

Effect Of Poor Medical Practitioner-Patients Relationship On Organizational Performance Of Nigeria Hospitals

Martha Chinyere Okonkwo

Department of Management,
University of Nigeria Nsukka

Abstract

This study examined the effect of poor medical practitioner-patients relationship on organizational performance of Nigeria Hospitals. The study specifically to investigate the coordination in medical practitioners-patients relationship on the image of healthcare service delivery to improve organizational performance in Nigeria Hospitals. and also, to examine the effective time and attendance management of medical practitioners to patients help to improve organizational performance in Nigeria Hospitals Data for the study was collected using primary and secondary methods of data collection. For the primary data collection, questionnaire was used while existing literature relevant to the topic was consulted for the secondary data. A sample of one hundred and seventy-one respondents was randomly drawn from Hospitals within Enugu metropolis, which is subdivided into one hundred (100) patients and seventy (70) medical practitioners, the 5-point Likert scale was used for data analysis while Pearson correlation tool was used to test the formulated hypothesis. The result shows that coordination in medical practitioners-patients relationship on the image of healthcare service delivery is very poor so, it does not significantly improve organizational performance in Nigeria Hospitals and when compared with private owned hospitals in Nigeria. Effective time and attendance management of medical practitioners to patients is positive and it help to significantly improve organizational performance in Nigeria Hospitals.

Keywords: Patient, Medical Practitioner, Healthcare, Service Delivery, Hospital

INTRODUCTION

The doctor-patient relationship is the combination of both medical ethics and practice as it pressures on how to interface between the patient and doctor ought to be nurtured. This definition seem to border where patient's data are assembled, plans and diagnoses are made, patient activation, compliance is accomplished, healing, and support are than provided.'21 Outside the consulting rooms, for example, in the hospital ward, the doctor-patient relationship is much more complex as it is more than just two persons interrelating, when somebody is ill, more others people are involved.

These include patient's with neighbors and relatives, rescue specialists, nurses, technical personnel, social workers and others such as hospital administrators, insurance company/ health management organizations and government [1]. The coordination in doctor-patient relationship is a kind of coordinating relationship that doctors has with their patients which involves the patients' trust, respect for patients' autonomy, maintain confidentiality, explain treatment options, obtain informed consent, provide the highest standard of care, effective time and attendance management and never to withdraw from providing services to patients in short notice that is not enough for the patient to find another doctor[10]. Some of the reasons for deterioration of this

relationship include the increased commercialization of health care, some doctors viewing it as a trade and not as a profession, the level of training in medical ethics at the undergraduate medical education course and the lack of time for doctors – at least in the public sector, to develop any sort of personalized empathic relationships [22]. The effectiveness of doctors in the proper conduct of doctor-patient relationship has been linked with the beliefs, attitudes and orientations they brought into this encounter.

Physicians' behavior generally influences their professional responsibilities as they govern the use of professional knowledge that is adopted in encounter with doctor-patients. The physician's behaviors color the type of alignment styles doctors can bring into the doctor-patient interactions. It is the typical doctors' orientation toward their patients that determines if the relationship practiced is doctor-centered (paternalistic) or patient-centered. Studies has revealed that when the doctors' practice orientation is patient-centered, patient satisfaction does not only increase drastically but, high-quality health care services is attained.

It further promotes patient's compliance and adherence to the treatment process, strengthens their trust in

physicians, and consequently improves the "hospital-image" in a significant and relevant manner. Most of the past's Nigerian studies on the doctor-patient relationship borders mainly on patients' satisfaction from either the patients' or their relations' perspectives and not from the orientations the physicians brought into the encounters. In western countries, the latter has always been the focus of many studies. These studies, practically base on why the physician practice orientation to the doctor-patient relationship is always very important in the proper conduct of health care delivery in Nigeria.

Effective doctor patient communication is the process whereby clinical function are built for an effective doctor's patient relationship, which is the heart and art of medicine. This is very important in the delivery of high-quality health care services, patient dissatisfaction and complaints are due to breakdown in the doctor patient relationship, however, many doctors tend to overestimate their ability in communication. A doctor communication and interpersonal skills encompass the ability together with information in order to facilitate accurate diagnosis give therapeutic instructions and establish caring relationship with patient.

