in mind when scheduling sessions with one or more patients in a working day:

Congruence: Show greater transparency to your patient. Speaking honestly is a reflection that your professionalism is above any other subjective feelings you may have towards them.

Empathy: If the patient finds in his therapist a great ally, to the point where he feels understood, it is a giant step towards creating an atmosphere of empathy. Feeling what the patient feels, putting yourself in their shoes is an action that will be appreciated later.

I respect: Accept that the relationship with your patient is strictly professional. Any positive feedback from both parties indicates that everything is going quite well in therapy.

Carl Roger (1959) states that these principles are "necessary and sufficient" to maintain a cordial environment between the therapist and his patients.

Rogers' empathy ("understanding, commitment, lack of judgment") is realized through the relational process of reflexive listening. A harmonious doctor-patient relationship is a guarantee for the health system. Doctors' communication skills indirectly affect patients' trust in doctors. Listening, honesty, trust and appropriate empathy all contribute to effective communication.

Bem's theory of self-perception. This theory states that in situations where people are undecided about a behavior, they are inclined to trust favorable positions (Morales, 2022).

Good doctor-patient communication will make patients open their hearts, trust doctors and prefer cooperation. Higher hospital service quality leads to higher customer trust, a better customer experience and a stronger DPR (Bo Xu, 2022).

We would like to quote B. Seigel: "You can never say that there is nothing more you can do, even if the only thing left is to be there and

help the sick person hope and pray" (www.womanaz.ru/sq/news-and-trends). Undoubtedly, the doctor-patient relationship is multifaceted, as it carries a complex of psychological, moral and ethical problems that a doctor must constantly face. The deontology and ethics of medical practice, the art of conversation and the psychological influence of the doctor on the patient are the keys to successful treatment. But one of the most important activities of the doctor is the prohibition of actions that can harm the patient, or the principle "do no harm". The oldest and perhaps most important position of medical ethics in Latin formulation is: *primum non nosere* ("First, do no harm").

Communication is at the heart of medicine. Zolnieriek found that if doctors were good communicators, the likelihood of having compliant patients doubled ([Bo Xu, 2022](#)). The study gives us an awareness and understanding of the communication process at the time of the Pandemic, where the distance barrier and safety protocols are placed between the patient and the doctor. Also, the study is important as it sheds light on the nature of doctor-patient communication and its effectiveness in this new reality conditioned by the Pandemic.

The study contributes to the recognition of an important reality in doctor-patient relationships in the conditions of a complicated atmosphere. Therefore, this relationship is related to communication skills, the ability to transfer information effectively and efficiently, and the use of empathy as a basic element in this complex relationship. This is consistent with a range of skills including verbal, non-verbal, attentive listening, emotional handling and trust building (Gu et al., 2022).

Professional communication, the right to life and service as well as the functions of doctor-patient communication are questioned under the influence of the Pandemic, so this study tries to shed light on this reality of professional and human interaction. The outbreak of the Coronavirus Disease 2019 (COVID'19), which brought new challenges to the DPR, worsened an already

strained relationship. Wearing protective clothing and masks prevented patients from seeing the doctors' facial expressions, resulting in a reduction in physical contact and a limitation in communication (Bo Xu, 2022). The communication of patients with the doctor has taken on a special importance throughout the Pandemic, taking into account the significant number of patients infected with SARS-COVID'19 and also taking into account the recommendations of the health authorities for the population to contact their doctor immediately, at the first possible symptoms of SARS-COV-2 infection (Mehedințu, 2022). Sophia et al. studied patient satisfaction with emergency physician empathy and communication in Arizona using the Hospital Consumer Rating of Healthcare Providers and Systems during COVID'19. The results showed that patients understood doctors in special circumstances and their scores for doctors were above average. Because they felt the hard work and efforts of doctors to fight the epidemic. These have helped ease the conflict between doctors and patients during COVID'19 to a certain extent (Bo Xu, 2022). Different studies have different conclusions regarding the doctor-patient relationship in primary care. This relationship is explained with features and differences based on different national cultural contexts. In China, the relationship between doctors and patients has become increasingly strained, with the country experiencing an increase in medical disputes in recent years (Gu et al, 2022).

