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COMMUNITY-DOCTOR RELATIONSHIP IN BASRA-IRAQ

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ABSTRACT

Patient satisfaction is a vital component of evaluating medical care. The relationship between doctors and their patients is one of the most important bases of medical care services. When patients feel heard, respected, and understood, they are more likely to trust their doctor, follow medical advice, and feel satisfied with the care they receive. In Iraq, this relationship faces unique challenges. In the context of the Iraqi medical system, there exists a unique practice where medical doctors operate within a dual framework. This study was conducted to determine how people in Basra view their interactions with doctors. Through a questionnaire, the research explored five key areas: communication, trust and accessibility, treatment consistency, financial issues, and professionalism. A cross-sectional study was conducted on a sample of Basra City population of both genders and different age groups using a questionnaire form. Sampling process involved interviewing a convenience/ availability sample. The form comprised two parts. The first involved sociodemographic information of the respondents. Part two involved exploring respondents' beliefs about certain aspects of the community-doctor relationship. These were patient-doctor communication, trust and accessibility, treatment consistency and financial practices, and professionalism and competence. Each item was answered on a five-point Likert scale ranging from strong disagreement to strongly agree. The study documented the existence of some positive perceptions across the studied aspects of relationship. But the findings revealed some participants reported deficiencies in physicians' communication skills. It was recommended to enhance medical communication skills through intensified efforts to improve communication competencies among doctors, beginning at the undergraduate level, extending through postgraduate education, and continuing with ongoing professional development. Such improvements are essential to ensure high-quality doctor–patient interactions.

Keywords: patient-doctor relationship, communication skills, patient trust, Basra

INTRODUCTION

Patient satisfaction is a vital component of evaluating medical care. It describes how patients value and regards their care; it is a process as much as an attitude, so it must be monitored continually, and frequently measured [1].

The relationship between doctors and their patients is one of the most important bases of medical care services. When patients feel heard, respected, and understood, they are more likely to trust their doctor, follow medical advice, and feel satisfied with the care they receive. Across the world, studies have shown that effective communication, mutual trust, and professional behavior are essential to good health outcomes and positive patient experiences [2].

Uncoordinated and conflicting relationships between doctors and patients are becoming a real dilemma faced by medical practice and the whole society, which severely affects people's sense of well-being and health [3].

In Iraq, however, this relationship faces unique challenges. Years of conflict, economic hardship, and strain on the medical care system have left both patients and doctors under pressure. While many patients continue to rely on their doctors as trusted sources of care, concerns about communication, professionalism, and financial practices are common. Some studies from Iraq have explored these issues, diagnosing gaps between public and private care, and the need for better training in communication and ethics [4]. In the context of the Iraqi medical system, there exists a unique practice where medical doctors operate within a dual framework. During the morning shift, these physicians fulfill their professional duties as government employees/staff members within governmental hospitals. Subsequently, during the afternoon and evening shifts, they engage in the provision of medical services within their private clinics concurrently. This system represents a mixed approach in which medical professionals manage public sector responsibilities and private practice.

Research that captures how ordinary Iraqis experience their relationships with doctors - especially from a community perspective - remains limited [5].

This study aims to help fill that gap by looking at how people in Basra view their interactions with doctors. Through a carefully designed questionnaire, the research explores five key areas: communication, trust and accessibility, treatment consistency, financial issues, and professionalism. By understanding what patients think and feel about these aspects, the study hopes to offer insights that can improve medical practice, strengthen trust between doctors and patients, and support the development of a more patient-centered medical care system in Iraq.

MATERIALS AND METHODS

This cross-sectional study was conducted on a sample of Basra City population of both genders and different age groups. Sampling process involved interviewing convenience/availability sample. According to Stephen Thomson equation, sample size was estimated as 285 people. To conduct this study, a structured questionnaire, evaluated for validity and reliability, was used by the surveying team members. The form comprised two parts. The first involved sociodemographic information of the respondents (age, gender, education, and occupation). Part two involved exploring respondents' beliefs about certain aspects of the community-doctor relationship. It included beliefs about four domains. These were patient-doctor communication (9 items); trust and accessibility (2 items); treatment consistency and financial practices (5 items); and professionalism and competence (2 items). Each of the items was answered on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The team interviewed people from City, whom they met outdoor of the city hospitals and private clinics and medical centers. The surveying team members enrolled in a 1-day training course on how to fill in the questionnaire form. The research team strictly followed Helsinki code of research ethics, including obtaining official endorsement. Before conducting the study

properly, a small-scale pilot study was conducted to make sure of applicability. To statistical analysis SPSS software, version 26, was used to present data and statistically analyses relations.

