

## Communication Practice, Personality and Well-being of Doctors

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### ABSTRACT

The present study aims at investigating the relationship between communication practice, personality and wellbeing of doctors. A sample comprising of 80 general physicians from private hospitals of Gurgaon and Delhi was taken. Standardized Questionnaires, i.e., Internal Communication Scale (Roberts and O'Reilly, 1974), NEO Five Factor Inventory (Costa and McCrae, 1992) and PGI Wellbeing Scale (Verma and Verma, 1989) were administered to measure these variables. Results revealed positive relationship communication practice, Agreeableness, Conscientiousness, Openness and Wellbeing, Neuroticism is negatively correlated to communicate practice and wellbeing of doctors.

**Keywords:** *Communication Practice, Personality, Well-being, Doctors*

Talk is the primary form of communication used in our society. It includes emotions, advice, communicated facts, gestures etc. The combination of verbal and non-verbal expressions contributes to how each person interacts and behaves. Communication plays vital role in everybody's life whether a person is teacher, lawyer, leader or doctor. When a patient approaches doctor for treatment, the way he communicates to patient leaves its impetus on his treatment.

Physicians who do not communicate effectively are subject to embarrassment and loss of professionals' image. Interpersonal communication is very vital in various behaviours like parent-child relationship, perceptions of social situations, doctor-patient interactions (Kiesler, 1996). Doctor's communication is not only one that brings patient satisfaction it is doctor's personality also that contributes to effective doctor-patient relationship and treatment effectiveness. Akkiram and Harris (2005) found that doctor's patient centred communication and assertiveness and openness in personality leads to patient satisfaction. Chapman and Lyness (2006) reported positive relationship between doctor's personality (extraverted) and communication practice. There is large research evidence (Lakatoos, 2006; Meit, 2007; Chapman,

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2008) that talk about the relationship between the communication practice and personality of doctor with patient's satisfaction. But the question of this investigation is about the relationship between doctor's own communication practice, personality and wellbeing.

Effective communication practice of doctor also leads to high well being of patients. Well being is a multidimensional construct and the commonly proposed tri-partite structure of well being, in the light of life satisfaction, positive affect and negative affect (Diener et al., 1999). Charles and Whelean (1997) found that doctors talking with patients affect both participants and resulted in a range of positive reactions like comfort, alarm and resolve. Famewell and Saul (2002) also reported the efficacy of core communication skill of doctor in improving wellness of patients.

Since the research work in relation to these three variables, i.e., communication practice, personality and wellbeing of doctors is partially less empirically dealt, taking this view in mind, the present investigation aimed to focus on studying the relationship between communication practice, personality and wellbeing of doctors.

## METHOD

### *Design*

A correlational design was used.

### *Sample*

A sample of 80 doctors was selected from the private hospitals of Gurgaon and Delhi. The doctors selected were all general physicians with very heavy OPD's where they were to interact with number of patients in a day (new patients and patients coming for follow-up).

### *Tools*

- ***Internal Communication Scale (Roberts and O'Reilly, 1974)***: It has 17 items which deals with the internal communication practices in hospitals like Mobility, Accuracy, Influence, Trust, Summarization etc.
- ***NEO-Five Factor Inventory (Cosha and McCrae, 1992)***: It has 60 items dealing with five factors and 12 items are related to each of five factors. These five factors Neuroticism, Extraversion, Openness, Agreeableness and Conscientiousness.
- ***PGI General Well Being Measure (Verma & Verma, 1989)***: It measures the general well being of person having 20 items. The higher the score, the higher is the well-being.

### *Procedure*

After rapport establishment, doctors were asked to fill the questionnaires. They were assured that their responses would be kept confidential. The scoring was done as per the manual's guidelines.

**RESULTS AND DISCUSSION**

The obtained data was analyzed by using Pearson Product Moment Correlation Method. The objective of study was to investigate the relationship between communication practice, personality and wellbeing of doctors.

*Table No. 1*

Var.	N	E	O	A	C	WB
CP	-.65*	-.01	.45	.68*	.72**	.75**

\*\* Significant at .01 level

\* Significant at .05 level.

CP= Communication Practice

N = Neuroticism

O= Openness

A= Agreeableness

C= Conscientiousness

WB= Well Being

Table no. 1 clearly reveals the highly significant positive relationship between Communication Practice (CP) and Agreeableness (A) i.e. .68, CP and Conscientiousness (C), i.e., .72. It means that physicians who have co-operative, friendly, committed, dutiful and energetic personality traits show the care and concern for patients and also have effective communication practice. At the same time, they do have their own high wellbeing i.e. .75 which enhances their wellness too.

The results also clearly denote the significantly negative relationship between Neuroticism personality dimension with Communication Practice, i.e., -.65. It means that doctors having negative affect and distress act as an inefficient doctor in terms of providing professional care, depth of relationship to patients and leading to their own low wellness. Mobinuero and Torruiba (2013) found that personality traits such as psychoticism, aggression-hostility lead to ineffective communication skill in each medical student. Borges and Early (2008) also substantiate the above findings.

**Limitations**

The study would have brought more meaningful results if the sample would have been large and comparison would have been made between private and public hospital doctors or between doctors from various departments, i.e., cancer, cardiology, neurology etc.

**Recommendations**

The current investigation has great applied value as it clearly denotes that doctor’s own personality and communication practice to handle patients not only enhances patients wellness but also their own psychological wellbeing. The study also suggests to conduct time to time ‘life

skill workshops' for the doctors so that they can remain stress free and have some leisure time too.

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