During a Pandemic, doctors can become so overwhelmed with fighting the disease that they can forget the individual patient experience. In this perspective, the authors describe a case of COVID'19 from the point of view of the stages (or categories) of grief described by Elizabeth Kübler-Ross, with an emphasis on the use of skills to improve the doctor-patient relationship even in this time of crisis (Fipps. D. et al., 2021). In other studies, the results showed a disparity in some of the studied aspects of the

doctor-patient relationship, as reported by doctors and patients themselves. Prominent is the practice of social distancing and the agreement that the level of physical examination has been reduced to a minimum (Nwoga et al., 2020). The implementation of social distancing has forced doctors to guarantee more humane and extremely high-quality care, as the disease has exposed the country to this situation of great suffering. It is therefore necessary to discuss the role of human relations, with an emphasis on DPR, in the development of medical practice (www.scielo.br/j/ramb/).

The high transmission of this virus has led to the isolation of infected patients, not only from other patients, but also from all medical personnel, family members and loved ones. Health personnel, who could help mitigate this situation through empathy, are now required to adhere to strict isolation protocols and wear personal protective equipment. This situation puts another obstacle on the already damaged doctor-patient relationship. All these new barriers, faced by all medical personnel, especially nurses and doctors, translate into distancing from the patient, with a lack of not only physical contact, but also verbal communication, with the difficulty of hearing through masks (Álvarez de- la-Cadena, J., 2022).

The psychological evaluation or measurement of the doctor-patient relationship requires a continuous scientific investigation in different time contexts, looking at the coherence and dynamics of this complex relationship beyond awareness, mission and reciprocity. This study gives importance to doctor-patient communication in a reality conditioned by reasonable and imposed barriers, therefore it is a test of professional and social behavior with psychological and social impact in a clash between equity to risk and professional devotion to fulfill health goals.

Methodology

In the scientific community, and particularly in psychology and health, there has been an active and ongoing debate on the relative merits of adapting quantitative methods or qualitative methods,

especially when researching human behavior (Biggerstaff, 2012). The Pandemic put the human relationship in a complex situation and many feelings that accompany these experiences are difficult to verbalize, so the study was based on the qualitative methodology: in-depth individual interviews in order to understand this relationship more deeply. The procedure and steps followed for the implementation of this study, therefore, after defining the topic "*The impact of the Pandemic on doctor-patient communication in the primary public health service*" were the setting of the objectives of the study and the form of the application to fulfill the goals of the study.

This study will answer the research question: ***How did the Covid-19 Pandemic affect doctor-patient relationship?*** In this context, the subjects of the study were primary care doctors and patients who received consultation, service and follow-up of the course of the disease during the Pandemic period from these doctors and their colleagues. For this reason, after the scientific agreement with the form of the study and the study approach in accordance with the goals of the study, an "Informed Consent" request was made for all primary care institutions in Mirdita, Laçi and Lezhë, which would become collaborators and supporters of this study.

Informed consent accompanied by a personal consent form was submitted to all primary care physicians in the three cities. This study was joined by 6 doctors in the entire Lezha District and, in cooperation with the latter, patients who were registered as patients who received medical services were randomly selected. These individuals, randomly selected from the register, which included both genders and varied in age and status, were contacted by phone and sent requests for permission and cooperation in this study. 24 patients agreed to be part of the study.

The study maintained the ethical and professional framework, informing in writing both the Institutions and the individuals who would be part of the study, with the goals of the study, the form and method of application of this study. Based on the ethical principles, the researcher guaranteed that this study does not prejudice, harm and violate the integrity of anyone and does not present any risk in the experience of the participants in the study.

The study considered the involvement of doctors and their patients in this study as key to gaining a deeper understanding of the doctor-patient relationship. The scientific approach of this study is that of qualitative research, and the purpose of qualitative research is to understand the social reality of individuals, groups and cultures as closely as possible, as it is felt or lived by its participants. The context of inquiry comes naturally and nothing is predetermined or taken for granted (www.simplypsychology.org). Qualitative approaches emphasize lived experience and are useful for understanding the meaning people give to their life events (Miles & Huberman, 1994).

