

## The role of effective patient-doctor communication in improving healthcare in Nigeria: a case study of the university of Abuja teaching hospital, Gwagwalada

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### Abstract

**Background:** Patient-doctor communication is an important aspect of healthcare delivery. It impacts health outcomes and clinical success. This study explored the role of effective patient-doctor communication in improving healthcare in Nigeria.

**Methods:** This study used a mixed-methods design, integrating both qualitative and quantitative approaches. The qualitative method involved in-depth interviews with 15 doctors. The quantitative method followed a cross-sectional design, using questionnaires to collect data from 222 patients at the University of Abuja Teaching Hospital, Gwagwalada. The quantitative data from the questionnaires were analyzed using descriptive statistics, in contrast, the qualitative data from the interviews were analyzed using thematic analysis.

**Results:** Findings revealed that accurate diagnosis, better treatment outcomes, patient satisfaction, and early detection of potential health issues are the outcomes of effective patient-doctor communication at the University of Abuja Teaching Hospital, Gwagwalada. It was also found that doctors employ patient-centered communication, active listening, and collaborative care to effectively communicate with patients. However, language barriers and cultural differences result in dissatisfaction among doctors and patients. Additionally, an overwhelming number of patients waiting to be seen, delayed appointments, inadequate file records, disorganized workloads, and system failures are setbacks that hinder effective patient-doctor communication at the University of Abuja Teaching Hospital, Gwagwalada.

**Conclusion:** Effective patient-doctor communication offers great potential for improving healthcare delivery. Therefore, hiring sufficient employees will effectively aid in managing the high volume of patients. Furthermore, hospitals should employ professional interpreters proficient in local languages to facilitate effective communication. Also, when patients share their cultural beliefs, healthcare providers should educate them on how these beliefs can influence their treatment.

**Keywords:** Patient-Doctor Communication, Healthcare, Teaching Hospital, Gwagwalada, Nigeria

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### Background

Nigeria, Africa's most populous nation, faces a complex array of healthcare challenges. While progress has been made in some areas, the country's healthcare system is faced with numerous problems. Socioeconomic factors, cultural differences, and the prevalence of communicable and non-communicable diseases contribute to these challenges. Aregbeshola B. [1] notes that uncertainties in politics, prevalent corruption, under-resourced structures, and economic instability have hindered the development of a robust healthcare system in Nigeria. Blackstone SW. [2] asserts that because patients and doctors come from different backgrounds with different needs and wants, patients find it hard to comprehend medical diagnosis and treatment therefore, successful communication is not easily achieved. The healthcare system in Nigeria is overwhelmed with patients who face physical and emotional challenges. This starts with having a disturbing diagnosis like cancer, kidney failure, or heart disease, followed by painful procedures like chemotherapy, dialysis, and a lot of tests in public hospitals with limited equipment and few medical personnel. Unfortunately, the health service often falls behind global standards. Therefore, patients depend on doctors for their well-being. This dependence highlights the importance of understanding between patient and doctor, as patients seek doctors who understand their situation,

demonstrate high levels of interpersonal care, and understand the challenges that Nigerian healthcare is struggling with. According to Chipidza et al. [3] doctor-patient relationship is one of the most powerful moments shared by people. To enhance healthcare outcomes, effective patient-doctor communication is crucial. Effective communication is vital in healthcare for a successful relationship and positive health outcomes as patients need to understand their diagnosis and treatment plan [4]. In the course of patient care, medical doctors work with several health practitioners and closely with patients under their care, hence the need to have good interpersonal communication [5]. A doctor's ability to communicate effectively with patients encompasses the ability to gather information to facilitate accurate diagnosis, counsel appropriately, provide clear guidance on treatment, and establish caring relationships with patients [6]. From the foregoing, there are significant opportunities to enhance effective patient-doctor communication within the Nigerian healthcare system. Hence, the research sought to explore how effective patient-doctor communication can be used to improve healthcare services in Nigeria, ultimately leading to better health outcomes and improved well-being for all citizens.