These are the core climate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care [9]. To create and maintain a successful therapeutic basic communication skill in isolation are not sufficient, effective doctor patient relationship are needed because it consists of sharing perceptions and feelings regarding the nature of the problem, psycho-social support and goal of treatment, interpersonal skill, integrates with patient, suitable communication with both the doctors and patient and doctor-centered approaches, [7].

The main objective of any doctor patient communication is to improve the health and medical care of the patient thus: the better their relationship, the better they build mutual respect, trust, knowledge and good information about the patient's disease.

Statement of Problem

Despite tremendous advances in medical science, studies have shown that Doctor-Patient Relationship (DPR) in the healthcare environment is under siege and patient's daily experience widespread violation of ethical principles of PDR in health facilities, particularly in underserved settings. The principles of PDRs were developed to narrow the gap between universal abstract theories and real-life relationships in Patient-Doctor encounters.

In Nigeria, the problems faced by patients includes poor medical practitioners-patients relationship, lack of effective time and attendance management of medical

practitioners to patients, poor communication with the doctors and none disclosure of drug details to the patients, this has to a greater extent affected the perception of Nigerian on health system. This study therefore, seek to look at the effect of poor medical practitioner-patients relationship on organizational performance of Nigeria Hospitals.

Aim/Objectives

The aim of this paper is to examine the effect of poor medical practitioner-patients relationship on organizational performance of Nigeria Hospitals. The specific objectives of this study include the following;

1. To investigate the coordination in medical practitioners-patients relationship on the image of healthcare service delivery to improve organizational performance in Nigeria Hospitals.
2. To examine effective time and attendance management of medical practitioners to patients help to improve organizational performance in Nigeria Hospitals

The Research Hypothesis

H₀: I Coordination in medical practitioners-patients relationship on the image of healthcare service delivery does not significantly improve organizational performance in Nigeria Hospitals.

H₀: II Effective time and attendance management of medical practitioners to patients does not help to significantly to improve organizational performance in Nigeria Hospitals.

Limitation of the Study

One of the major limitations faces by the researcher is that, the medical practitioners failed to disclose some relevant information and also find it difficult corporate with the researcher.

RELATED LITERATURE REVIEW

Time and Attendance Management of Medical Practitioners to Patients

An effective time and attendance management system must be put in place in our hospital save patient care, vital management time, reduce administrative costs, and have protocols in place to protect employees and the facility alike. A facility is needed in order to track an employee time and attendance in order to provided solution that is able to track employee hours, schedule shifts, and provide payroll processing functions. They similarly the ability to generate effective reports on those hours, sick days, track (Personal Time Off) PTO, vacation days, and permit employees to watch in at a wide range of locations are needed. Also want the managers to be able to track which staff is working effectively at which location, track where they want to go, approve shift swaps, and be able to cross check hours online.

Time and Attendance Software for Hospitals and Healthcare facilities

Biometric time tracking is one of these facilities that is needed in Nigeria hospital, it is enable to track time at numerous locations, adjust scheduling, record leave, personal time off (PTO) and provided self-service function supervisor that allows employees to manage their direct and indirect reports. It also collects attendance information which organizations can examine in order to find better ways to reduce administration costs, increase productivity and timely delivery.

Biometric Time & Attendance for Healthcare organizations Biometric Time & Attendance system works by scanning a digital representation of an employee's unique fingerprint to record when an employee clock in or clock out from the machine. Rather than storing a person's actual fingerprint, it stores 'fingerprint templates' which are a digital representation of the fingerprint.

This way supervisors and employees alike can guarantee that privacy is protected while high security standard is maintained [11]. This system is particularly effective for identification and verification, preventing staffs from borrowing cards from each other to gain access to controlled areas, reducing time and attendance fraud and 'buddy clocking' where one employee clocks on or off for another. Majority of the facilities today currently used fingerprint scanners but they are also exploring other biometric options.

In furthermore the necessity to schedule workers across various departments, scheduling software may be needed to follow the union rules so that an available shift can automatically goes to the next individual on the list based on seniority. The system also wants to be able to record employee time. In order to help management, develop better visibility of where each employee is working and what they are doing at any point in time. The also help to calculate overtime hours, account for any special conditions and holiday hours [11].

Doctors, nurses, technicians and health care aides have physically and emotionally stressful jobs that require personal interactions and extreme attention to detail. In addition to such challenge of scheduling work and insufficient staffing and a stressful situation can be made even worse than should be. In this case, Employee management solutions are needed and it is designed to improve employee efficiency, reduce absenteeism and increase productivity.