RESULTS AND DISCUSSION

Table (1) shows that the median age of the respondents was 32 years, with a minimum of 14 and maximum of 90 years, with a male: female ratio of 0.89:1. The highest percentage of them were tertiary education/postgraduate degree holders, while the lowest were primary school certificate holders. Most of them do not work.

Table (1): Sociodemographic of the study respondents

Variable	**Mean±SD**	**Median (Min.-Max.)**
Age (Year)	35.92±14.15	32(14-90)
	Frequency	**Percent**
Gender:		
Male	134	47.0
Female	151	53.0
Education level:		
Read and write.	38	13.3
Primary school certificate holder	37	13.0
Intermediate school certificate holder	54	18.9
Secondary school certificate older	63	22.1
Tertiary education/postgraduate degree holder	93	32.6
Occupation:		
Does not work.	88	30.9
Governmental employee	70	24.6
Self-employed	60	21.1
Student	56	19.6
Retired	11	3.9
Total	285	100.0

The majority of patients expressed agreement or strong agreement with the statements that doctors' listening to their complaints (81.1%), answering questions clearly (73.7%), maintaining privacy (71.9%), treating with respect (85.6%), explaining treatment plans understandably (74.1%), informing about medication side effects (51.9%), explaining test results (66%), using understandable medical terms (67.2%), and giving enough time for explanation and examination (63.8%), Table (2).

Regarding trust in doctors and accessibility to specialist doctors for consultation, in the same Table, the findings suggest that a considerable proportion of respondents expressed trust in the doctors who treat them, with 43.9% indicated an elevated level of trust. Additionally, the data indicates varying levels of ease in reaching specialist doctors for consultation, with 32.6% of respondents finding it easy to access specialist doctors.

In Table (2) also concerning treatment consistency and financial practices, there are various observations related to the doctor's behavior in different settings. The findings suggest that there is a significant percentage of the respondents (59%) consider that there is a difference in the doctor's treatment of patients between his clinic and the government hospital for most respondents. However, a portion of respondents reported that the doctor in the government hospital requests to see them in his/her private clinic (52.3%), while others mentioned that the doctor in his/her clinic asks for payment for services provided in the government hospital (11.6%). A considerable percentage of the respondents agreed that the doctor requires bringing the medication or doing the laboratory tests and other investigations in a specific pharmacy or laboratory (57.2%) and 37.2% believe that the doctor requests unnecessary laboratory tests and other investigations.

Finally, the Table shows that a significant percentage of respondents value the human aspect more than the material aspect when considering professionalism and competence in medical care (44.2%) and about 39.3% of the respondents think that the Iraqi doctor is more competent than the foreign doctor.

Table (2): Distribution of respondents believes about certain aspects of the community-doctor relationship.

Response	Strongly Disagree No. (%)	Disagree No. (%)	Does Not know. No. (%)	Agree No. (%)	Strongly Agree No. (%)	Total No. (%)
Patient-Doctor Communication:	8(2.8)	27(9.5)	19(6.7)	157(55.1)	74(26.0)	285(100.0)
Doctors listen to patients' complaints.	13(4.6)	38(13.3)	24(8.4)	132(46.3)	78(27.4)	285(100.0)
Doctors answer patients' questions clearly.	18(6.3)	37(13.0)	25(8.8)	123(43.2)	82(28.8)	285(100.0)
Doctors maintain patients' privacy.	7(2.5)	18(6.3)	16(5.6)	163(57.2)	81(28.4)	285(100.0)
Doctors treat patients with respect.						
Doctors explain the treatment plan to the patient in an understandable way.	15(5.3)	41(14.4)	18(6.3)	133(46.7)	78(27.4)	285(100.0)
Doctors tell patients about the side effects of the medication.	28(9.8)	81(28.4)	28(9.8)	103(36.1)	45(15.8)	285(100.0)
Doctors explain the results of tests and investigations to patients.	24(8.4)	51(17.9)	22(7.7)	128(44.9)	60(21.1)	285(100.0)
Doctors speak to patients in medical terms that are understandable to the patient.	23(8.1)	48(16.8)	19(6.7)	113(39.6)	82(28.8)	285(100.0)
Doctors give the patient enough time to explain his condition and examine him	18(6.3)	60(21.1)	25(8.8)	126(44.2)	56(19.6)	285(100.0)