### Review of Empirical Study

Previous studies have investigated topics relevant to this study. Adebayo CT [7] carried out a study on Physician-Patient Interactions in Nigeria: A Critical-Cultural Perspective on the Role of Power. The study used a qualitative narrative framework and in-depth interviews with 22 Nigerians, the study looked at communication processes and difficulties existing in physician-patient relationship in Nigeria. Findings reveal Physicians' low communication performance as defined by lack of interpersonal relations, understanding, and scope of information exchange. Additionally, findings reveal the culture of power as a profound impact in this kind of relationship. Furthermore, a comparative qualitative analysis of doctor patient communication in selected public and private medical center in Lagos State was carried out by Ngene et al. [8] to examine the factors in charge of the inconsistency in doctor-patient communication in private and public medical Centre in Lagos State Nigeria. Findings revealed that culture, language and established set of beliefs are factors that affect the therapeutic rapport between a doctor and his patients. It was concluded that for effective communication between doctor and his patient, interpersonal communication skills must be learnt and adopted for an improved results and perception of health delivery service. Also, Sekoni et al. [9] carried out a study on health communication analysis of doctor-patient relationship and patient's health behavior in South West Nigeria. The study adopted the descriptive survey research method, using two sets of questionnaires for data collection from patients and doctors. The study concluded that doctor-patient relationship in health communication impact patients' health behavior in South West Nigeria. It is therefore recommended that doctors should apply a holistic and collaborative approach in communicating with their patients and that targeted social media platforms tailored to specific audiences should be utilized to complement the doctor-patient communication for more effective result. The reviewed literature gave an insight into cultural factors, belief systems, and power dynamics in patient-doctor communication without exploring the systemic and infrastructural challenges that hinder communication in Nigerian

healthcare. This study addresses this gap by identifying the specific barriers within healthcare infrastructure and systems that need attention to improve communication between doctors and patients in Nigeria.

### Statement of the Problem

Patient-doctor communication appears to be facing a lot of issues in the Nigerian healthcare system. Language differences, particularly in a country with over 520 languages and dialects, seem to hinder effective communication between patients and healthcare providers. According to Al Shamsi et al. [10] language barriers pose challenges in terms of achieving effective communication among medical professionals and patients. Also, diversity in cultures and beliefs affects how patients perceive and respond to medical treatment. Public hospitals are often congested, and patients have to join queues before they see a doctor. Moreover, systemic issues in the Nigerian healthcare system, fueled by decades of governance failures, failing infrastructure, and industrial actions, further affect patient-doctor communication. The hierarchical nature of the medical profession can also intimidate patients, discouraging them from expressing concerns and asking questions, which may lead to miscommunication. As a result, healthcare providers may experience exhaustion when these setbacks obstruct their ability to provide quality care to patients. This research, therefore, examined approaches in which effective communication between patients and doctors can be used to improve healthcare services in Nigeria.

### Methods

#### Study design and participants

This study used a mixed-methods design, combining qualitative and quantitative approaches to investigate the role of effective patient-doctor communication in improving healthcare in Nigeria, with the University of Abuja Teaching Hospital, Gwagwalada, as the case study. The qualitative approach employed in-depth interviews to gain insights into doctors' perceptions of the role of effective patient-doctor communication in healthcare delivery. The quantitative approach surveyed patients' perceptions and experiences with doctors using a cross-sectional design. The data collection took place between 10th June till 9th July 2024 at the University of Abuja Teaching Hospital, Gwagwalada.

#### Participants

The study's participants consisted of consultant, resident doctors, and patients from the General Outpatient Department (GOPD) at the University of Abuja Teaching Hospital, Gwagwalada. Patients aged 18 years and above who understood the research questions and were willing to participate were included in the study. Also, the consultant and resident doctors at the General Outpatient Department (GOPD) who were available during the data collection period and were willing to participate were included in the study. However, participants who were under 18 years of age and who were unable to understand the research questions, and unwilling to participate were excluded from the study. During the data collection period, the GOPD had 15 doctors and an average of 500 patients per month. Making a total population of 515 (15 medical doctors and 500 patients).