They also save medical facilities time and money that can be better spent on the programs and services the community demands [11].

The Coordination of Medical Practitioners-Patients Relationship

An effective coordination of medical practitioners-patients relationship is needed to propound solutions of many barriers affecting the image of healthcare service delivery to improve organizational performance in Nigeria Hospitals. Such as providing good communication in the doctor patient relationship, including anxiety and fear, doctor's burden of work, fear of litigation, fear of physical or verbal abuse and unrealistic patient expectations.

Deterioration of Doctors Communication Skills

Communication skills are used to describe medical student's progress through their medical education, and for some time now doctors training are losing their focus on holistic patient care [12]. Furthermore, the emotional and physical brutality of medical training, specifically during internship and residency, suppresses empathy, substitute's techniques and procedures for talk, and may even result in derision of patients. Nondisclosure of information [12].

The doctor patient interface is a complex process and serious miscommunication in which it is potentially pitfall, especially in terms of patients who understands their prognosis, purpose of care, expectations and involvement in treatment, [12]. These important factors may affect the choices patients make regarding their treatment and of life care which can have a significant influence on the disease [4]. good communication skill practiced by doctors allowed patients to perceive themselves as a full participant during discussion relating to their health Stewart et al [17].

Doctors Avoidance Behaviour

They have been reported that doctors are avoiding any discussion concerning patient's emotional and social problems because it distressed the doctors. when those issues could not be handled or the doctors did not have enough time to address those issues adequately, the next thing is to completely avoiding it. This situation is negatively affecting doctors emotionally and there is tendency of increasing patients' distress [10]. This avoidance behavior may end in patients being reluctant to unveil their problems to the doctors and it could lead delay in recovering [18].

The negative influence of the doctor's behavior and the subsequent nature of the doctors-patient lack of communication may deferred patients from stating their need for information and explanations. Patient may feel disempowered and they may not be able to achieve their health goal [12]. Discouraging patient from giving sufficient explanation about their health may result in poor understanding between doctor and patients and these may lead to therapeutic failure.

The Strategies for Improving Doctors Communications Skill

Strategies for improvement of Doctors Communications skills involve both style and context attitude, listening skills, empathy and use of opened-ended questions are some examples of skillful communication [10]. Improved doctor-patient communication skill tends to increase patient involvement and adherence to recommended therapy, influence patient communication satisfaction, adherence and health care utilization and improve quality of care and health outcomes, [2]. Breaking bad news to patients is a complex and challenging communication task in the practice of medicine, relationship building is especially important in breaking bad news [4]. He opine that, patients see their doctors as one of the most important sources of their psychological support. Empathy serve as one of the most influential ways of providing support to reduce patient's feelings of isolation and vacillating their feelings or thoughts as usual and needed to be expected. One of the most important things in establishing a good relationship with patient is to understand the patient's perception, miss communication, sharing information. Decreases patients' satisfaction with medical care, hopefulness and these can hinder treatment and established bad relationship between the patients and the doctors.

Communication training among Doctors are not natural with brilliant communication skills, as they have different talents, instead they may understand the theory of good doctor patient communication, learn and practice these skills and be capable of modifying their communication style if there is sufficient monitoring and training communication skill training has been found to improve doctor-patient communication [17], [13] and [5]. It is important to have communication skill training as that will help the doctors generate more information from the patients. Using different skill also build a good relationship because the doctor deals with different behavior.

Health beliefs and values affect the doctor patient relationship and health care through competing therapies, fear of the health care system, or distinct of prescribed therapy. [11], states that perception gap may negatively affect treatment decisions and therefore may influence patients' outcome despite appropriate therapy although doctors use a biomedical model to understand illness, patient beliefs and values are influenced by social and behavioral factors as well as biology or anatomy [19].

It is very vital to recognize and address perceived fences and benefits of treatment to improve patient obedience to medical plans by ensuring the benefits and importance of treatment are well understood. [19].

Empirical Studies

Abiola et al., [1]. conducted a review on Patient doctor relationship: The practice orientation of doctors in Kano, the study examined attitude and orientation of doctors to the doctor patient relationship and found that impressive doctor-patient relationship has a direct influence on delivery of high-quality healthcare services. No study to the knowledge of these researchers has so far examined the practice orientation of doctors in Nigeria to the phenomenon.