Study sample

As a sample selection procedure, due to the very nature of the qualitative study and study goals, the sample of this study comprised the main actors of this interaction, primary care physicians and their patients, who had received consultations, service and follow-up of the course of the disease during Pandemic. In full compliance with the ethical principles of scientific research, part of this study was a sample of 6 family doctors and 24 patients throughout the Lezha District, respectively in the primary service in the cities of Rrëshen, Laçi and Lezha, where the subjects of the study were primary care physicians and patients who received consultation, service, and disease follow-up during the Pandemic period from these

physicians and their colleagues. The selected patients belonged to the list of patients affected by Covid'19, who received and maintained contact with the family doctor for the health care protocol in home conditions during the rehabilitation period.

The study determined that the sample will only include individuals who had received contact, consultation, service and supervision from primary care physicians during the Pandemic period. The sampling of the study was determined by a purposive strategy in order to answer the research question of the study. This sample is both intentional and random. Purposeful, because the patient's experiences are crucial for the purposes of the study, i.e. trying to understand doctor-patient relationship in the Pandemic period. Random, because the scientific researcher did not have in mind a particular person, but only his/her status of a patient, who had contacted the family doctor during the Pandemic in the conditions of infection and need to receive health services. This selection was made without personal acquaintance, but randomly, including patients who were protocolled and who received the medical service. The selected participants differed in gender, age, education, family status and work situation. The sample included both sexes, 8 women and 22 men. All individuals, patients aged below 25 years and above 60 years were excluded from the random selection.

Research approach

This study is built on the qualitative approach of scientific research. Qualitative research began in the disciplines of anthropology and sociology, but is now used to study many psychological topics as well. Qualitative approaches emphasize lived experience and are useful for understanding the meaning people give to their life events (Miles & Huberman, 1994).

Qualitative research can provide rich and detailed descriptions of human behavior in the real-world contexts in which it occurs. Among qualitative researchers, this depth is often called "thick

description" (Geertz, 1973). It is worth noting that the qualitative researcher is an integral part of the data and without his active participation no data exists. In this sense, this study touches reality, capturing the meaning of the actual interpretations that the interviewees subjectively describe the phenomena, explain the behaviors and experiences, that they share every day with others in different realities. Based on the citations and statements of many researchers, it is clear that the use of qualitative research method adds to the deep understanding of the study results (Hesse-Biber, 2010). In this context comes this approach, which, literally, requires an understanding of the doctor-patient relationship in the primary service under the influence of the Pandemic.

Study instrument

A good example of a qualitative research method is the use of unstructured interviews, which generate qualitative data through the use of open-ended questions. This helps the researcher develop a real sense of a person's understanding of a concrete situation. The focus of the open questions aimed to better investigate the experiences and dynamics of communication as well as the challenges that were presented as barriers in this interaction.

The model of the instrument, interview with open questions is characteristic of qualitative studies and has been used by other researchers in their studies with similar research topics such as in China, USA, Europe and Africa. The implementation of the instrument in this study was carried out through the classification procedure. After agreeing on the conduct of the interview, firstly, the individual informed consent would be signed and secondly, the interview with open questions would be carried out.

The interviews took a development time of 45-55 minutes each. They were recorded with the interviewee's permission and in some cases they were taken in coded sentences, as some of the

interviewees refused to record the conversation for personal reasons and human embarrassment.

Limitations of the study

Regardless of the results of this study, it has several limitations that should be addressed in future research in the field of Communication Psychology. First, this study is not a longitudinal study, that would allow us to understand the dynamics of communication in different phases of the Covid'19 period and the coherence in these phases. Second, the study does not extend to a sample across the whole territory. Third, the study does not include all health service systems, or hospitalized patients with a longer experience of interaction with doctors. In addition, essential research elements such as time, budget and access also interfered in the study.