Trust and Accessibility:						
Trust the doctors who treat me.	13(4.6)	42(14.7)	38(13.3)	125(43.9)	67(23.5)	285(100.0)
It is easy to reach a specialist doctor for consultation	49(17.2)	82(28.8)	31(10.9)	93(32.6)	30(10.5)	285(100.0)
Treatment Consistency and Financial Practices:						
There is no difference in the doctor's way of managing the patient in his private clinic and in the government hospital.	94(33.0)	74(26.0)	33(11.6)	45(15.8)	39(13.7)	285(100.0)
The doctor in the government hospital asks to see the patient in his private clinic.	32(11.2)	55(19.3)	49(17.2)	85(29.8)	64(22.5)	285(100.0)
The doctor in his private clinic asks for money for his services in the government hospital.	89(31.2)	104(36.5)	59(20.7)	21(7.4)	12(4.2)	285(100.0)
The doctor requires bringing the medication or doing the tests in a specific pharmacy or laboratory.	34(11.9)	56(19.6)	32(11.2)	81(28.4)	82(28.8)	285(100.0)
I believe that the doctor requests unnecessary laboratory tests and other investigations	37(13.0)	85(29.8)	57(20.0)	66(23.2)	40(14.0)	285(100.0)
Professionalism and Competence:						
The doctor considers the human aspect more than the material aspect.	44(15.4)	82(28.8)	40(14.0)	83(29.1)	36(12.6)	285(100.0)
The Iraqi doctor is more competent than the foreign doctor	41(14.4)	37(13.0)	95(33.3)	48(16.8)	64(22.5)	285(100.0)

Regarding correlations between age and the questionnaire domains, it was found that there were significant directly proportional correlations with patient-doctor communication (r= 17.9%, p= 0.002), trust and accessibility (r= 17.8%, p= 0.003), and total score (r= 19%, p= 0.001). This means older participants tend to report better communication and greater trust/accessibility in their relationships with doctors, which contributes to higher overall scores. This may reflect generational differences in expectations or experiences with medical care systems. For professionalism and competence and treatment consistency and financial practices domains appear unaffected by age, suggesting perceptions of professional skills and financial aspects are uniform across age groups, Table (3).

For correlations between educational level and the questionnaire domains there were significant inversely proportional correlations with patient-doctor communication (r= -21.7%, p< 0.0001), professionalism and competence (r= -11.9%, p= 0.044), total score (r= -16%, p= 0.007). This can mean that participants with higher educational levels reported less satisfaction, especially in communication and professionalism. This may reflect higher expectations or greater critical assessment by more educated individuals. On the other hand, no significant correlations could be pointed to trust and accessibility and treatment consistency and financial practices.

Table (3): Correlations among age and educational level with the questionnaire domains and total score

Domain	N	Age		Educational level	
		R	P-value	R	P-value
Patient-Doctor Communication	285	0.179	0.002	-0.217	<0.0001
Professionalism and Competence	285	0.063	0.290	-0.119	0.044
Treatment Consistency and Financial Practices	285	0.022	0.707	0.074	0.211
Trust and Accessibility	285	0.178	0.003	-0.018	0.767
Total	285	0.190	0.001	-0.160	0.007

Comparing the observed mean to the neutrality hypothetical mean (test value), to assess whether the observed data is statistically significantly different from neutrality, reveals strong positive ratings in patient-doctor communication ($p<0.0001$), treatment consistency and financial practices ($p=0.002$), trust and accessibility ($p<0.0001$), and total score ($p<0.0001$). These results suggest positive perceptions of patient-doctor interactions and overall relationship quality among the study respondents, Table (4).