The aims of the study remained to determine the orientation of Kano doctors to the practice of doctor patient relationship and physicians' related factors. Participants were doctors working in four major hospitals (i.e., two federal owned and two state-owned) servicing Kano State and its environs. The Patient Practitioner Orientation Scale (PPOS) and a sociodemographic questionnaire were accomplished by the 214 contestants. The PPOS has 18 matters and measures three parameters of an entire score and two dimension of "sharing" and "caring". Results: The mean age of contestants were 31 to 72 years (standard deviation = 0.87), with two percent (22%) being females, and they have 40.7%. and it has been practicing for =6 years and about two third working in federal owned health institution. The Cronbach's alpha of entire PPOS scores was 0.733 and that of two subscale scores of "sharing" and "caring" were 0.659 and 0.546 respectively.

Most of the doctors' orientation are ninety-two-point five percent (92.5%) and it was towards doctor centered (i.e., paternalistic) while care section of the majority is seventy five point two percent (75.2%) while upheld the view of not sharing high numbers of information and it control the patients, and showing little interest in psychosocial concerns of patients (i.e., 'caring'=93.0%). Respondents' characteristics that were significantly associated with majority of doctor 'caring' relationship orientation was =30_year_old and practicing for six years (6 years).

Working in State-owned hospitals was also significantly associated with high doctor "sharing" orientation. Conclusion: The paper demonstrated why patient centered medical interviewing should be given more attention in medical training section in Nigeria, and specifically in the federal healthcare institutions with saddled production of new doctors and further training should be given to practicing doctors.

Fatima and Adda [14] conducted a study on the evaluation of the Challenges of Doctor- Patient Communication.

They found that effective doctor-patient communication is a dominant clinical function and the

subsequent communication which is the heart of medicine to patients and is the central component for delivery of healthcare. The goal of current doctor - patient communication are to create a good interpersonal relationship, to facilitate exchange of information, and patients' inclusive in decision making. Effective doctor patient communication is determined by the doctor "bedside manner" which patient's judge as the main indicators of the doctor's general competence.

Bolarinde et al.,[6] reviewed patients' satisfaction with care from Nigerian Federal Capital Territory's Public Secondary Hospitals: A cross-sectional study. The study accessed satisfaction with care received by patients at public secondary hospitals in Abuja, north central Nigeria. Patients' satisfaction was measured using structured questionnaire. Cronbach alpha was adopted to assess the consistency in item responses. A multivariate mixed-effects linear regression was used to identify factors manipulating the overall satisfaction.

All satisfaction domains were tested and scored at "intermediately-positive levels" excluding for the "feeling that was being valued and appreciated as patient's that have the least domain scored which positive response level. The total respondents were rated in the hospitals at high satisfaction level. There was a significant positive association between patients' satisfaction and careful listening of care providers; patients' perception of being valued and appreciated by the medical practitioners ($P = \frac{1}{4} .003$ and $P = \frac{1}{4} .001$, respectively).

The findings suggest high satisfaction of care at public hospitals in Abuja Nigeria. Patients satisfaction survey

should be integrated into hospital management planning and administration as part of quality improvement.

Gap in Knowledge

The researcher was enabled to address poor relationship between Medical practitioners and the patients and time and attendance management of the Nigeria hospital and how it affects the organizational performance.

METHODOLOGY

The study is based on the effect of poor medical practitioner-patients relationship on organizational performance in Nigeria Hospitals. The study made use of survey research approach. Data for the study was collected using primary and secondary methods of data collection. For the primary data collection, questionnaire was used while existing literature relevant to the topic was consulted for the secondary data.

A sample of one hundred and seventy respondents was randomly drawn from Poly general Hospital and St. Patrick General Hospital within Enugu metropolis, which is subdivided into one hundred (100) patients and seventy (70) medical practitioners, the 5-point Likert scale was used for data analysis while Pearson correlation tool was used to test the formulated hypothesis. The reliability was tested using the cronbach alpha. It gave a reliability co-efficient of 0.82 which was also good. Data was presented using frequency tables and charts. The hypotheses were analyzed using Pearson Correlation tool.

DATA PRESENTATION AND ANALYSES

Table 1: The coordination of medical practitioners-patients relationship on the image of healthcare service delivery in Nigeria Hospitals is very poor					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	70	41.2	41.2	41.2
	Agree	62	36.5	36.5	77.6
	Undecided	5	2.9	2.9	80.6
	Disagree	20	11.8	11.8	92.4
	Strongly Disagree	13	7.6	7.6	100.0
	Total	170	100.0	100.0	

Figure 1: The coordination of medical practitioners-patients relationship on the image of healthcare service delivery in Nigeria Hospitals is very poor so it does not significantly improve organizational performance.