Ethical issues of the study

In this study, all steps were followed to fulfill the ethical criteria of a scientific study. First, a request – permission – was submitted to each Institution for the development of the study. Second, informed consent was provided to all primary care physicians in Lezha District and individuals who would be part of the study. Also, in keeping with the framework of scientific research, maintaining professional values and principles, extended written and oral information was given regarding the goals and form of the study, maintaining confidentiality, the right to ask and discuss, as well as the right to re-evaluate the decision for every individual in the study.

Based on the ethical principles, the researcher guaranteed that this study does not prejudice, does not harm and does not harm the integrity of anyone and that it does not pose a risk in the experience of the participants in the study. Also, the researcher, before the interview, informed the right of each interviewee to withdraw at any time without stating any reason for doing so. The participants signed their consent to conduct the interview.

Implications of the study

In a major change in the form and manner of interpersonal interaction during the Pandemic period, the doctor-patient relationship could not be affected, as an indicator of professional and social interaction. The priority of the doctor-patient relationship in Albania is in accordance with the WHO model for the quality of care, since the experience and knowledge accumulated in the field of health care quality encountered problems in the implementation of strategies to have as much efficiency and positive results as possible.

WHO guidance suggests that the health system should strive to make improvements in 6 areas or dimensions of service. They are: Effectiveness, Efficiency, Accessibility, Customer-centered service, Equity and Security (Kumanaku, 2020). There is no psychological reality that does not enter into a social reality, therefore, doctor-patient communication produces a psychological reality that exceeds the limits of the interlocutors, including family members and relatives.

The doctor-patient relationship is not only a therapeutic relationship, a clinical investigation, or a history of the disease, this relationship is also an emotional interaction, and to the extent that we respond emotionally to someone, we also respond physiologically to that person. Therefore, this communication takes on professional, moral, ethical and legal importance in an Institutional environment and beyond. A harmonious doctor-patient relationship is a guarantee for the health system, as this relationship is a social indicator in the functioning of society as a whole.

Discussion of findings

The data show that the Covid'19 period changed the communication of doctors with their patients, taking into account the epidemiological context generated by the Pandemic, predefined protocols as a measure of risk protection with

physical distancing. The data from the statements showed that the increasing demands for consultation and communication with doctors during the Pandemic did not interfere with the norms and protocols of the health service, turning this service into a new dimension of communication.

The Covid'19 Pandemic has changed the way ambulatory care is delivered in healthcare practices. The doctor-patient relationship has been, since the beginning, a complicated relationship. However, this relationship worked with anamnesis and clinical conversations about the disease and its history. With the appearance of Covid'19, all other diseases disappeared and went out of the medical focus. Covid became the main disease and the only problem to consider and this directly affected interpersonal relations, increasing the distance between interlocutors. Consequently, the doctor-patient relationship also suffered a physical and communicative distancing, transforming it from a relationship between a healer and a sick person, to an interaction between a care provider and a service user. This is influenced by the protocols and the law adopted on the Pandemic, to reduce the risk of transmission of the virus for both doctors and patients. The advent of the Pandemic led to a constant strain of practices requiring rapid change of care model. Members of medical teams took on new roles to triage, test and triage at-risk patients with respiratory symptoms for hospitalization and those with mild symptoms for home treatment.

Doctors faced many challenges, but what gained weight was the doubt about the behavior towards the disease: an unknown and unstudied disease. The inflation of unverified and contradictory information from medical scientists, various media, or the WHO itself, in many cases created confusion and uncertainty in the way of treating the disease itself, questioning the health system itself.

The statements of the doctors also showed that the guidance of the Technical Committee of Experts in cooperation with the Ministry of Health, who went to treat patients with Covid'19 in the primary system, also had a great impact. This, they explain,

gave them a great professional responsibility, psychological burden and increased risk, putting them in a situation of professional doubt about an unknown disease and increasing their professional and moral responsibility on the interaction and treatment of patients.