### Sampling Technique and Sample Size

For the qualitative study, purposive sampling was employed to select doctors. Fifteen doctors were purposively selected for in-depth interviews. The participants were assigned pseudonyms (Participant 1, Participant 2, etc.). The demographic of the participants consisted of 11 male participants (73%, n=11) and 4 female participants (27%, n=4), totaling 15 participants. This sampling is appropriate for smaller groups with specific research goals, allowing the researcher to focus on participants with unique qualities relevant to the study. The systematic sampling technique was employed for the quantitative study to select participants. Every second patient waiting to see a doctor was reached out to and those who gave their consent were included in the study. The sample size for the quantitative study was determined using the Taro Yamane formula:

$$n = \frac{N}{1 + N(e)^2}$$

Where: n=sample size

N=represents the entire target population under study=500

l=constant;

e=degree/margin of error

$$n = 500 / (1 + 500(0.05)^2)$$

$$n = 500 / (1 + 500(0.0025))$$

$$n = 500 / (1 + 1.25)$$

$$n = 500 / (2.25)$$

n=222 patients were selected for the study.

### Instrument for Data Collection

The data collection instruments used in the study were an interview and a questionnaire. The interview questions and questionnaires were reviewed and approved by the University of Abuja Teaching Hospital's Health Research Ethics Committee on 7<sup>th</sup> June 2024 with Protocol Number: UATH/HREC/PR/438. The questionnaire was guided by the concept of the 'Four-Habit Model' for medical interviews; invest in the beginning, elicit the patients' perspective, demonstrate empathy and invest in the end [11]. The questionnaire comprised statements and questions which were sourced from questionnaires that have already been employed and validated in previous studies [5,12]. In-depth interviews were conducted with doctors in the General Outpatient Department (GOPD) and the conversations were recorded, transcribed, and coded accordingly. To complement the interviews and understand patients' views on the role of patient-doctor communication in healthcare delivery, structured questionnaires consisting of closed-ended questions were administered. The test-retest reliability was used. The questionnaires were administered to the respondents twice, with two weeks interval between administrations. This process assesses the instrument's stability and consistency.

### Data Analysis

The quantitative data obtained from the questionnaires were analyzed using descriptive statistics. In contrast, thematic analysis was employed to analyze the qualitative data, and themes were identified from the responses to each interview question, revealing participants' perspectives.

## Results

### Quantitative Study

Table 1 summarizes the socio-demographic characteristics of the participants. A total of 217 questionnaires were returned out of

the 222 questionnaires distributed among participants from diverse age groups, genders, educational qualifications, marital statuses, and occupations.

**Table 1.** Socio-demographic characteristics of participants (n=222).

Variables	Categories	N (%)
Questionnaire Distributed	Distributed	222 (100.0)
	Returned	217 (98.0)
	Not Returned	5 (2.0)
Age	18-25	32 (15.0)
	26-30	98 (45.0)
	31-45	77 (35.0)
	46 Above	10 (5.0)
Gender	Male	123 (57.0)
	Female	94 (43.0)
Educational Qualification	FSLC	30 (14.0)
	SSCE	60 (28.0)
	1st Degree	109 (50.0)
	2 <sup>nd</sup> Degree	15 (7.0)
	Ph.D. Degree	3 (1.0)
Marital Status	Single	99 (46.0)
	Married	102 (47.0)
	Divorced	3 (1.0)
	Separated	9 (4.0)
	Others	4 (2.0)
Occupation	Students	56 (26.0)
	Farmers	31 (14.0)
	Business Owners	45 (21.0)
	Civil/Public Servants	75 (34.0)
	Others	10 (5.0)

Five statements (Table 2) were employed to assess the impact of effective patient-doctor communication in improving healthcare at the University of Abuja Teaching Hospital, Gwagwalada. The majority of respondents agreed that effective doctor-patient communication empowers patients with the knowledge to maintain a healthy lifestyle, enables early detection of potential health issues, and enhances adherence to treatment plans. Participants were asked to identify approaches that healthcare practitioners can use to achieve optimal health outcomes. These approaches include explaining difficult medical jargon, developing an empathetic connection, and responding thoughtfully to patients. The findings are presented in Table 3. Table 4 shows that the absence of effective two-way communication leaves patients uncertain about their health results, with 53% of participants in agreement. Furthermore, 46% of patients felt that the hospital staff did not make them feel seen and heard. Additionally, the long wait to see a doctor and inadequate records of files also contribute to patient dissatisfaction. However, 75% of patients are comfortable as a result of the clean physical environment, with amenities such as private wards and spacious parking lots. Excessive workload, fear of being called names, lack of effective feedback channels, limited health information, and cultural differences hinder effective patient-doctor communication, as shown in Table 5 below.