The result in table 1 and figure 1 shows that 70 or 41.3% respondents strongly agree that the coordination in medical practitioners-patients relationship on the image of healthcare service delivery is very poor so it does not significantly improve organizational

performance in Nigeria Hospitals., 62 or 36.5% agreed, 5 or 2.9% of the respondents were undecided while 20 or 11.8% respondents disagreed and 13 or 7.6 respondents strongly disagreed. This indicated that those that strongly agreed and agreed have the highest response rate showing that the coordination of medical practitioners-patients relationship on the image of healthcare service delivery is very poor so it does not significantly improve organizational performance in Nigeria Hospitals.

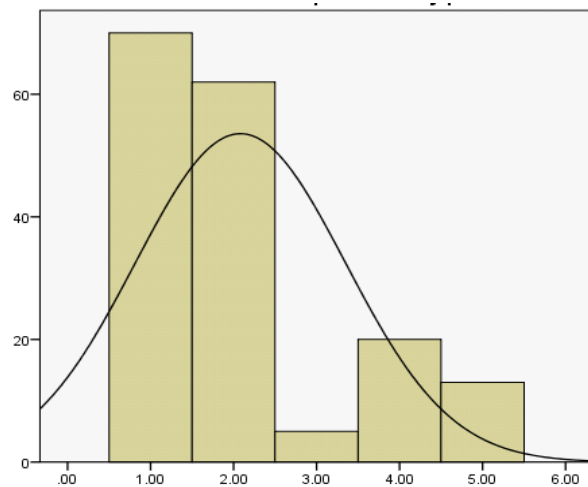


Table 2: The coordination of medical practitioners-patients relationship on the image of healthcare service delivery in Nigeria Hospitals is very high

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	32	18.8	18.8	18.8
	Agree	38	22.4	22.4	41.2
	Undecided	8	4.7	4.7	45.9
	Disagree	61	35.9	35.9	81.8
	Strongly Disagree	31	18.2	18.2	100.0
	Total	170	100.0	100.0	

Figure 2: The coordination of medical practitioners-patients relationship on the image of healthcare service delivery in Nigeria Hospitals is very high.

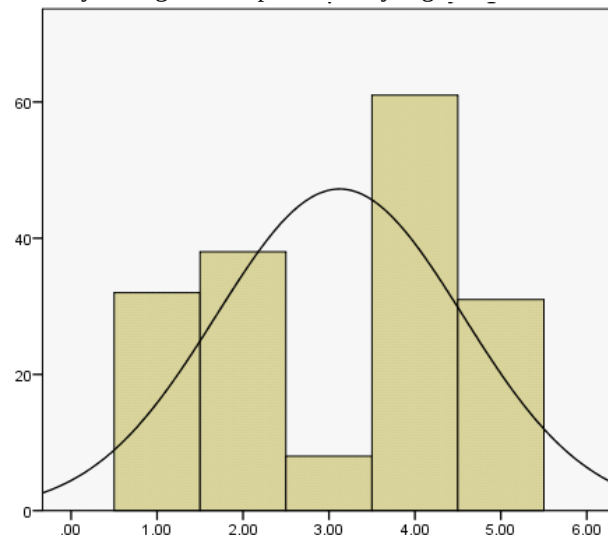


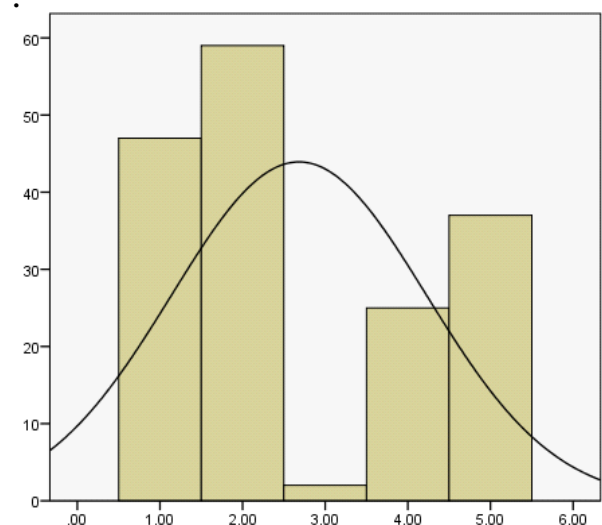
Table 2 and figure 2 shows that 32 or 18.8% respondents strongly agreed that, coordination in medical practitioners-patients relationship on the image of healthcare service delivery is very high so, it significantly improve organizational performance in Nigeria Hospitals., 38 or 22.4 respondents agreed, 8 or 4.7% respondents were undecided while 61 or 35.9

