

DOCTOR-PATIENT INTERACTION: A ROLE PERSPECTIVE

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ABSTRACT

Good health is a prerequisite for proper functioning of the human body at individual and society levels. Sound in health, one can plan and execute activities proper to him or her. Health is basically the ability to function properly. Parsons' (1975) concept of the sick role is a useful sociological approach to illness because it views the patient –physician relationship within a framework of social roles, attitudes, and activities that both parties bring to the situation. This paper examines the doctor-patient interaction from a purely socio-psychological view point, using the role perspective as a point of reference.

INTRODUCTION

The doctor-patient interaction is a specific form of interpersonal relationship. In the search for a social psychological framework appropriate to describe this type of phenomenon, the role theory offers a good approach.

This perspective can be formulated as a meeting of two persons in which one presents a problem, called "illness", to the other, regarded as competent and willing to offer some help. Doctors and patients do not meet each other in a vacuum. They occupy a place in a given society, in which human interactions are regulated by prevailing cultural standards. This means that the expectations and behaviour of both towards each other are influenced by the roles society attaches to each of them within a given socio-cultural milieu. In other words, being a doctor or a patient constitutes in itself a social role.

In general, the social role attached to the position of the doctor is characterized by authority and power as well as absolute devotion to his patient. On the other hand, the social role of the patient is more ambiguous.

This is so because being ill entails, some exclusion from the normal social life, but simultaneously, the right to some social privileges, such as being looked after, and exemption from some duties.

It is the purpose of this paper to describe the doctor-patient interaction with a focus on a role perspective. The perspective assumes that appropriateness of medical procedure, work performed in the hospital, and decisions taken stem from initial primary human encounter between doctor and patient.

THE ROLE CONCEPT IN THE DOCTOR/PATIENT ENCOUNTER.

Several relevant literature connected with the role concept and doctor-patient interaction are available.

Perlman (1968) maintains:

The concept of social role provides a clear, firm perspective for viewing man in his dual nature – as both creative and creator of his society.

For Perlman, this concept also provides a major linkage between man's unique personality and the self – other twosome or the massive

society with which he continuously interacts.

Belshaw (1969) is of the opinion that social role and division of labour can for our purposes be used interchangeably. For him, the arrangement of social roles may be thought of as the basis of social structure and the activities manifested in social roles the basis of social organization. Hence, we have people in a society playing roles of doctors, patients, mechanics, professors, priests, husbands, wives and so on. Belshaw (1969) also emphasized that every social relation has to serve the ends of both parties if it is to survive or be maintained.

For any organization to survive, there must be values and norms underlying the functioning of its groups or members.

Shaw and Costanzo (1982: 311-312) say:

Interdependence involves a casual or determinative relationship between the behaviours or behavioural partition of two persons.

They, like many other proponents of role theory, maintain that individuals in role relationship are mutually dependent in terms of norms, sanctions, and behavioural goals. The interdependence may enhance or hinder one's performances. From this observation, the authors highlight that the heart of role theory is centered on the structure of social relationship.

Other authors like Heiss in his article, "Social Roles", in Rosenberg and Turner (1981:95) say:

Thus, for me, a role is a set of expectations in the sense that it is what one is supposed to do.

Fitcher (1981) speaking from the perspective of the sick patient, said that the physician takes on large importance because there is no other person or place to turn to relief from pain. Thus, doctor-patient interaction is based on mutual trust. The doctor makes himself available to the patient for help, and the patient encounters the doctor with hope and

confidence.

Another author, Mumford (1983) in supporting this view says that social positions like "doctor", "patient" carry with them a set of expectations. This implies how people are supposed to respond in a given situation. For him, the fact that people in society relate to each other in part through using status and roles as guidelines helps make social exchange between them predictable. In the case of doctor-patient interaction, each anticipates what the other should do and therefore tries to comport himself accordingly.

Stryker (1980) speaking of positions people occupy says that like other symbolic categories, positions serve to cue behaviour and thus act as predictors of the behaviour of persons who are placed into a category.

Of course, being placed in positions or categories means those positions. Positions have no meaning if there are no roles of functions to be performed. Also positions have no meaning if there are no expectations, attached to them. So doctor-patient interaction has meaning only as much as they occupy specific positions with attached roles and expectations. Commenting on exchange features of social interaction, Ickes and Knowles (1982:58) say:

Social interaction is a strongly ego-centered business, with actors organizing their doings to fulfill highly personal projects of action.

Again Cockerham (1982) commenting on Parson's concept of the sick role said that it is a useful sociological approach to illness because it views the patient-physician relationship within a framework of social roles, attitudes, and activities that both parties bring to the situations. Thus, for Parsons, the sick role evoke a set of patterned expectations that define the norms and values appropriate to being sick, both for the individual and for others who interact with the person.

Lennard (1969) maintains that orderly

social process requires some complementarity of behaviour and expectations. In general, Lennard suggests, orderly social process demands the establishment of and conformity to a consensus as:

- (i) who is to do what, when and how often;
- (ii) what behaviours follow each other (sequence schedules);
- (iii) what attitudes and views participants are to maintain toward each other and to the situation.

Lennard's argument is very strong and convincing not only in the case of doctor-patient interaction, but in all human interaction. People normally define situations whenever they engage into contracts or other human activities.