Table (4): Domain Mean Comparisons

Domain	N	Mean± SD	Test Value (Neutrality mean)	P-value
Patient-Doctor Communication	285	33.11±6.27	27	<0.0001
Professionalism and Competence	285	6.15±2.17	6	0.253
Treatment Consistency and Financial Practices	285	14.39±3.25	15	0.002
Trust and Accessibility	285	6.57±1.88	6	<0.0001
Total	285	60.22±8.81	54	<0.0001

As far as the research method involves interviewing convenience/availability samples, it is needed to be careful in generalizing results. However, these results generate hypotheses to be evaluated via targeting random samples.

Although, this study's findings suggest that there is perception of positive communication experiences with the doctors across various aspects of care, but still a considerable proportion of patients were not convinced with such experiences. This might show that the targeted doctors' communication skills have managed to overcome only few of the problems and difficulties of patient-doctor communication noted in international literature [6]. There were areas, such as non-informing patients about medication side effects, inadequate listening, limited time allocated to patients, shortage in giving clear explanations in response to questions and using non-understandable medical terms that

appeared less satisfactory. This highlights potential areas for improvement in patient-doctor communication to enhance patient satisfaction and understanding of their medical care interactions; especially that medical research emphasizes that providing information to patients during consultations is positively related to the medical relationship [7].

The results underscore the importance of trust in medical care providers and accessibility to specialist care, as approximately 19.3% disagreed that they trust the doctors who treat them and 46% disagreed that it is easy to reach a specialist doctor for consultation. Enhancing trust in doctors and improving access to specialist consultations may contribute to better patient outcomes and overall satisfaction with medical care services. These are fundamental components of the patient-doctor relationship and are associated with increased satisfaction, adherence to treatment, and continuity of care [8].

Regarding treatment consistency and financial practices between the practice in morning governmental sector and in evening private sector, the findings suggest low levels of respondents' agreement with the consistency indicators and practices, noting issues such as the difference in the doctor's way of handling patients in private clinics versus government hospitals and referrals from governmental hospitals to private clinics where patients were asked to pay for services that should have been provided in the hospital. Moreover, some respondents indicated that the doctor requires them to obtain medication or tests from specific pharmacies or laboratories, which may impact treatment consistency and financial practices. A subset of respondents also expressed concerns about the doctor requesting unnecessary tests, highlighting potential issues with medical practices and financial transparency. All these unfavorable behaviors causing dissatisfaction were documented earlier in the Kurdistan Region of Iraq and were attributed to doctors' participation in both governmental and private practice [9].

Concerning professionalism and competence in medical care, fewer than half of the respondents disagreed that the doctors they consulted prioritize the human aspect over the material aspect during professional communication, although medical literature emphasizes that patients consider patient-centered aspects of professionalism, such as good communication skills and empathy, more important than purely professional or social behaviors [10].

The study reveals that age is significantly directly proportional to patient's satisfaction, although it is a weak correlation, while higher educational levels are significant, though weakly, inversely proportional to patient satisfaction. Regarding education level, the current findings align other research findings conducted in other areas in the country by Ali Jadoo *et al* [11]. Such a finding seems logical since people with higher education levels tend to have higher expectations of the quality of medical service supplied. However, the results differ from those of Ali Jadoo's regarding age, where it was found that older patients exhibited lower patient's satisfaction scores compared to younger ones. This difference can be attributed to differences in methodology, data collection techniques, statistical analysis, and/or differences in the two populations under study. This study's finding is also logical, given that younger generations might have higher expectations of care than older ones.

Overall, participants reported positive relationships with their doctors. However, the negative responses, which were documented here, play a significant role in the challenges faced by the Iraqi doctors, as physical violence, psychological media pressure, emotional, and social tribal threats, dissatisfaction, burnout, and intention to emigrate [12].