respondent disagreed and 31 or 18.2% respondents strongly disagreed. Those that disagreed has the highest responds rate implying that coordination of medical practitioners-patients relationship on the image of healthcare service delivery is very poor so it does not significantly improve organizational performance in Nigeria Hospitals.

Table 3: coordination in medical practitioners-patients relationship on the image of healthcare service delivery significantly improve organizational performance in Nigeria Hospitals.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	47	27.6	27.6	27.6
	Agree	59	34.7	34.7	62.4
	Undecided	2	1.2	1.2	63.5
	Disagree	25	14.7	14.7	78.2
	Strongly Disagree	37	21.8	21.8	100.0
	Total	170	100.0	100.0	

Figure 3: coordination of medical practitioners-patients relationship on the image of healthcare service delivery significantly improve organizational performance in Nigeria Hospitals.

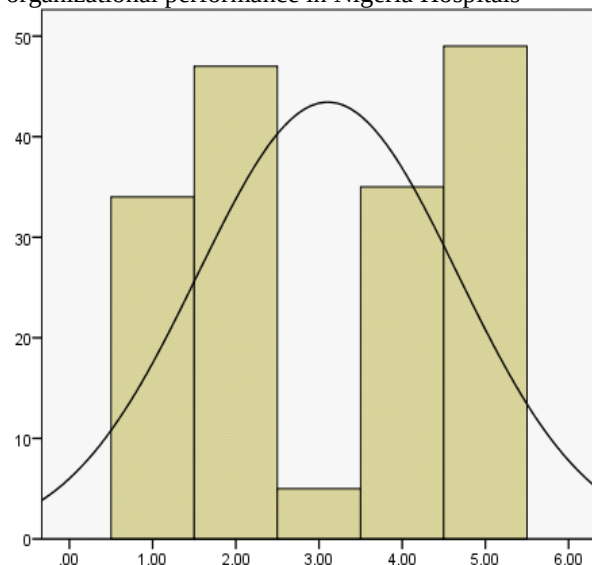


From Table 3 and figure 3 above it can be seen that 47 or 27.6% respondents strongly agreed that coordination of medical practitioners-patients relationship on the image of healthcare service delivery significantly improve organizational performance in Nigeria Hospitals, 59 or 34.7% of the respondents agreed, 2 or 1.2% respondents were undecided while 25 or 14.7% respondent disagreed while 37 or 21.8% respondents strongly disagreed. Those that agreed has the highest responds rate implying that coordination of medical practitioners-patients relationship on the image of healthcare service delivery does not significantly improve organizational performance in Nigeria Hospitals.

Table 4: Effective time and attendance management of medical practitioners to patients help to improve organizational performance in Nigeria Hospitals.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	34	20.0	20.0	20.0
	Agree	47	27.6	27.6	47.6
	Undecided	5	2.9	2.9	50.6
	Disagree	35	20.6	20.6	71.2
	Strongly Disagree	49	28.8	28.8	100.0
	Total	170	100.0	100.0	

Figure 4: effective time and attendance management of medical practitioners to patients help to improve organizational performance in Nigeria Hospitals



The result in table 4 and figure 4 above shows that 34 or 20.0% respondents strongly agree that effective time and attendance management of medical practitioners to patients help to improve organizational performance in Nigeria Hospitals, 47 or 27.6% agreed, 5 or 2.9% of the respondents were undecided while 35 or 20.6% respondents disagreed and 49 or 28.8% respondents strongly disagreed. This indicated that those that strongly disagreed has the highest response rate of 28.8% showing that effective time and attendance management of medical practitioners to patients help to improve organizational performance in Nigeria Hospitals.