Citing Turner, Sudnow (1972) says that roles exist in varying degrees of concreteness and consistency. Individuals frame their behaviour to fit with the concrete situation they meet themselves. In doing this, they also try to modify their roles according to circumstance and need. Thus, human behaviour is not a structure, but a process.

Shannon (1977:37) writes-

A patient is a person who has formed an alliance with the primary care physician and consequently entered the medical system.

Shannon, says that it is only after the patient and his primary physician have established their relationship that there can be a request for the service of a radiologist. This observation by Shannon is very relevant to our discussion. It means in other words, that we cannot talk of effective and wholesome treatment or therapy of a patient if there is no rapport establishment between the patient and the medical corps. If the patient has confidence on the staff of the hospital, the efficacy of the

treatment is enhanced. A good doctor-patient relationship has a placebo effect too. This means that the confidence reposed on the doctor by the patient can give him a psychological healing effect.

THE SOCIAL ROLE OF THE PATIENT

According to Freeman (1972:315):

In every medical action there are always two parties involved, the physician and the patient or, in a broader sense, the medical corps and the society.

This statement by Freeman is basic to the whole idea of the medical system. If there are no physicians and patients, what is the idea of building and maintaining hospitals. Therefore everything hinges on the interaction between the doctor and the patient.

For, as Freeman observed, a patient is by definition an individual whose incapacity thwarts his performance of the social roles with which he is normally charged.

Perhaps, Parson's contribution to the idea of the sick role is the most classical example of the patient's obligation and roles. For Parsons, the sick person is helpless and therefore in need of help. Parsons is of the opinion that the sick person is obligated to seek for help from a competent medical expert, and that he should accept this help when offered by cooperating with the doctor and his staff. Parsons (1951) is of the opinion that if being sick is to be regarded as "deviant" as certainly in important respects it must, it should be distinguished from other deviant roles precisely by the fact that the sick person is not regarded as responsible for his condition. This argument by Parsons is a very important distinction when one looks at the connotation of deviance in most sociological literatures. Deviance connotes purposeful non-conformity to the normative expectation of the society. A patient cannot therefore be compared with a

robber. The robber is responsible for his criminal behaviour, but the patient is not responsible for his sickness.

Doctor - patient interaction can be viewed as an exchange, a continuous exchange, a giving and taking relationship. The patient offers complaints and other relevant information, which the doctor listens to and then analyses before accepting or questioning. The doctor can look for other data, history, and thereafter, he can offer interest, guidance, directives and reassurance to which the patient can react with objections or agreement. The attitudes and initiatives of such a partner are determined by his own intentions but continuously influenced and adapted by the reactions of the other partner. One finds himself in the same situation whenever he encounters a doctor for a routine medical check-up.

The interaction between the patient and the doctor is based on a communicative interaction process. It is, as it were, an exchange of expressive messages. The messages may be verbal or non-verbal. Both use language, accent, and gesture. A message from one participant elicits a response from the other one. The patient may offer complaints or information about his bodily state. The doctor on the other hand may reply with questions, touches and advice.

THE SOCIAL ROLE OF THE DOCTOR

Doctors are trained to be self-assured and to express empathy towards the feelings experienced by patients, and to recognize the different factors that influence the patient's behaviour. For the patient, being ill and consulting a doctor can be a threatening experience. He goes to the doctor for hope and reassurance and for quick recovery. For the doctor, this situation may be associated with some stress and anxiety, because someone in danger is appealing to him for help. Thus, they are both confronted with the situation of need

and help.

According to Parsons (1951: 447), the role of the physician centers on his responsibility for the welfare of a patient in the sense of facilitating his recovery from illness to the best of his ability.

Bloom and Wilson cited in Freeman (1972: 321) say:

The practitioner is the representative of dominant cultural values.

Bloom and Wilson also refer to the practitioner as the symbol of the well and normal, of the non-ill encountering the ill.

CONCLUSION

The purpose of this paper has been to discuss the doctor-patient interaction from the role perspective. The paper assumes that doctor and patient do not meet each other in a vacuum, but both occupy a place or position and play different roles in a given society, in which human interactions are regulated by prevailing cultural standards. The expectations and behaviour of both toward each other are influenced by social roles attached to each of them within a given situation. Doctor-patient interaction normally takes place in a hospital setting, or, in case of emergency, outside the hospital.

The role perspective is a very salient concept for understanding the social psychological import of this encounter. In order to bring efficacy to the healing process of the patient, a cordial relationship between the two is of absolute importance. The doctor can appreciate the position and role of the patient better if there is friendly communication between them. The patient, on the other hand, can enhance the healing process by being at the disposal of the doctor with unconditional trust and confidence.

If we see the relationship between the two as a human encounter in a special way,

we can presume that the patient expects to find in the doctor a comprehending human brother with best of intentions. This atmosphere of friendship can be realized only if the physician himself thinks beyond his scientific medical attitude to accept the patient's complaints and worries.

Some other perspectives could be used in approaching the doctor-patient interaction, but suffice it to say that the role perspective is not only useful, but seems most appropriate. It is not only useful to the student of medicine, but also to the student of social psychology.

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