**Table 2.** The impact of effective patient-doctor communication in improving healthcare at the University of Abuja Teaching Hospital, Gwagwalada.

No	Statements	Analysis			
1.	Do doctors develop a thorough diagnosis when you tell them your symptoms, past treatments, and the mental and emotional distress you are dealing with?	Strongly Disagree 10 (5.0%)	Disagree 5 (2.0%)	Agree 120 (55.0%)	Strongly Agree 82 (38.0 %)
2.	To what extent does involving you in decision-making concerning your health increase the likelihood that you will follow the treatment plan?	To a Great Extent 134 (62.0%)	Somewhat 53 (24.0%)	Very Little 24 (11.0%)	Not at All 6 (3.0%)
3.	Does effective communication prevent misdiagnosis and ensure you receive the right treatment?	Strongly Disagree 3 (1.0%)	Disagree 5 (2.0%)	Agree 136 .0(63%)	Strongly Agree 73 (34.0%)
4.	To what extent does clear communication from doctors empower you with the knowledge to maintain a healthy lifestyle, detect potential health issues, and enhance your adherence to treatment plans?	To a Great Extent 164 (75.0%)	Somewhat 38 (18.0%)	Very Little 9 (4.0%)	Not at All 6 (3.0%)
5.	To what extent does listening attentively enable medical practitioners to deliver care that respects your preferences?	To a Great Extent 170 (78.0%)	Somewhat 28 (13.0%)	Very Little 10 (5.0%)	Not at All 9 (4.0%)

**Table 3.** Communication approaches that healthcare practitioners can use to achieve optimal health outcomes.

No	Statements	Analysis			
6.	When doctors explain difficult medical jargon, does it make health results easier for you to understand?	Strongly Disagree 7 (3.0%)	Disagree 5 (2.0%)	Agree 130 (60.0%)	Strongly Agree 75 (35.0%)
7.	Do you like it when doctors develop an empathetic connection centered on kindness and understanding?	Yes 207 (95.0%)	No 10 (5%)		
8.	When doctors explain your condition, treatment options, and self-care, does it improve your health outcomes?	Yes 213 (98.0%)	No 4 (2%)		
9.	Do attentive listening and thoughtful responses meet your needs promptly?	Strongly Disagree 7 (30%)	Disagree 9 (4.0%)	Agree 56 (26.0%)	Strongly Agree 145 (67.0%)
10.	How important is it to you that doctors portray you as important and answer your questions, doubts, and concerns promptly?	Not Important 6 (3.0%)	Moderately Important 14 (6.0%)	Very Important 197 (91.0%)	

**Table 4.** Finding out if patients are satisfied or dissatisfied with the health services.

No	Statements	Analysis			
11.	Does the absence of effective two-way communication leave you uncertain about your health results, without getting a clear answer?	Strongly Disagree 7 (3%)	Disagree 9 (4%)	Agree 114 (53%)	Strongly Agree 87 (40%)
12.	Do the hospital staff make you feel seen and heard, and acknowledge you as an important individual while you are at the hospital?	Most of the Time 24 (11%)	Some of the Time 36 (17%)	Seldom 57 (26%)	Never 100 (46%)
13.	Are you comfortable as a result of the clean physical environment, with amenities such as private wards and a spacious parking lot?	Yes 163 (75%)	No 54 (25%)		
14.	Do you find the long wait to see a doctor, delayed appointments, and the slow feedback to questions unsatisfactory?	Strongly Disagree 11 (5%)	Disagree 19 (9%)	Agree 71 (33%)	Strongly Agree 116 (53%)
15.	Do you get infuriated as a result of inadequate records of files, disorganized scheduling, and system failures?	Yes 211 (97%)	No 6 (3%)		

**Table 5.** Setbacks that hinder effective patient-doctor communication.

No	Statements	Analysis			
16.	Does excessive workload constrain doctors' availability, making it difficult to have in-depth discussions with you?	Strongly Disagree 5 (2%)	Disagree 15 (7%)	Agree 96 (44%)	Strongly Agree 101 (47%)
17.	To what extent does the fear of being called names discourage you from disclosing information on discreet issues?	To a Great Extent 130 (60%)	Somewhat 66 (30%)	Very Little 12 (6%)	Not at All 9 (4%)
18.	Does the lack of effective feedback channels stop you from recommending development issues that if not dealt with could limit quality?	Yes 187 (86%)	No 30 (14%)		
19.	To what extent does limited access to health information make it difficult for you to navigate the health system?	To a Great Extent 163 (75%)	Somewhat 26 (12%)	Very Little 17 (8%)	Not at All 11 (5%)
20.	Do cultural differences between you and health providers create barriers to effective communication?	Strongly Disagree 8 (3%)	Disagree 4 (2%)	Agree 119 (55%)	Strongly Agree 86 (40%)



## Qualitative Study

The interview data from the doctors were analyzed and categorized into themes aligned with the research objectives.