HYPOTHESES TESTING

Hypothesis One:

In hypothesis one, the researcher sought to find out the extent medical practitioners relate with patients in Nigeria Hospitals. In testing this hypothesis, Pearson correlation tool was used. The result showed that relationship occurred at 0.903. This means that the correlation is positive and very strong. Again, correlation is significant at 0.21 which is greater than

0.05. This also means that the correlation was insignificant.

The extent medical practitioners relate with patients in Nigeria Hospitals

Correlations			
		MPP	OP
coordination of medical practitioners-patients relationship on the image of healthcare service delivery is very high significantly improve organizational performance in Nigeria Hospitals.	Pearson Correlation	1	.903**
	Sig. (2-tailed)		.021
	N	170	170
Coordination in medical practitioners-patients relationship on the image of healthcare service delivery is very poor so, it does not significantly improve organizational performance in Nigeria Hospitals.	Pearson Correlation	.903**	1
	Sig. (2-tailed)	.021	
	N	170	170

**. Correlation is significant at the 0.01 level (2-tailed).

The implication is that Coordination in medical practitioners-patients relationship on the image of healthcare service delivery is very poor so, it does not significantly improve organizational performance in Nigeria Hospitals. Therefore, the null hypothesis is accepted.

Hypothesis Two

Effective time and attendance management of medical practitioners to patients does not help to significantly to improve organizational performance in Nigeria Hospitals.

Correlations			
		TAN	OP
Effective time and attendance management of medical practitioners to patients does not help to significantly to improve organizational performance in Nigeria Hospitals.	Pearson Correlation	1	.964**
	Sig. (2-tailed)		.000
	N	170	170
Effective time and attendance management of medical practitioners to patients help to significantly to improve organizational performance in Nigeria Hospitals.	Pearson Correlation	.964**	1
	Sig. (2-tailed)	.000	
	N	170	170

**. Correlation is significant at the 0.01 level (2-tailed).

In hypothesis two, the researcher sought to examine the Effective time and attendance management of medical practitioners to patients does not help to significantly to improve organizational performance in Nigeria Hospitals.

In testing this hypothesis, Pearson correlation tool was used. The result showed that relationship occurred at 0.964. This means that the correlation is positive and very strong. Again, correlation is significant at 0.00 which is less than 0.05. This also means that the correlation was significant.

The implication is that Effective time and attendance management of medical practitioners to patients help significantly to improve organizational performance in Nigeria Hospitals.

CONCLUSION

Doctors are in a unique position of respect and power as such, doctors may influence patient health, effective doctor patient communication can be a source of motivation, incentive, reassurance, and support. The Nigeria hospital need an effective time and attendance management of medical practitioners to patients which as well improve organizational performance in Nigeria Hospitals. Good doctor patient relationship can increase job satisfaction and reinforce patients' self-confidence, motivation and positive view of their health outcomes. Good doctor patient relationship can increase job satisfaction and reinforce patients' self-confidence, motivation and positive view of their health outcomes. Majority of the complaints was all about doctors who are not relating issues in communication, not clinical competence, patients needed medical doctors, who can skillfully diagnose and treat their sickness as well as communicate with them effectively, thus doctors with better communication and interpersonal skills are able to detect problem earlier, can prevent medical crisis and expensive intervention and provide better support to their patients.

This may lead to higher quality outcome and better satisfaction lower cost of care, greater patient understanding of health issues, and better adherence to the treatment process.

The result of this study shows that the extent medical practitioners in Government owned Hospitals relate with patients is very poor when compared with private owned hospitals in Nigeria. it was observed that coordination in medical practitioners-patients relationship on the image of healthcare service delivery is very poor so, it does not significantly improve organizational performance in Nigeria Hospitals. Effective time and attendance management of medical practitioners to patients help to improve organizational performance in Nigeria Hospitals.

RECOMMENDATIONS

Based on the above findings, the study hereby recommends that;

- Effective coordination of medical practitioners-patients relationship on the image of healthcare service delivery should be implemented immediately in order to improve organizational performance in Nigeria Hospitals.
- Effective time and attendance management in medical practitioners to patients should also be

implemented since it improves organizational performance in Nigeria Hospitals.

- Patient-centered medical interviewing should be given top priority in the medical training curriculum in Nigeria. There is also a need for Nigerian sector to set up monitory team that will check mate the activities on medical practitioner in the areas of their relationship with patients in other to improve on the image of Nigerian health system.