On the other hand, patients claimed that they were looking for reliable information from their doctors, as they too were overwhelmed by conflicting information, emanating relentlessly from all the media and pseudo-specialists, who filled the screens every day with interviews and statements that shook every increasingly the audience's trust in scientific knowledge about the Pandemic. Doctor-patient communication, the interviewees claim, entered a vicious circle, releasing much of the previous relationship. Protocol and law stood as an umbrella over this relationship, but communication became normative, challenging human, humane and professional morality. The data from the statements of the interviewees, both from doctors and from patients, show a strong impact of Covid'19 in reducing the time of Anamnesis. Under normal conditions in a diagnosis, the anamnesis consisted of 75% communication, history and clinical interview, 10% laboratory test and 10% physical examination (www.peertechzpublications.com). Now, with the Kovidjane situation, there was a roundabout between the communication and the laboratory test. Both patients and doctors affirmed that the laboratory test was the first and foremost element of the relationship with the patient. If the patient presented to the health service, the first process was related to the performance of the test and then, depending on the results, there was also a very short communication in time, simply recommending rehabilitation procedures in home conditions, maintaining the measures recommended as protocols and in compliance with the Law on the Pandemic, also enacted in Albania a few months after the emergence of Covid'19. In this context, what changed significantly during the doctor-patient relationship in the Pandemic was the decrease in the time of the anamnesis,

accepted during the interviews by the two interacting parties, both doctors and patients. According to them, this decrease in anamnesis time came as a result of the Covid'19 protocols, the return of the therapeutic relationship to a normative relationship, equality to risk, and the implementation of the regulation on social distancing during the Pandemic period.

Due to this atmosphere of defined rules and fear of infections, keeping masks and distance affected the giving of empathy, which, according to the doctors, could not appear even because of the short time of communication. Also, the patients during the interviews claimed that they did not receive a warm and empathetic relationship, as it could not be understood as a reason for the use of masks and other protective equipment on both sides.

The study findings, which emerged from interview data, highlighted a new dynamic in the already complicated doctor-patient relationship during the Pandemic. However, beyond the lack of empathy and the decline of the anamnesis over time, the data show that the professional interest on the part of the doctors was not lacking. Both parties in the study, doctors and patients, showed that the commitment to the patient, beyond conditions and protocols, was tangible. The doctors indicated that they could not do something outside the protocol, but were there for the patients at all times and in all circumstances, as far as they knew and could. Also, the patients emphasized that they had never faced with a lack of interest on the part of the doctors. They emphasized that they understood the doctors' short communication time and lack of empathy, despite their increased needs and interest in knowing and understanding more about their illness and concerns.

Finally, from the collection of qualitative study data, on the impact of the Pandemic on the doctor-patient relationship in the primary public health service, it results that the Covid'19 Pandemic affected the doctor-patient relationship drastically reducing the time of history taking. Also, the study showed that the human and professional element of empathy weakened in

this relationship during the Pandemic, as a key element in strengthening and trusting a therapeutic relationship and as an important indicator of effective communication desired in this process. In addition, the study found that despite a reduction in history taking time and lack of empathy, there was a commitment and dedication on the part of doctors to patients, regardless of circumstances, protocols and physical distancing. This study answered the research question, fulfilling the goals and objectives of the study, on the impact of the Covid'19 Pandemic on the doctor-patient relationship in the primary service in public health. The study classified as its conclusions three findings, related to the doctor-patient communication and interaction in the primary services during the Pandemic: Reduction of history taking time, lack of expression of empathy and maintenance of commitment. These findings show that the Covid'19 Pandemic negatively affected the doctor-patient relationship in the first two elements, but maintained professional commitment, despite the conditioning of protocols and the Law on the Pandemic.

Comparison of findings

In terms of studies on the doctor-patient relationship, there is no empirical approach to similar conclusions on similar topics. This is due to the scientifically known fact in the sociological and cultural aspect, since different cultures show different approaches to human and professional relationships. Thus, similar studies on a similar topic, such as the Pandemic, have different conclusions: some say that during the Pandemic there was an increase in empathy, and some say a decrease in empathy. Other studies show a commitment in this relationship, as well as others that show the use of violence in this relationship.