### Effectiveness of patient-doctor communication in improving healthcare at the University of Abuja Teaching Hospital, Gwagwalada

The findings showed that effective communication enables doctors to understand patients' symptoms and medical history, which leads to an accurate diagnosis. One of the participants notes that: Effective communication enables patients to clearly explain their symptoms. This includes patients' medical history, how they feel, and what relieves the symptoms. This information helps us rule out potential causes based on the information we have obtained, leading to an accurate diagnosis. **[Participant 9]**. Participants also note that when patients understand their treatment plan and medication, they are likely to follow them, resulting in better treatment outcomes. Another participant states that: Effective communication encourages patients to monitor their condition and report changes to their doctors. This feedback enables doctors to adjust their treatment plans and ensure patients achieve better treatment outcomes. **[Participant 3]**. Additionally, the participants emphasized that effective communication helps to establish a trusting relationship between patients and doctors, making patients feel comfortable to share their concerns. This leads to patient satisfaction with care. A participant notes that: Clear communication reduces uncertainty and anxiety, making patients feel more at ease. When doctors actively listen to their concerns, patients feel satisfied with their care. **[Participant 8]**. Participants also acknowledged that effective patient-doctor communication reduces healthcare costs by avoiding unnecessary procedures and potential harm. One of the participants notes that: Effective communication enables doctors to order relevant tests, avoiding unnecessary ones that might not provide valuable insights. In addition, good communication facilitates follow-up appointments and monitoring, allowing healthcare providers to address potential complications before they escalate, thereby reducing readmission rates. **[Participant 1]**.

### Communication approaches for optimal health outcomes

It was found that there are several approaches and methods that healthcare practitioners can use to effectively communicate with patients. These communication approaches aim to convey information and address concerns in ways that are effective for patients. According to one of the participants: One of the approaches I have been using for patients with positive results is patient-centered communication. This approach focuses on patients' needs and care, prioritizes their concerns, and involves them in the decision-making process. Implementation of this approach requires active listening and a willingness to engage patients in their care. **[Participant 5]**. Another participant notes that: Active listening is a powerful approach in healthcare that involves fully concentrating on and comprehending the message, concerns, and needs of patients. This requires healthcare practitioners to be fully engaged in the conversation without distractions. This approach enables us to gain clarity and gather more information from patients. **[Participant 7]**. One of the participants also revealed that: Collaborative care creates an environment where a team of healthcare professionals, patients,

and their families work together to deliver comprehensive care. This approach encourages open communication among team members and fosters an environment for shared knowledge, addressing the needs of patients. **[Participant 2]**.

### Setbacks that prevent effective patient-doctor communication

It was found that there are setbacks that lead to misunderstanding and miscommunication between patients and doctors, and these setbacks prevent effective communication between them. Commenting on these setbacks, one of the participants notes that: Language barriers pose a significant challenge to effective communication, leading to a breakdown in patient-doctor communication. When a patient and a doctor speak different languages, it hinders the exchange of crucial information, making it difficult to understand the patient's symptoms and treat medical conditions. Even when the patient is accompanied by a relative who understands English, this relative often struggles to convey key information to the patient. **[Participant 11]**.

Another participant notes that: Cultural differences and diverse health beliefs usually impact patient-doctor communication. Patients from different cultural backgrounds may have different perspectives on health treatment, which sometimes conflict with the views of the doctors. Specifically, some cultures attribute illness to spiritual forces rather than biological causes. These differences in cultural beliefs create communication gaps and barriers to effective care. **[Participant 6]**. Another participant notes that: An overwhelming number of patients waiting to be seen by doctors often results in prolonged wait times, increased frustration, and decreased patient satisfaction. I struggle to manage this workload, compromising effective communication and quality of care. The crowded environment leads to delays in treatment and diagnosis, potentially worsening patient outcomes. **[Participant 4]**.