CONCLUSIONS

This study documented, although to limited extent because of the availability sample, the existence of some positive perceptions across multiple aspects of the patient-doctor relationship among the studied population, including communication, treatment consistency, financial practices, trust, and accessibility. However, the findings revealed that approximately one-third of participants reported deficiencies in physicians' communication skills, included inadequate listening, limited time allocated to patients, lack of clear explanations in response to questions, and the frequent use of complex medical terminology that patients found difficult to understand. Moreover, a quarter of respondents indicated that physicians failed to adequately explain treatment plans, while one-third reported that physicians did not clarify the results of medical investigations. Furthermore, half of the participants stated that physicians did not inform them about potential side effects of prescribed therapies. Also, half of the respondents noted a marked disparity in the quality of physician interactions between public hospitals and private clinics. Additionally, many participants reported that physicians encouraged-or, in some cases, pressured-them to visit private clinics or to obtain medications and diagnostic tests from specific locations. These patterns raise serious concerns about the potential for patient exploitation.

LIMITATION OF THE STUDY

This study used a subjective tool only to assess the relationship. It is needed to add objective tool(s) to make it more solid evaluation.

RECOMMENDATIONS

1. The conclusions need to be retested using random samples.
2. Enhancing medical communication skills through intensified efforts to improve communication competencies among doctors, beginning at the undergraduate level, extending through postgraduate education, and continuing with ongoing professional development. Such improvements are essential to ensure high-quality doctor–patient interactions.
3. Strengthening doctors' competence in health education through integrating specialized training in patient education into medical curricula and providing continuous professional development opportunities in this area. Improving doctors' ability to educate patients is critical to supporting informed decision-making and patient-centered care.
4. Promoting adherence to professional ethics through implementing regulatory and educational interventions aimed at reinforcing ethical standards, ensuring equitable care, and preventing conflicts of interest in clinical practice.
5. Improving the working environment in public health institutions which is expected to contribute to greater patient satisfaction, strengthen trust in the doctor–patient relationship, and improve the overall quality of care delivered within public health institutions.

REFERENCES

[1] N. Vaz Patient satisfaction. Healthc Adm Patient Saf Engagem. 2018;(February):186–200.

[2] RM. Epstein, RL. Street. The values and value of patient-centered care. Ann Fam Med. 2011;9(2):100–3. doi:10.1370/afm.1239

[3] J. Liu Cooperation or Conflict in Patient-doctor Relationship? An Analysis from the Perspective of Evolutionary Game. 2020;8.

[4] M. De Vries, Fagerlin A, Witteman HO, Scherer LD. Combining deliberation and intuition in patient decision support. Patient Educ Couns [Internet]. 2013;91(2):154–60. Available from: http://dx.doi.org/10.1016/j.pec.2012.11.016

[5] GA. Jasim, MM. Al-Shaikhly, IA. Kareem. Evaluation of patient-doctor relationships in Baghdad teaching hospitals. Iraqi J Community Med. 2018;31(2):89–95. Link (https://www.iasj.net/iasj/article/154603)

[6] JF. Ha, N. Longnecker. Patient-doctor Communication: A Review. Ochsner J. 2010 Spring;10(1):38–43.

[7] S. Williams, J. Weinman, J. Dale. Patient-doctor communication and patient satisfaction: A review. Fam Pract. 1998;15(5):480–92.

[8] A. Rolfe, L. Cash-Gibson, J. Car, A. Sheikh, B. Mckinstry. Interventions for improving patients' trust in doctors and groups of doctors. Cochrane Database Syst Rev. 2014;2014(3). doi: 10.1002/14651858.CD004134.pub3.

[9] G. Karadaghi, C. Willott. Doctors as the governing body of the Kurdish health system: Exploring upward and downward accountability among physicians and its influence on the adoption of coping behaviours. Hum Resour Health [Internet]. 2015;13(1):1–8. Available from: http://dx.doi.org/10.1186/s12960-015-0039-x

[10] Wiggins MN, Coker K, Hicks EK. Patient perceptions of professionalism: Implications for residency education. Med Educ. 2009;43(1):28–33. Doi: 10.1111/j.1365-2923.2008.03176. x.

[11] SA. Ali Jadoo, SM. Yaseen, MAM. Al-Samarrai, AS. Mahmood. Patient satisfaction in outpatient medical care: the case of Iraq. J Ideas Heal. 2020;3(2):176–82.

[12] A. Abed, B. Abdul-Hassan, D. Abdulwahid. The Challenges, Risks, and Concerns Perceived by Iraqi Medical Doctors: A Cross-Sectional Study. Iraqi Natl J Med. 2021;3(1):62–83.