Mihai Mehedintu, from the University of Economic Studies in Bucharest, Romania, studied the impact of the Covid'19 Pandemic on the evolution of the patient-general practitioner

relationship. The study showed that patients were satisfied in communicating with their doctors during the Pandemic (Mehedințu, 2022). The College of Medical Humanities and Information Management, Hunan Medical University, Huaihua, in China, published a research article on the impact of Covid'19 on doctor-patient relationships, which found that the outbreak of the 2019 Coronavirus Disease (COVID'19) brought new challenges to the DPR, worsened an already strained relationship. Several countries, including China, have investigated DPR in their own countries to determine how COVID-19 has affected it, to resolve the original contradiction, and to find a new approach to DPR (Bo Xu, 2022). Also, Sophia et al. studied patient satisfaction with emergency physician empathy and communication in Arizona using the Hospital Consumer Rating of Healthcare Providers and Systems during COVID'19. The results showed that patients understood doctors in special circumstances and their scores for doctors were above average because they felt doctors' hard work and efforts to fight the epidemic. These helped ease the conflict between doctors and patients during COVID'19 to a certain extent (Bo Xu, 2022).

Another research study published as an article in July 2021, on the general perception of the doctor-patient relationship during the Covid'19 Pandemic in China, revealed that DPR improved and doctor-patient trust increased, compared to the participants' retrospective attitude before the Pandemic. Also, patient violence against doctors decreased during the Pandemic. Better physician-patient trust and lower physician violence are associated with better DPR (Zhou et al., 2021).

A study in Nigeria, on the Effect of Covid'19 on the doctor-patient relationship, evidenced that the current Covid-19 Pandemic has negatively affected the doctor-patient relationship (Nwoga et al., 2020). Thus in an analysis of the doctor-patient relationship in the period of the Covid'19 Pandemic, direct comparisons cannot be made from multiple studies, as this relationship has undergone changes both positively and negatively in the Covid'19 period depending on the cultures and

state policies in different societies in view of the intensity of infections and the risk of health systems going out of control in many countries in the world.

The COVID'19 Pandemic has dramatically changed the way care is delivered outpatient in health care practices. To reduce the risk of transmission of the virus to patients or health care workers within their practice, providers are postponing elective and preventive visits, such as annual physicals (Mehrota et al., 2020).

Conclusions

This study showed, through data analysis, that the Pandemic affected the doctor-patient relationship in the primary service in public health, drastically reducing the history taking time. Also, the study showed that the human and professional element of empathy did not appear in this relationship during the Pandemic, as a key element in strengthening and trusting a therapeutic relationship and as an important indicator of effective, necessary and desired communication in this process. The study found that beyond the reduction in history taking time and the lack of empathy, doctors maintained their commitment to patients, despite the circumstances, protocols and physical distancing. This study answered the research question, fulfilling the goals and objectives of the study on the impact of the Covid'19 Pandemic on the doctor-patient relationship in the primary service in public health.

The study classified as its conclusions three findings related to communication and interaction between doctor and patient in primary care during the Pandemic. These outcomes were classified as: decreased anamnesis time, lack of expression of empathy, and preservation of commitment.

These findings show that the Covid'19 Pandemic negatively affected the doctor-patient relationship in the first two elements, but maintained professional commitment, despite the conditioning of the protocols and the Law on the Pandemic.

The study also showed that the Pandemic conditioned the interpersonal doctor-patient relationship in many plans and elements, questioning the health service itself, also putting to the test not only professional knowledge and skills, but also human values. Undoubtedly, the study also highlighted the marked lack of psycho-social services in primary services during the Pandemic.

We suggest:

Scientific studies always open new windows of thought and reflection on the gaps that leave empty space to be filled. Human relations have always been complicated both in the social and professional aspects, so there is always the need to adapt and move towards equality and all involvement in a difficult journey towards goodness, morality and justice.

In this perspective, we suggest that continuous and in-depth studies in the field of doctor-patient relationships and other patient services should be encouraged through academic policies.

We also think that strengthening the patient role in the design of health systems with his active participation will not only be a fruitful practice, but also a fulfillment of the right denied to the patient, making him a partner in this interaction process.

Undoubtedly, we suggest the addition of psycho-social services to primary services and health services in general, as an immediate need to facilitate and support both patients and medical personnel, becoming a bridge of communication between doctor and patient.

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