## Discussion

The study's findings revealed that effective patient-doctor communication plays an important role in improving healthcare delivery at the University of Abuja Teaching Hospital, Gwagwalada. The qualitative study revealed that effective patient-doctor communication leads to accurate diagnosis, better treatment outcomes, patient satisfaction, and reduced healthcare costs. Furthermore, the quantitative data indicated that doctors can develop a thorough diagnosis when patients share their symptoms, past treatments, and mental and emotional distress. Also, clear communication from doctors empowers patients with the skills to maintain a healthy lifestyle, identify potential problems early, and make positive decisions that promote their overall well-being. This finding is supported by Matusitz and Spear [13], who emphasized that patient-doctor communication is an important factor of healthcare quality that can shape patients' personal well-being and health outcomes. Several approaches and methods that healthcare practitioners employ to communicate effectively with patients were identified. These include patient-centered communication, active listening, and collaborative care. It was also revealed that patients appreciate doctors who establish an empathetic connection, explain medical information, help them understand their condition, and respond to their concerns thoughtfully.

As highlighted by Shitu Z, et al. [14], developing strategies among healthcare practitioners is vital to enhance the quality of healthcare management and patient outcomes. The study also identified setbacks that lead to misunderstanding and miscommunication between patients and doctors, hindering effective communication. These setbacks, revealed through interviews with doctors, include language barriers, diverse health beliefs, cultural differences, and an overwhelming patient workload. As noted by Ndukauba K, et al. [15], language barriers arise from language diversities. They impede communication and mutual understanding, making it challenging to achieve desired outcomes. Language and communication barriers in healthcare delivery can have severe effects on patients, healthcare providers, and the healthcare system as a whole. Patients also revealed that the fear of being called names discourages them from disclosing some information on discrete issues and the lack of effective feedback channels prevents them from suggesting improvements. In addition, they expressed frustration with long wait times, delayed appointments, inadequate records of files, disorganized workloads, and system failures. According to Umar I, et al. [16], the primary cause of long wait times is the insufficient number of doctors to attend to the large volume of patients, a common challenge in many Nigerian healthcare centers due to the insufficiency of medical professionals.

A limitation of this study was the challenge of collecting data from patients and doctors due to privacy concerns and the sensitive nature of healthcare information. Additionally, some participants were reluctant to provide detailed responses, possibly limiting the depth of the insights gathered. These constraints may affect the generalizability of the findings, as the data may not fully capture the experiences and perspectives of all relevant stakeholders in healthcare settings. Future studies could benefit from broader participant engagement and alternative data collection methods to overcome this barrier.

## Conclusion

Effective patient-doctor communication is an important determinant for achieving excellent treatment outcomes and patient satisfaction. Although effective patient-doctor communication has great potential for improving healthcare, several challenges must be addressed. These include the overwhelming number of patients waiting to be seen, language barriers, and cultural differences, leading to frustration and decreased patient satisfaction. Therefore, this study recommends that hospitals should employ professional interpreters proficient in local languages to facilitate effective communication. Furthermore, hiring sufficient employees will effectively aid in managing the high volume of patients. Educating patients about cultural beliefs is also vital in providing care that honors diversity. When patients share their cultural beliefs, healthcare providers should educate them on how these beliefs can influence their treatment. This empathy will enable patients to feel more comfortable and encouraged to open up and express concerns about their health.

## Abbreviation

GOPD: General Outpatient Department; HOD: Head of Department.

## Declaration

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### Availability of data and materials

Data will be available by emailing iyabomary2019@gmail.com

### Authors' contributions

Oyeleke Iyabo Mary (OIM) solely conceived, designed, researched, wrote, revised, and approved the final version of the manuscript. The author approved the final version of the manuscript.

### Ethics approval and consent to participate

I conducted the research following the declaration of Helsinki. The ethics approval was obtained from the University of Abuja Teaching Hospital Health Research Ethics Committee on 7<sup>th</sup> June 2024 with Protocol Number: UATH/HREC/PR/438. Following ethics committee approval, approval was requested from the HOD Family Medicine, and subsequently obtained.

### Consent for publication

Not applicable

### Competing interest

The authors declare that they have no competing interests.

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