REFERENCES

- [1]. Abiola, T. Udofia, O. Abdullahi, A.T. Patient-doctor relationship: The practice orientation of doctors in Kano. *Nigerian Journal of Clinical Practice* • 17 (2) (2014).
- [2]. Acrara N. Interacting with carrier patient the significant of physician's communication behaviorsoc. *Sci. med*, 57(5): 791-809 (2015).
- [3]. Adekanye AO, Adefemi SA, Okuku AG, Onawola KA, Adeleke IT, James JA. Patients' Satisfaction with the Healthcare Services at a North Central Nigerian Tertiary Hospital. *Nigerian Journal of Medicine*, 22 (3), (2013).
- [4]. Baile, W.F Buckman R. and Denis, U.L: A six step patients with cancer. *Oncologist*:5 (544): 302-311(2016).
- [5]. Bensing, J.M.Sluis E.M. Evaluation an interview training course for general practioners, soc. *Sci. med*: 20 (7) 737-744. (2018).
- [6]. Bolarinde, J.L., Schadrac, C. A., Nkeiruka B.L., Muhammed, O. A and Ihaji, E. Patients' Satisfaction With Care From Nigerian Federal Capital Territory's Public Secondary Hospitals: A Cross-Sectional Study. *Journal of Patient Experience*, 5(4) 250-257. (2018)
- [7]. Bredart, A. The role for the physician in the emerging health care environment. *West J. med*. 168 (5): 328-333. (2016).
- [8]. Brinkman L.D, Hall, J.A. and Roter, D.L. Meta-analysis of correlates provider behavior in medical encounter, *med crae*: 26 (7): 657-678. (2012).
- [9]. Brinknan, G.U. and Henrdon, H.J. Doctor patient communication and satisfaction with care in Oniology, *Curropin*:17(14): 351-354 (2017).
- [10]. Chio, A. Montuschi G. Patients and caregivers communication preference and information, seeking behavior, *Eur, J. neurol*: 15 (1) 55-60 spub, Nov. 14 doi 10 111/j.1468-1331, 02 143 (2018).
- [11]. Diette G.B and Rand C. The contributing role of health care communication to health dispersers for minority, patients with asthma, *chest*: 132(5) suppl. 8025-8095. (2018).
- [12]. Dimattew J.B. The impact of patient -centered care on outcome, *ejj farm pract*, 49 (9): 796-804. (2014).

- [13]. Duffy F.D. Assessing competence in communication and interpersonal skills. The Kalamazow II reports.acad-med; 79 (6): 495-507(2016).
- [14]. Fatima Baba Kura Imam, Adda Gana Bukar, Aishatu Musa. An Evaluation of the Challenges of Doctor- Patient Communication. *International Journal of Humanities and Social Science Invention ISSN (Online): 2319 – 7722, ISSN (Print): 2319 – 7714*(2015).
- [15]. Iloh, G.U.P, Onya, O.N, Nwamoh, U.N, Onyemachi, P.E.N, Chukwuonye, M.E and Godswill-Uko, E.U. Patient–Doctor Relationship in Underserved Environment: A Cross-Sectional Study of Attitudinal Orientation, Practice Inclination, Barriers and Benefits among Medical Practitioners in Abia State, Nigeria. *Nigerian Postgraduate Medical Journal* (2019).
- [16]. Lee S.J and Back, A.L. Enhancing physician patient communication, Hematology, Am, sochematol educ. Program; 1:4 64-483 (2018).
- [17]. Lee, R.G and Garin T. Many from information transfer to information exchange in health and health care. *Soc sci. med*, 56(3). 449-464. (2015).
- [18]. Maguire, P. Pitceathly C. Key communication skills and how to acquire them. *B.M.J* 2017: 325 (7366), 697-700. (2017).
- [19]. Plalt, M.E and Kealing S.H, Green filed et al Assessing the effect of physician patient interactions on the outcomes chronic disease med. *Care* 1989: 27 (3) suppl s110-5127. (2013).
- [20]. Stewart, K.L Platt, F.W. and Kealling, K.N. Differences in physician and perceptions of un-complication let symptom severity, understanding the communication gap, *Int J. Clinrprac*. 61 (2),, 203-308. (2017)
- [21]. Chipidza, F.E, Wallwork, R.S and Stern, A.R. Impact of Doctor-Patient Relationship. *Rounds in General Hospital.Prime Care CNS Disorder*. Postgraduate Press Inc. dio:10_4088/pcc.15f01840 (2015).
- [22]. WHO Strengthening the Doctor-Patient Relationship: A Framework for Action. Regional Office for South East Asia, India (2013).